

**Congregate Living & Social Services Licensing Board**  
**Tuesday, February 28, 2022 6:00 PM**  
**City Hall, 2<sup>nd</sup> Floor Council Chambers**

**AGENDA**

I. **Call to Order:** Roll Call

II. **Minutes of Previous Meeting:** January 24, 2023

III. **Unfinished Business:**

IV. **Applications:**

**LB 23-02:** Applicant, Jay Haston, Executive Director for Cedarcrest Center, is requesting a Congregate Living & Social Services License for a Residential Care Facility, located at 91 Maple Ave., and is in the Low Density District and as defined in Chapter 46, Article X of the Keene City Ordinances.

V. **New Business:**

VI. **Non Public Session:** (if required)

VII. **Adjournment:**

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1 City of Keene  
2 New Hampshire

3  
4  
5 CONGREGATE LIVING AND SOCIAL SERVICES LICENSING BOARD  
6 MEETING MINUTES  
7

Tuesday, January 24, 2023

6:00 PM

Council Chambers,  
City Hall

Members Present:

Andrew Oram, Chair  
Medard Kopczynski, Vice Chair  
Alison Welsh

Staff Present:

John Rogers, Building & Health  
Official/Zoning Administrator  
Corinne Marcou, Board Clerk

Members Not Present:

Thomas Savastano  
Jennifer Seher

8  
9  
10 **I. Call to Order – Roll Call**

11  
12 Chair Oram called the meeting to order at 6:00 PM.

13  
14 **II. Minutes of the Previous Meeting – December 27, 2022**

15  
16 A motion by Vice Chair Kopczynski to adopt the December 27, 2022, meeting minutes was duly  
17 seconded by Ms. Welsh and the motion carried unanimously.

18  
19 **III. Unfinished Business:**

20  
21 There was no unfinished business.

22  
23 **IV. Applications:**

- 24 A) **LB 23-01: Applicant, Hilary Seifer, Executive Director for American House, is**  
25 **requesting a Congregate Living & Social Services License for a Residential**  
26 **Care Facility, located at 197 Water St., and is in the Business Growth &**  
27 **Reuse District and as defined in Chapter 46, Article X of the Keene City**  
28 **Ordinances.**

29  
30 Chair Oram requested Staff comments. Mr. Rogers reported that all the inspections occurred the  
31 same day of this meeting. The intention was to inspect the building some time ago, but it was  
32 locked down due to Covid-19. From Mr. Rogers' perspective on the building and housing  
33 aspects, he had no issues of concern to report. Mr. Rogers said that there were a few minor fire  
34 related issues due to extension cord and power strip uses. Otherwise, Staff recommended

35 approval of this license. Mr. Rogers recalled that this is an allowed use in the Business Growth  
36 and Reuse District.

37  
38 Chair Oram welcomed the applicant, Hillary Seifer, Executive Director of American House. Ms.  
39 Seifer had no comments to add to or modify her application. The Board proceeded with  
40 questions.

41  
42 Vice Chair Kopczynski asked for confirmation that the application fee had been paid. Mr. Rogers  
43 and Ms. Seifer both said yes. Vice Chair Kopczynski continued noting that he did not see a  
44 neighborhood relations plan in the applications materials. Ms. Seifer said that American House  
45 does not have anything specific other than what is in the evacuation plan, which includes Keene  
46 State College, the Applewood Center in Winchester, and the Keene Center on Court Street, as  
47 well as the American Red Cross and local hotels if needed. Vice Chair Kopczynski recalled this  
48 site being used previously for a lot of neighborhood activities and Ms. Seifer agreed. Vice Chair  
49 Kopczynski wondered whether it was possible for Ms. Seifer to produce a one-page document  
50 indicating how American House would interact with their neighbors. Ms. Seifer said she could  
51 do that and indicated that they are slowly resuming some of those activities in their building.

52  
53 Vice Chair Kopczynski also asked the average length of stay with this being a nursing home. Ms.  
54 Seifer said it is actually assisted living and the current average stay is 18 months. Vice Chair  
55 Kopczynski recalled running facilities for the City for a few years, noting how important it was  
56 to have a facilities management plan; he said the application listed Direct Supply TELS System  
57 for regulatory inspections. Ms. Seifer said yes. Vice Chair Kopczynski said he looked that up and  
58 it seemed that this system keeps track of records and forms. He noted that there was a print-out  
59 in the application packet that listed what that system includes. Vice Chair Kopczynski said he  
60 assumed that on the TELS System website, was an actual list of requirements that the system  
61 alerts American House on what needs to be done and by whom. Ms. Seifer said yes, adding that  
62 it is a fairly newer system for regulatory purposes. Vice Chair Kopczynski said he looked at who  
63 American House uses for regular maintenance and fire, all of which he said were reputable. Ms.  
64 Seifer said there are good services through them all.

65  
66 For next year, Ms. Welsh advised the applicant to not respond to application questions with  
67 “attached” or “n/a” and to take a few minutes to follow through on those. Aside from the  
68 neighborhood relations plan, Ms. Welsh said the rest of the application was very detailed. Chair  
69 Oram agreed.

70  
71 Chair Oram stated his impression that many of the application answers were compiled from other  
72 documents and licensing processes. Ms. Seifer said that was correct. Chair Oram asked how the  
73 application process went, whether there was anything the Board could do it make it more  
74 efficient, and how this application varied from other certifications and licenses. Ms. Seifer said  
75 American House is surveyed annually, both clinically and for life safety, by the State of NH. She  
76 said she did compile this application from required documents that exist already, like the  
77 emergency management plan and the TELS regulatory standards. She said that was the easiest

78 way to show that to this Board. Ms. Seifer said she was unsure she fully understood exactly what  
79 was wanted in a neighborhood relations plan because it is not something the State looks at, but  
80 she did understand now with the Board's advice; she hopes the plan will be easier to establish in  
81 the next year with the expansion of the neighboring park and skate park. She said overall, this  
82 application was not hard to produce because she is required to address so many of the topics  
83 already. Ms. Seifer said she called the Community Development Department many times with  
84 questions on this application process and the Staff were very helpful.

85  
86 Vice Chair Kopczynski explained that when this Ordinance was written, they knew some groups  
87 of licensees would have a lot of the application materials already from their State and Federal  
88 licensures. He said the City did a lot of research for this process. Ms. Seifer said she thought it  
89 was great to be licensed by the City because it only enhances the relationship, noting that there  
90 are documents from the City she uses for her State licensures, like the City's emergency plan, her  
91 loss versus gains report, and more. Chair Oram said that in a sense, the City's application was a  
92 part of that comparative process. Ms. Seifer said yes, she always works with the City's website  
93 and, for example, works with the Wastewater Treatment Plant for water testing that is a State  
94 requirement.

95  
96 A motion by Vice Chair Kopczynski to find American House in compliance with the submitted  
97 operations and management plan, including but not limited to compliance with all applicable  
98 building, fire, and life safety codes as testified to by Staff, with the following condition: 1)  
99 submission of a neighborhood relations plan. Ms. Welsh seconded the motion. The Board  
100 proceeded reviewing the criteria for granting the license.

101  
102 *The licensing board shall consider the following criteria when evaluating whether to approve,*  
103 *renew, or deny a congregate living and social services license application:*

104 Criteria 1: *The use is found to be in compliance with the submitted operations and management*  
105 *plan, including but not limited to compliance with all applicable building, fire, and life safety*  
106 *codes.*

107  
108 Chair Oram and Vice Chair Kopczynski agreed that the applicant met this criterion.

109  
110 Criteria 2: *The use is of a character that does not produce noise, odors, glare, and/or vibration*  
111 *that adversely affects the surrounding area.*

112  
113 Vice Chair Kopczynski said the applicant met this criterion.

114  
115 Criteria 3: *The use does not produce public safety or health concerns in connection with traffic,*  
116 *pedestrians, public infrastructure, and police or fire department actions.*

117  
118 Vice Chair Kopczynski said the applicant met this criterion.

119

120 On a vote of 3–0, the Congregate Living and Social Services Licensing Board unanimously  
121 approved application LB 23-01 with the following condition: 1) submission of a neighborhood  
122 relations plan.

123

124 **V. New Business:**

125

126 Ms. Welsh questioned the three floor plans the Board received in their packet as well as if there  
127 was any response from the Hampshire House at 86 Winter St. as they needed to supply their  
128 Neighborhood Relations Plan. She also questioned if there was any communication from the  
129 Serenity Center and their potential relocation. Mr. Rogers replied that Staff received more  
130 information from the applicant for 57 Winchester Street; they implemented floor plans that will  
131 be posted inside the building that indicate the directions of egress. This was not a condition for  
132 their license. This floorplan was included in this meeting’s agenda packet. Mr. Rogers said that  
133 Staff also received the conditional materials required for the Hampshire House at 86 Winter  
134 Street; he recalled that this license was approved conditionally pending submission of a  
135 neighborhood relations plan. Ms. Marcou provided printed copied of that neighborhood relations  
136 plan to the Board. Vice Chair Kopczynski thought the floorplan for 57 Winchester Street was a  
137 good addition to the file. The Vice Chair thought the Board should review the neighborhood  
138 relations plan submitted for 86 Winter Street before commenting on it.

139

140 Mr. Rogers reported that the day before this meeting, he received an email from Sam Lake, the  
141 applicant for the Serenity Center. Mr. Lake indicated that the Serenity Center operations are  
142 moving from their current location and will be renting space from Monadnock Peer Support  
143 (MPS) on Vernon Street. MPS had already obtained a license from this Board. Mr. Rogers said  
144 that Chapter 46 of the City Ordinances, covers these licenses and does allow a license to be  
145 transferrable at the Board’s discretion. MPS has an accessory resource center area where the  
146 Serenity Center would be operating. Since this would be a new location and use, Mr. Rogers said  
147 it was up to the Board whether they wanted to require a new application from MPS. Ms. Welsh  
148 said she raised this issue because she learned that Serenity Center was moving. She recalled the  
149 Serenity Center application being delay for a variety of reasons and that Mr. Savastano had  
150 expressed concern about the MPS location. Ms. Welsh favored MPS submitting a new  
151 application because there was a new use in the building that is different than the licensure this  
152 Board approved. Mr. Rogers said he should communicate with the Community Development  
153 Director about this new use in a new location, which could possibly trigger the need for a new  
154 Conditional Use Permit from the Planning Board. Mr. Rogers would report that information to  
155 this Board at their next meeting.

156

157 Vice Chair Kopczynski recalled that some of the items the Board considers are site specific, like  
158 life safety plans and inspections. He said that with an abundance of caution, it made sense for  
159 MPS to present the new situation to this Board. Chair Oram wondered whether the Board should  
160 give Staff time until the next meeting to review the situation before making a decision, noting  
161 that a lot would be redundant. Vice Chair Kopczynski said that some of the operations materials

162 might not refer to the site, but there are some very specific things requested that are site specific  
163 that he did not think could be ignored.

164

165 Mr. Rogers advised the Board to table a decision on requiring a new application from MPS until  
166 the next meeting when he can bring more information from the Community Development  
167 Director. If MPS does have to go back through the Planning Board process, it would be some  
168 time before they present to this Board again. Ms. Welsh agreed with tabling the matter until Mr.  
169 Savastano could also be present if he has more comments on MPS. Chair Oram agreed, noting  
170 that the original MPS application did not fully meet the Board's requirements. Without be  
171 onerous to MPS, Chair Oram did believe another discussion was needed.

172

173 **VI. Non-Public Session: (if required)**

174 **VII. Adjournment**

175

176 There being no further business, Chair Oram adjourned the meeting at 6:24 PM.

177

178 Respectfully submitted by,  
179 Katryna Kibler, Minute Taker  
180 January 30, 2022

181

182 Reviewed and edited by,  
183 Corinne Marcou, Board Clerk  
184 February 9, 2023



City of Keene, NH

# Congregate Living & Social Services License Application

<b>For Office Use Only:</b>	
Case No.	<u>LB23-02</u>
Date Filled	<u>11/9/23</u>
Rec'd By	<u>CJM</u>
Page	<u>1</u> of <u>153</u>

If you have questions on how to complete this form, please call: (603) 352-5440 or email: communitydevelopment@keenenh.gov

## SECTION 1: LICENSE TYPE

<input type="checkbox"/> Drug Treatment Center	<input type="checkbox"/> Group Home, Small	<input type="checkbox"/> Homeless Shelter
<input type="checkbox"/> Fraternity/Sorority	<input type="checkbox"/> Group Resource Center	<input type="checkbox"/> Lodginghouse
<input type="checkbox"/> Group Home, Large	<input type="checkbox"/> Residential Drug/Alcohol Treatment Facility	<input checked="" type="checkbox"/> Residential Care Facility

## SECTION 2: CONTACT INFORMATION

I hereby certify that I am the owner, applicant, or the authorized agent of the owner of the property upon which this approval is sought and that all information provided by me is true under penalty of law. If applicant or authorized agent, a signed notification from the property owner is required.

### OWNER

### APPLICANT

NAME/COMPANY: Jay Hayston

NAME/COMPANY: Cedarcrest Center

MAILING ADDRESS: 91 Maple Ave Keene, NH 03431

MAILING ADDRESS: 91 Maple Ave Keene, NH 03431

PHONE: (603) 358-3384

PHONE: 6033583384

EMAIL: jhayston@cedarcrest4kids.org

EMAIL: jhayston@cedarcrest4kids.org

SIGNATURE: 

SIGNATURE: 

PRINTED NAME: Jay Hayston

PRINTED NAME: Jay Hayston

### AUTHORIZED AGENT (if different than Owner/Applicant)

### OPERATOR / MANAGER (Point of 24-hour contact, if different than Owner/Applicant)

Same as owner

NAME/COMPANY:

NAME/COMPANY:

MAILING ADDRESS:

MAILING ADDRESS:

PHONE:

PHONE:

EMAIL:

EMAIL:

SIGNATURE:

SIGNATURE:

PRINTED NAME:

PRINTED NAME:

### SECTION 3: PROPERTY INFORMATION

**PROPERTY ADDRESS:**

91 Maple Ave Keene NH 03431

**TAX MAP PARCEL NUMBER:**

227-018-000-000

**ZONING DISTRICT:**

LD

**LOCATION MAP:**

*Please attach*

### SECTION 4: APPLICATION AND LICENSE RENEWAL REQUIREMENTS

*Using additional sheets if needed, briefly describe your responses to each criteria:*

**1. Description of the client population to be served, including a description of the services provided to the clients or residents of the facility and of any support or personal care services provided on or off site.**

Cedarcrest Center for Children with Disabilities serves children who are medically and developmentally complex. The Center is a resource and support for families and a safety net when families are not able to continue to provide care. The Center is licensed by the state of New Hampshire as an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID). The residential capacity is twenty-six children, ranging in age from birth to twenty-two years. Children come from communities throughout the state and from neighboring Vermont and Maine. The Center provides both intermediate and skilled nursing care. An increasing proportion of children served have more complex medical needs, many requiring high-tech respiratory support including ventilators.

Cedarcrest served more than thirty-five children and families over the course of the past year, many for short term stays. Cedarcrest ' s short stay program provides support to families at times when community services may be less available or there is a family need or emergency. Short stays support a family ' s goal of keeping their children home in the long term. Cedarcrest provided care for a number of children transitioning from the hospital to home. Cedarcrest staff are able to expedite admissions when an emergency arises for a family, for DCYF, or for other community care teams. While children requiring extended stays make up much of the census, children in need of comprehensive evaluations, post-op care, or medical stabilization are also regularly served. As these services are not readily available to this population elsewhere, they represent a critical continuum of care option for those with complex medical and developmental needs. Cedarcrest staff provide the medical and therapeutic services appropriate to a child ' s needs, as well as training for families and foster families in preparation for a return to the community.

Cedarcrest ' s school is approved by the state of New Hampshire as a private school provider of special education for children from ages 2 through 21. Most students in the Cedarcrest School are from the residential program though day education services are also available and are regularly provided to multiple members of the local community. The IEP team for each child determines where best that child should be educated. Our average school census for 2021-2022 is seventeen students. We currently have three students who reside in the community with family and attend our school as day students. An infant-toddler program is offered to the youngest residents, focused on socialization, functional skill acquisition, and preparation for more structured learning environments. Therapy services are offered to both residents and school students based on the child ' s IEP and/or medical orders.

## SUBMITAL CHECKLIST

A complete application must include the following items and submitted by one of the options below:

- **Email:** communitydevelopment@keenenh.gov, with "CLSS License Application" in the subject line

- **Mail / Hand Deliver:**  
 Community Development  
 (4th Floor) Keene City Hall,  
 3 Washington St, Keene, NH 03431

The submittal requirements for a Congregate Living & Social Services License application are outlined further in **Chapter 46, Article X** of the City of Keene Code of Ordinances.

*Note: Additional information may be requested to complete the review of the application.*

<input checked="" type="checkbox"/> <b>PROPERTY OWNER:</b> <i>Name, phone number and address</i>	<input checked="" type="checkbox"/> <b>POINT OF 24 HOUR CONTACT:</b> <i>Name, phone number, and address of person acting as the operator, if not owner</i> <p style="text-align: center;"><b>Same as owner</b></p>
<input checked="" type="checkbox"/> <b>REQUIRED DOCUMENTATION:</b> <i>Provide all required state or federal licenses, permits and certifications</i>	<input checked="" type="checkbox"/> <b>WRITTEN NARRATIVE:</b> <i>Provide necessary information to the submittal requirements</i>
<input checked="" type="checkbox"/> <b>PROPERTY INFORMATION:</b> <i>Description of the property location including street address and tax map parcel number</i>	<input checked="" type="checkbox"/> <b>APPLICABLE FEES:</b> \$165.00 application <i>(checks made payable to City of Keene)</i>
<b>COMPLETED INSPECTION:</b> Inspection date: <u>2/9/23</u>	<b>SCHEDULED INSPECTION:</b> Inspection date: _____

**OPERATIONS AND MANAGEMENT PLAN:**

Plan based on the industry standard "Best Management Practices" to include:

- ◇ Security Plan
- ◇ Life Safety Plan
- ◇ Staff Training and Procedures Plan
- ◇ Health and Safety Plan
- ◇ Emergency Response Plan
- ◇ Neighborhood Relations Plan
- ◇ Building and Site Maintenance Procedures

In addition, Homeless Shelters will need to provide:

- ◇ Rules of Conduct, Registration System and Screening Procedures
- ◇ Access Policies and Procedures



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF LEGAL AND REGULATORY SERVICES  
HEALTH FACILITIES ADMINISTRATION  
129 PLEASANT STREET, CONCORD, NH 03301  
**ANNUAL LICENSE CERTIFICATE**

Under provisions of New Hampshire Revised Statutes Annotated Chapter RSA 151, this annual license certificate is issued to:

Name: CEDARCREST INC  
Located at: 91 MAPLE AVENUE  
KEENE NH 03431

To Operate: ICF/IID

This annual license certificate is effective under the conditions and for the period stated below:

License#: 01709

Effective Date: 08/01/2022

Expiration Date: 07/31/2023

Administrator: JESSE J HAYSTON

Medical Director: KATHLEEN COLLINS, MD

Number of Beds: 26

A handwritten signature in black ink, appearing to read "Michael D. Kelly".

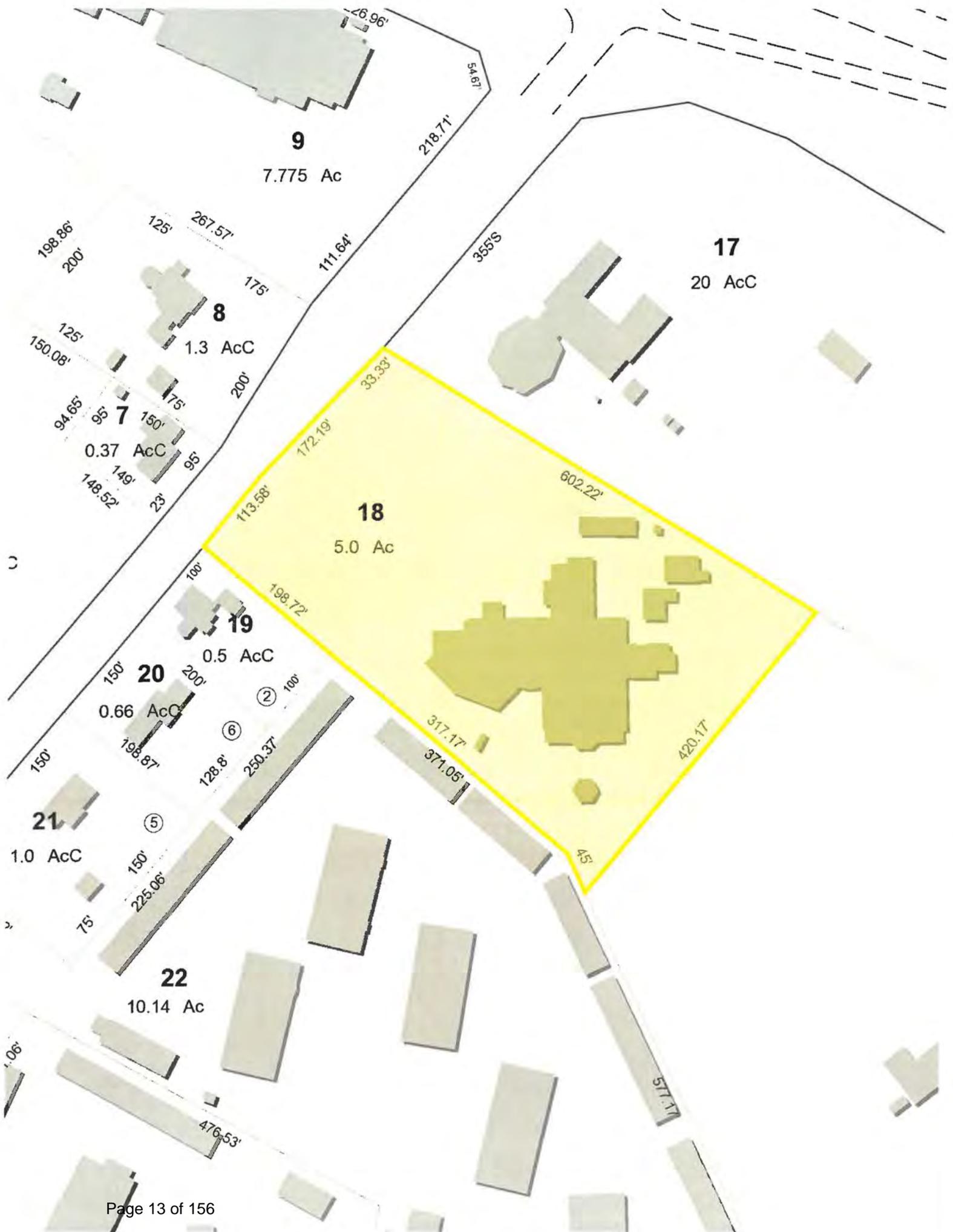
Chief Legal Officer

Notes on Cedarcrest Center:

Bldg. area: 29,521 gross sq. ft. – 29,431 interior sq. ft

Parcel area: 5 ac

Tax Map: 227-18



**91 MAPLE AVE.**

**Location** 91 MAPLE AVE.

**Map/Lot #** 227 / / 018/000 000/000

**Acct#** 227018000000000

**Owner** CEDARCREST INC

**Building Name**

**Assessment** \$3,592,500

**Appraisal** \$3,592,500

**PID** 7153

**Building Count** 1

**Current Value**

Appraisal			
Valuation Year	Improvements	Land	Total
2022	\$3,415,300	\$177,200	\$3,592,500

Assessment			
Valuation Year	Improvements	Land	Total
2022	\$3,415,300	\$177,200	\$3,592,500

**Parcel Addresses**

**Additional Addresses**

No Additional Addresses available for this parcel

**Owner of Record**

**Owner** CEDARCREST INC  
**Co-Owner**  
**Address** 91 MAPLE AVE.  
 KEENE, NH 03431

**Sale Price** \$0  
**Book & Page** 2449/0439  
**Sale Date** 07/11/2007

**Ownership History**

Ownership History			
Owner	Sale Price	Book & Page	Sale Date
CEDARCREST INC	\$0	2449/0439	07/11/2007
CEDARCREST INC	\$245,000	1248/0751	06/01/1988

**Extra Features**

Extra Features					Legend
Code	Description	Size	Assessed Value	Bldg #	
PR2	Porch, Enclosed	528.00 S.F.	\$9,800	1	
PR1	Porch, Open	90.00 S.F.	\$1,100	1	
PR1	Porch, Open	32.00 S.F.	\$400	1	
PR1	Porch, Open	264.00 S.F.	\$3,100	1	
SPR3	SPRINKLERS DRY	29500.00 S.F.	\$43,700	1	
PR2	Porch, Enclosed	108.00 S.F.	\$2,000	1	
PR1	Porch, Open	720.00 S.F.	\$8,500	1	
PR1	Porch, Open	576.00 S.F.	\$6,800	1	
ELV1	ELEV PAS 2-3 STOPS	1.00 UNITS	\$33,800	1	

**Land**

**Land Use**

Use Code 977  
 Description Charitable Bldg  
 Zone LD  
 Category

**Land Line Valuation**

Size (Acres) 5  
 Depth  
 Assessed Value \$177,200  
 Appraised Value \$177,200

**Outbuildings**

Outbuildings						Legend
Code	Description	Sub Code	Sub Description	Size	Assessed Value	Bldg #
FGR1	GARAGE- AVE			1120.00 S.F.	\$14,000	1
FGR1	GARAGE- AVE			864.00 S.F.	\$10,800	1
SHD1	SHED			182.00 S.F.	\$1,000	1
CAB1	CABIN- MINIMAL			256.00	\$4,900	1
PAV1	PAVING- ASPHALT			15600.00 S.F.	\$15,600	1
LGT1	POLE & SINGLE LIGHT			5.00 UNITS	\$1,500	1
CAB1	CABIN- MINIMAL			528.00	\$15,000	1
FCP	CARPORT			1280.00 S.F.	\$10,600	1

**Valuation History**

**Appraisal**

Valuation Year	Improvements	Land	Total
2021	\$3,415,300	\$177,200	\$3,592,500

**Assessment**

Valuation Year	Improvements	Land	Total
2021	\$3,415,300	\$177,200	\$3,592,500

**2. Description of the size and intensity of the facility, including information about; the number of occupants, including residents, clients staff, visitors, etc.; maximum number of beds or persons that may be served by the facility; hours of operations, size and scale of buildings or structures on the site; and size of outdoor areas associated with the use.**

Cedarcrest Center currently has a 26 bed maximum, our census as of today's date is 22. We are a 24 hour residential facility and have a private day school program that operates 8:30 am to 2:30 pm.

Cedarcrest employs a staff of 120 caring staff (including per-diem) who provide round-the-clock care to the children, 365 days a year, and meet their educational needs 240 days per year

The residential and school services are housed in our main building, The other structures on site include two garages and a car port. See site map for buildings. We have a parking area as well as green space, and a fully accessible playground that is open to the public and part of the "Let's Play Together" playful city playground map for Keene.

**3. For Congregate Living Uses, describe the average length of stay for residents/occupants of the facility.**

Residents who come to Cedarcrest Center have a length of stay that is dependent on their needs. Our long term residents can be here for a minimum of thirty days until they potentially age out, which would be years. . The length of stay is determined but their functioning level and medical need as well as where and how they might reside in the community.

We also offer respite care. These individuals would stay from two to twenty-nine days. Cedarcrest Center encourages community-based care, but we understand that from time to time a family may need to have a child cared for outside of their home. Whether for post-operative rehabilitation, during interruptions in community-based services, or in response to a specific family need, we are able to provide short-term care.

Cedarcrest's Emergency Operation Plan is reviewed on an ongoing basis and updated as needed during the year, and is more formally reviewed at least twice a year. The plan is approved by the Keene Fire Department as well as by the Life Safety inspector of the Bureau of Health Facilities Administration and by Homeland Security as a part of the school review process.

### **Security Plan**

**Physical Security:** Cedarcrest security measures include lighting in the parking areas and at all entrances of the building. We have a security camera that can view the front door area when the doors are locked. Windows are closed as we are a temperature regulated building. All doors are locked to outside individuals and some exterior doors are alarmed for children's safety.

We strictly follow HIPAA guidelines for all confidential information including written and electronic forms.

**Systems and Staff:** Cedarcrest has all visitors sign in and logs are maintained. All employees wear name tags identifying their name and role at Cedarcrest Center.

**Preparedness:** Please see Emergency Preparedness Plan. Staff are trained on this plan at the time of orientation as well as a yearly mandatory in-service, and practice of the plan in regularly scheduled drills.

At the time of admission, the guardian agrees to and signs a form acknowledging that we do not allow drugs, alcohol or weapons on the property.

Staff can complete Maintenance Request form if an issue arises.

Please see check list that is done daily.

Please see Emergency Preparedness Plan

See attached:

Maintenance Security Check List

Emergency Codes Policy and Procedure

Emergency Communication Plan

Emergency Preparedness Planning Policy

Security Systems

Visitor Policy

### **Life Safety Plan**

See attached:

Emergency Light testing check list

Fire Drill Log

Fire Extinguisher check

Fire Hydrant Check

Available upon request: Fire Alarm checklists, Door inspection checklist, Fire Door Inspection, Sprinkler Inspection logs

### **Staff Training and Procedures Plan**

Staff are trained at the time of hire at orientation, they attend annual mandatory in-services, and participate in practice drills as appropriate.

### **Health and Safety Plan**

See attached:

Standard and Transmission based Precautions

Abuse Prevention Policy

### **Building Maintenance Procedures**

We have staff who do regular maintenance checks. These check lists are maintained at our facility please request to see completed logs if necessary.

See attached:

Preventative Maintenance Program

Facility Maintenance and House Keeping Policy

Weekly Boiler Room Check List

Weekly Facility Check List

### **Emergency Response Plan**

Cedarcrest Center's Emergency Plan is written in support of emergency management and is built upon the National Response Framework (NRF) as a scalable, flexible, and adaptable coordinating structure to align key roles and responsibilities. Cedarcrest Center serves a group of children who are medically complex with limitations in multiple areas of development including mobility and communication as well as compromised medical stability. Staff are specially trained to be able to assist in the response process to assure their safety regardless of the type of hazard encountered.

As a licensed medical facility, Cedarcrest follows the requirements of the Centers for Medicaid and Medicare with guidance from American Health Care Association and its state affiliate. As a Private Special Education program, Cedarcrest strives to meet the requirements of Homeland Security designated for schools. The Center participates in Hazard Vulnerability Analyses done as a region or on a state-wide basis and participates in regional and state trainings. This plan and its contents applies to all Cedarcrest Center staff, children, families, consultants and volunteers and others participating in the preparedness efforts.

Cedarcrest's plan is based on the Incident Command Systems. The organization maintains additional procedures supporting the Emergency Operations Plan. Given the medical nature of its services, Cedarcrest uses the New Hampshire Hospital Emergency Code system. All staff are required to actively participate in the training, exercise, and maintenance needed to support this plan. Information is provided to other staff to introduce this structure and it is practiced in monthly drills.

See attached:

Emergency preparedness plan

Evacuation Route

Emergency Preparedness Planning Policy

### **Neighborhood Relations Plan**

Cedarcrest Center for Children with Disabilities maintains active and friendly relationships with our neighbors both next door and throughout the city. Neighbors are always invited and often participate in our community events, recently including a Walk and Roll walk, a 75<sup>th</sup> Anniversary Barbecue, and cookies and carols during an outdoor holiday tree lighting. Cedarcrest is the landlord for three residential properties adjacent to the 91 Maple Avenue location, and maintains a great relationship with the leadership and parishioners of the First Baptist Church next door. Cedarcrest provides exceptional care and education to children with complex medical and developmental needs in a 24/7 setting. While there are occasional medical emergencies requiring first responders, Cedarcrest has no history of noise or other property complaints and enjoys very positive relationships with our neighbors.

Additionally, we maintain a relationship with area schools including Keene Middle School and Trinity Christian School for student/peer interactions with our school program.

See attached:

Emergency Communication Plan

Evacuation Route Sheet

Please feel free to ask questions or request to see a document that may not have been included in an application.

## Security Plan Attachments

## Maintenance Weekly Facility Check List

Month & Year \_\_\_\_\_

	Week 1	Week 2	Week 3	Week 4	Week 5
Date					
Initials					
Temp-Maintenance Room					
Temp-Atrium					
Temp-West Hall Home					
Check Night Lights					
Fire Alarm Panel Power On yes/no					
Fire Alarm Panel Trouble yes/no					
Temp-East Hall Home					
Temp-Attic					
Humidity-Attic					
AHU4 Return Fan Hz					
AHU4 Supply Fan Hz					
AHU4 Discharge Air Temp					
Temp-Dining Room					
Temp-Kitchen					
Kitchen Storage Area Visual Check					
Education Hallway Visual Check					
Temp-Yellow Classroom					
Temp-Peach Classroom					
Temp-Green Classroom					
Entry/Reception Area Visual Check					
Surge Protector Readings					
Electrical Room Visual Check					
Generator Xfer Switch Normal yes/no					
Battery Charger DC Volts					
Outside Facility Visual Check					
Interior Lights Visual Check					
Exterior Lights Visual Check					
Fire Exit Lights Visual Check					
Attics Visual Check					
Domestic Hot Water Temp					

Preventative Maintenance Program

2022

Item Description	Units	Hr per Unit	Total Hr per Item	Annual Hours	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>Monthly Procedures</b>																
Roof rake roofs after each snow storm (10x per yr)	2	5	10.0	50	1/17/22	2/7/22	3/18/22								N/A	12/12/22
Clean Kitchen Grease Trap every two weeks	2	0.75	1.6	20	1/12,17/22	2/8,23/22	3/8,23/22	4/6,20/22	5/4,18/22	6/1,15,29/22	7/13,27/22	8/10,24/22	9/6,21/22	10/5,19/22	11/2,16,23/22	12/14,26/22
Check Play structures in day rooms	4	0.5	2.0	24	1/9/22	2/2/22	3/2/22	4/5/22	5/2/22	6/3/22	7/7/22	8/2/22	9/6/22	10/5/19,20/22	11/3/22	12/9/22
Check Beds for Safety	27	1	27.0	324	1/19/21	2/9/22	3/7/22	4/8/22	5/4/22	6/3/22	7/12/22	8/17/22	9/13/22	10/14/22	11/18/22	12/5/22
Clean Company Vehicles 3 per month	6	2	12.0	144	1/21/22	3/1/22	3/4/22	4/22/22	5/4/22	6/9,23	7/21/22	8/16/22	9/28/22	10/21/22	11/30/22	
Check Nurse Call System	10	0.05	0.5	6	1/23/22	3/23/22	3/30/22	4/27/22	5/26/22	6/28/22	7/27/22	8/30/22	9/30/22	10/31/22	11/30/22	
Test Exterior Door Alarms	1	1	1.0	12	1/27/22	2/23/22	3/30/22	4/27/22	5/26/22	6/29/22	7/27/22	8/30/22	9/30/22	10/31/22	11/30/22	
Eye Wash Stations Flushed Weekly	10	0.1	1.0	12	1/3,11,18,22	2/1,10,15,21	3/2,11,15	4/1,5,11	5/3,10,18	6/3,10,25,28	7/7,19,29	8/2,11,16,29	9/1/22	10/7/22	11/3/22	12/3,5
Generator #9	1	0.5	0.5	6	1/4,11,18,26	2/1,8,15,22	3/1,8,15,22,29	4/6,12,19,26	5/3,10,17,24,31	6/7,14,21,28	7/5,12,19,26	8/2,9,16,23,30	9/6,13/22	10/3	11/1,29/22	12/3,5
Checking Oxygen System	1	0.33	0.3	4	1/3/22	2/7/22	3/1/22	4/1/22	5/1/22	6/1/22	7/6/22	8/1/22	9/1/22	10/3/22	11/1/22	12/1/22
Checking Stretchers	4	0.25	1.0	12	1/24/22	2/21/22	3/11/22	4/19/22	5/4/22	6/8/22	7/8/22	8/29/22	9/19/22	10/26/22	11/23/22	
Checking Standers	4	0.1	0.4	5	1/24/22	2/21/22	3/11/22	4/14/22	5/4/22	6/8/22	7/8/22	8/29/22	9/19/22	10/25/22	11/23/22	
Checking Walkers/Gait Trainers	6	0.1	0.6	7	1/24/22	2/21/22	3/16/22	4/13/22	5/4/22	6/6/22	7/8/22	8/29/22	9/19/22	10/25/22	11/23/22	
Checking Bikes	3	0.33	1.0	12	1/6/22	2/3/22	3/15/22	4/18/22	5/19/22	6/8/22	7/7/22	8/17/22	9/13/22	9/7/22	11/4/22	12/8/22
Check Patient Lifts - Added 4/20/22					N/A	N/A	N/A	4/22/22	3/19/22	6/9/22	7/12/22	8/17/22	9/13/22	10/14/22	11/18/22	12/8/22
Glider Rockers	2	0.1	0.2	2	1/3/22	3/1/22	3/4/22	4/8/22	5/4/22	6/8/22	7/8/22	8/17/22	9/13/22	10/11/22	11/16/22	12/5/22
Test emergency lights and exit signs	1	1	1.0	12	1/3/22	2/1/22	3/1/22	4/1/22	5/1/22	6/2/22	7/6/22	8/2/22	9/1/22	10/3/22	11/1/22	12/1/22
Fire Extinguishers #4 & AED's	1	1	1.0	12	1/10/22	2/1/22	3/1/22	4/1/22	5/1/22	6/2/22	7/6/22	8/2/22	9/1/22	10/3/22	11/1/22	12/1/22
Vehicle Oil Levels	6	0.15	0.9	11	1/10/22	2/1/22	3/7/22	4/8/22	5/18/22	6/9/22	7/5/22	8/5/22	9/13/22	10/12/22	11/3/22	12/8/22
Vehicle Safety check (including tire pressure)	6	0.3	1.8	22	1/6/22	2/11/22	3/7/22	4/8/22	5/18/22	6/6,23	7/5/22	8/17/22	9/13/22	10/13/22	11/8/22	12/8/22
School Fire Drill	1	1	1.0	12	1/6/22	2/23/22	3/30/22	4/20/22	5/26/22	6/29/22	7/28/22	8/29/22	9/27/22	10/25/22	11/29/22	
Fire Drill evening/ overnight	1	1	1.0	8	1/26/22	2/2/22		4/12/22	5/5/22		7/29/22	8/30/22		10/31/22	11/30/22	
Check attics for ice damming (winter months)	1	0.5	0.5	3	1/25/22	2/2/22	3/3/22								N/A	12/14/22
Winter months check for frozen fire sprinklers	1	0.5	0.5	3	1/25/22	2/2/22	3/3/22								11/26/22	
Nutrition & Med Room Drain - pour 5 gal of hot water down	2	0.25	0.5	6	1/7/22	2/2/22	3/1/22	4/11/22	5/3/22	6/28/22	7/25/22	N/A	9/19/22	10/17/22	11/3/22	
Bathroom Sink Drains - Pour 5 gal of hot water	21	0.25	5.3	63	1/6/22	2/10/22	3/1/22	4/13/22	5/3/22	6/28/22	7/29/22	N/A	9/19/22	10/17/22	11/7/22	
Classroom Sink Drains - Pour 5 gal of hot water	6	0.25	1.5	18	1/6/22	2/10/22	3/2/22	4/13/22	5/3/22	6/28/22	7/29/22	N/A	9/7/22	10/11/22	11/7/22	
Oil Tank DES Monthly Checksheet	1	0.5	0.5	6	1/10/22	2/14/22	3/21/22	4/12/22	5/16/22	6/15/22	7/14/22	8/16/22	9/16/22	10/20/22	11/22/22	12/16/22
<b>Sub-total</b>			<b>41.5</b>	<b>498</b>												

**Preventative Maintenance Program**

**2022**

Item Description	Units	Hr per Unit	Total Hr per Item	Annual Hours	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>Quarterly Procedures</b>																
Check Toilet Seats, Hopper, Shower Heads	38	0.15	5.7	23	1/12/22			3/10/22			7/8/22			10/7/22		
Dinning room chairs	30	0.25	7.5	30	1/5/22			4/13/22			7/8/22			10/14/22		
Check all doors for proper gaps& latching	1	1	1.0	4	1/25/21			4/14/22			7/12/22			9/30/22		
Service hot water mixing valves	2	1.5	3.0	12	1/4/22			N/A			7/13/22		N/A			
GFI Receptacle Testing	29	0.1	2.9	12		1/26/21			5/2/22			7/8/22			11/20/22	
Check Electric High/Low Tables	3	0.2	0.6	2		1/26/21			5/4/22			8/19/22			11/11/22	
Replace water filters for building	3	0.2	0.6	2		2/2/22			5/4/22			8/21/22			11/22/22	
Check storage rooms for 18" sprinkler clearance	1	0.6	0.6	2		1/26/21			5/4/22			8/15/22			11/1/22	
Sprinkler system Quaterly Due			0.0	0		1/28/22			5/11/22			8/19/22			12/2/22	
Heat pump water heaters - clean filters	2	0.3	0.6	2		N/A			4/29/22			8/17/22			11/1/22	
Refrigerators - Clean coils & inspect gaskets	7	0.75	5.3	21			3/2/22			6/30/22			9/13/22			
Air Handlers AHU 1	1	1	1.0	4			2/28/22			6/1/22			9/8/22			12/8/22
Air Handlers AHU 2	1	1	1.0	4			2/28/22			6/1/22			9/8/22			12/8/22
Air Handlers AHU 3	1	1	1.0	4			3/2/22			6/8/22			9/8/22			12/8/22
Air Handlers AHU 4	1	1	1.0	4			3/14/22			6/8/22			9/8/22			12/7/22
Air Handlers AHU Kitchen	1	1	1.0	4			2/3/22			6/24/22			9/13/22			12/9/22
Fire Alarm System Quaterly			0.0	0			3/29/22			6/9/22			9/21/22			12/1/22
Inspect CyberMedix panel/components	1	1	1.0	4			3/29/22			6/29/22			9/19/22			
Fertilize lawns April, June, Sept	1	3	3.0	12				4/7/22		na			9/13/22			
<b>Sub-total</b>			<b>20.1</b>	<b>80</b>												

**Preventative Maintenance Program**

2022

Item Description	Units	Hr per Unit	Total Hr per Item	Annual Hours	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>Semi-Annual Procedures</b>																
Clean Floor Drains	19	0.5	9.5	19	3/7/22						7/18/22					
Clean multipurpose room range hood	1	0.5	0.5	1	04/22					8/28/22						
Clean Bathroom and all Other Exhaust Vents	65	0.5	32.5	65		1/27/21						N/A				
Kitchen Range Hood Fire Suppression			0.0	0		2/23/22						8/29/22				
Clean sediment trap Gym sink	1	1	1.0	2		1/26/22						8/15/22				
Clean sediment trap rehab maintenance sink	1	1	1.0	2		1/26/22						2/15/22				
Heat pump in Shop - clean filters	1	1	0.5	1			3/3/22					8/17/22				
Heat pump in Server Room - clean filters	1	1	0.5	1			3/3/22					8/17/22				
Heat pump 2nd Fl Office - clean filters	1	1	0.5	1			3/3/22					8/17/22				
Heat pump in Family Overnight Rm - clean filters	1	1	0.5	1			3/3/22					8/17/22				
Washer/Dryers	6	1.5	9.0	18			3/31/22						9/26/22			
Checking and Cleaning Door Hardware	134	0.1	13.4	27			1/23/22						9/13/22			
CK sprinkler heads in/ext corrosion/ alinment	1	1	1.0	2			3/16/22						9/19/22			
Vehicle Lift Check/and tie down maintenance	3	1	3.0	6			3/2/22						8/14/22			
Check playground equipment for safety	1	2	2.0	4			3/11/22				7/7/22				11/2/22	
Clock login for battery life	1	0.5	0.5	1					3/2/22							10/6/22
Check, Clean, Lube Conf Rm Chairs	24	0.1	2.4	5				4/13/22						10/13/22		
Weeding of Mulch Areas and Playground	1	24	24.0	48				4/23/22	5/11/22	6/20/22	7/6/22	8/12/22	8/12/22			
Roof top Exhaust ventilators	8	0.5	4.0	8				4/12/22						10/11/22		
Check Emergency supplies at church	1	1	1.0	2				4/12/22						10/11/22		
Replace/check batteries in flash lights & emergency tools	1	0.75	0.8	2				10/5/22						10/2/22		
Clean out play ground drain	1	0.75	0.8	2				4/4/21						10/7/22		
Clean dryer Vents - vendor			0.0	0				4/18/22						11/3/22		
Kitchen range hood cleaning			0.0	0				4/18/22						11/3/22		
Sub-total			45.5	91												

**Preventative Maintenance Program**

2022

Item Description	Units	Hr per Unit	Total Hr per Item	Annual Hours	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>Annual Procedures</b>																
Hire out Christmas tree light removal			0.0	0	N/A											
Service Patient lifts in Bedrooms & Bathrooms	20	0.5	10.0	10	1/25/22											
Test 25 percent of fire dampers yearly	1	20	20.0	20		12/30/21										
Fire Extinguisher Annual Inspection			0.0	0		2/22/22										
Generator Minor Service			0.0	0				4/4/22								
Mulch all flower gardens	1	40	40.0	40				3/11/22	5/11/22							
Spring Yard clean up/ reseeding bare spots	1	80	80.0	80				4/15/22	7/11/22	8/3/22						
Inspection and testing of oxygen system			0.0	0					1/5/22							
Clean VFD's cooling fins (AHU1,2,3,4 & Boiler Pumps)	10	0.3	3.0	3					5/6/22							
Unwinterize play ground water supply	1	1.5	1.5	2					4/28/22							
Grub prevention	1	3	3.0	3						N/A						
Wash Condenser Coils AHU 1&2	2	2	4.0	4							6/2/22					
Wash Condenser Coils Chilled Water	1	2	2.0	2							6/24/22					
Wash Condenser Coils Kitchen MUA	1	1	1.0	1							6/24/22					
Wash Condenser Coils Kitchen Freezer	1	1	1.0	1							6/24/22					
Wash Condenser Coils Split systems/ Heat pumps	4	1	4.0	4							6/24/22					
Flush Water Heaters	4	1	4.0	4							8/24/22					
Generator Annual Load Test	1	1.5	1.5	2							7/5/22					
Emergency Light 90 minute test(July School Break)	79	0.08	6.3	6							7/6/22					
Clean and seal all cement patios and cement walks	1	12	12.0	12							N/A					
Trim Shrubs and Trees	1	60	60.0	60								8/11				
Clean Wall Heater Units	32	0.75	24.0	24								N/A				
Generator Major Service			0.0	0										10/18/22		
Clean Boiler #1	1	8	8.0	8									9/30/22			
Clean Boiler #2	1	8	8.0	8									9/22/22			
Change heating oil filters	4	0.25	1.0	1									9/1/22			
Fire Door Inspection	20	0.5	10.0	10									9/30/22			
Clean ceiling hung heaters	4	0.5	2.0	2									9/30/22			
Fall Yard Clean up	1	100	100.0	100									9/30/22	10/17/22	11/11/22	
Clean fin tube baseboard heaters	42	2	84.0	84										10/31/22		
Winterize play ground water supply	1	3	3.0	3										10/18/22		
Hire out Christmas tree light installation 14 strings			0.0	0												11/23/22
Service Sprinkler Compressor (oil & air filter)	1	0.75	0.8	1												
<b>Sub-total</b>			<b>127.5</b>	<b>128</b>												

CEDARCREST CENTER  
Weekly Boiler Room Check List

Month	Week 1	Week 2	Week 3	Week 4	Week 5
<b>Date</b>					
<b>Outside Temp (X1)</b>					
<b>Boilers</b>	----	----	----	----	----
Supply - Header Water Temp					
Return - Header Water Temp					
Pump 1 - Discharge Pressure					
Pump 2 - Discharge Pressure					
Boiler 1 On/Off					
Boiler 1 Pressure					
Boiler 1 Temperature					
Boiler 2 On/Off					
Boiler 2 Pressure					
Boiler 2 Temperature					
Expansion Tank Level					
<b>Fuel Oil</b>	----	----	----	----	----
Oil Pump Vacuum					
Oil Level - Gallons					
Oil Delivered - Gallons					
Oil Average Daily Usage					
Oil Level - Inches					
<b>Domestic Hot Water Meters</b>	----	----	----	----	----
#1 Main Hot Water (gal)					
Main Hot Water - Avg Daily Usage					
#2 Kitchen Sinks Water (gal)					
Kitchen Sinks Water - Avg Daily Usage					
#3 Dishwasher/ Laundry Water (gal)					
Dishwasher/ Laundry - Avg Daily Usage					
<b>Domestic Hot Water Temperature</b>	----	----	----	----	----
#1 Central Bathing/ Restrooms 100-120°F					
#2 Kitchen Sinks 100-130°F					
#3 Dishwasher/ Laundry 140-150°F					
<b>Fire Sprinkler System</b>	----	----	----	----	----
Air Compressor Run Hours (xxxx.xx hrs.)					
Air Compressor Run Hours - Avg Daily Hours					
Visual Check					
Air Compressor Oil Level					
Check/ Drain					
Air Pressure					
Water Pressure					
<b>City Domestic Water</b>	----	----	----	----	----
City Water Pressure					
Building Water Pressure					
Main Cold Water Meter (x,xxx,xxx ft <sup>3</sup> )					
Main Cold Water Meter - Avg Daily Usage ft <sup>3</sup>					
Chlorine Level (once per month)					

**Cedarcrest Center  
for Children with Disabilities  
Security Systems**

**POLICY:** Cedarcrest Center provides a number of security systems to ensure the safety of the children and staff.

**PROCEDURES:**

**Reception area quick lock:** The receptionist is able to lock the front door using a switch at the desk. This may be used at any time there is an unwelcome person outside or if the receptionist needs to step away from the desk.

**Doorbell/intercom System:**

The doorbell rings remotely at the Nurses' Station. The monitor shows the image of the person at the door. To speak to the person at the front door, pick up the receiver on the panel at the Nurses' Station and speak. To release the door, press the key button.

Staff access may be disabled overnight with use of the switch in the vestibule.

**Door Alarms at the Day Room exits:**

The doors nearest the Day Room have an integrated alarm system. To exit through the doors a sustained pressure on the push bar must be maintained. To silence when the alarm sounds: Enter 1245 \*; then rearm system when ready.

The doors will release when the Fire Alarm is sounding and must be reset at the conclusion of the Fire Alarm.

**Security Alarm System for all exterior doors other than the front door:**

To set the alarm, use the panel at the Nurses' Station:

- Turn on.
- Check display, should say "READY TO ARM".
- If so, enter, 1245 AWAY
- If not ready, look at door location on display
- Close that door and then arm system.

To disarm or to turn off:

- Enter, 1245 OFF.

To reset when the alarm sounds:

- Enter 1245 OFF.
- Then rearm system as above, when ready.

**Residential area security system:**

- The hallway doors lock at 8:00 PM and unlock at 5:00 AM
- If needed there is an override switch on the wall outside the Med Room. The switch should be left in the “Normal” (center) position.
- The “Lock” (or up) position will lock the doors regardless of the time of day.
- The “Unlock” (or down) position will unlock the doors regardless of the time of day.
- Staff entering the residential area are to use the finger scanner. The hold-open magnet will be active for one minute once the door is open.
- To exit the residential area, the door will release with a motion sensor or after the Release button is pushed.
- Visitors may use the call box in the atrium (next to the override switch). They may push to talk with the staff at the nurses’ station. The Key button releases the door.
- All door magnets release when the fire alarm is activated.

**Security Cameras at front entrance:** These cameras project images on the computer in the nurses’ workroom. If the image on the monitor is lost:

- REBOOT THE COMPUTER
- CLICK ON THE “BLUE IRIS” ICON TO START VIEWING

All malfunctions or questions about the security systems are to be directed to the Facility Manager.

Approved: \_\_\_\_\_  
Jay Hayston, President and CEO

\_\_\_\_\_  
Date

\_\_\_\_\_  
John Hamler, Facility Manager

\_\_\_\_\_  
Date

Copy to Nursing Procedure Manual

**Cedarcrest Center  
for Children with Disabilities  
Visitor Policy**

**POLICY:** Cedarcrest Center welcomes visitors including families, team members, business associates, vendors and volunteers.

**PROCEDURE:** The Center provides a number of resources and strategies to welcome visitors while ensuring the safety of the children and staff. A sign-in log is maintained daily. From 8:00 am to 4:00 pm the log is kept at the reception desk. Visitors arriving before 8:00 am or after 4:00 pm must sign in and out at the nurses' station. The sign-in log assures accountability in the event of an emergency and assures the safety and security of the children.

Visitors will be given a visitor name tag unless wearing one from their place of business. Ongoing volunteers and family members who visit routinely will have a name tag prepared for them as will Trustees and volunteers. Children under fourteen do not need their own name tag. Other visitors will be given an adhesive name tag.

As a visitor signs in, the receptionist may ask the visitor for his/her name in order to confirm that the individual is not listed as a restricted visitor.

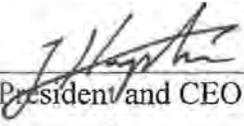
During major facility projects an additional sign-in sheet may be available in the maintenance area. The Facility Manager oversees vendors working on site and is to provide them with a name tag unless they are wearing appropriate identification.

In the event of significant illness of the children, the Illness-related Visitor Restriction Policy may be activated. (See Illness Related Limitation for Visitors Policy)

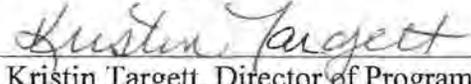
It is the family's responsibility to notify Cedarcrest Center as well as the individuals that they would like to restrict from visiting. If the receptionist is unsure of the status of a visitor he/she may contact the Social Worker or Charge Nurse as needed.

**After hours:** Name tags are available on/near the clipboard where visitors sign in. If someone comes to the door and they are not known to staff, they are not to be allowed in the building until a staff member goes to the front door to see the individual's ID.

The reception desk should be staffed with an employee Monday through Friday 8:00 to 4:00. When away from the front desk the receptionist is to lock the door. If a staff member is not available, the door is to remain locked and a volunteer may then sit at the desk, allowing staff to screen visitors.

Approved:   
Jay Hayston, President and CEO

12/15/2022  
Date

  
Kristin Targett, Director of Programs and Operations

12/14/22  
Date

# Emergency Preparedness Plan

Cedarcrest Center  
*for* Children with Disabilities

# Emergency Preparedness Plan

Revisions: April 2003, December 2004, December 2005, May 2006, October 2006, February 2007,  
December 2008, December 2009, July 2010, February 2011, October 2011, January 2012,  
August 2012, October 2014, April 2016, June 2017, September 2017, April 2018,  
October 2018, December 2018, April 2019, November 2019, January 2020, April 2020,  
September 2020, November 2020, April 2021, July 2021, August 2021, September 2022

Keene Fire Department Reviews: February 28, 2002, April 2003, December 28, 2005,  
January 22, 2009. September 18, 2018

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- MOU – Genesis / Langdon Place 10/30/2018
- MOU – Genesis / Applewood 10/7/2020
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- Family Contact List

## **Plan Introduction**

Cedarcrest Center's Emergency Plan is written in support of emergency management and is built upon the National Response Framework (NRF) as a scalable, flexible, and adaptable coordinating structure to align key roles and responsibilities. Cedarcrest Center serves a group of children who are medically complex with limitations in multiple areas of development including mobility and communication as well as compromised medical stability. Staff are specially trained to be able to assist in the response process to assure their safety regardless of the type of hazard encountered. Cedarcrest Center participates in the Granite State Health Care Coalition and takes advantages of the resources and exercises available. As a licensed medical facility, Cedarcrest follows the requirements of the Centers for Medicaid and Medicare with guidance from American Health Care Association and its state affiliate. As a Private Special Education program, Cedarcrest strives to meet the requirements of Homeland Security designated for schools. The Center participates in Hazard Vulnerability Analyses done as a region or on a state-wide basis and participates in regional and state trainings. This plan and its contents applies to all Cedarcrest Center staff, children, families, consultants and volunteers and others participating in the preparedness efforts. Cedarcrest's plan is based on the Incident Command Systems. The organization maintains additional procedures supporting the Emergency Operations Plan. Given the medical nature of its services, Cedarcrest uses the New Hampshire Hospital Emergency Code system. All staff are required to actively participate in the training, exercise, and maintenance needed to support this plan. Managers are encouraged to participate in Incident Command Training. Information is provided to other staff to introduce this structure and it is practiced in monthly drills.

### **Review and approval of the plan:**

Cedarcrest's Emergency Operation Plan is reviewed on an ongoing basis and updated as needed during the year, and is more formally reviewed at least twice a year. The plan is approved by the Keene Fire Department as well as by the Life Safety inspector of the Bureau of Health Facilities Administration and by Homeland Security as a part of the school review process.

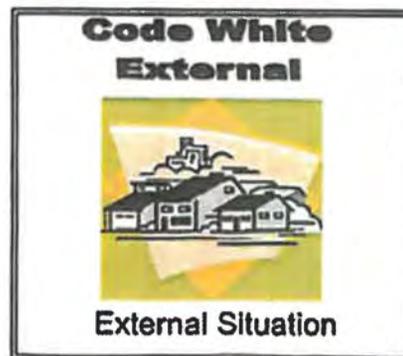
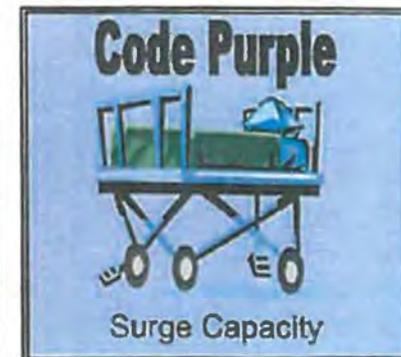
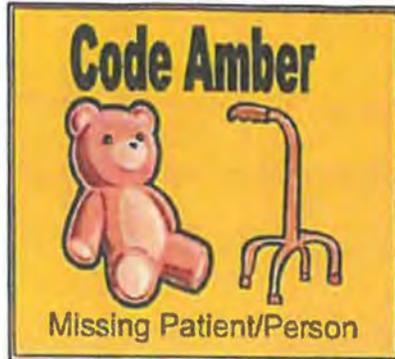
## **Training Requirements Fire Drills and All Hazard Response Drills/Exercises**

:  
Cedarcrest Center confers with local public safety, emergency management and public health officials and is a part of the regional health care emergency planning group. The Facility Manager is responsible to plan drills as required in health facility life safety code and those required for schools. To meet Homeland Security Emergency Management requirements, the Facility Manager plans to conduct four all-hazard exercises, including which is a response to an armed assailant, which may be done as a tabletop drill.

The four, all-hazard exercises may include:

- Act of violence
- Bomb threat
- Flooding
- Hurricane
- Earthquake
- Hazardous Materials incident
- Medical Emergency
- Structural Fire
- Threat (general)
- Tornado
- Wildfire
- Wind storms
- Any other hazard identified by school officials and local emergency response authorities

## New Hampshire Statewide Hospital Emergency Codes



**Cedarcrest Center**  
for Children with Disabilities  
*Exceptional Medical Care and Education*  
91 Maple Avenue  
Keene, NH 03431

# Unified Command

(Responsible for overall management of the incident)

- Cedarcrest Center Representative \_\_\_\_\_
- Fire Department Representative \_\_\_\_\_
- Police Department Representative \_\_\_\_\_

## Safety Officer \_\_\_\_\_

*Monitors and assessed safety of site,  
Develops measures to assure safety*

## Liaison Officer \_\_\_\_\_

*Coordinates with representatives of cooperating and assisting agencies (e.g. Red Cross, hospital) and/or families*

## Public Information Officer \_\_\_\_\_

*Interfaces with public, media and other agencies*

## Operations Chief \_\_\_\_\_

*Responsible for the operations of the site*

## Planning Chief \_\_\_\_\_

*Provides support for maintaining the site and for collection of needed information for the action plan*

## Logistics Chief \_\_\_\_\_

*Coordinates access to needed resources*

### Staging Area Manager \_\_\_\_\_

Accountability Director \_\_\_\_\_

Evacuation Director \_\_\_\_\_

Medical Needs Director \_\_\_\_\_

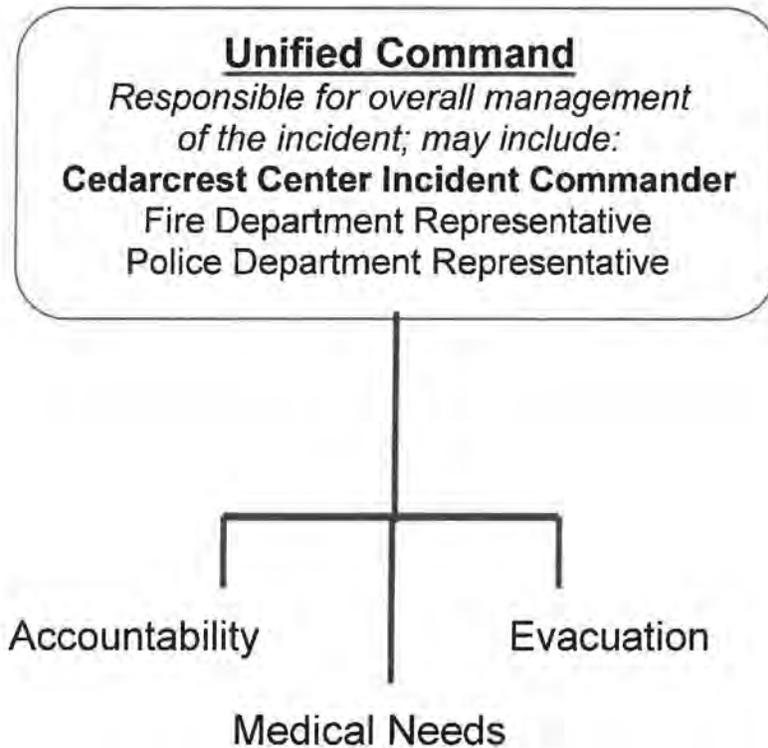
Vendor/Resources Director \_\_\_\_\_

Documentation Director \_\_\_\_\_

Supplies Director \_\_\_\_\_

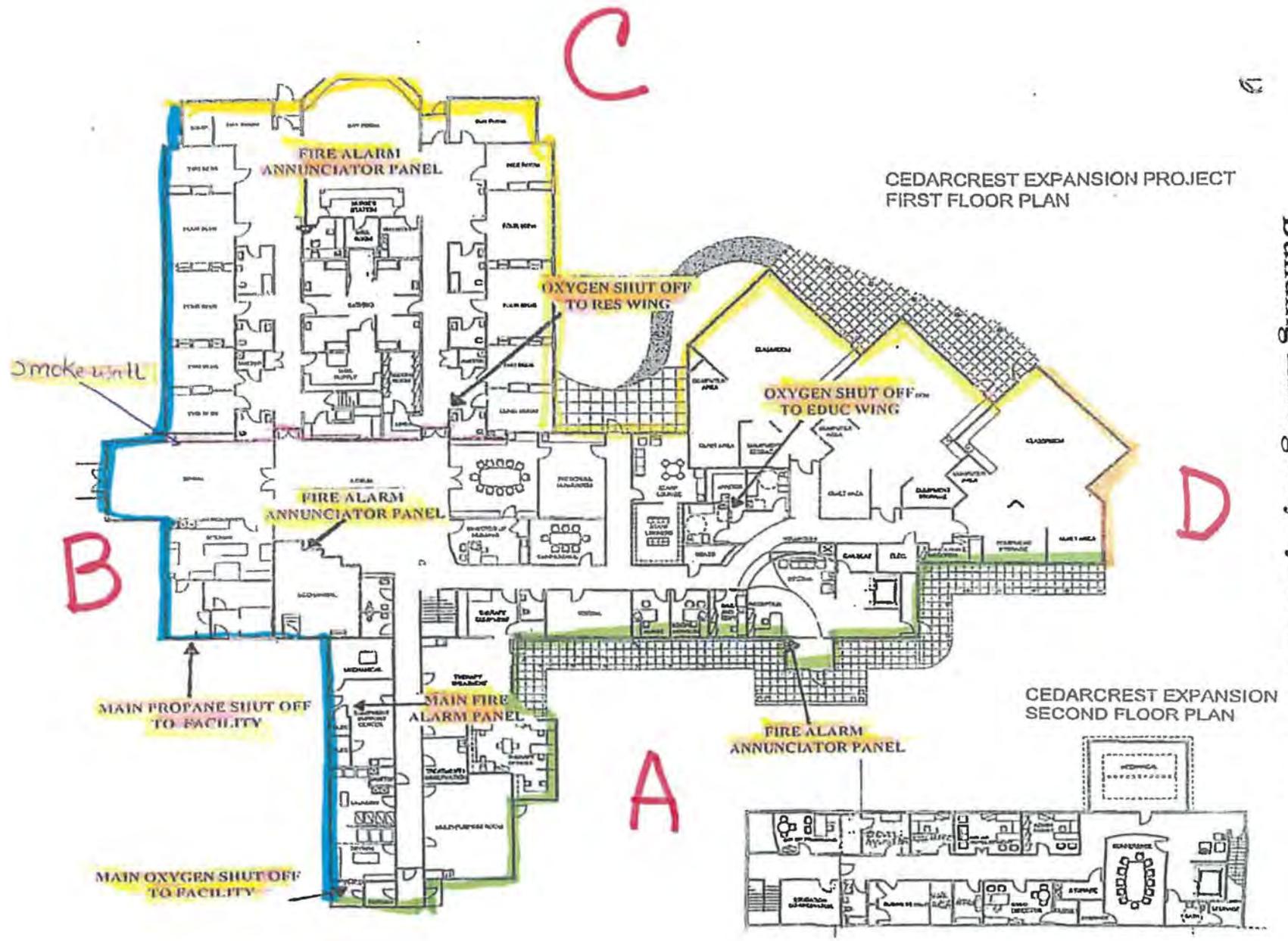
Staff/Personnel Director \_\_\_\_\_

# Unified Command Functions in Basic Emergencies

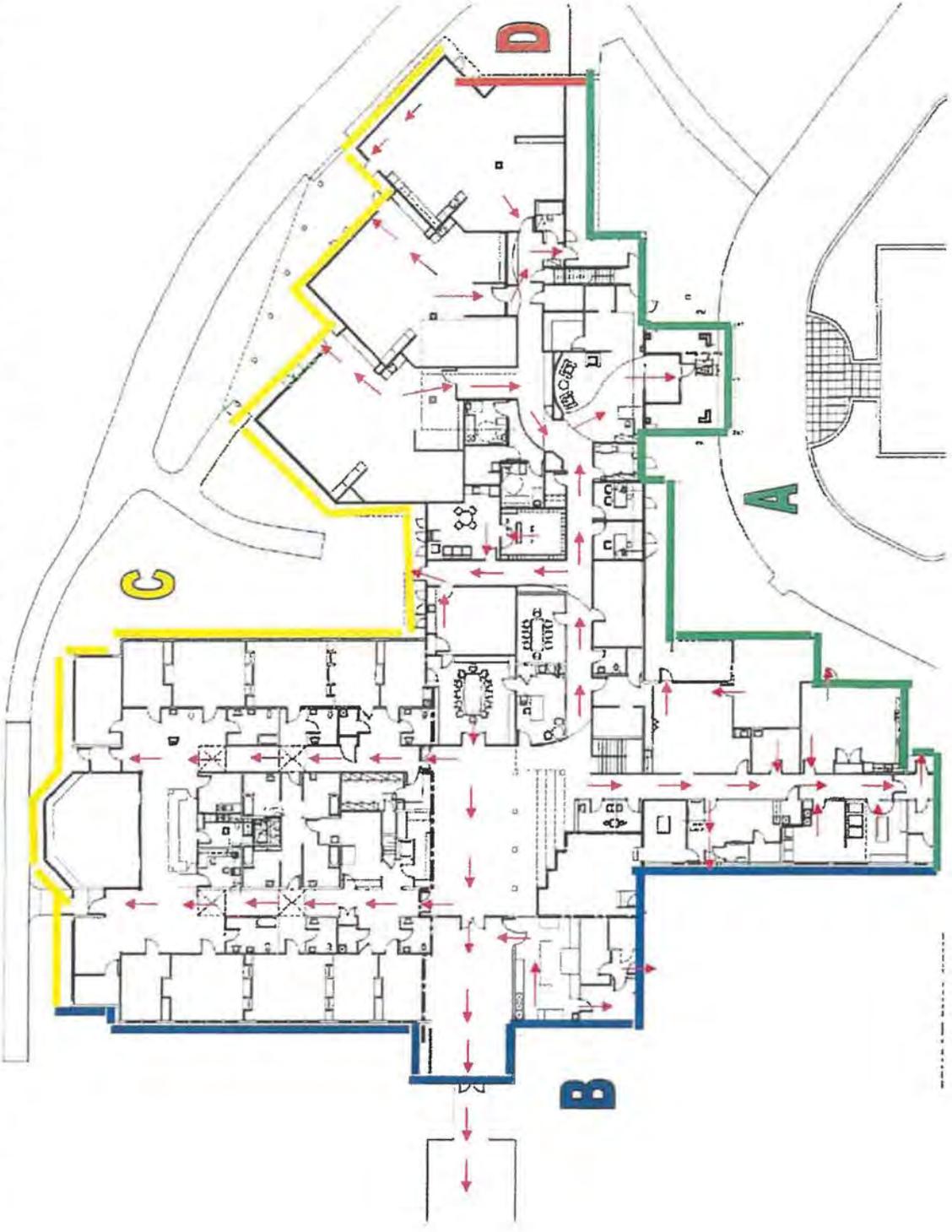


**Notes:** Members of the Unified Command determine what functions are needed in an emergency. In most drills and basic emergencies at Cedarcrest Center, the primary functions opened will be Accountability and Medical Needs. If evacuating off site, the Evacuation function will also be needed. If the emergency is extended beyond an hour, additional functions will be opened.

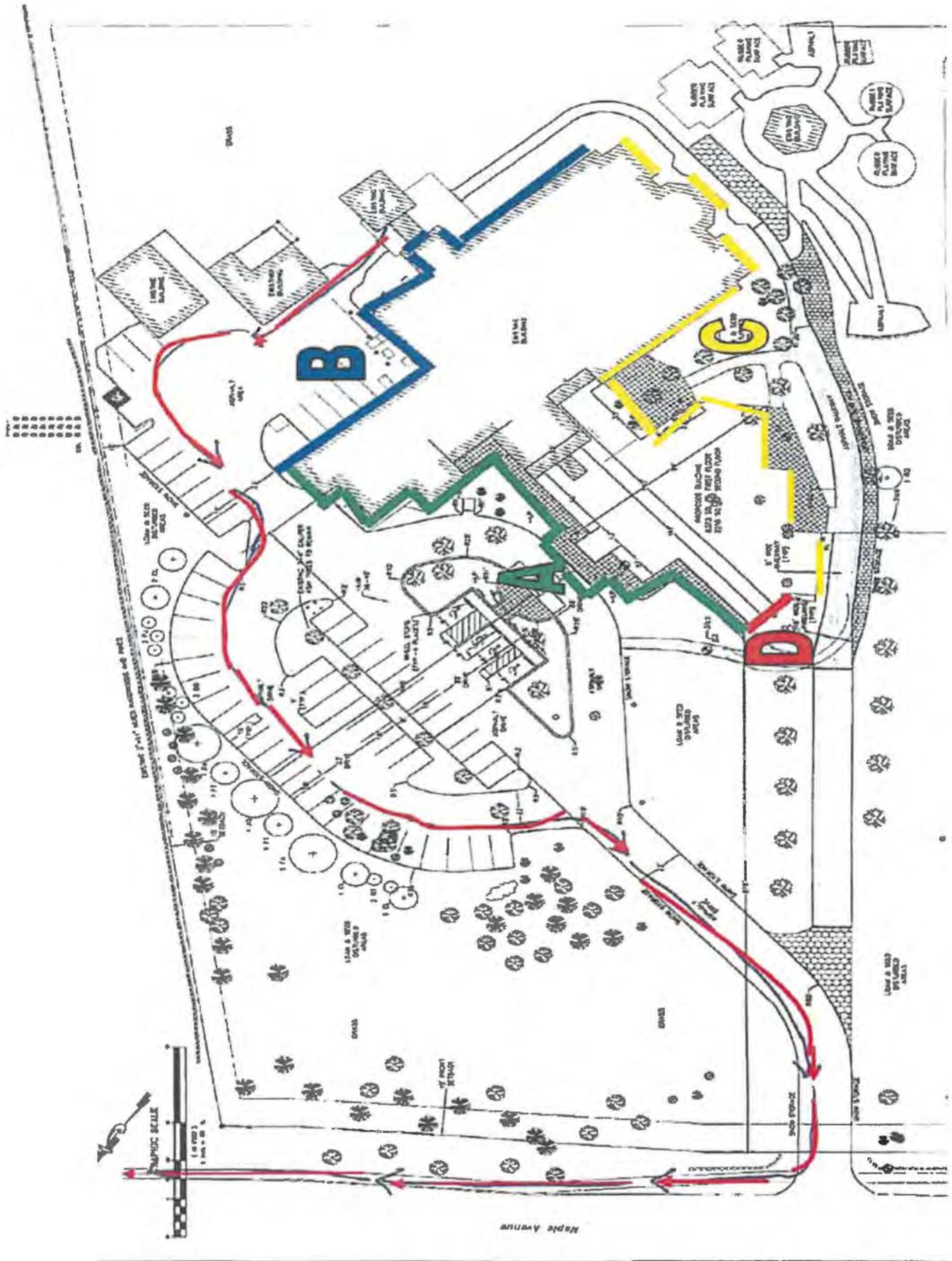
Building Emergency Systems Location



# Evacuation Routes from building



# Site Plan Evacuation Routes



# Code Red Fire/Emergency

## Fire Seen / Identified:

Yell, "Fire in the (location)!"

## Pull Fire Alarm

Pull stations are located by each exit.

Call 911.

Notify Charge Nurse

Decision to Defend-in-Place or Evacuate  
is made by Charge Nurse

Charge Nurse/Operations Chief calls Fire Department  
**911**

Nurse brings roll call list, keys,  
cell phone. Direct someone to get Emergency Bag in Nutrition Room

**Relocation** ("defend in place") within building  
far side of smoke barrier wall.  
atrium/residents wing)

**Evacuation** via back walkways  
where possible (avoid leaving via the  
front of the building, unless necessary)

on  
(Separate

**Screen house: for roll call**

(Alternate location: driveway by classroom porch)

**Roll Call**

by Accountability Director

Operations Chief reports to Fire Department/Incident Command  
to report status of children, staff and building

The Unified Command determines if the children should be moved to  
an alternate location as indicated and approved by Fire Department.

# Fire Watch

(implemented during periods of testing the fire protection devices, construction, or as otherwise deemed necessary)

## Maintenance notifies

Fire Department Shift Commander at 603-357-9861  
at beginning and end of "Fire Watch".



Maintenance or Receptionist announces  
Fire Watch and posts sign at time clock



Staff are alert to smoke or fire  
If noted they are to pull area pull station  
and call 911 and notify Charge Nurse



Activate Fire/Emergency Protocol  
Nurse determines whether to Defend in Place or Evacuate;  
Announcement must be made  
to alert staff to nature of emergency and plan

***Note: Pull stations in areas affected by Fire Watch and direct communication to Fire Department will not work.  
A call to 911 is critical.***

# Code White Internal Potential Facility Gas Leak

Smell of Gas is Detected

↓  
Move the children  
out of harm's way

↙  
**Kitchen Area**

↓  
Shut off gas outside or behind stove  
(Stove must be pulled out to reach the lever)

Do not turn any electrical  
switches on or off; do not use  
phone in immediate area.

↓  
Open Windows

↓  
Evacuate the area

↓  
Turn off main gas if needed  
(outside the kitchen door)

↓  
Report to Nurses and facilities staff

↘  
**Laundry Room**

↓  
Shut off gas outside or behind dryers

Do not turn any electrical  
switches on or off; do not use  
phone in immediate area.

↓  
Open Windows

↓  
Evacuate the area

↓  
Turn off main gas if needed  
(outside the kitchen door)

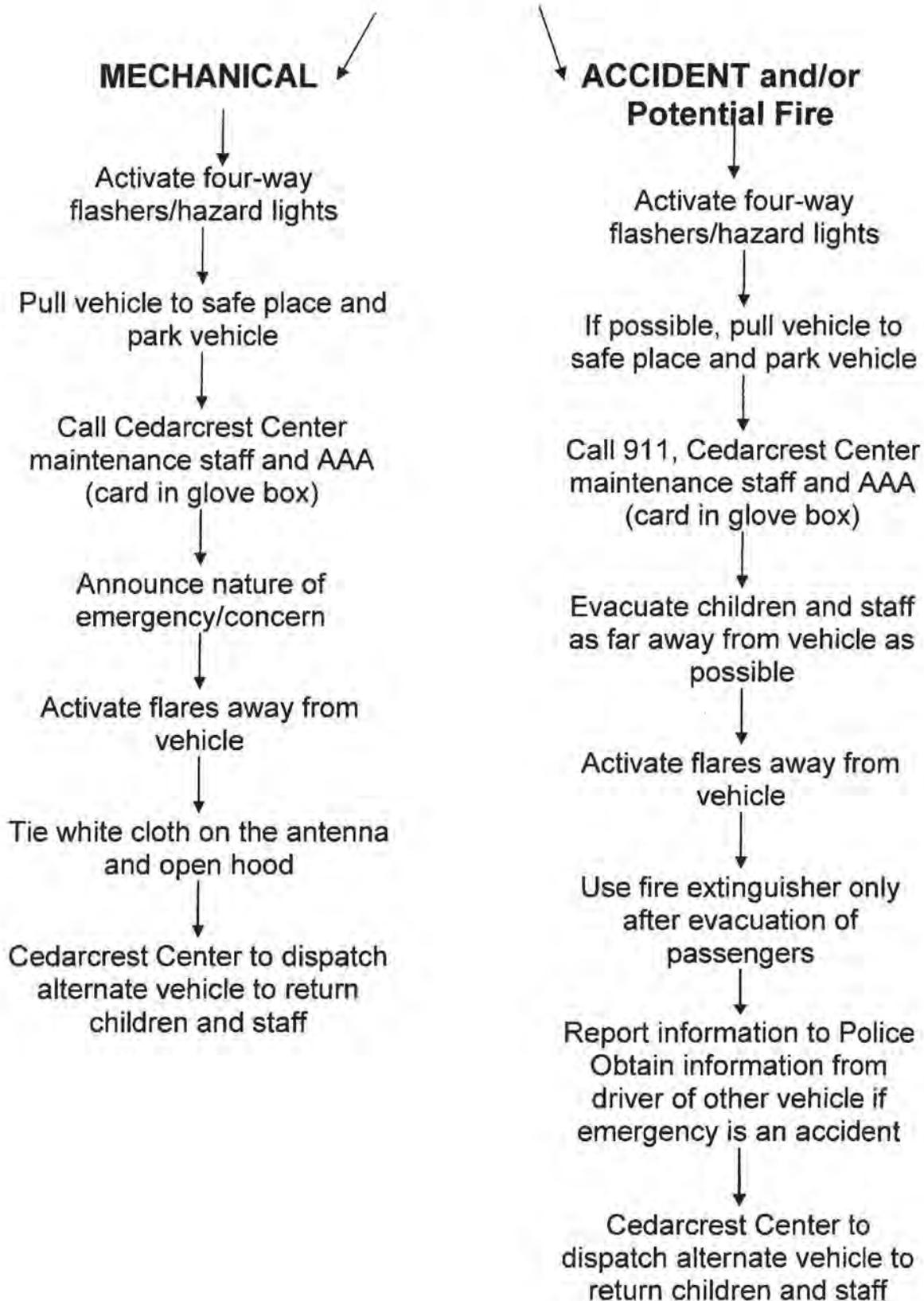
↓  
Report to Nurses

↙  
**CALL FIRE DEPARTMENT**

↓  
Gas is to remain off and Lock-out/Tag-out to remain in place for stove and/or dryers  
until the Fire Department gives an all clear.

The respective departments will be notified by the Facilities staff when  
the all clear has been issued.

# Code White External Vehicle Emergency



# **Code White External Severe Weather**

Staff track impending severe weather (including hurricanes, tropical storms, ice storms, snow squalls, other hazardous winter weather phenomena)



Facility Manager/Maintenance staff  
Serves as Incident Commander if available  
and opens necessary Incident Command functions



Contact 9-1-1  
if any significant hazard arises



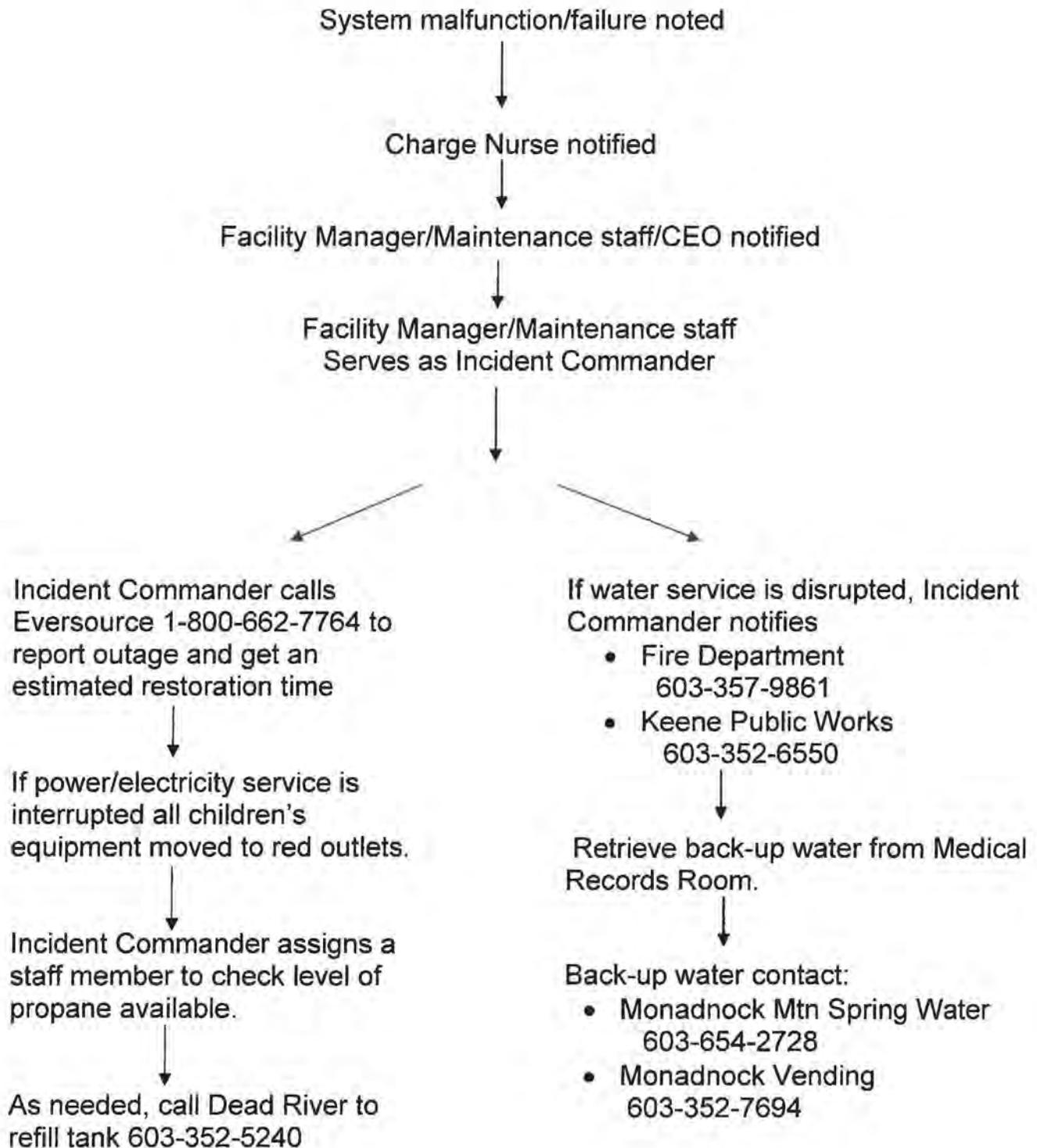
Staff are to :

- Conduct roll call
- Locate flashlights
- Check that all children's equipment is plugged into red/generator outlets
- Move children away from windows
- Charge Cedarcrest Center cell phone to be ready in the event phone coverage is out
- Do not turn lights switches on or off if gas is compromised
- Report hazards to Incident Commander or Safety Officer
- Staff may be asked to remain on shift to assist with coverage for those who cannot travel in the storm



All staff follow direction of Incident Commander  
who opens other functions as needed.

# Code White Internal Building System Failure



# Code White - Internal Loss of Communications

Loss of phone communications

↓  
Incident Commander or Nurses identify whether the copper line (603-355-1093) which is the red phone in work room is operational; activate nurses' cell phone

↓  
Contact phone vendor "**Consolidated Communications**"  
If the Phones or Internet are not working call 1-855-588-9300

Account Phone #(603) 358- [REDACTED]

Internet Circuit [REDACTED]/

We have "managed services", if they ask.

Ask that (603)358-[REDACTED], (603)358-[REDACTED], (603)-358-[REDACTED] be forwarded to (603)355-[REDACTED] (copper line);

If the Copper line or Faxes are down call (844) 968-7224 (844 your cci)

[REDACTED] PIN # [REDACTED] Code: [REDACTED]

Account Phone #(603) 352-2139

make note of the ticket number;  
provide a primary e-mail address & phone contact

↓  
If the problem is with the phone/system contact

**Arcomm 603-464-[REDACTED]**

↓  
Notify nursing staff to limit outgoing calls and minimize the duration of incoming calls on the red phone

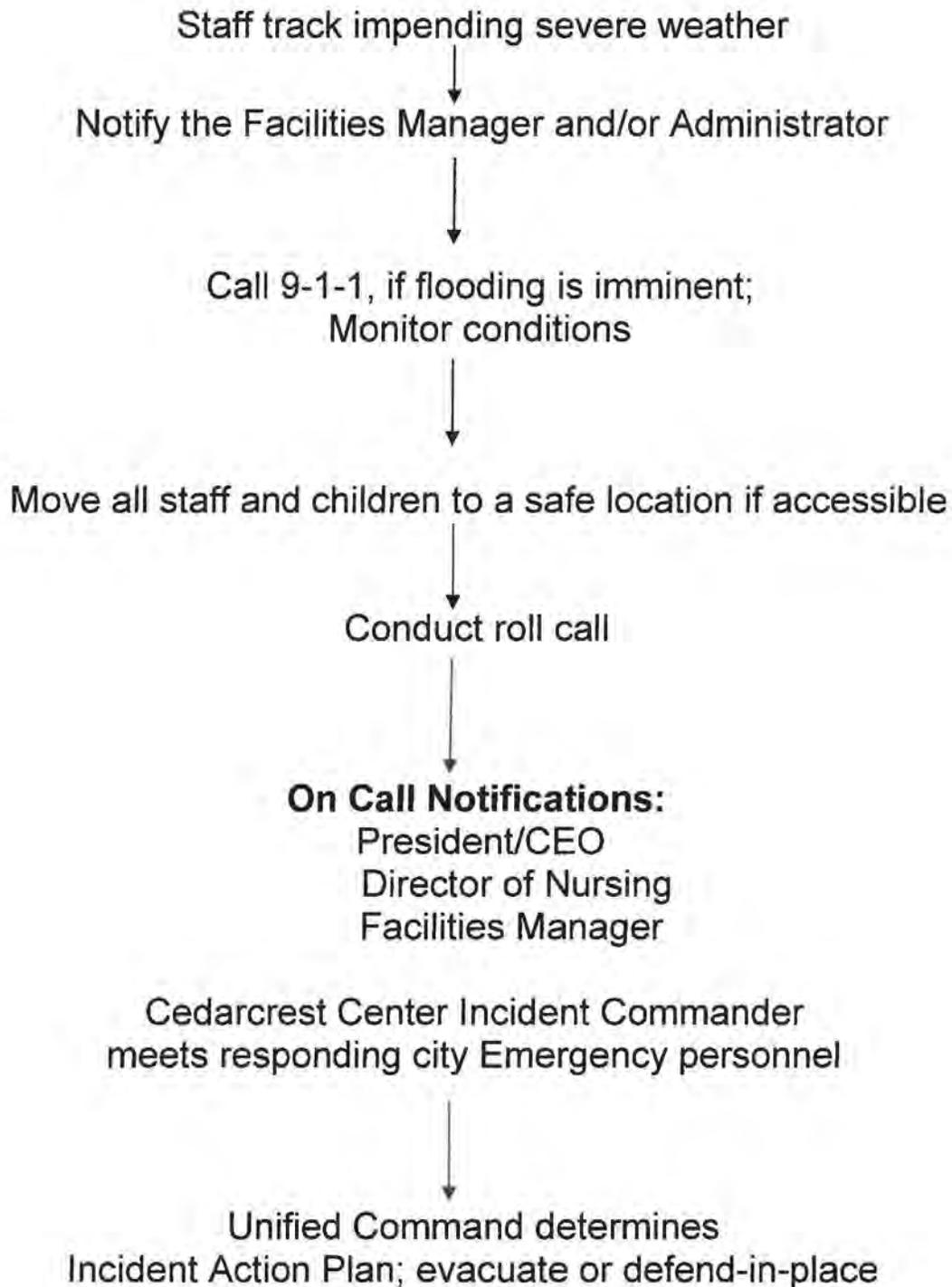
↓  
Notify "on-call" Maintenance and Administrative staff of problem

↓  
When the problem is resolved, if the phones were forwarded, contact the number above to have the phones un-forwarded using the ticket number to access our information

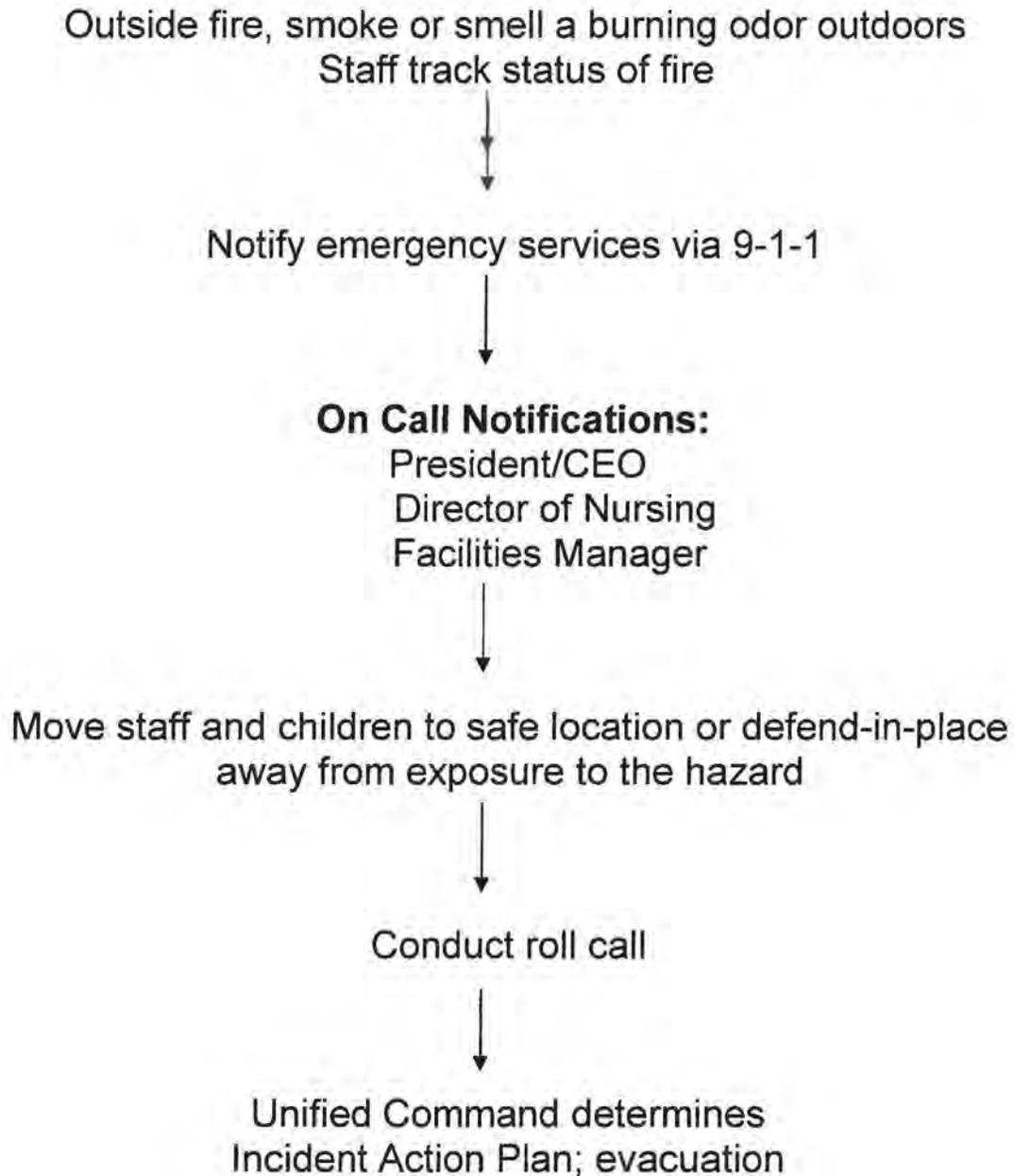
Notify staff that the problem has been resolved

*NOTE: If phones cannot be forwarded, information may be posted on our Facebook page or families and key individuals may be notified in another manner.*

# Code White External Potential for Flooding



# **Code White External Active Wildfire Threat**



# **Code White External Tornado Watch/Warning**

Staff track impending severe weather



Facility Manager/Maintenance staff called;  
Serves as Incident Commander if available



Incident Commander tracks impending weather and  
opens necessary Incident Command functions



Staff are to :

- Conduct roll call
- Locate flashlights
- Check that all children's equipment is plugged into red/generator outlets
- Move children away from windows
- Secure equipment/toys that are outside
- Charge Cedarcrest Center cell phone to be ready in the event phone coverage is out
- Be aware of potential hazards caused by tornado
- Do not turn lights switches on or off
- Report hazards to Incident Commander or Safety Officer



All staff follow direction of Incident Commander  
who opens other functions as needed.

**After action:**

Incident Commander assigns Safety Coordinator to assess damage and inform Incident Command. Actions taken based on this assessment

# Code White External Earthquake

Facility Manager/Administrator  
Serves as Incident Commander if available



Incident Commander evaluates the severity  
of the earthquake and opens necessary  
Incident Command functions



Staff are to :

- Conduct roll call to determine all children and staff are accounted for
- Locate flashlights
- Check that all children's equipment is plugged into red/generator outlets
- Move children away from windows
- Secure equipment/toys that are outside
- Charge Cedarcrest Center cell phone to be ready in the event phone coverage is out
- Be aware of potential hazards caused by earthquake
- Do not turn light switches on or off if gas may be compromised
- Report hazards to Incident Commander or Safety Officer



All staff follow direction of Incident Commander  
who opens other functions as needed.

After action:

- Incident Commander assigns Safety Coordinator to assess damage and report to Unified Command. Actions taken based on this assessment

# **Code Black Suspicious Package**

Identification of suspicious package



Secure area; DO NOT touch  
or move item



Notify Charge Nurse



Call 911



Cedarcrest Center Incident Commander  
meets responding city Emergency personnel



Unified Command determines  
Incident Action Plan

**On Call Notifications:**  
President/CEO  
Director of Nursing  
Facilities Manager

# **Code Black Bomb Threat**

Phone call  
Bomb Threat



Listener takes in as much  
information as possible,  
using Bomb Threat form if available.  
(speaker phone may be used if appropriate)



Alert Charge Nurse



Call 911



Cedarcrest Center Incident Commander  
meets responding City Emergency Personnel  
Follow 911 instructions



## **On Call notifications:**

Director of Nursing

Nurse on Call

Facilities Manager or on call

## BOMB THREAT CHECKLIST

Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m. / p.m.

Exact words of caller: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**QUESTIONS TO ASK:**

When will the bomb explode? \_\_\_\_\_

Where is the bomb right now? \_\_\_\_\_

What kind of bomb is it? \_\_\_\_\_

What does it look like? \_\_\_\_\_

Why did you place the bomb? \_\_\_\_\_

**TRY TO DETERMINE THE FOLLOWING (circle as appropriate)**

- |                           |                 |                  |              |                |                  |               |
|---------------------------|-----------------|------------------|--------------|----------------|------------------|---------------|
| <b>CALLER'S IDENTITY</b>  | male            | female           | adult        | juvenile       | age ____ years   |               |
| <b>VOICE:</b>             | loud            | soft             | high-pitched |                |                  |               |
|                           | deep            | raspy            | pleasant     | intoxicated    |                  |               |
| <b>ACCENT:</b>            | yes             | no               | local        | not local      | foreign          | region        |
| <b>SPEECH:</b>            | fast            | slow             | distinct     | distorted      | stutter          | nasal slurred |
| <b>LANGUAGE:</b>          | excellent       | good             | fair         | poor           | foul             | other _____   |
| <b>MANNER:</b>            | calm            | angry            | irrational   | incoherent     |                  |               |
|                           | emotional       | righteous        | laughing     |                |                  |               |
| <b>BACKGROUND NOISES:</b> | office machines | factory machines | trains       | animals        | party atmosphere |               |
|                           | music           | quiet voices     | airplanes    | street traffic |                  |               |

A copy of this form shall be kept at the nurses' station and with reception.

# Code Orange Internal Hazardous Material Release

Identification of hazardous materials release in building



Move staff and children from active or potential hazardous materials to a safe location



Call 9-1-1



Conduct roll call



**On Call Notifications:**  
President/CEO  
Director of Nursing  
Facilities Manager



Cedarcrest Center Incident Commander  
meets responding city Emergency personnel



Incident Command determines  
Incident Action Plan; evacuate or defend in place

# Code Orange External Hazardous Material Release

Identification/Notification of hazardous materials release near building/property



Move staff and children from active or potential hazardous materials in a safe location



Call 9-1-1



Conduct roll call



**On Call Notifications:**  
President/CEO  
Director of Nursing  
Facilities Manager

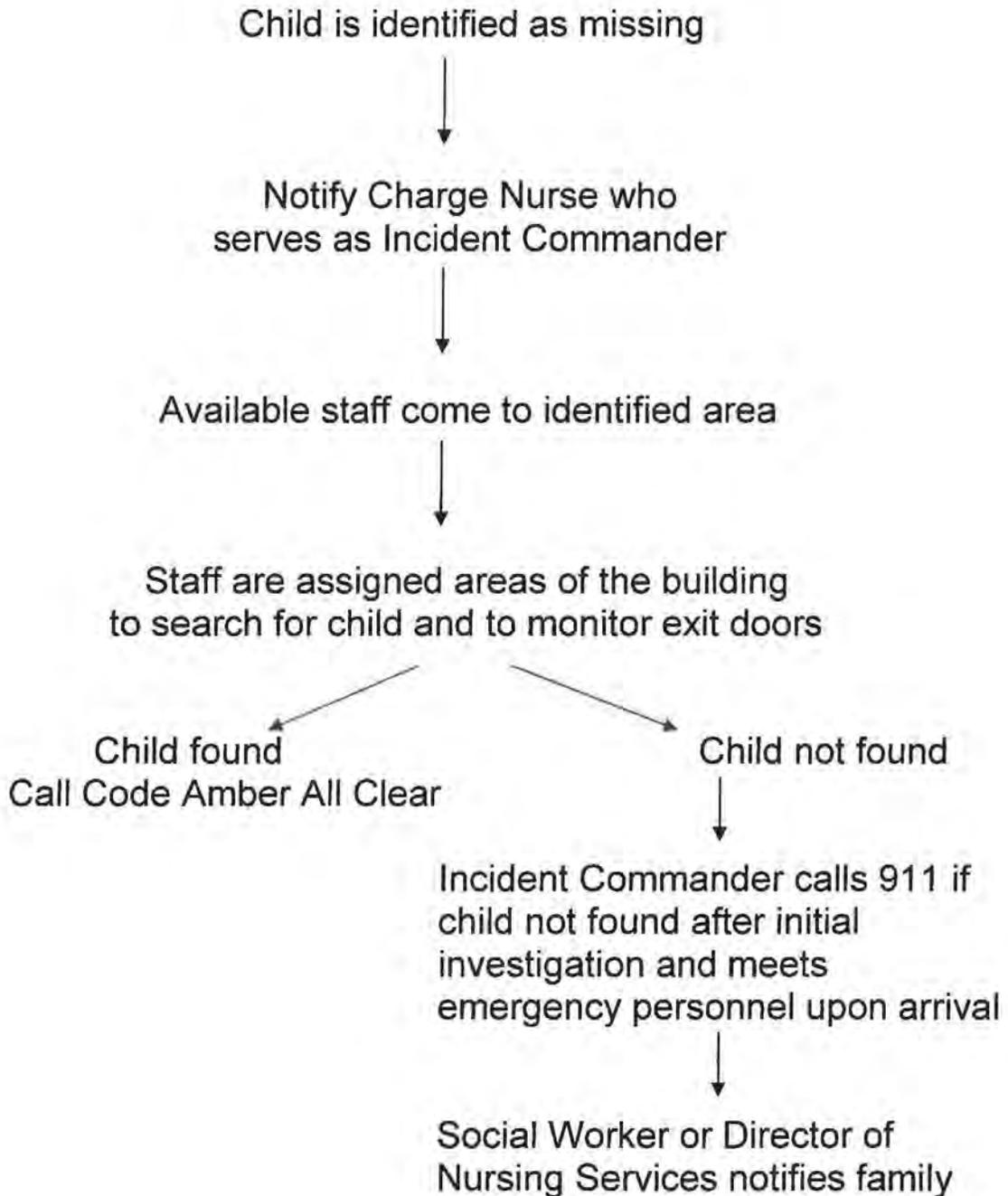


Cedarcrest Center Incident Commander meets responding city Emergency personnel



Incident Command determines Incident Action Plan; evacuate or defend in place

# Code Amber Missing Child



**Code Blue  
Medical Emergency  
(Resident, Visitor or Staff)**

↓  
Code Blue Announced (with Specific location)

↓  
Available Nursing, Respiratory Therapy Staff respond  
Administrative staff serve in supportive role

↙  
911 Called  
Staff at front door to direct  
EMT upon arrival

Copy of Transfer Sheet, Medication  
List, etc. made available

Notification of CEO, DNS and Family



Medical interventions  
Provided until EMT Services arrive



Individual transferred to receiving  
Healthcare Organization



All Clear Announced  
(Specify code and location)

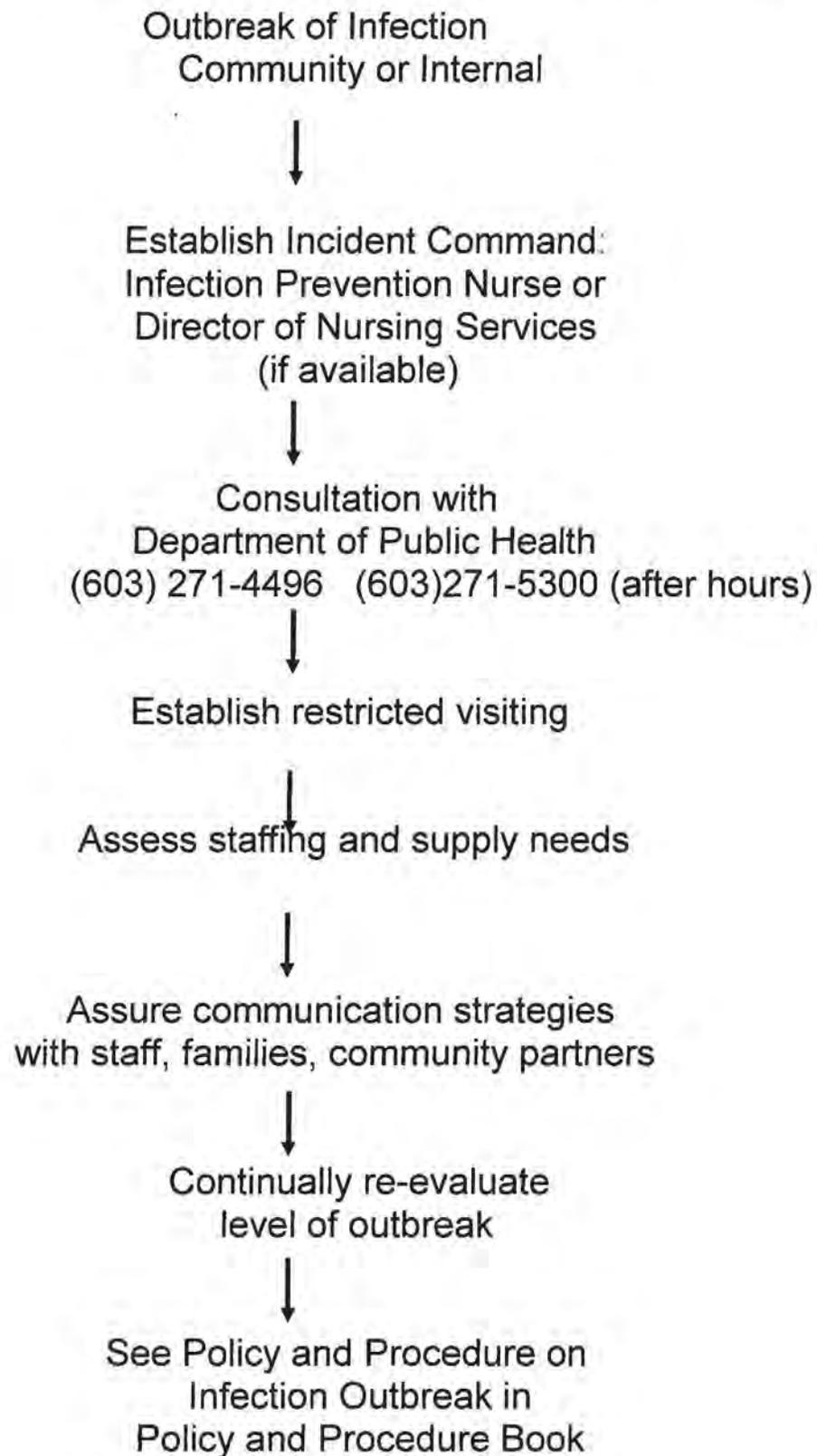
↘  
First Aid Provided  
Emergency Bag and AED  
available

↓  
No further action indicated



All Clear Announced  
(Specify code and location)

# Outbreak of Infection/Pandemic



# Code Purple Surge Capacity

Incoming request  
from regional emergency  
liaison or local facility



Call triaged to  
President/ CEO or  
Director of Nursing



Capacity available

Capacity not available



CEO or Dir. Of Nursing  
Indicates capacity



Caller informed of lack  
of ability to assist



Incident Command  
Opened



Dept. heads and appropriate  
staff notified



Plans to receive  
patients made

# **Code Grey Lock-down**

Intruder or angry/threatening individual  
in the building

Person seen attempting access to the building



Call 911



Nurses' station and staff notified of event



Staff "Lockdown" areas including double doors to residential area  
with all staying in place



Charge Nurse (Incident Commander if off hours) appoints  
Accountability Officer to take roll call;  
one staff person to call nurses station with count/names  
from each location, if children are in different areas



If situation is clearly unsafe, staff are NOT to intervene.  
Close observation is necessary to maintain information on  
where the individual is, as much as possible.  
Use 2-way radios to alert Incident Commander of the situation.



Incident Commander or designee meets  
emergency personnel out front



Incident Commander announces "all clear" when given by police and  
the person is calm and does not pose a danger or has left the property.

# **Code Grey Lock-down for Known Individual**

Disgruntled individual comes into building  
or calls to announce plan to come



On-site manager notified and  
serves as Incident Commander



Receptionist notified of pending arrival;  
Other staff alerted as needed



Manager greets individual upon arrival, attempts to go to  
area away from children in effort to de-escalate



Receptionist notifies a second staff person  
(manager, trusted staff member, Social Worker)  
of where manager and individual are located.  
This individual or another person is to stay in  
proximity of situation as back up



If situation is not deescalated, 911 is called

# Code White Protocol for Secure Building

Intruder or angry/threatening individual  
is outside the building



Call 911



Lock all doors/windows; close blinds/curtains  
Activate Security Alarm



Conduct Roll Call



Cedarcrest Center Incident Commander  
determines plan with members of Unified Command



Incident Commander or designee meets  
emergency personnel out front



No access to building.  
Staff, School districts and families  
notified of danger in area.

Limited access to building. A staff person is  
assigned to let identified staff/families come  
in the front door.



Unified Command calls "All Clear" when appropriate

# Recovery Procedures

Unified Command will determine when the operation can switch to recovery. The Incident Command team is convened to debrief and to strategize on needed actions and delegate responsibilities for recovery. Some of the steps in making the decision are as follows:

- The safety of the facility is determined.
  - The function of all basic operating systems is determined; Utilities are not to be turned on until determined to be safe.
  - The significance of damage to the facility is determined.
- The impact on the children and staff is identified.
- Alternative/relocation plans and the need for supplemental services are determined.

Once the plan has been made:

- Confirm notification of the insurance broker: Clark Mortenson (603)352-2121
- If necessary, contact the Bureau of Health Facilities Administration: (603) 271-4607
- Develop a follow-up communication plan.
- Contact vendors as necessary.
- Provide information/feedback to families and staff not on site, as appropriate.
- Plan any additional steps necessary to the recovery.

## **OFF SITE TRIAGE AREAS**

### **Primary:**

#### **First Baptist Church of Keene**

105 Maple Avenue, Keene, NH 03431

**Phone: (603)352-0340**

**Contacts:** Reverend Linda Overall

**Office Assistant:** Cindy

**Areas to access:** Enter through front door. Make left to Multi-purpose room. If needed may fold tables. Staff may access kitchen area if needed.

### **Secondary:**

#### **Genesis: Keene Center**

677 Court Street, Keene, NH 03431

**Phone: (603) 357 3800**

#### **Genesis: Applewood**

8 Snow Road, Winchester, NH 03470

Phone: (603) 239-6355

#### **Genesis: Langdon Place**

136A Arch Street, Keene, NH 03431

Phone: (603) 357-3902

#### **Rose Meadow**

Rose Meadow Acres, New Boston, NH 03070

Phone: 603-487-1568

Cedarcrest Center staff are to accompany children and bring available medications and supplies. Children will need to have ID tags on. The Evacuation Director is to provide the name of key contacts at Cedarcrest Center including the Administrator and Director of Nursing Services.

# EMERGENCY SUPPLIES

## Basic Emergency Supplies: Emergency Suitcase at Nurses Station contains:

- ♦ AM/FM radio
- ♦ Batteries
- ♦ Lanterns Flashlight/batteries
- ♦ Masking tape
- ♦ Markers and pens
- ♦ Copy of emergency plan and contact list
- ♦ Paper
- ♦ Peel off stickers for name tags
- ♦ Phone book
- ♦ Two way radios
- ♦ Phone numbers of staff and families
- ♦ Reflective vests and clipboards
- ♦ Plastic bags
- ♦ Vehicle keys

## Other Supplies needed:

- Building keys
- Cell phone
- Clip board with roll call list, Fire Drill Report sheet and key to offsite triage area
- Garage Door Opener
- Key to Med Room/Exit Doors
- Medication "to-do" list for shift, if possible
- Laptop computer
- Blankets and capes (at exit & in garage)
- Emergency Plan

## Long-Term Evacuation Emergency Supplies

- ♦ Adhesive tape\*
- ♦ Albuterol/neb set ups/machine
- ♦ Alcohol wipes\*
- ♦ Ambu bag
- ♦ Band-aids\*
- ♦ Batteries for GT feeds
- ♦ Bottle of antibacterial hand cleansing gel\*
- ♦ Bottle of rubbing alcohol
- ♦ Bullets of saline solution\*
- ♦ Bottle of distilled water\*
- ♦ Car electric outlet adaptor (in minivan)
- ♦ CPR microshield
- ♦ Diapers\*/briefs
- ♦ Extra trach, collar and mask
- ♦ Filled Oxygen Stroller, tubing, trach adapter/nasal prongs/mask
- ♦ First aid kit\*
- ♦ Foleys\*
- ♦ Food, feeding equipment, bibs
- ♦ Formula
- ♦ Gauze\*
- ♦ Gloves\*
- ♦ G-tube extension, feeding bag, pump, formula\* (S hook if needed)
- ♦ Instant ice packs
- ♦ Insulin syringes\*
- ♦ Meds, including narcotics and refrigerated meds
- ♦ Narcotic book
- ♦ Nebulizer set\*, meds, tubing and Pulmo-Aide
- ♦ Oximeter with sensor
- ♦ Phone numbers of staff emergency contacts and volunteers
- ♦ Penlight\*
- Pogon or wheelchair for long distance transportation of otherwise ambulatory children
- ♦ Portable oxygen tank(s)
- ♦ Scissors\*
- ♦ Slip tip syringes\*
- ♦ Standard size Sam Splint
- ♦ Sterile pads\*
- ♦ Suction machine, tubing, catheters, water, saline bullets
- ♦ Trach emergency backpacks for each child having one
- ♦ Trach collar\*
- ♦ Travel bag with 3-4 diapers, underwear, socks, set of clothing, neckerchiefs, toy/blanket
- ♦ Tweezers\*
- ♦ Wipes\*

*If time allows, staff are to put a change of clothes and any supplies specific to that child in his/her backpack.*

# OFF SITE SUPPLIES

## Emergency Box Inventory at Church in Room 2

- ♦ Adhesive tape
- ♦ Alcohol wipes
- ♦ Band-aids
- ♦ Bottle of antibacterial hand cleansing gel
- ♦ Bullets of saline solution
- ♦ Bottle of distilled water
- ♦ Diapers/briefs
- ♦ First aid kit
- ♦ Foleys
- ♦ Gauze
- ♦ Gloves
- ♦ G-tube extension, feeding bag, pump, formula
- ♦ Insulin syringes
- ♦ Nebulizer set
- ♦ Neckerchief
- ♦ Penlight
- ♦ Scissors
- ♦ Slip tip syringes
- ♦ Sterile pads
- ♦ Trach collars
- ♦ Tweezers
- ♦ Wipes

	<b>First Run</b>	<b>Second Run</b>	<b>Third Run</b>	<b>Fourth Run</b>
<b><u>2017 Ford Transit</u></b> (White)	Driver: _____ Seated Passengers: 1. _____ 2. _____ 3. _____ 4. _____ Tie downs: 1. _____ 2. _____ 3. _____	Driver: _____ Seated Passengers: 1. _____ 2. _____ 3. _____ 4. _____ Tie downs: 1. _____ 2. _____ 3. _____	Driver: _____ Seated Passengers: 1. _____ 2. _____ 3. _____ 4. _____ Tie downs: 1. _____ 2. _____ 3. _____	Driver: _____ Seated Passengers: 1. _____ 2. _____ 3. _____ 4. _____ Tie downs: 1. _____ 2. _____ 3. _____
<b><u>2021 Ford Transit</u></b> (Silver)	Driver: _____ Seated Passengers: 1. _____ 2. _____ 3. _____ Tie downs: 1. _____ 2. _____	Driver: _____ Seated Passengers: 1. _____ 2. _____ 3. _____ Tie downs: 1. _____ 2. _____	Driver: _____ Seated Passengers: 1. _____ 2. _____ 3. _____ Tie downs: 1. _____ 2. _____	Driver: _____ Seated Passengers: 1. _____ 2. _____ 3. _____ Tie downs: 1. _____ 2. _____
<b><u>Caravan</u></b>	Driver: _____ Seated Passengers: 1. _____ 2. _____ Tie down: _____ Small Wheelchair: _____	Driver: _____ Seated Passengers: 1. _____ 2. _____ Tie down: _____ Small Wheelchair: _____	Driver: _____ Seated Passengers: 1. _____ 2. _____ Tie down: _____ Small Wheelchair: _____	Driver: _____ Seated Passengers: 1. _____ 2. _____ Tie down: _____ Small Wheelchair: _____
<b><u>White Forester</u></b>	Driver: _____ Seated Passengers: 1. _____ 2. _____ 3. _____ 4. _____			

**Cedarcrest Center**  
*for Children with Disabilities*  
Facility Profile

Location: 91 Maple Avenue, Keene, New Hampshire

Acreage: 5.11 acres

Zoning: Low density, effective 7/1998

Buildings: Main Facility- 20,000 built 1989-1990; occupied June 6, 1990

Original construction: 17,000 sq. ft. of useable space

Facility addition: 10,629 sq. ft. added June 20, 2002

Garage- built in 1991

Screen Porch- built in 1994; renovated in 2009

Charles H. McMurphy Memorial Playground- redone in 2015

Storage Building- built in 1999

Building construction type: 5A

Roof structures: Original peaked roof and flat roof- 1989-1990 New shingles 2014

Laundry and rehab areas 1989-1990 New shingles 2013

Residential area- 1989-1990 New shingles 2014

School wing peaked roof and flat roof- 2001-2002

Heat: Oil-Firing two (2) Buderus Boilers Model GE315-New June 2002

Number 2 Oil tank (4000 gallon) - 2012

Hot water tanks -

Two 80 gallon heat pumps – 2015

Two 100 gallon Hot Water Heat Exchangers- 2010

Water and sewer: City of Keene

Fully sprinklered: dry system

Fire panel: R.B. Allen System for complete facility- March 2018- replaced system June 2002

Elevator: Stanley passenger elevator; 2002

Dumbwaiter to attic; 1997

Medical gases: piped in oxygen system installed by Beacon Medical Systems.

New in June 2002. Outlets throughout the facility.

Air Handlers:

AHU 1 Trane with Dri Steem Humidifier unit; new June 2002.

Serves Education wing classrooms

AHU 2 Trane with Dri Steem Humidifier unit; new June 2002.

Serves new wing Administration areas

AHU 3 York (new Dec 2012) Mod#XTI-048X072-SALA028A S/N:CMYMXT0047

Serves original building Atrium-Laundry.

AHU 4 York (new Dec 2012) Mod#XTI-060X078- SSML028A S/N:CMYMXT0065

Serves original building Atrium-Residential Area

Chiller York (new Dec 2012) Model YCAL0056... ,S/N2LYM017961, 56 Ton capacity, 4 stage scroll compressor, 30% glycol

Kitchen HVAC system: AAON Model # 48556 RK-07-2-FDSHAOBHOOMOX

with gas heat exchanger; serial # 200308-AKGF51122; new 2003

Server Room air conditioner: Sanyo Model #KS1271 new 2011

Evaporator Serial # 03596 13; Condenser Model CL1271

Computerized HVAC controls- 2012

Radiant heat- Baseboard throughout facility with reheat coils in all Air handling units and 2012 VAV's. Attic areas-Not heated.

Kitchen stove: Propane fuel-Vulcan-New-spring 2007

Vent Master Hood: Updated Fire suppression system-June 2002

Underground propane tanks:

500 gallon for the kitchen and laundry

500 gallon for the generator

Generator: Propane fuel-Kohler 60KW-Model 60RGZ-New June 2002

Laundry equipment:

Washers: SpeedQueen Model FTSAOAWN home style unit; New 2011

Milnor 35 lb. Model MWR16X5; New: 2013

Milnor 40 lb. Model 30015T5X; New: 2006

Dryers: Speed Queen Model ST030L; 30 lb. capacity

Speed Queen Model ST050L; 50 lb. capacity

Milnor Model MLG55D; 50 lb. capacity

Phone system: Avaya Phone System, SIP VoIP 100 DID lines fed on Fiber Optic Cable from Consolidated Communication 2020

Internet services- Spectrum cable- 2017

Computer equipment: Refer to IT inventory

Door entry: Viridi finger scanner with Aiphone video intercom

Additional property owned:

71 Maple Avenue: Built 1960, 1,675 sq ft, 8 rooms, 4 bedrooms, 1 full, 1-1/2 baths

79 Maple Avenue: Built 1910, 1,835 sq ft, 8 rooms, 4 bedrooms, 2 full baths

63 Maple Avenue: Built 1962, 2406 sq ft, 9 rooms, 4 bedrooms, 2 full, 1-1/2 baths

**Cedarcrest Center  
for Children with Disabilities  
Emergency Generator  
Run Time**

Propane tank # 3 supplies propane to the emergency generator and heat for the maintenance garage.

- This tank has a capacity of 500 gals, when it is 100% full. Under the cover there is a gauge that tells you what % of capacity there is left in the tank. There is also a hole in the cover you may be able to view the gauge, without taking the cover off.
- By state code, our emergency generator is allowed to run at 75% of its full rated capacity.
- If the generator is running at 75% load, it will burn 7 gallons of propane per hour.
- Based on the tank gauge reading in % one is able to figure out how many hours the generator could run. See examples below.

<u>Reading on gauge.</u>	<u>Gals. In tank</u>	<u>Gen. Run time</u>
25%	125 Gals.	17½ Hrs
50%	250 Gals.	35¾ Hrs
75%	375 Gals.	53½ Hrs
Full	500 Gals.	71 Hrs



# **Cedarcrest Center Incident Commander for Unified Command**

**Role:** Participates with emergency professionals of the police and/or fire departments to set the incident objectives, strategies and priorities. The Cedarcrest Center Incident Commander represents the organization at Unified Command which has overall responsibility for the incident and the coordination of all services. Unified Command serves as conduit for information to/from scene.

## **Key functions:**

- ⊗ Serves as a part of Unified Command.
  - ⊗ Develops and assists in implementation of strategies to manage the incident.
  - ⊗ Coordinates and communicates information to all assigned emergency "officers" and/or "chiefs".
  - ⊗ Directs emergency operations.
  - ⊗ Delegates responsibilities to others as indicated.
- 

## **Resources required:**

- ⊗ Vest
- ⊗ Two-way radio and/or cell phone
- ⊗ Floor plan

## **Specific responsibilities:**

- ⊗ Teams with emergency personnel to make decisions about the emergency response.
- ⊗ Communicates key information and strategies to assigned "officers" and receive key information from them to guide incident management.
- ⊗ Coordinates with assigned officers regarding the needs of personnel at evacuation site(s)

## **Functions reporting to the Incident Commander function (as needed):**

- ⊗ Safety Officer
- ⊗ Public Information Officer
- ⊗ Liaison Officer and/or Family Liaison Officer
- ⊗ Operations Chief
- ⊗ Planning/Facility Chief
- ⊗ Logistics Chief

## **Follow-up Responsibilities:**

- Conducts a de-briefing session after the event.

# Safety Officer

**Role:** Completes an assessment of the safety of the site and implements strategies to ensure safety of all involved.

**Reports to** Unified Command.

## Key functions:

- ⊗ Completes a facility and risk assessment.
  - ⊗ Identifies measures needed to assure safety.
  - ⊗ Assesses resources needed and available.
  - ⊗ Monitors conditions and safety.
  - ⊗ Advises Unified Command on issues of safety.
- 

## Resources required:

- ⊗ Vest
- ⊗ Two-way radio and/or cell phone
- ⊗ Keys to facility
- ⊗ Floor plan
- ⊗ Facility profile
- ⊗ Vendor contact information

## Specific responsibilities:

- ⊗ Complete facility assessment:
  - ⊗ Is the facility structurally sound? \_\_\_\_\_
  - ⊗ Is there any structural damage? \_\_\_\_\_
  - ⊗ If the roof intact? \_\_\_\_\_
  - ⊗ Is there water damage: \_\_\_\_\_
  - ⊗ Is access blocked? \_\_\_\_\_
- ⊗ Assess facility resources available:
  - ⊗ Is there electrical power? \_\_\_\_\_
  - ⊗ Is the generator on? \_\_\_\_\_
  - ⊗ Is there a normal supply of city water? \_\_\_\_\_
  - ⊗ Is the water pressure normal? \_\_\_\_\_
  - ⊗ Is the water contaminated? \_\_\_\_\_
  - ⊗ What is the propane reserve? \_\_\_\_\_ (quarter, half, three quarters or full tank)(full generator load uses 7 gallons of propane per hour; full tank is 500 gallons;) \_\_\_\_\_
  - ⊗ What is the approx. temperature within the building? \_\_\_\_\_
  - ⊗ What other factors must be considered in determining the building safety? \_\_\_\_\_

Other functions may be assigned to report to the Safety Officer as needed.

# Public Information Officer

**Role:** Responsible for communications between Unified Command and the media and other key individuals.

**Reports to Unified Command.**

## Key functions:

- ⊗ Communicates appropriate information to media.
  - ⊗ Communicates appropriate information to key internal and external stakeholders and other key interested parties.
  - ⊗ Advises Unified Command of information dissemination plan and actions and status of media relations.
- ~~~~~

## Resources required:

- ⊗ Two-way radio and/or cell phone
- ⊗ Arm band
- ⊗ Access to phones and meeting area outside of harms way.

## Specific responsibilities:

- ⊗ Communicate information to the media for public release
- ⊗ With Unified Command, decides times for media update statements
- ⊗ Develops press release, as indicated
- ⊗ Communicates to key stakeholders

## Key persons who may need to be contacted:

CEO: Jay Hayston [REDACTED]

Director of Nursing Services - Bridget Toepfer  
[REDACTED] (Cell)

Insurance agent: Clark Mortenson  
603- 352-2121

# Liaison Officer

**Role:** Serves as primary contact and coordinates with representatives of agencies that are cooperating and assisting Cedarcrest Center in the emergency.

**Reports to** Unified Command.

**Key functions:**

Assists in identifying needed resources.

- ✿ Serves as lead individual in talking with and accessing resources from other agencies providing supportive services in the emergency.
- ✿ Communicates appropriate information to Unified Command.

~~~~~

**Resources required:**

- ✿ Two-way radio and/or cell phone
- ✿ Access to cell and/or land line outside of primary operations communication systems.
- ✿ Meeting/work area.

**Specific responsibilities:**

- ✿ Assists in obtaining community resources needed during the emergency.
- ✿ Makes contact with identified agency/organization.
- ✿ Provides detailed information about type and amount of assistance needed.

Other functions may be assigned to report to the Liaison Officer (as needed).

# Family Liaison Officer

**Role:** Responsible for communications between Unified Command and the the families of the children at Cedarcrest Center.

**Reports to** Unified Command.

## Key functions:

- ⊗ Communicates appropriate information to families.
  - ⊗ Provides families with means to obtain current information.
  - ⊗ Communicates with Incident Command to approve families joining their children on site.
- ~~~~~

## Resources required:

- ⊗ Two-way radio and/or cell phone
- ⊗ Access to cell and/or land line outside of primary operations communication systems.
- ⊗ Family contact lists
- ⊗ Arm band

## Specific responsibilities:

- ⊗ Communicate information to families:
  - Children are safe
  - Children are at \_\_\_\_\_ location
  - Here's how to contact us: \_\_\_\_\_
- ⊗ Provide updates to families as necessary
- ⊗ Determines which families may come on site
- ⊗ May identify children who can leave with their families

Other functions may be assigned to report to the Family Liaison Officer as needed.

# Operations Chief

**Role:** Responsible to communicate the needs for operation of the emergency site to Unified Command.

**Reports to** Unified Command.

**Key functions:**

- ✿ Assigns, organizes and supervises all tactical or response resources associated with the incident
  - ✿ Manages the staging area (if used)
  - ✿ Assess resources available
  - ✿ Communicates with Unified Command to identify status of operations.
- ~~~~~

**Resources required:**

- ✿ Vest
- ✿ Two-way radio and/or cell phone
- ✿ Emergency box
- ✿ Laptop
- ✿ Roll call and staff lists
- ✿ Keys to off site triage area
- ✿ Floor plan of triage area

**Functions reporting to this function (as needed):**

- ✿ Accountability Director
- ✿ Evacuation Director
- ✿ Medical Needs Director
- ✿ Staging Area Manager

## Accountability Director

**Role:** Completes roll call to account for children, staff, visitors and volunteers and provides information to emergency personnel (police and/or fire department) at Unified Command: Identifies anyone missing.

**Reports to** Operations Chief. If this function is not opened, reports to Incident Commander.

**Key functions:**

- ✿ Maintains accurate count of all involved in an emergency
- ✿ Assures safety of children, staff, visitors and/or volunteers
- ✿ Reports to Operations Chief and ultimately to Unified Command

**Resources required:**

- ✿ Census lists of children, staff, visitors/volunteers
- ✿ Megaphone
- ✿ Two-way radio and/or cell phone
- ✿ Vest

**Specific responsibilities:**

- ✿ Conducts roll call (at each evacuation location)
- ✿ Reports any missing individual(s) to Unified Command
- ✿ Assigns a "head" and "tail" to line of staff evacuating
- ✿ Requires personnel to check in/out when leaving group for any reason
- ✿ Provides ID tags for all children
- ✿ Initiates sign in/sign out list for staff, volunteers and families

**Accountability Report:**

|                    | Report One<br>Time: _____ | Report Two<br>Time: _____ | Report Three<br>Time: _____ | Report Four<br>Time: _____ |
|--------------------|---------------------------|---------------------------|-----------------------------|----------------------------|
| Number of children |                           |                           |                             |                            |
| Number of staff    |                           |                           |                             |                            |
| Visitors/students  |                           |                           |                             |                            |
| Volunteers         |                           |                           |                             |                            |
| Families           |                           |                           |                             |                            |
| Unaccounted for    |                           |                           |                             |                            |

Other functions may be assigned to report to the Accountability Officer as needed.

# Medical Needs Director

**Role:** Responsible for the medical care of the children, and may report to Incident Command regarding the needs of staff, visitors and volunteers.

**Reports to:** the Operations Chief. If this function is not opened, reports to Incident Commander.

## Key functions:

- ✿ Triage children based on medical need
  - ✿ Identifies medical assistance and/or supplies needed
  - ✿ Determines if transport to hospital is necessary
  - ✿ Distributes available medical supplies
  - ✿ Completes or delegates care and charting
  - ✿ Assures the health and well-being of the children
- 

## Resources required:

- ✿ Emergency medications
- ✿ Medication cart (if possible)
- ✿ Oxygen tank from Nurses work room
- ✿ First-aid supplies and personal care items
- ✿ Two-way radio and cell phone
- ✿ Laptop (see remote access procedure)
- ✿ 24 hour print-out of medications

## Specific responsibilities (which may be delegated):

- ✿ Assesses the health/injuries of children, staff, visitors and/or volunteers
- ✿ Assigns staff to gather needed items
- ✿ Assign staff to print out medications, PRN and interventions
- ✿ Gathers available medical supplies and identifies staff resources needs.
- ✿ Informs Operations Chief or Incident Command of specific needs for medical supplies or resources
- ✿ Notifies Operations Chief or Incident Command of persons needing transport away from group
- ✿ Administers Medication and First Aide.
- ✿ Delegates specific medical and personal care needs of individual children to specific staff members.

## Functions reporting to the Medical Needs Director (as needed):

Assistant Medical Director(s)

# Evacuation Director

**Role:** Responsible for the safe evacuation of all personnel in conjunction with emergency professionals.

**Reports to** Operations Chief unless this function is not opened, in which case the Evacuation Director reports to the Incident Commander.

**Key functions:**

- ⊗ Communicates specific transportation needs for evacuation
  - ⊗ Goes ahead of group to prepare evacuation site
  - ⊗ Receives and assists evacuees into site
- ~~~~~

**Resources required:**

- ⊗ Two-way radio and/or cell phone
- ⊗ Identifying vest
- ⊗ Supplies at off-site location
- ⊗ Floor plan of primary evacuation site

**Specific responsibilities:**

- ⊗ Prepares evacuation site to receive children, staff, visitors and/or volunteers
- ⊗ Locates and prepare stored supplies
- ⊗ Identifies restrooms; water and other needs
- ⊗ Identifies specific needs for evacuation to secondary site (if necessary)

**Staffing:**

Additional staffing needs: for next four hours: \_\_\_\_\_

Staffing needs beyond four hours: \_\_\_\_\_

**Transportation** needs: \_\_\_\_\_ lift/tie downs

\_\_\_\_\_ seats on vehicle(s) for children

\_\_\_\_\_ staff seats

\*\*See the transport worksheet in the folder for available space in vehicles.

**Functions reporting** to the Evacuation Director (as needed):

- Secondary Evacuation Director
- Transportation Director

# Planning Chief

**Role:** Provides support for maintaining the site and for collection of needed information to develop an action plan.

**Reports to** Unified Command.

**Key functions:**

- ⊗ Collect, evaluate and disseminate facility information related to the incident.
  - ⊗ Assess resources available and vendor relationships.
  - ⊗ Prepare and disseminate Incident Action Plan.
  - ⊗ Contact technical vendors needed as part of the Action Plan.
  - ⊗ Track status of resources.
- 

**Resources required:**

- ⊗ Vest
- ⊗ Two-way radio and/or cell phone
- ⊗ Keys to facility
- ⊗ Floor plan
- ⊗ Facility profile
- ⊗ Vendor contact information

**What vendors will need to be contacted?**

- Electrical
- Gas
- Fire alarm
- Sprinkler
- Plumbing
- Generator
- Water

**Contacts made:**

| Vendor | Date/Time Contacted | Response |
|--------|---------------------|----------|
|        |                     |          |
|        |                     |          |
|        |                     |          |
|        |                     |          |

**Functions reporting to the Planning Chief function (as needed):**

- ⊗ Vendor/resource Director
- ⊗ Documentation Director

# Logistics Chief

**Role:** Assures that supply and resource needs of all personnel are met.

**Reports to** Unified Command.

**Key functions:**

- ⊗ Communicates to Unified Command what is needed in all areas to promote the safety and wellness of children, staff, visitors and/or volunteers
- ⊗ Orders, obtains, maintains and accounts for personnel, equipment, supplies.

~~~~~

**Resources required:**

- ⊗ Cell phone and/or two-way radio
- ⊗ Vest
- ⊗ Clipboard to capture lists of needs
- ⊗ Access to supplies in triage area

**Specific responsibilities:**

- ⊗ Identifies resource needs as for staff and supplies
- ⊗ Communicates what is needed by whom and where to Unified Command
- ⊗ Provides updates from Unified Command to staff on site

**On-site (main building) supply resources** are as follows:

- Oxygen: 12 H tanks; one liquid canister; and oxygen concentrators;
- Formula: three to five day supply
- Medication
- Water: three day supply of one gallon per person per day
- Food: three to seven day supply

**Off site supplies:**

Box of supplies is in Room 2 of the Church

Meds are primarily ordered from the Pharmerica (888-836-8930)

**Functions reporting** to the Logistics Chief (as needed):

- Supplies Director
- Staff Personnel Director

# Staff/personnel Director

**Role:** Assures proper staff coverage for care and safety of the children

**Reports to** Logistics Officer. If this function is not opened, reports to Incident Commander.

## Key functions:

- ✿ Reaches key staff to assist in care of children during emergency
- ✿ Activates phone/communication tree.

---

## Resources required:

- ✿ Cell phone(s) and/or land line(s)
- ✿ Staff contact lists

## Specific responsibilities:

- ✿ Determines staffing needs in collaboration with Logistics Officer
- ✿ Communicates with off-duty staff
- ✿ Identifies staff to come to evacuation site to assist with care of children

## Core staffing needs

- ✿ Days and evenings coverage of three nurses and six to seven LNAs; Night coverage of three nurses and two LNAs;
- ✿ Dietary staff – one member;
- ✿ Environmental Services – two to three staff for days)
- ✿ Alerts incoming staff to check in at Unified Command.
- ✿ Notifies Accountability Officer of new staff pending arrivals
- ✿ Notifies Accountability Officer of staff released from duty

Other functions may be assigned to report to the Staff/personnel Director as needed.

# Supplies Director

**Role:** Assures that supplies (including food, water, formula, medications, personal care supplies) and resource needs are met.

**Reports to** Logistics Chief. If this function is not opened, reports to the Incident Commander.

## Key functions:

- ✿ Identifies needed equipment, supplies.
- ✿ Communicates to Logistics Chief what is needed in all areas to promote the safety of children, staff, visitors and/or volunteers.

---

## Resources required:

- ✿ Cell phone and/or two-way radio
- ✿ Vest
- ✿ Clipboard to capture lists of needs
- ✿ Access to supplies in triage area

## Specific responsibilities:

- ✿ Identifies resource needs such as for supplies
- ✿ Communicates what is needed by whom and where to Logistics Chief.

## On-site (main building) supply resources are as follows:

- Oxygen: 12 H tanks; one liquid canister; and oxygen concentrators;
- Formula: three to five day supply
- Medication
- Water: three day supply of one gallon per person per day
- Food: three to seven day supply

## Off site supplies:

Box of supplies is in Room 2 of the Church

Meds are primarily ordered from Pharmerica (888-836-8930)

Other functions may be assigned to report to the Supplies Director as needed.

**Cedarcrest Center  
for Children with Disabilities**  
91 Maple Avenue  
Keene, NH 03431

**INTERNAL EMERGENCY CALL LIST**

NAME	HOME PHONE	ALTERNATE
John Hamler Facilities Manager		Cell- [REDACTED]
Phil Buffum Maintenance	[REDACTED]	Cell - [REDACTED]
Jim Yannizze Dir. of Finance		Cell - [REDACTED]
Jay Hayston CEO		Cell [REDACTED]
Bridget Toepfer Director of Nursing		Cell- [REDACTED]
Jen Ritter Nurse Manager		Cell- [REDACTED]
Amanda Babcock Nurse Manager		Cell- [REDACTED]

**Cedarcrest Center copper line (603-355-1093) to be used in times of emergency. Use red phone in nurse's workroom.**



# EXTERNAL EMERGENCY CONTACT LIST

## LOCAL POLICE DEPARTMENT

**GENERAL EMERGENCY PHONE NUMBER: 911**

Police Dispatch: (603) 357-9813

## EMERGENCY OPERATION CENTER (EOC)

For information on community disasters (603) 357-9813

STATE POLICE: 1-800-525-5555:

Local Phone: (603) 358-3333

## FIRE DEPARTMENT

**GENERAL EMERGENCY PHONE NUMBER: 911**

Non-emergency contact: Lt. John Bates 603-209-2574

Main Number: (603) 357-9861

## EMS - DILUZIO AMBULANCE SERVICE

Contact Name: Robert DiLuzio

Office Phone: (603) 357-0341

## NEAREST HOSPITAL – Cheshire Medical Center

Contact Name: Emergency Care Center (603) 354-6600

Office Phone: (603) 354-5400

## PUBLIC HEALTH (DHHS)

(603) 271-4496 (603) 271-5300 (after hours)

## LOCAL EMERGENCY MANAGEMENT AGENCY

Contact Name: Fire Chief Mark Howard, Keene Fire Department

Office Phone: (603)757-1862, Cell (603) 209-1733

## CITY OF KEENE – PUBLIC WORKS

Office Phone: (603) 352-6550

Water & Sewer Dept: (603) 352-6550

## EMERGENCY WATER SUPPLY

Monadnock Vending Office Phone: (603) 352-7694

Monadnock Mountain Spring Water Office Phone: (603) 654-2728

EVERSOURCE: for business power outage: 800-468-0034

## POISON CONTROL - Northern New England Poison Center

Phone: (800) 222-1222

## OFF-SITE SHELTER LOCATIONS

First Baptist Church: (603) 352-0340

Genesis Keene Center: (603) 357-3800

Langdon Place of Keene – (603) 357-3902

Applewood – (603) 239-6355

Rose Meadow – 603-487-1568

**Cedarcrest Center  
for Children with Disabilities  
Facility Vendors**

**Note: BOLD letters indicate primary vendor**

**Alarm systems and security:**

**Fire Alarm System:**

**James Lawrence – Electrical -603-355-8222**

RB Allen – 1-800-258-7264 (964-8140) 24/7

**Door Alarm System:**

**One Source Security- 800-570-6478; (603) 645-5969**

Arcomm – (603) 603-4600 x 328

**Front Entry Video System**

**One Source Security- 800-570-6478; 645-5969**

James Lawrence – Electrical – 603-355-8222

Arcomm – (603) 603-4600 x 328

**Door Lock & Keys**

**Ken Fairbanks – 603-352-0868**

**Front Entry Doors, ADA & Slider**

**Door Control Inc. 1-800-258-9742 603-216-9222**

**Security:**

**Hunter North Security – 603-363-8200**

**Computer Networks**

**Horne & Benik Networks- (603) 499-4400**

Mobile-603-209-4646; Pager 603-596-6051

**Spectrum: 603-352-6421 (Internet)**

**Web Hosting: Keene Web Works 603-357-0643**

**Electrical:**

**Eversource 1-800-662-7764**

**James Lawrence – Electrical – 603-355-8222**

**Hamblet Electric - 603-352-2330**

**Emergency Generator Service**

**Powers Electrical Service 800-853-7202**

**Electric Parts Supplier – outlets-cover plates-bulbs**

**CED – 603-352-3347**

**Electric Motor Repair –**

**Farrar Electric Inc. 603-352-4316**

**One Source Security- 800-570-6478; 645-5969**

**Stanley Elevator 603-882-6918 out of Nashua**

**Fire Suppression:**

Sprinklers- **Hampshire Fire Protection Co. Inc. – 603-432-8221**  
Fire Alarm System- RB Allen- 1-800-258-7264; 24 hour line: 603-964-8140  
**James Lawrence Electric – 603-355-8222**  
Kitchen Hood- **Hampshire Fire Protection Co. Inc. – 603-432-8221**

**General Repair:** **Ingram Construction- (603) 357-0759;**  
**Jeff Ingram cell (603) 355-7034**

**Heating and Air Conditioning:**

**Dead River- 603-352-5240**

**Boiler Repair: Associated Heating Services--603-357-1198 Mike Neylan**

**HVAC-Equipment – A/C Units- Air Handlers-Humidifiers-Pumps**  
**Dead River- 603-352-5240**

**Stromgren Plumbing and Heating (603) 352-5959**

**Zitta Refrigeration (603) 762-3416**

**Oil Tank and Piping Troubles: Gold Eagle Contracting Inc. 603-528-1991**

**Keene City**

**City Manager – (603) 357-9804**

**Public Works/Water & Sewer – (603) 352-6550**

**Oxygen System**

**O<sup>2</sup> Safe Solutions 1-800-847-0745**

**Beacon Medical Office: 603-429-1981; Cell: 603-440-8581**

**Pest Control- J P Chemical – 603-673-2908**

**Plumbing Repair**

**Toilets- Baths – Plumbing Fixtures**

**Bob Bedaw – 603-352-4323**

**Keating Plumbing & Heating – 603-876-4016**

**Stromgren Plumbing & Heating– 603-352-5959**

**Propane supplier:**

**Dead River 603-352-5240**

**Property Maintenance – K&L Lawn Care – 603-357-2065**

**Fax: 603-357-0865**

**Roofing – The Melanson Co. Inc. 603-352-4232**

**Telephone System –**

**In House: Arcomm Communications 603-464-4600 x 328 or 800-992-7266 ask for**  
**Rick Dietrich or e-mail rick.dietrich@arcomm1.com**

**Telephone Line Service Provider**

**Consolidated Communications – Account Phone # 603-352-2139**

**Fax/Copper Line 844-968-7224, Account # 117 729 9342 98**

**PIN # 1947**

**Phone System – Call Advanced Services Team – 855-588-9300**

**Acct # # 117 729 9342 79**

## EQUIPMENT

### Hardware & Lumber supplies

Hamshaw Lumber & Hardware – 603-352-6506

**Jacks True Value Hardware – 603-352-1517**

**Paints – Sherwin Williams Paints – 603-352-2554**

### Kitchen Equipment:

Dishwasher- **Hobart** 800-234-6202 603-623-3622

Gas Stove- **Dead River** 603-352-5240

### Laundry Equipment

Washer Repair: **Yankee Equipment Systems- 603-868-6691;**

**Daniels – 888-836-9663**

Korvin Appliance – 603-352-3547

Dryer Repair: **Yankee Equipment Systems – 603-868-6691;**

**Daniels – 888-836-9663**

**Dead River** 603-352-5240

### Patient Equipment

Lifts – **Procure** 1-855-528-0421

Wheelchair Scale - **Advance Scales Inc.** 603-626-0242

**BioScrip – 1-800-660-6264 or 626-6200**

## VEHICLES

### Auto Repair

**Leon's Auto Center – 603-357-7004**

Monadnock Ford – 603-283-5900

Subaru – 603-355-5000

### Vehicle Equipment – lifts- tie –downs

**MobilityWorks – 603-210-4610**

## WATER

**Monadnock Mountain Spring Water - (603) 654-2728**

**City of Keene, Public Works – 603-352-6550**

## RENTAL PROPERTY

### Rental Properties

**Heating - Dead River- 603-352-5240**

**Heating – Pinney Plumbing & Heating – 603-357-0944**

**Electrical – Lawrence Electric – 603-355-8222**

Hamblet Electric - 603-352-2330

Cedarcrest Center  
*for Children with Disabilities*  
 Emergency Planning  
 Vendor Back-ups

<b>Type of supplies</b>	<b>Primary Vendor</b>	<b>Primary Back-up</b>	<b>Secondary Back-up</b>
Medical Supplies	McKesson	Geriatric Medical	Bioscrip MedLine
Medications	PharMerica	Rite-Aid	Walgreens
Personal Care Products	McKesson	Geriatric Medical	MedLine
Respiratory Equipment	Bioscrip	Keene Medical Products	McKesson
Oxygen	O <sub>2</sub> Solutions	Airgas	Keene Medical
Food	US Foods	PFG Springfield	Hannaford
Formula	Geriatric Medical	McKesson	Walgreens/ Walmart
Drinking Water	City of Keene, Public Works	Monadnock Mountain Water	US Food
Oil	Dead River	Davis Oil	Any Oil delivery Co. (residential truck)
Propane	Dead River	Keene Gas	L & G

Cedarcrest Center  
*for* Children with Disabilities  
Emergency Preparedness Plan  
Appendices

## **Mutual Aid and Assistance Agreement Healthcare Organizations in the Greater Monadnock Region**

The healthcare organizations within the Greater Monadnock Region (hereinafter "Participant"), by affixing their signature to this memorandum of understanding, agree in principle to voluntarily coordinate mutual aid services with each of the signatories in a good faith effort to minimize risk to patient/client care and health care facility operations. The Greater Monadnock Public Health Network Coordinator is responsible for maintaining signed agreements and contact information for all Participants.

### **I. SCOPE AND APPLICABILITY**

The Participants agree that in the event of a declared or undeclared event affecting healthcare services as a result of natural, man-made or technological causes or a mass casualty incident (hereinafter "Disaster") which impacts the operational capabilities of any other Participant, the affected Participant may request assistance from the other Participants as is more generally set forth herein.

In the event of a Disaster, an affected Participant should first contact the other Participants. If the disaster affects the entire region or multi-healthcare organizations, then they will contact the Greater Monadnock Public Health Network Coordinator (GMPHNC) or the Multi-agency Coordinating Entity (MACE), if activated during a public health emergency, to facilitate the implementation of this Memorandum of Understanding. The Participant will use the guidelines established herein to coordinate the care and services necessary to maintain continuity of operations during the disaster.

Each Participant shall agree to take all appropriate actions during a disaster without regard to race, color, creed, national origin, age, sex, religion, or handicap of any individual involved and to assist all Participants as necessary. No Participant shall be required to provide treatment, care, medical supplies, equipment, services or personnel over and above that which is necessary to meet its own needs, existing or anticipate, or beyond its own resources.

In the event that any Participant is unable to continue patient care for some or all of its patients, all other Participants agree to act as receiving facilities for these patients or assign staff to work at the affected facility.

All Participants agrees to follow the guidelines set forth herein to the extent possible. There shall be no cause of action or basis of liability for breach of this Memorandum of Understanding by any Participant(s) against any other Participant(s).

This Memorandum of Understanding is not intended to replace each facility's disaster plan or to adversely affect existing transfer agreements between facilities, but is intended

Revised 6.1.09; 8.3.09, 9.21.09

to support those plans and agreements. Each Participant shall incorporate this Memorandum of Understanding into its disaster plan consistent with the principles agreed to herein.

## II. GUIDELINES

### 1. Staff Personnel

Whenever it is deemed advisable by a Participant that personnel are needed at their facility, Receiving Participant will initiate call to the GMPHNC or the MACE to facilitate process of getting needed personnel from other Participants in a timely fashion.

- A. Receiving Participant will provide specifics of need:
  - 1) Provide the position(s) needed
  - 2) Licensing or certification requirements if applicable
  - 3) Hours and days of week personnel are needed
- B. GMPHNC or MACE will contact all Participants of this Memorandum of Understanding to determine availability of resources.
- C. Sending Participant will provide Receiving Participant with name, contact information, etc
- D. GMPHNC or MACE will maintain documentation of requests for personnel.
- E. Receiving Participant will maintain documentation of staffing assignments to include hours worked each shift.
- F. Employment and credential verification is the responsibility of each individual organization. As requested, the Sending Participant will provide the Receiving Participant with necessary documents.
- G. Receiving Participant is responsible for providing orientation/just in time training to personnel.

### 2. Medical Supplies and Equipment

Whenever it is deemed advisable by a Participant that medical supplies and equipment are needed at their facility, Receiving Participant will initiate call to the GMPHNC or the MACE to facilitate process of getting needed supplies and equipment from other Participants in a timely fashion. Medical supplies may include: PPE (masks, gloves, and gowns), bedding, patient clothing, office supplies and cleaning supplies.

- A. Requesting Participant will provide specifics of need: identify the equipment or provide specific amounts of each supply needed.
- B. GMPHNC or MACE will contact all Participants of this Memorandum of Understanding to determine availability of resources.
- C. Sending and Receiving Participants will coordinate transportation of supplies and equipment.
- D. GMPHNC or MACE will maintain documentation of requests and receipts of supplies and equipment.

Revised 6/1/09, 8/3/09, 9/21/09

3. Transfer of Patients

- A. Refer to each participants existing policies for emergency transfer or temporary relocation.

4. Cost of Services, Equipment, and Personnel

The cost of services, equipment and personnel will be mutually agreed upon at the time of the event.

5. Administrative Services

Each Participant will provide the following administrative services for themselves and will assist other Participants by:

- A. Maintaining a list of all patient/client transfers made to and from their facility.
- B. Maintaining a current listing of all discharges, their assigned areas and location.
- C. Notifying the Sending Participant when patients or personnel can be returned to their facility.

**III. EFFECTIVE DATE, FUTURE AMENDMENTS AND CONSTRUCTION**

This Memorandum of Understanding shall become effective on the date signed. A Participant may terminate its participation in this Memorandum of Understanding by giving a thirty (30) day written notice to the other Participants of its intentions to so terminate.

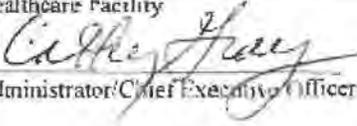
This Memorandum of Understanding shall be reviewed as requested by organizations involved and after each activation.

This Memorandum of Understanding is in no way meant to affect any of the Participants' rights, privileges, titles, claims, or defenses provided under federal or state law or common law.

This Memorandum of Understanding waives all claims against the other party or parties for compensation for any loss, damage, or personal injury or death occurring in consequence of performance of this agreement.

IN WITNESS WHEREOF, we have set our hands and seals that date below written.

Cedarcrest Center for Children with Disabilities  
Healthcare Facility

  
Administrator/Chief Executive Officer

September 29, 2009  
Date

Revised 6.1.09, 8.3.09, 9.21.09

### Memorandum of Understanding for Point of Dispensing Push Site

The Greater Monadnock Public Health Network (hereinafter "GMPHN"), is working with local facilities to establish local dispensing sites for the Strategic National Stockpile or State pharmaceutical cache, in the event that the stockpile is requested to address a large scale communicable disease outbreak or bio-terrorism event.

Cedarcrest Center for Children with Disabilities (hereinafter "Facility") hereby acknowledges the intent to serve as a "push" site for its organization to dispense oral medications or vaccinations to its residents, employees and employees' family members in the event of an occurrence of an emergency epidemic which results from a communicable or non-communicable illness or condition caused by bioterrorism, pandemic influenza, or a novel or highly fatal infectious agent or biological toxin. Prophylaxis or treatment resources will come from the Strategic National Stockpile or other supply sources and be provided by GMPHN.

In making this acknowledgment, Facility agrees to the following:

1. Complete a Facility Registration Form that provides numbers of residents, employees and family members and submit to the GMPHN. (To be updated annually)
2. Dispense the prescribed treatment or prophylaxis to its residents, employees and employees' household members.
3. Allow its facility to be visited by GMPHN to assist with the development and maintenance of a site dispensing plan. These scheduled visits would occur with reasonable advance notice.
4. Designate the following emergency contacts (which shall be updated annually):
  - An **Administrator** who will serve as the primary point of contact.
  - A **Clinical Director** point of contact.
  - A **Security/ Physical Plant** point of contact that will interact with GMPHN and local law enforcement in making security plans.
5. Facility agrees to indemnify and hold harmless GMPHN from any and all claims and liabilities caused by the negligent acts or omissions of Facility arising under this agreement.
6. Facility represents and warrants that it has liability insurance to cover the use of the facility specified in this agreement.

As part of this agreement, GMPHN agrees to the following

1. Provide the prescribed treatment or prophylaxis from the Strategic National Stockpile as directed by the State Medical Director
2. Provide a point of contact to answer Facility's questions regarding the above-referenced arrangements.
3. Provide assistance to Facility in development and maintenance of a site dispensing plan
4. The GMPHN agrees to indemnify and hold harmless Facility and its directors, trustees, officers and/or employees from any and all claims and liabilities caused by the negligent acts or omissions of GMPHN arising under this agreement.
5. The GMPHN represents and warrants that it has liability insurance to cover the provision of services specified in this agreement.

GREATER MONADNOCK PUBLIC HEALTH NETWORK

By: Cathy Gray 10/26/15  
Signature Date

Cathy Gray President/CEO  
Print Name Title

Cedarcrest Tr. & Cabernet Center (FACILITY)  
for Children with Disabilities

By: Shirley Conner 11-19-15  
Signature Date

Shirley Conner 11-19-15  
Print Name Title

Created on 10/16/2012 Reviewed 10/29/2015

GREATER MONADNOCK PUBLIC HEALTH NETWORK  
Facility Registration\*

<b>Facility Name &amp; Address</b>	
Name	Cedarcrest Center for Children with Disabilities
Street	91 Maple Avenue
City	Keene, NH
Zip	03431
County	Cheshire

<b>Persons/Positions authorized to sign Pickup Authorization Form:</b>			
Primary Name	Title	Work Phone	E-Mail
Cathy Gray	President/CEO	358-3384	cgray@cedarcrest4kids.org
Secondary Name	Title	Work Phone	E-Mail
Shelia Carrier	Clinical Nurse Manager	358-3384	scarrier@cedarcrest4kids.org
Third Name	Title	Work Phone	E-Mail
Lori Myers	Nurse Manager	358-3384	lmyers@cedarcrest4kids.org

<b>Number of Residents/Patients, Employees and Household Members</b>			
Residents/Clients/Patients:	Employees	Household Members:	Other:
30	110-115	350-500	

**List Additional Information:**

All residents are children—ranging from infants to age 21.

Completed by	Title
Cathy Gray	President/CEO
Signature	Date
<i>Cathy Gray</i>	1/2/2020

\*To be completed by the facility in advance and forwarded to GMPHN

Update October 15, 2012 Reviewed October 20, 2015 Updated March 8, 2019

**MEMORANDUM OF UNDERSTANDING**  
**Long Term Care Facility Emergency Preparedness**  
**STOP OVER POINT SHELTER FACILITY**

New Hampshire licensed long term care facilities (Nursing Homes and Residential Care facilities), like others across the country, are susceptible to disasters that could exceed the resources of any single center or organization. A disaster could result in the need to immediately evacuate residents out of a licensed facility in a catastrophic event such as a fire. As part of emergency preparedness plans Nursing Homes and Residential Care facilities have adopted agreements with other licensed health care facilities to accept residents for care until a disaster affected facility can return to service.

It is anticipated that in a disaster event where significant numbers of residents must be immediately evacuated from a health care facility that the residents will most likely need to be assigned to multiple licensed health care facilities which may take a few to several hours to coordinate and implement.

This Memorandum of Understanding (MOU) is a voluntary agreement between the licensed Health Care Facility designated below and the Shelter Facility designated below whereby the Shelter Facility agrees to serve as a short term "stop over point" shelter where residents of the licensed Health Care Facility can be safely sheltered for a few to several hours while transportation and coordination of transfers to other licensed Health Care providers are implemented. The "stop over point" shelter, hereinafter the Shelter Facility, is not a licensed health care facility and is not expected to provide any health care services.

**Licensed Health Care Facility:**

Cedarcrest Center for Children with Disabilities  
91 Maple Avenue  
Keene, NH 03431

**Shelter Facility:**

First Baptist Church  
105 Maple Avenue  
Keene, NH 03431

**I. Scope and Applicability**

The Participants agree that, in the event of a disaster which precipitates an evacuation of the Health Care Facility (hereinafter "Event"), the Health Care Facility may request assistance from the Shelter Facility in allowing the Health Care Facility to convert a part of the Shelter Facility into a temporary shelter location in order to provide safe refuge during the Event. This MOU outlines the terms of the agreement and mutual responsibilities of the Parties.

It is anticipated that an activation of the MOU for a Health Care Facility specific disaster should not entail use of the Shelter Facility for more than 24 hours and typically would be for a period of 2 to 12 hours. In the event of a regional disaster local authorities may designate the Shelter Facility for longer term use as a shelter for the Health Care Facility and/or other individuals.

Version 10.25.2017

Each Participant agrees to take all appropriate actions without regard to race, color, creed, national origin, age, sex, gender orientation, religion, or handicap to assist the Health Care Facility as necessary, and agrees to follow the guidelines set forth herein to the extent possible. No participant shall assert any cause of action for breach of this MOU by either Participant against the other Participant.

Each Participant shall incorporate this MOU into its disaster plan consistent with the provisions agreed to herein.

## **II. Operational Understandings**

### **A. FACILITIES, SUPPLIES AND EQUIPMENT**

The Shelter Facility shall provide habitable space for evacuated individuals and access to other requested support areas, use of existing infrastructure and equipment as described below. It is recognized that the Licensed Health Care Facility intends to provide or request from other Health Care Facilities some of the necessary specialty supplies and equipment to support its temporary occupancy of the Shelter Facility in a disaster situation.

The Shelter Facility will permit the Health Care Facility to use and operate its physical facilities and equipment, including but not necessarily limited to:

#### **Designated areas of the Shelter Facility (list):**

- 1) One or more assembly area(s) including Fellowship Hall to temporarily house up to 30 evacuated individuals and up to 30 accompanying staff.
- 2) Rest room facilities
- 3) Access to a food serving or staging area including a sink, oven and/or microwave where a basic meal can be prepared.
- 4) Access to supplies stored in Room #2

#### **Equipment:**

- 1) Office equipment including telephones, copy machines, fax machine
- 2) Internet access via Wi-Fi.
- 3) Tables, chairs, desks, cots, blankets
- 4) Refrigerators suitable for temporary storage of medications
- 5) Other resources and materials as mutually agreed upon by Participants

### **B. POINTS OF CONTACT**

The Shelter Facility will designate two points of contact:

- An administrator of the Shelter Facility who will serve as the primary point of contact and who has authority to open the building and authorize occupancy in a disaster.
- A building maintenance/facilities and systems point of contact.

The Health Care Facility will provide a point of contact to be responsible for coordinating activities of its staff as well as the evacuees and answer any questions that the Shelter Facility may have. See Attachment A for contact information.

**C. OTHER AGREEMENTS**

The Shelter Facility will allow occasional visits, in advance of any such disaster, to the Facility by members of the Licensed Health Care Facility, the local Fire and Health department, local and/or state law enforcement and other emergency preparedness officials for the purpose of development and maintenance of emergency preparedness plans. The Shelter Facility understands that these visits may take place before a disaster for advance planning purposes including drills, and/or while the Shelter Facility is activated in an actual disaster.

It is understood that the Shelter Facility maintains and does not relinquish its flexibility to make arrangements for use or modification of its space and facilities that may adversely impact or limit the availability of its facility in any disaster. It is understood that the Health Care Facility is responsible for maintaining more than one arrangement for a "Stop Over Point" and holds the Shelter Facility harmless in the event that the Shelter Facility is not available in a disaster.

**D. COST OF SERVICES, EQUIPMENT, AND PERSONNEL**

The Health Care Facility and Shelter Facility shall not be responsible to pay for any resources or supplies voluntarily provided by a public, governmental or private entity to assist or run the Shelter Facility in a disaster, pursuant to an understanding that such resources and supplies are freely given. In the event of a disaster the Shelter Facility will encourage its personnel to volunteer to work at the site to assist in other response activities. The Health Care Facility and the Shelter Facility shall mutually determine if any costs incurred by the Shelter Facility associated with a disaster activation will be reimbursed by the Licensed Health Care Facility.

Both Participants agree to help each other in providing documentation that may be necessary in seeking reimbursement for expenses from any governmental payer programs such as Emergency Management & Homeland Security, the Federal Emergency Management Agency, or any other public or private entity. Both Participants recognize that this MOU is executed without knowing if any reimbursements may be available in any particular situation.

**III. Effective Date, Future Amendment, and Construction**

This MOU shall become effective on the date written below as the Effective Date. This MOU shall be reviewed periodically to ensure that it meets the requirements of the Participants and may be amended from time to time in writing by mutual consent of the Participants. This MOU shall automatically renew annually on the first day of each calendar year unless either Participant informs the other in writing at least 90 days prior to the renewal date.

Either Participant may terminate its participation in this MOU at any time by giving 90 days written notice to the other Participant of its intentions to terminate.

This MOU shall be deemed to be an agreement between two New Hampshire organizations subject to New Hampshire law.

The signatories below assert that they are authorized by their respective organizations and their governing body to sign this MOU on behalf of their respective organizations.

Effective Date of the MOU 12/10/2018

For the Shelter Facility

Chris Bennett 12/10/2018  
First Baptist Church of Keene Date

For the Health Care Facility

Cathy Gray 12/5/2018  
Cedarcrest Center, Chief Executive Officer/Administrator Date

**CONTACT INFORMATION for Stop Over Point Shelter Facility MOU**

**CONTACT INFORMATION:**

Cedarcrest Center	First Baptist Church of Keene
Contact: Cathy Gray	Linda Overall
Title: Administrator	Pastor
Phone: 603-358-3384	603-352-0340
Alternate: <span style="background-color: black; color: black;">XXXXXXXXXX</span>	_____

Licensure status with New Hampshire: ICF/IID with 26 beds  
Administrator: Cathy Gray  
Director of Nursing Services: Thomas Connelly  
Facility Manager: Mark Whipple

## TRANSFER AGREEMENT

This Transfer Agreement is entered into between Applewood and Cedarcrest ("facilities"). To facilitate continuity of care and the timely transfer of any patient who requests or requires [emergency] transfer, the facilities agree as follows:

### I. TRANSFERRING FACILITY RESPONSIBILITIES

A. Responsibility for Transfer and Patient. The facility transferring the patient ("Transferring Facility") is responsible for effecting the transfer of the patient and safe transportation and care of the patient during the transfer in accordance with applicable federal and state laws and regulations.

B. Transfer of Medical Records. Transferring Facility will send with each patient at the time of transfer any medical and administrative information necessary to provide continuing care to the patient.

C. Transfer of Personal Effects. Transferring Facility is responsible for the transfer or other appropriate disposition of the patient's personal effects, particularly money and valuables, and information related to these items.

### II. RECEIVING FACILITY RESPONSIBILITIES

A. Patient Acceptance. The facility receiving the patient ("Receiving Facility") agrees to accept any patient transferred from Transferring Facility [requiring nursing services], provided that Receiving Facility has the capacity and capability to provide continued care to the patient. Receiving Facility agrees to promptly determine its capacity and capability to accept the patient and respond to Transferring Facility's transfer request. In determining its capability, Receiving Facility agrees to utilize all available resources, including without limitation, on call physician services.

B. Responsibility for Patient. Receiving Facility's responsibility for the patient's care begins when the patient arrives at Receiving Facility.

### III. RESPONSIBILITIES FOR BOTH FACILITIES

A. Contact Person. Each facility agrees to designate and provide the other facility with written contact information for a person or department that has the authority to accept and coordinate a patient transfer and resolve transfer disputes. If a facility believes that a transfer has been mishandled or inappropriately rejected, it agrees to raise the issue with the other facility's designated contact person or department. The facilities agree to attempt to resolve any transfer disputes in good faith.

B. Non-Discrimination. Neither the decision to transfer a patient nor the decision to accept a patient may be predicated upon arbitrary, capricious, or unreasonable discrimination or the patient's insurance status or ability to pay for services rendered by either facility.

C. Facility Charges. The facility rendering services to the patient is responsible for billing and collecting all charges related to such services directly from the patient, third party payor, or other sources normally billed by the facility. Neither facility shall have any liability to the other for any such charges. Transferring Facility, not Receiving Facility, is responsible for any and all transfer costs, to the extent applicable.

D. Exchange of Billing Information. Each facility agrees to provide information in its possession, including the patient's coverage or eligibility under any third party payor or medical assistance plan, to the other facility as necessary to enable it to bill and collect its charges.

E. Limitation of Liability. Each facility will have exclusive control of policies, management, assets, and affairs of its respective facility. Neither facility will assume any liability by virtue of this agreement for any debt, obligation, expense, or liability incurred by the other facility related to the quality of care provided in the other facility.

F. Non-Exclusivity. This agreement does not limit the rights of either facility to enter into a contract or transfer agreement with any other facility.

G. Term and Termination. The initial term of this agreement is one year, beginning 9/20/20. Either facility may terminate this agreement with 30 days notice to the other facility. This agreement automatically renews for successive one year terms unless either facility provides a written objection to a renewal no fewer than 30 days before the beginning of a new term.

H. Amendment. This agreement, including this provision, may be amended only by a written agreement signed by both facilities.

I. Compliance with Laws. Both facilities shall comply with all applicable federal and state laws, rules and regulations, including, without limitation, laws and regulations governing the Emergency Medical Treatment and Labor Act, the Health Insurance Portability and Accountability Act, the confidentiality and maintenance of medical record information, as well as any laws or standards promulgated by any applicable government or accrediting agency.

J. Governing Law; Venue. This agreement is governed by and construed in accordance with the laws of the State of New Hampshire, without giving effect to any choice or conflict of law provision that would cause the application of the laws of any other jurisdiction. Any action, suit, or proceeding arising out of or related to this agreement must be prosecuted in [state] court and both parties irrevocably submit to the jurisdiction of that court.

9/21/2020  
DATE  
*Alice C. [Signature]*  
ADMINISTRATOR'S SIGNATURE

305065  
FACILITY: *Applewood Center*  
FACILITY'S PROVIDER Number:  
FACILITY ADDRESS:  
8 Snow Rd Winchester NH 03470

10/7/2020  
DATE  
*Cheryl Gray*  
ADMINISTRATOR'S SIGNATURE

*Cedarcrest*  
FACILITY: *Cedarcrest*  
FACILITY'S PROVIDER Number:  
FACILITY ADDRESS:  
91 Maple Ave, Keene NH 03431

MUTUAL AID AGREEMENT FOR TEMPORARY SHELTER

This agreement, made in October, 2018, establishes that in the event of a disaster that necessitates the evacuation of Cedarcrest Center for Children staff and residents, the undersigned facility will accept both into their building.

Langdon Place of Keene could offer common space, bathroom facilities, and utilities as available, for residents until more appropriate shelter could be found.

The evacuated facility will send their qualified staff to care for the transferred residents.

The recipient facility will reimburse the donor facility for any food or supplies used during this period. The reimbursement will be made with ninety days following receipt of the invoice.

This agreement will be forever in force and will be reviewed/update as needed annually.

This agreement can be nullified by either of the undersigned with a thirty day written notification.

Signed	<u>Catherine Kelly</u>	<u>Kathleen St. John</u>
Date	<u>October 31, 2018</u>	<u>Oct 30 2018</u>
Title	<u>President/CEO</u>	<u>Administrator</u>
Facility	<u>Cedarcrest Inc.</u>	<u>Langdon Place of Keene</u>

**MEMORANDUM OF UNDERSTANDING  
Long Term Care Emergency Preparedness  
Inter-Facility Assistance and Resident Transfer**

**I. Introduction and Background**

New Hampshire nursing centers, like others across the country, are susceptible to disasters that could exceed the resources of any single center or organization. A disaster could result in the need to evacuate residents out of a facility or even an entire region. It is also possible for the disaster to result in the need for assistance with transportation of residents and/or the loan of equipment and supplies from other healthcare facilities and vendors in or out of a region.

**II. Purpose of Memorandum of Understanding**

The purpose of this Inter Facility Memorandum of Understanding is to aid facilities in their emergency management by establishing an outline of how a Disaster Affected Facility may be assisted by one or more Assisting Health Care Facilities. The assistance anticipated could include helping with transportation or the loaning of equipment and supplies (including pharmaceuticals) but may also include accepting and caring for residents evacuated from a Disaster Affected Facility.

This Memorandum of Understanding (MOU) is a voluntary agreement among the individual licensed Nursing Facilities and/or licensed Residential Care and Supported Residential Care signatories for the purpose of providing assistance at the time of a disaster. **For purposes of this MOU, a disaster is defined as an overwhelming incident that exceeds the effective response capability of the impacted health care facility.**

The following plan is designed for those disasters where an unpredictable event requires the immediate, short term evacuation of residents or the need of equipment and supplies to continue operations. It is NOT designed as part of a contingency plan for evacuation of long term care resident due to a labor dispute or closure of a health care facility.

It is anticipated that any event causing a facility to request activation of the MOU would involve local Emergency Management Officials and notification of the New Hampshire DHHS. The disaster may be an "external" or "internal" event for the Disaster Affected Facility and assumes that each affected facility's internal emergency management plans have been fully implemented.

**By signing this MOU, the signatories are evidencing their intent to abide by the terms of the MOU in the event of a disaster as described above and to provide support, including the potential acceptance of evacuated residents from a disaster affected facility that has activated their Emergency Operations Plan. The terms of this MOU are to be incorporated into each participating facility's Emergency Management Plans and Emergency Operations Plans.**

Should any changes occur during the term of the MOU that would prevent a facility from further honoring or participating in the Agreement, or if changes in contact persons or phone numbers should become necessary, the facility is to immediately notify any and all reciprocating

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participating facilities. In the event this MOU is activated in an emergency and the parties desire to amend or clarify terms of the MOU to reflect the specific needs of the situation they may do so by attaching a signed mutually agreed addendum.

### III. Definition of Terms

Incident Command Center (facility command post)	A location from which Facility Incident Command oversees all incident operations. It will be the Disaster Affected Facility's primary point of administrative authority in a disaster incident.
Disaster (within a facility)	An overwhelming incident that exceeds a facility's effective response capability or cannot appropriately be resolved solely by using its own resources. Such disasters will likely involve the local emergency management agency, first responders, New Hampshire DHHS and may involve loan of transportation or equipment and supplies from another facility or the emergent evacuation of residents.
Disaster (community-wide)	An overwhelming incident that is more wide spread and affects several health care facilities at or about the same time. Since the community is also affected, local vendors could be caught in the same disaster incident. This disaster could overwhelm several facilities in their ability to place numerous evacuated residents or provide equipment, supplies and transportation.
Disaster Affected Facility	A Disaster-Affected Facility is a long term care facility where an incident of disaster proportions has occurred. Transportation, staff, equipment or supplies may be requested, or the evacuation and transportation of residents may be required.
Assisting Health Care Facility	A licensed Health Care Facility that receives transferred residents or provides transportation, equipment or supplies to a Disaster Affected Facility.
Stop Over Point / Alternative Care Facility	A facility where residents can be held pending return to their original facility or distribution to an Assisting Health Care Facility. This building will normally be pre-assessed by local authorities and the Disaster Affected Facility for its capability to provide this service. This building is typically NOT a Health Care Facility and is intended for short term use, usually hours in duration. The facility should be reviewed from a vulnerability and suitability standpoint to ensure that movement to the facility will not endanger evacuated residents or staff at the time of the disaster.
Fast Out Evacuation	An evacuation triggered by an incident such as a fire or tornado where patients need immediate evacuation from the Disaster Affected Facility. Such evacuation may involve temporary movement of residents to a Stop Over Point where they can be safely held while arrangements are made for transport to one or more Assisting Health Care Facilities. A Fast Out Evacuation may also be made to an Assisting Health Care Facility and in such case

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	residents may be temporarily housed in a common area such as dining area until further arrangements can be made.
Slow Out Evacuation	An evacuation triggered by an incident such as loss of heat or power or local condition that is clearly deteriorating but where a few or several hours may be available to arrange transfers in a more orderly manner to one or more Assisting Health Care Facilities.
Authority Having Jurisdiction	The local fire department, building inspector or other municipal or state authority that has the legal authority to evaluate an emergency situation and order an evacuation of a facility.
Resident Evacuation Tag	A permanent or temporary bracelet affixed to a resident identifying at minimum, resident name, DOB and facility name.

**IV. General Principles of Understanding**

Each participating facility will commit to the following:

**1. General Resources Commitments**

- a. Each participant agrees to honor the terms of the MOU in the extent possible in any emergency situation.
- b. Participate annually in one or more educational/planning meetings and/or an emergency preparedness drill as will be agreed to by other participating facilities.
- c. Maintain and distribute up to date Emergency Contact lists to other participating facilities.
- d. Incorporate into the facility specific Emergency Preparedness plan contingencies to accept a surge of evacuated residents into the facility up to 10% of the facilities licensed bed compliment.
- e. Participate in the MCU and respond to any requests for assistance in a non-discriminatory manner, without regard to race, color, national origin, age, sex religion or handicap of any individual involved.
- f. Agree not to assert any cause of action for breach of this MOU by any participant against any other participant. There shall be no expectation that any participant be prepared to provide any additional level of care or stockpile additional supplies or maintain additional staff solely for the purpose of being a party to this MOU.

**2. Communications**

The Disaster Affected Facility is responsible for informing emergency authorities and the New Hampshire DHHS of its disaster situation and defining needs that cannot be accommodated by the facility itself. The senior Administrator (or designee) in the Disaster Affected Facility Command Center is responsible for requesting equipment, supplies or authorizing the evacuation of resident in conjunction with Emergency Agencies. Formal requests for disaster assistance should be initiated by the senior Administrator (or designee) of the Disaster Affected Facility to the senior Administrator of any or all potential Assisting Health Care Facilities with coordination support from DHHS.

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3. Initiating Evacuations and Accepting Residents to be Evacuated

When a signatory of this MOU contacts another signatory to activate a request for assistance in a disaster situation it shall be the responsibility of the Disaster Affected Facility to inform the requested assisting facility of the nature and scope of the disaster as well as the circumstances of any order to evacuate issued by the local Authority Having Jurisdiction (AHJ). In the event that situation allows a Slow Out evacuation the Disaster Affected Facility shall confirm that the local AHJ is in agreement with any decision to evacuate.

When a signatory is requested to accept evacuated residents they agree to promptly determine their capacity and capability and respond to the Disaster Affected Facility transfer request. The signatories agree that neither the decision to transfer or accept a resident may be predicated upon arbitrary or unreasonable discrimination including the resident's insurance status or ability to pay for services.

If an evacuation is initiated the Disaster Affected Facility will use all reasonable efforts to use a Resident Evacuation Tag (Disaster Tag) and wrist bands or another acceptable level of marking for tracking and identifying residents. The Active Resident Record/Chart (Current Service Plan and Med List for Assisted Living residents) will be sent with the resident with the only exception being the need for a Fast Out Evacuation from the Disaster Affected Facility with the inability to gather the resident information. Resident Evacuation Tags will still be used in a Fast Out Evacuation although such tags may be completed at a Stop Over Point before further transportation of the residents.

4. Responsibility to Care for Residents

Once transported and admitted to an Assisting Health Care Facility, an evacuated resident shall be under the care of the Assisting Health Care Facility until discharge, transfer or reassignment. To the extent possible and needed, the staff of the Disaster Affected Facility will be available to ensure a smooth transition of care and, if determined necessary, to provide care.

At end of disaster, residents should be returned and accepted back at original facility, unless agreement is reached between administrators or based on the decision by the family/resident. The Assisting Health Care Facility is to make every effort to facilitate a smooth transition back to the original facility. NOTE: It is expected that no marketing efforts will be made by the Assisting Health Care Facility toward any residents or family members.

5. Loans of Equipment and Supplies

Use of equipment, such as vehicles, tools, and reusable materials and supplies including pharmaceuticals, are subject to the following terms:

- a. The communication of all requests shall be made by the Incident Commander of the Disaster Affected Facility.
- b. Loaned equipment may be loaned with an operator and this would follow Supervision and Financial and Legal Liability elements of this Agreement.
- c. All loaned equipment and supplies will be provided by the Assisting Health Care Facility "as is", with no representation or warranties as to fitness for a particular

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purpose. The Assisting Health Care Facility does have the duty of using reasonable care when providing equipment and supplies to a Disaster Affected Facility so as not to provide knowingly defective material.

- d. loaned equipment or supplies shall be returned to the lending Assisting Health Care Facility as soon as practically possible by the Disaster Affected Facility or immediately upon receipt of an oral or written notice from the lender for the return of the equipment or supplies. The intent would be to have loaned items returned to the Assisting Health Care facility within 7-10 days.
- e. If the loaned equipment or supplies are damaged, consumed or rendered unusable while at the Disaster Affected Facility, the lender will be reimbursed by the Disaster Affected Facility for reasonable costs of repair or replacement of such equipment or supplies. Any determinations of what constitutes "equal condition and capability" shall be at the discretion of the Assisting Health Care Facility.

**6. Loans of Staff and Staff Supervision**

In the event that a disaster triggers a situation where one or more Assisting Health Care Facilities would provide direct care or support staff to a Disaster Affected Facility the Disaster Affected Facility will assume supervisory direction over the Assisting Health Care Facility's staff while they are on assignment at the Disaster Affected Facility.

In the event that residents are evacuated from a Disaster Affected Facility it is expected that the Disaster Affected Facility will, at the request of any Assisting Health Care Facility(s), make every reasonable effort to equitably assign and arrange for the Disaster Affected Facility staff to provide assistance in caring for evacuated residents at the Assisting Health Care Facility(s). While assigned to the Assisting Health Care Facility the staff shall be under the supervision and direction of the Assisting Health Care Facility.

**7. Financial and Legal Liability**

- a) The participating facilities agree that they will assert no cause of action for breach of this MOU by any participant against any other participant. A Disaster Affected Facility shall hold harmless and indemnify any Assisting Health Care Facility for acts of negligence or omissions on the part of the Assisting Health Care Facility in their good faith response to provide assistance during a disaster event.
- b) Neither facility will assume any liability by virtue of this MOU for any debt, obligation, expense or liability incurred by the other facility related to the quality of care provided in the other facility
- c) Any personnel provided by an Assisting Health Care Facility to a Disaster Affected Facility shall be under the supervisory direction and are the legal responsibility of the Disaster Affected Facility where they may be working during a disaster. If they are paid for this time, it will be by the Assisting Facility which will then invoice the Disaster Affected Facility. If a Disaster Affected Facility sends its personnel to an Assisting Health Care Facility that has accepted its evacuated residents then those staff shall be under the supervisory direction of the Assisting Health Care Facility while continuing to be compensated by their own employer, the Disaster Affected Facility.

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d) This MOU shall not be interpreted to create an association, joint venture or partnership among participating facilities. Nothing in this MOU shall be construed to give any participating facility any right of ownership, possession or control over the facilities or assets of other participating facilities.

8. Reimbursement and Payment for Service and Supplies

A Disaster Affected Facility shall reimburse and/or make timely payment or replacement of supplies within 30 days to any Assisting Healthcare Facilities for reimbursement for the care of the Disaster Affected Facilities residents or use of transportation, supplies, equipment and/or staff that may be loaned or provided to the Disaster Affected Facility. The participating facilities will work with the appropriate payor, Medicare, Medicaid or other third party to determine the appropriate mechanism to bill for services provided to any evacuated residents. The participating facilities agree that billing for the care of any evacuated resident will be done only after the mutual agreement of the Disaster Affected Facility and Assisting Health Care Facility in consultation with NH DHHS and or CMS.

In the event that an evacuated resident does not have a payment source it is the intent of this agreement that the Assisting Health Care Facility be compensated by the Disaster Affected Facility at a rate at least equivalent to the Medicaid rate.

9. Effective Date, Termination and Renewal of the MOU

This MOU shall be effective between any two participating facilities upon signature of both parties designated authorized signatory. The term of the agreement shall be the calendar year.

The MOU will automatically renew each year unless either party provides 60 days' notice of intent not to renew.

A participating facility may terminate its participation in the MOU at any time by providing 60 days' written notice to any or all other participating facilities.

	Facility 1	Facility 2	Facility 3	Facility 4
Facility Name	Cedarcrest, Inc. dba Cedarcrest Center for Children with Disabilities	Rose Meadow Acres Adults with brain & spinal cord injuries	Rose Meadow Farm Adults with brain & spinal cord injuries	Rose Meadow Garden, Adults with brain & spinal cord injuries
Parent Corporation (if applicable)	N/A	N/A	N/A	N/A
Facility Licensure Level (SNF/RC/SRC)	ICF/ID	He-P 805	He-P 805	He-P 805
Facility Administrator	Cathy Gray	Jamie Skinner	Nancy Quinn	April MacNeil
Date of Signature	<i>Cathy Gray</i>	<i>Jamie Skinner</i>	<i>Nancy Quinn</i>	<i>April MacNeil</i>
MOU Effective Date (if different)	4/29/19	5/2/19	5/1/19	6/1/2019

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## Cedarcrest Center for Children with Disabilities EMERGENCY COMMUNICATIONS PLAN

**Policy:** Transparent and accurate communications with stakeholders, especially the media, during *and after* a crisis contributes to a successful resolution of the incident, including influencing a positive evaluation by stakeholders and the public.

**Definition:** The Communications Plan is the primary tool to ensure employees follow communication protocols during an emergency in contacting stakeholders, the media, and others. The Communications Plan is the primary responsibility of the CEO and the Public Information Officer (PIO), who is typically the Director of Development and Communications. The media outreach plan is an essential part of the Communications Plan.

**Procedure:** During an emergency (or "incident"), the Communications plan should govern all communications within an organization and with external stakeholders, including the media. Communications are the responsibility of the Public Information Officer. The plan needs flexibility; an organization's management may only need a portion of the incident command structure, depending on the scope and severity of the emergency. Irrespective of the emergency's intensity, the organization's emergency response team remains in a communications mode, appropriate to the situation, for the duration of the incident, as well as after, to ensure transparency throughout the process.

The Public Information Officer may form an Emergency Communications Team (ECT) as needed as part of a broader Incident Management Team. Typically, The Emergency Communications Team will consist of the organization's leadership; with the CEO in the lead and designated "Commander." As with Incident Command Systems, any staff can fill any position on the Emergency Communications Team. The first goal of the Emergency Communications Team is to evaluate the scope and severity of the event, gather accurate information about it, and report back to the Commander and other Emergency Communications Team members. The Public Information Officer provides leadership and training to the Emergency Communications Team (to avoid limited or conflicting information about the event or its impact). "Facts" matter and may change several times as new information is available.

Limited or conflicting information about an event or its impact make training and practice in evaluation and communicating accurate details about the emergency critical for the Emergency Communications Team. Planning and practice should include different scenarios and a variety of magnitudes of events. When an emergency strikes, the organization's staff responders and spokesperson should know instinctively what to do and how to report "up the chain of command."

With the Emergency Communications Team in place, the Incident Commander and the Public Information Officer should quickly begin to develop communications, like a press statement or interview notes, that accurately address anticipated (or specific) questions from stakeholder groups, including the news media. In planning for emergencies, an important role for The Emergency Communication Team is to develop templates of materials to make outreach more efficient in the early stages of a crisis.

The purpose of this plan is to provide procedural directions to the Public Information Officer in the event of an emergency at or relating to Cedarcrest Center.

The Public Information Officer is the designee of the Unified Command (UC) and once authorized to do so, is responsible for the development and communication of information to the public, media and other agencies as determined.

The key functions of the Public Information Officer include but are not limited to:

- Communicating appropriate information for the media
- Communicating appropriate information to key internal and external stakeholders (listed below) and other key interested parties
- Advising UC of information dissemination plans, actions and status of media relations. Decides with UC times for media update statements
- Uploading information to social media and/or the Cedarcrest website as needed

THIS PLAN ENCOMPASSES TWO SECTIONS-POLICY/PROCEDURES AND APPENDICES:

- Step by step communications process for response to an emergency
- Appendices: Media outlet information and contact (appendix)
- Appendices: Resources for response (forms, press release template and language, media call log and media kit, check list)

TOOLS FOR COMMUNICATION: Internet access (laptop, mobile phone), email addresses, Media kit hard copy and electronic file

Management should not rely exclusively on one way to communicate (e.g. telephone) their statements and messages. There should always be options in a plan for using alternate communications channels, such as text, wired telephone, cell phone, Internet, etc.

The Emergency Communications Team must be cognizant of HIPPA compliance and employment law to ensure confidentiality of covered information. Staff are not to speculate or discuss an event, especially with the media.

#### CONSTITUENTS/AUDIENCE

- Staff
- Family Members
- Board and Advisory Council Members
- General Public
- Media
- Vendors/Company partners

Command Control Consistency Collaboration Coordination Communication
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#### COMMUNICATIONS PROCEDURES DURING INCIDENT:

- Situational Assessment: Scope and type of emergency at the time of occurrence and any updates of the status of the situation
- Determine status of those contacted at stage 1. Leadership Managers briefing by UC
- Create an incident description report. Include actions taken during the incident
- Establish key messages: Create a brief written overview of the situation, impact on the children, staff, facility, organization. Review this statement with UC and Senior leadership
- Establish schedule of communication with key stakeholders
- Communicate the facts through the statement to each stakeholder group using email or other communication tools. (phone calls, emails, media release, social media, website)
- Leadership managers disseminate information to staff teams, assigned stakeholder groups
- Set up media center
- Begin media log, documentation
- Leadership Managers assure clear and concise records of who has been reached with the Incident 1 report messaging
- Monitor Social Media and Media (web and T.V.)
- Media Conference as necessary (part of schedule); clearly communicated via announcements

#### MEDIA MANAGEMENT

- Direct media to location to convene. (identify on/off site-nearby-) Requires access to power, briefing area and work tables.
- Record all inquiries and responses
- Prepare the spokesperson for media interaction
- Determine timely media update/statements

#### COMMUNICATIONS PERFORMANCE EVALUATION

- Meet with Unified Command and Leadership Managers to discuss process, quality and timeliness of information, areas for improvement.

Communication Groups

Stakeholder Name	Role	Communication Tool
Employees	Human Resources (or Supervisor Designee)	When to Work Email-work or home Text (?)
Resident Families/Guardians Including Emergency contacts	Director of Social Services and designees	Phone
Board of Trustees	President/CEO	Phone, Email
Advisory Council	Director of Development & Communications	Email
Vendors (as needed)		
Public	Director of Development & Communications	Website, Facebook Media
City of Keene	President/CEO	Phone, Email
Insurance Company	Director of Finance	Phone, Email
State Licensing Agency	President/CEO	Phone, Email

Sample Operations Plan-communications

Activity	Hour 1	Hour 2	Hour 3	Hour 4
Unified Command team meeting	✓		✓	
Stakeholder-Employees	1.5 ✓			
Family Members/Guardians/Emergency Contacts	1.5 ✓			
City of Keene	✓			
Board/AC		✓		
Public/Media		2.5 ✓		
Insurance Company		✓		
State licensing agency		✓		

To do's:

- Determine way to quickly record outgoing phone message and post
- Access to portable pc's
- Create media log
- Create Press kits (both hard copy and electronic)
- Create master reporting logs
- Acquire lap top and back up battery
- Create media banner backdrop
- Conduct communication drill(s)

Updated 08/28/20

## Emergency Plan Distribution

Master Copy: S: Facilities/Safety

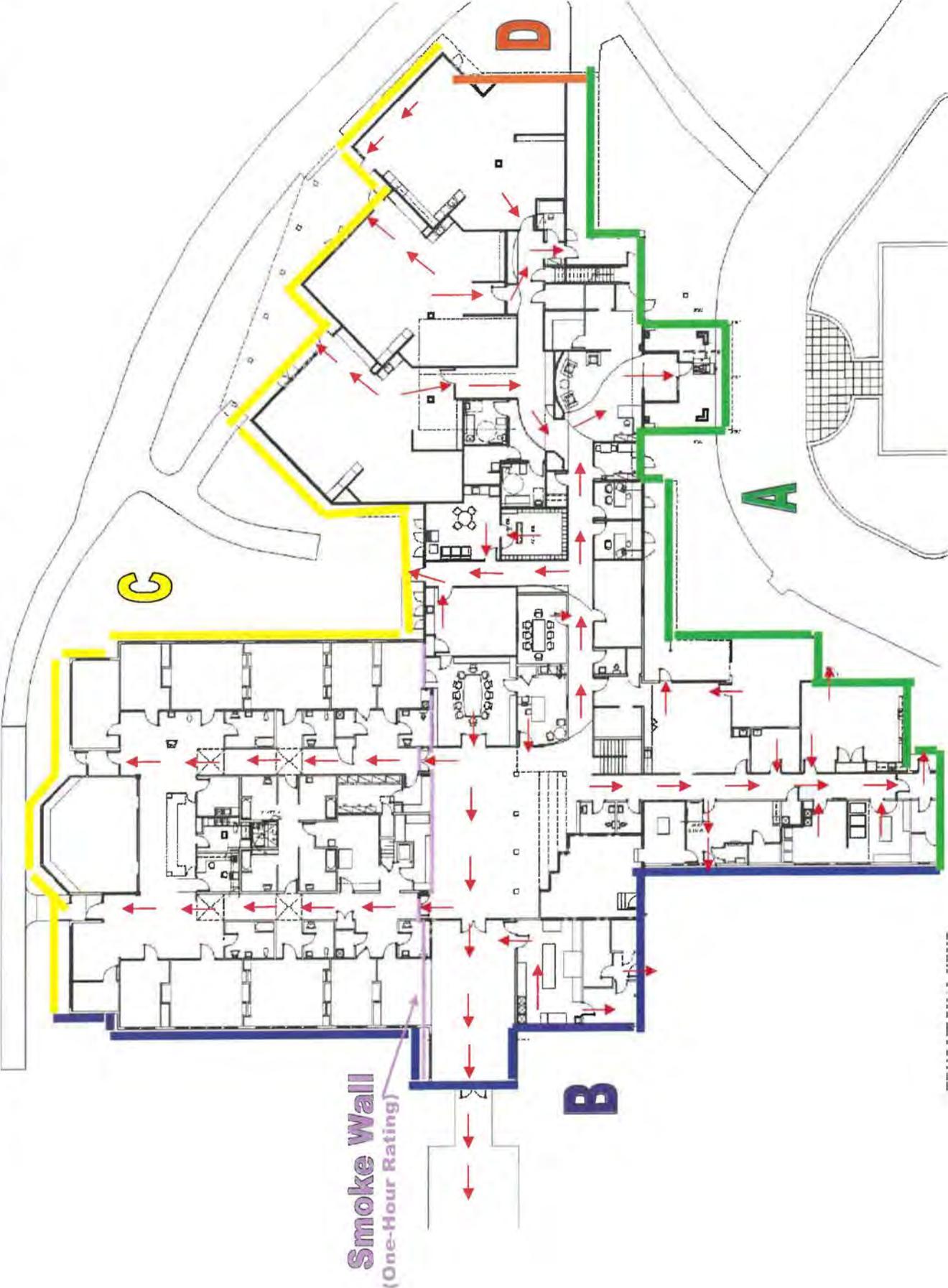
Electronic Copy (Pdf) S: 1-POLICY MANUALS

Orange Binders with Appendices:	Non appendices
CEO	Library
Director of Finance	Staff Lounge
Director of Nursing	Kitchen
Facility Manager	
Nurses Station	
Reception	
Suitcase	
Sr. Director of Programs and Operations	

### Addendums in Emergency Suitcase

- Staff Phone List
- Family Contact List

# Evacuation Routes from building



# Cedarcrest Center for Children with Disabilities Emergency Preparedness Planning Policy

**POLICY:** As required by Federal regulations, Cedarcrest Center has “detailed written plans and procedures to meet all potential emergencies and disasters, such as fire, severe weather, and missing clients” (CFR§ 483.470 (h) W Tag 438). The Safety Committee is charged with review and oversight of the plan, procedures and drills.

**PROCEDURE:**

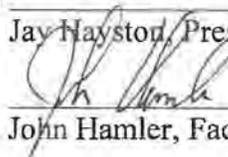
Preparedness is a continuous cycle of planning, organizing, training, equipping, exercising, evaluation and improvement activities to ensure effective coordination and the enhancement of capabilities to prevent, protect against, respond to, recover from, and mitigate against natural disasters, acts of terrorism, and other man-made disasters.

Cedarcrest Center has in effect and available to all key personnel written copies of a plan for protecting all persons in the event of a fire or other hazard. The plan is based on an “All Hazards” approach and includes procedures for keeping persons in place, for evacuating persons to areas of refuge, and, when necessary, for evacuating persons from the building. The plan also includes procedures in response to system failure(s) or weather events. The procedures needed to ensure the safety of all individuals are outlined for each type of hazard and are amended or revised whenever necessary. All employees participate in drills and provide feedback on the effectiveness of said procedures. The Safety Committee reviews feedback from drills or events and suggests modification to the plan. A copy of the plan is readily available at all times within the facility.

The Cedarcrest Center plan was developed and revised with the advice and assistance of local emergency authorities in Cheshire County and emergency authorities in the City of Keene. The plan is reviewed and updated on a regular basis. It is submitted to NH Homeland Security annually as required of schools.

Staff members are trained both initially through orientation and then on an ongoing basis around the elements of the plan including the various types of situations that may occur, Incident Command, and staff response to the different scenarios, ‘Emergency Preparedness and Response’ as well as the local response system of Keene. Staff receive periodic updates and are kept informed with respect to their duties and responsibilities under the plan.

Drills are carried out monthly and two disaster drills (one tabletop and one a live drill) are conducted annually. Fire drills are conducted quarterly for each shift and monthly to meet department of Education guidelines. Each staff person must participate in a fire drill at least once in a 3-month period under various conditions. Drills are held at different times of the day and night, from different areas in the facility and use different escape routes. All residents are evacuated during at least one drill per year on each shift. The dates and responses to the drills are documented and are retained for review by the Safety Committee and administrative staff.

Approved:   
Jay Hayston, President and CEO  
  
John Hamler, Facilities Manager

12/15/2022  
Date  
12-14-22  
Date

## Life Safety Plan

Cedarcrest Center  
Emergency Light Annual Testing

2022

#	Room	Type	Location	Circuit
1	Maintenance Room	Exit sign	Exterior Door	LS-04
2	Maint Rm Main Electric	Wall Emerg	Near Door	P5-02
3	Maint Rm Life Safety Elec	Wall Emerg	Near Door	P8-08
4	Laundry Hall	Exit Sign	Laundry	LS-04
5	Laundry Hall	Exit Sign	Atrium	LS-04
6	Multi-Purpose	Exit Sign	Exterior Door	LS-04
7	Multi-Purpose	Wall Emerg	Near Door	LP1-02
8	Laundry	T8	Dryer	LP1-05
9	Laundry	T8	Washer	LP1-05
10	Oxygen Exit Door	Exit Sign	Exterior Door	LS-04
11	Observation Room	Wall Emerg	Near Door	LP1-01
12	Rehab Gym	Wall Emerg	Sink	LP1-02
13	Rehab Gym	Exit Sign	Exterior Door	LS-04
14	Rehab Gym	Wall Emerg	Exterior Door	LP1-02
15	Rehab Office	Wall Emerg	Near Door	LP1-03
16	Dining Room	Exit Sign	Exterior Door	LS-04
17	Kitchen	Wall Emerg	Range	LS-17
18	Kitchen	Exit Sign	Door to Office	LS-04
19	Kitchen	Exit Sign	Exterior Door	LS-04
20	Home End East Hall	Exit Sign	Atrium	LS-04
21	Home End East Hall	Exit Sign	Exterior Door	LS-04
22	Home End West Hall	Exit Sign	Atrium	LS-04
23	Home End West Hall	Exit Sign	Exterior Door	LS-04
24	Attic	Wall Emerg	Top of Stairs	PP6-03
25	Cedar Closet	Wall Emerg	Near Door	PP6-01
26	Medical Supplies	T8	Middle Fixture	LP2-10
27	Medical Records	T8	Door Fixture	LP2-10
28	Hall, Recep to Atrium	Exit Sign	Atrium	LS-04
29	Hall, Recep to Atrium	Exit Sign	Hall to Staff Lounge	PP4-29
30	Hall, Recep to Atrium	Can	Hall to Staff Lounge	PP4-29
31	Hall, Staff Lounge	Exit Sign	Exterior Door	PP4-29
32	Hall, Staff Lounge	Can	Near staff lounge	PP4-29
33	Staff Lounge	T8	Near Sink	PP4-37
34	Staff Locker Room	T8	Doorway	PP4-37
35	Sensory Room	Wall Emerg	Above door	PP4-29
36	Reception	Exit Sign	Exterior Door	PP4-29
37	Reception	Exit Sign	Elevator	PP4-29
38	Reception	Can	Desk	PP4-34
39	Reception	Can	Stairwell door	PP4-34
40	Foyer	Chandelier	Foyer	PP4-12
41	School Rest Room East	T8	Inside Rest Room	PP4-37
42	School Rest Room West	T8	Inside Rest Room	PP4-37
43	Hall, School	Exit Sign	Reception	PP4-29

44	Hall, School	Exit Sign	Green Classroom	PP4-29
45	Hall, School	Exit Sign	Exterior Door	PP4-29
46	Hall, School	Wall Emerg	Yellow Classroom	PP4-37
47	Hall, School	Can	Bathroom	PP4-40
48	Hall, School	Can	Exterior Door	PP4-29
49	House Keeping Closet, School	Wall Emerg	Closet	PP4-41
50	House Keeping Closet, School	Wall Emerg	Front door	PP4-41
51	House Keeping Closet, School	Wall Emerg	School Emerg Exit	PP4-41
52	House Keeping Closet, School	Wall Emerg	Green Classroom	PP4-41
53	House Keeping Closet, School	Wall Emerg	Yellow Classroom	PP4-41
54	House Keeping Closet, School	Wall Emerg	Staff Lounge	PP4-41
55	Yellow Classroom	Exit Sign	Exterior Door	PP4-30
56	Yellow Classroom	Can	Soffit	PP4-30
57	Yellow Classroom	T8	In Front of Desk	PP4-38
58	Yellow Classroom	T8	Up Light by Ext Door	PP4-30
59	Peach Classroom	Exit Sign	Exterior Door	PP4-30
60	Peach Classroom	Can	Soffit	PP4-30
61	Peach Classroom	T8	Behind Desk	PP4-14
62	Peach Classroom	T8	Up Light by Ext Door	PP4-30
63	Green Classroom	Exit Sign	Exterior Door	PP4-32
64	Green Classroom	Can	Soffit	PP4-32
65	Green Classroom	T8	Near Column	PP4-32
66	Green Classroom	T8	Up Light by Sink	PP4-32
67	Stairwell Reception	Exit Sign	Exterior Door	PP4-29
68	Stairwell Reception	Exit Sign	Top	PP5-11
69	Stairwell Reception	Wall Emerg	Middle of Stairs	PP4-34
70	Restroom, 2nd Fl Conf	Can	Inside Rest room	PP5-11
71	Mechanical Rm 2nd Floor	Wall Emerg	Inside Mech Rm	PP5-34
72	Hall, 2nd Floor	Exit Sign	Door to Recpt Stairs	PP5-11
73	Hall, 2nd Floor	T8	Outside Conf Rm	PP5-11
74	Hall, 2nd Floor	Exit Sign	Mechanical Room	PP5-34
75	Hall, 2nd Floor	Can	Mechanical Room	PP5-34
76	Hall, 2nd Floor	Exit Sign	Office Supplies	PP5-34
77	Hall, 2nd Floor	Exit Sign	Copier Room	PP5-36
78	Hall, 2nd Floor	Wall Emerg	CEO Office	PP5-36
79	Hall, 2nd Floor	Wall Emerg	Server Room	PP5-36
80	Stairwell Atrium	Exit	Top of Stairs	PP5-36
81	Stairwell Atrium	Wall Emerg	Landing	PP5-36





## 2022 Cedarcrest Center Emergency Drills

Month	Shift	School/ Residential Fire Drill- Days	Residential Fire Drill Evenings	Residential Fire Drill Overnight	Other Drills or Events
<b>January</b>	<i>second</i>	1/6/22@9:32am	1/26/22@4:05pm		
<b>February</b>	<i>third</i>	2/23/22@9:46am		2/2/22@5:00am	
<b>March</b>	<i>first</i>	3/31/22@8:50am			3/30/22 Code Purple/ Surge Capacity drill with Genesis Keene Center and Langdon Place
<b>April</b>	<i>second</i>	4/20/22@1:37pm	4/12/22@6:30pm		4/27/22 Loss of building power for an hour
<b>May</b>	<i>third</i>	5/26/22@10:40am		5/5/22@5:00am	
<b>June</b>	<i>first</i>	6-29-22@1:20pm			
<b>July</b>	<i>second</i>	7-28-22@2:15pm	7-29-22@5:35pm Evacuation Drill		7/18/22 Tornado Warning – shelter in place, central bathing
<b>August</b>	<i>third</i>	8-29-22@2:10pm		8-30-22@5:35am Evacuation Drill	
<b>September</b>	<i>first</i>	9-27-22@2:00pm Evacuation Drill			
<b>October</b>	<i>second</i>	10-25-22@2:10pm	10-31-22@5:10pm		
<b>November</b>	<i>third</i>	11-29-22@2:10pm		11-30-22@5:07pm	
<b>December</b>	<i>first</i>				

Swanzey

# HAMPSHIRE FIRE PROTECTION CO., LLC

CED 201  
F 074853

ALL TYPES OF FIRE PROTECTION — WATER — CO<sub>2</sub> — FOAM  
8 No. Wentworth Ave. • Londonderry, NH 03053 • (603) 432-8221 • Fax: (603) 434-3194  
55 Harvey Road • Londonderry, NH 03053 • (603) 432-8221 • Fax: (603) 432-8128  
1 Commercial Drive • West Lebanon, NH 03784 • (603) 448-5461 • Fax: (603) 448-7334  
277 Old Homestead Highway • Swanzey, NH 03446 • (603) 358-6736 • Fax: (603) 358-6832  
www.hampshirefire.com

BILL TO: Goodcrest Center  
91 Maple Ave  
Keene NH 03431

DATE: 2/23/22  
TECHNICIAN: Tim  
TOTAL # EXT: 37  
EXTS. IN SHOP: 2  
SPARES: 0

JOB LOCATION: Same

CONTACT: Mark / Phill

TELEPHONE #: \_\_\_\_\_

P.O. #: \_\_\_\_\_

FAX #: \_\_\_\_\_

COMMENTS: 5-10lb + 1-K-Class + 1-Water Mist + 1-5lb Done  
in 2023

QTY	UNIT \$	TOTAL	DESCRIPTION	QTY	UNIT \$	TOTAL	DESCRIPTION
<u>35</u>	<u>3<sup>00</sup></u>	<u>105<sup>00</sup></u>	VISUAL INSPECTION				2 1/2# _____ RECHARGE
			CART. EXT. SVC	<u>2</u>	<u>20<sup>00</sup></u>	<u>40<sup>00</sup></u>	5# _____ RECHARGE
			EXT. SIGN				10# _____ RECHARGE
			P.W. HANGER				20# DC _____ RECHARGE
			5 LB. HANGER				30# DC _____ RECHARGE
			15 LB. HANGER	<u>1</u>	<u>15<sup>00</sup></u>	<u>15<sup>00</sup></u>	DRY CHEM HYDRO TEST
			CARTRIDGE ASSEMBLY	<u>1</u>	<u>10<sup>00</sup></u>	<u>10<sup>00</sup></u>	DRY CHEM 6 YR. MAINT
			GAUGE				5# CO2 RECHARGE
			LOCKING PIN				10# CO2 RECHARGE
			HOSE				15# CO2 RECHARGE
			HORN				20# CO2 RECHARGE
			BAND				5-20# CO2 HYDRO TEST
			GRIP				P.W. HYDRO TEST
			STEM				P.W. RECHARGE
			VR. SEAL	<u>1 1/2</u>	<u>76<sup>00</sup></u>	<u>114<sup>00</sup></u>	SITE LABOR HOURS
			HANDLE REPAIR				MIILEAGE

QTY	PART NUMBER	DESCRIPTION	UNIT PRICE	TOTAL

TAX EXEMPT: YES NO # \_\_\_\_\_  
Payment terms: Net 14 days Automatic inspection the following year

TAX: \_\_\_\_\_  
TOTAL: \$28400

CUSTOMER SIGNATURE: Mark Williams

DATE: 2/23/22

**Fire Hydrant Flow Test/ Inspection**

INSPECTION CONTRACT

Hydrant



8 NO. WENTWORTH AVENUE  
LONDONDERRY, N.H. 03053  
TEL. (603) 432-8221  
FAX. (603) 434-3194

104 Etna Rd  
Lebanon, NH 03766  
TEL. (603) 448-5461  
FAX. (603) 448-7334



Name of Property Ceder Crest Location Right Side of Building  
Street 91 Maple Street Inspector John Squiers  
City & State Keene, NH 03431 Date 5/17/2022

**INSPECTION**

Location of Hydrant Right Side of Building

Manufacturer M. H. Allston, Alabama Model 454759, 5 1/4" 1847

	Yes	No		Yes	No
Accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Is Hydrant Self Draining?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If No was Hydrant pumped out	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Any cracks in barrel?	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Were outlet nipples tight?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Are outlet threads lubricated?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are threads worn?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Outlet Cap gaskets good	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Hydrant operating nut good	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

Repairs Made: None

Repairs Recommended: None

ABOVE INSPECTION CERTIFIED BY: John Squiers  
Inspector

**FLOW TEST**

Static Pressure Reading 80 psi Outlet diameter 2.5  
Residual Pressure reading 61 psi Booster pump on  Yes  No  
Pitot Tube Reading 50 psi  
Flow from chart 740 gpm  
Nozzle inlet coefficient 2.5 (multiplier)  
Calculated flow 630 gpm

ABOVE INSPECTION CERTIFIED BY: John Squiers  
Inspector

**Fire Hydrant Flow Test/ Inspection**

INSPECTION CONTRACT

Hydrant



**Hampshire**  
FIRE PROTECTION  
811a Wentworth Ave  
Londonderry, NH 03053  
(603) 432-8221

8 NO. WENTWORTH AVENUE  
LONDONDERRY, N.H. 03053  
TEL. (603) 432-8221  
FAX. (603) 434-3194

104 Etna Rd  
Lebanon, NH 03766  
TEL. (603) 448-5461  
FAX. (603) 448-7334



Name of Property Cedercrest Location Front of Building  
Street 91 Maple Ave Inspector John Squiers  
City & State Keene, NH Date 5/17/2022

**INSPECTION**

Location of Hydrant Front of Building

Manufacturer American Darling Model B5F GHA 1986

	Yes	No		Yes	No
Accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Is Hydrant Self Draining?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If No was Hydrant pumped out	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Any cracks in barrel?	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Were outlet nipples tight?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Are outlet threads lubricated?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are threads worn?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Outlet Cap gaskets good	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Hydrant operating nut good	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

Repairs Made: None

Repairs Recommended: None

ABOVE INSPECTION CERTIFIED BY:

*John Squiers*  
Inspector

**FLOW TEST**

Static Pressure Reading 78 psi Outlet diameter 2.5  
Residual Pressure reading 51 psi Booster pump on  Yes  No  
Pitot Tube Reading 33 psi  
Flow from chart 601 gpm  
Nozzle inlet coefficient 2.5 (multiplier)  
Calculated flow 511 gpm

ABOVE INSPECTION CERTIFIED BY:

*John Squiers*  
Inspector

**INSPECTION AND TESTING FORM**

Date: 12/28/21

Time: 8:30 am

**SERVICE ORGANIZATION**

Name: James Lawrence Electric, Inc.  
Address: 160 Emerald St., Unit #10, Keene, NH 03431  
Representative: James Lawrence  
License No.: 8108M  
Telephone: 603-355-8222

**PROPERTY NAME (USER)**

Name: Cedarcrest  
Address: 91 Maple Ave, Keene, NH 03431  
Owner Contact: Mark  
Telephone: 603-358-3384

**MONITORING ENTITY**

Contact: Keene Fire Dept.  
Telephone: 603-757-1863  
Monitoring Account Ref. No.:

**APPROVING AGENCY**

Contact:  
Telephone:

**TYPE TRANSMISSION**

McCulloh  Multiplex  Digital  
 Reverse Priority  RF  
 Other (Specify)

**SERVICE**

Weekly  Monthly  Quarterly  
 Semiannually  Annually  
 Other (Specify)

Control Unit Manufacturer:

Model No.:

Circuit Styles:

Number of Circuits:

Software Rev.:

Last Date System Had Any Service Performed:

Last Date That Any Software or Configuration Was Revised:

**ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION**

Quantity of  
Devices Installed

Circuit Style

Quantity of  
Devices Tested

- Manual Fire Alarm Boxes
- Ion Detectors
- Photo Detectors
- Duct Detectors
- Heat Detectors
- Waterflow Switches
- Supervisory Switches
- Other (Specify):

Alarm verification feature is  disabled  enabled



(b) Secondary (Standby):

Storage Battery: Amp-Hr Rating 60

Calculated capacity in Amp-Hrs to operate system for hours

Engine-driven generator dedicated to fire alarm system:

Location of fuel storage:

**TYPE BATTERY**

- Dry Cell
- Nickel-Cadmium
- Sealed Lead Acid
- Lead-Acid
- Other (Specify):

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

Emergency system described in *NFPA 70<sup>®</sup>*, Article 700

Legally required standby described in *NFPA 70<sup>®</sup>*, Article 701

Optional standby system described in *NFPA 70<sup>®</sup>*, Article 702, which also meets the performance requirements of Article 700 or 701

**PRIOR TO ANY TESTING**

NOTIFICATIONS ARE MADE	Yes	No	Who	Time
Monitoring Entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		
AHJ Notified of Any Impairments	<input type="checkbox"/>	<input type="checkbox"/>		

**SYSTEM TESTS AND INSPECTIONS**

TYPE	Visual	Functional	Comments
Control Unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Interface Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Lamps/LEDs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Primary Power Supply	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-Fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

*NFPA 72, Figure 10.6.2.3 (p. 3 of 6)*

**SECONDARY POWER**

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>		
Load Voltage		<input type="checkbox"/>	
Discharge Test		<input type="checkbox"/>	
Charger Test		<input type="checkbox"/>	
Specific Gravity		<input type="checkbox"/>	
<b>TRANSIENT SUPPRESSORS</b>	<input type="checkbox"/>		
<b>REMOTE ANNUNCIATORS</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>NOTIFICATION APPLIANCES</b>			
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Visible	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Voice Clarity		<input checked="" type="checkbox"/>	

**INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS**

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments:

**EMERGENCY COMMUNICATIONS EQUIPMENT**

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

**COMBINATION SYSTEMS**

Fire Extinguisher Monitoring Device/System  
 Carbon Monoxide Detector/System  
 (Specify)

**Visual      Device Operation      Simulated Operation**

**INTERFACE EQUIPMENT**

(Specify)  
 (Specify)  
 (Specify)

**SPECIAL HAZARD SYSTEMS**

(Specify)  
 (Specify)  
 (Specify)

Special Procedures:

Comments:

**SUPERVISING STATION MONITORING**

Alarm Signal  
 Alarm Restoration  
 Trouble Signal  
 Trouble Signal Restoration  
 Supervisory Signal  
 Supervisory Restoration

**Yes    No      Time**  
     
     
     
     
     
  

**Comments**

**NOTIFICATIONS THAT TESTING IS COMPLETE**

Building Management  
 Monitoring Agency  
 Building Occupants  
 Other (Specify)

**Yes    No      Who      Time**  
       Mark  
       Fire Dept Mutual Aid  
     
  

The following did not operate correctly:

System restored to normal operation:

Date:      Time:

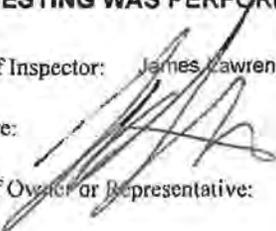
*NFPA 72, Figure 12.8.2.3 (p. 8)*

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

Name of Inspector: James Lawrence

Date: 12/28/21

Time:

Signature: 

Name of Owner or Representative:

Date:

Time:

Signature:

72, Figure 10.6.2.3 (p. 6 of 6)

## Health and Safety Plan

Cedarcrest Center  
*for Children with Disabilities*  
Standard and Transmission Precautions

**POLICY:** Cedarcrest Center maintains a standard of care to prevent and control the spread of infection by disrupting the mode of transmission and limiting contact with bloodborne pathogens.

**PROCEDURE:** Staff is to follow Standard and Transmission based precautions and the specific protective measures outlined in order to minimize the spread of infection. Infectious material includes microorganisms that can produce infection. Contamination occurs when infectious organisms are on normally clean or sterile objects.

**Standard Precautions**

Standard Precautions represent the minimum infection prevention measures that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where healthcare is delivered. Standard Precautions include: 1) hand hygiene, 2) use of personal protective equipment such as gloves, gowns, face mask/shield depending on the anticipated exposure, 3) respiratory hygiene and cough etiquette, 4) safe injection practices, and, 5) safe handling of potentially contaminated equipment or surfaces in the patient environment.

**Hand Hygiene:**

Hand hygiene includes hand washing with soap and water and use of alcohol-based hand sanitizers. Recommended techniques for hand washing include:

1. Turn water on to a comfortable temperature (warm water)
2. Apply soap to hands
3. Vigorously rub hands together for 15 seconds (20 seconds for dietary staff), covering all surfaces of the hands and fingers
4. Rinse hands from wrist to fingertips
5. Dry hands thoroughly with a disposable paper towel
6. Turn off faucet with the disposable paper towel

Use of alcohol based hand rub (ABHR) is appropriate in most situations, unless hands are visibly soiled, in which case, hands must be washed with soap and water. Recommended technique for use of ABHR includes:

1. Apply product to the palm of one hand
2. Rub hands together vigorously, covering all the surfaces of hands and fingers until hands are dry

The following situations require hand hygiene:

- When coming on duty
- When hands are visibly soiled (washed with soap and water)
- Before and after direct resident contact
- Before and after performing any invasive procedure
- Before and after eating or handling food (hand washing with soap and water)

Wausau Administration/Quality Procedures 53121 - Infection Policy and Procedures for Food and Beverage and Food Preparation  
Rev. 10/2011 - 10/2011, 10/2011, 7/07, 07/12, 07/15, 07/16, 07/20/2011

- Before and after assisting a resident with personal care or toileting
- Before and after handling any invasive device such as tracheostomy or g-tube
- Before and after inserting an indwelling catheter
- Before and after any dressing change
- After personal use of toilet (hand washing with soap and water)
- After blowing or wiping nose
- After contact with a resident's mucous membranes, body fluids or secretions
- After handling soiled or used linens, dressings, or catheters
- After removing gloves
- After completing your shift

All staff involved in direct patient care will maintain fingernails that are clean and trimmed.

ABHR CANNOT be used in place of proper hand washing technique in a food service setting.

Dietary staff is to wear hairnets while in the kitchen area to protect hair from contacting exposed food. The FDA recommends that all dietary staff keep wearing of jewelry to a minimum, as jewelry can harbor microorganism.

#### **Glove Use:**

- Wear gloves when touching blood, body fluids, secretions, excretions and contaminated items.
- Wear gloves when touching mucous membranes and non-intact skin
- Change gloves between tasks and procedures on the same resident
- Remove gloves promptly after use, before touching non-contaminated items and environmental surfaces and before going to another resident
- Change gloves if they become contaminated with potentially infectious material
- Change gloves if they become punctured or soiled
- Remove gloves before leaving the work area
- Wash hands after removing gloves

#### **Gowns, face mask, eye protection**

- Wear a mask and eye protection or face shield to protect mucous membranes of the eyes, nose, and mouth during any procedure that is likely to generate splashes or sprays of blood, body fluids, secretions and excretions.
- Change gown or mask if either becomes wet. Face masks will become damp from breathing within 20-30 minutes

#### **Patient care Equipment and Sharps handling**

- Handle all patient care equipment soiled with blood, body fluids, secretions, and excretions in a manner that prevents transfer of microorganisms to other residents, staff or the environment
- "Sharps" are needles, razor blades, orange wood sticks, broken glass, or anything that can puncture the skin.
- Never bend, break or recap used needles

- Dispose of all sharps in a puncture resistant, leak proof, *Bio-hazard* container as close to the area of use as is practical
- Sharps containers that are  $\frac{3}{4}$  full will be sealed closed, and sent to the storage area for pick up by a medical waste disposal vendor
- Use tongs, forceps or dust pan to clean up broken glass or sharps
- Collect all specimens using Standard Precautions. Label container and place specimen in a leak-proof biohazard bag for transport to the lab
- If a sharps injury occurs, an incident report must be filled out, supervisor notified immediately, and the employee should go to Occupational Health during daytime hours, or Urgent care after-hours to be evaluated.
- All sharps injuries must be put on the OSHA mandated "Sharps Injury Log" and reported to the Workers Compensation Insurance carrier

### **Environmental Control and Linen Handling**

- Blood spills should be handled with a blood-spill kit. If one is not available, use appropriate PPE (gloves, gown) and wipe the blood with disposable towels, then clean the area with an appropriate disinfectant or a 4:1 ratio water to bleach solution. Place disposable towels in a biohazard bag, as well as the PPE used to clean up the spill. Dispose of bag in storage area designated for biohazard waste. Wash hands immediately
- Blood on equipment: if disposable equipment, discard in a biohazard bag. If not disposable, clean as you would for a blood spill.
- Contaminated or soiled linen is handled with a minimum of agitation to avoid contamination of air, surfaces or persons
- Contaminated or soiled linen should be bagged at the point of use.
- No special precautions (i.e. double bagging) is needed for laundry originating from an isolation room

### **Occupational Health and Bloodborne Pathogens**

#### Specific procedure for accidental exposure:

- Wash the exposed area immediately with soap and running water. If this is not available, use an antiseptic towelette or hand cleanser and wash hands as soon as possible with soap and water.
- Report the incident to your supervisor immediately and complete an incident report form. If the injury was from a sharp, try to save the sharp for testing.

#### Hazardous material on skin or mucous membrane:

- Rinse the hazardous material off under running water for the length of time specified on the Safety Data Sheet (SDS) and follow instructions for exposure on SDS sheet

#### Blood or hazardous material in the eye:

- Go to the nearest eye wash station and rinse the contaminated eye/eyes with cool running water for the length of time specified on the SDS sheet. Turn water to desired temperature and remove eye wash covers before placing **opened** eye/eyes under the running water. If only one eye is affected, have that eye closest to the bottom of the sink to avoid contaminating the second eye. Follow instructions on the SDS sheet.





**Discontinuing Precautions:**

The Infection Preventionist (IP) or Infection Control Nurse and the physician will determine that a resident is either free from infection or colonized before discontinuing or altering precautions. The decision to discontinue precautions is based on laboratory results and resident symptoms.

If it is determined that a resident is colonized, the MD and/or IP will write a note stating that the resident is now colonized and is to be removed from precautions based on our guidelines.

Approved by:

\_\_\_\_\_  
Cathy Gray, CEO, Nursing Home Administrator      Date \_\_\_\_\_

\_\_\_\_\_  
Sheila Carrier, Director of Nursing Services      Date \_\_\_\_\_  
Infection Prevention Nurse

\_\_\_\_\_  
Kathleen Collins, MD, Medical Director      Date \_\_\_\_\_

## Cedarcrest Center for Children with Disabilities Abuse Prevention Policy

**POLICY:** Cedarcrest Center provides its residents, students, outpatients and their families or legally responsible representatives with an environment free from abuse, neglect, mistreatment and misappropriation of property and does not tolerate actions that might be construed as such.

**PROCEDURE:** Cedarcrest Center provides an environment that is supportive of the needs of the children served and their parent and/or guardian. The organization's policies and practices reflect this commitment. Each child is encouraged to actively participate in his/her program at a level commensurate with his/her abilities and is offered choices and adaptations that promote self-determination and functional independence. Parents and/or guardians are encouraged to be partners in program planning.

Abuse and neglect in any form are prohibited and every effort is made to prevent abuse, neglect and exploitations of residents and misappropriation of resident property. The language, actions and interactions of staff with children must reflect this standard. Alleged violations involving abuse, mistreatment, neglect, or misappropriation of resident property are defined as follows:

- ♦ **Mistreatment** – Includes behavior or facility practices that result in any type of client exploitation such as financial, physical, sexual, or criminal. Mistreatment refers to the use of behavioral management techniques outside of their use as approved by the specially constituted committee and facility policies and procedures.
- ♦ **Neglect** – Failure of the facility, its employees or service providers to provide goods and services that are necessary to avoid physical harm, pain, mental anguish or emotional distress. Staff failure to implement facility safeguards, once client-to-client aggression has been identified, may constitute neglect.
- ♦ **Abuse-** The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker of goods and services that are necessary to attain or maintain physical, mental and psychosocial well-being.
  - **“Physical abuse”**- the misuse of physical force which results in or could result in physical injury of residents.
  - **“Verbal abuse”** - Use of insulting, demeaning, disrespectful, oral, written or gestured language directed towards and in the presence of the client.
  - **“Sexual abuse”** – inappropriate contact or interaction of a sexual nature involving resident(s)
  - **“Psychological/Emotional Abuse”** - the misuse of power, authority, or both, verbal harassment, or unreasonable confinement which results in or could result in the mental anguish or emotional distress of residents;
  - **“Willful”** means the individual acted deliberately and intended to inflict injury or harm.
- ♦ **Misappropriation of a resident's property** – The deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident's belongings or money without the resident's consent (42 C.F.R. § 488.301).
- ♦ **Injuries of unknown source** – An injury should be classified as an “injury of unknown source” when **both** of the following conditions are met:
  - The source of the injury was not witnessed by any person **and** the source of the injury could not be explained by the caregiver or family; **and**
  - The injury raises suspicions of possible abuse or neglect because of the extent of the injury **or** the location of the injury (e.g., the injury is located in an area not generally vulnerable to

trauma) or the number of injuries observed at one particular point in time or the incidence of injuries over time.

Potential abuse and injuries of unknown source are to be reported immediately and will be investigated. The Social Worker, Director of Nursing Services and Administrator are alert to concerns raised by a child, family, guardian or staff member and will initiate an investigation upon receipt of a concern. Any unusual occurrences are to be reported and investigated according to Cedarcrest Center's Incident Reporting Policy. Families also may report their concerns in accordance with the facility's "Complaint Procedure". All allegations of abuse and/or neglect or injuries of unknown origin must be reported to the President/CEO immediately, regardless of the time of day or day of the week. An internal investigation is initiated immediately and the alleged offender may be relieved of his/her responsibilities during the investigation. The President/CEO or designee reports any significant incident to DCYF, Health Facilities Administration and/or the licensing board of the individual involved. The internal investigation must be concluded within five working days, with a follow-up report to DCYF, Health Facilities Administration and licensing board as appropriate. Where indicated and advised, a report to the Police Department will also be made. Mistreatment of a resident is grounds for disciplinary action up to and including termination. Appropriate disciplinary action will be taken as a result of the investigation when warranted.

Injuries of unknown origin are also reported through Cedarcrest Center's incident reporting process. Reporting to the administrator must be immediate. Investigations into possible causes of injuries are completed by the Director of Nursing Services or his/her designee. Significant injuries of unknown origin will be reported to Health Facilities Administration, as appropriate. Potential patterns of unusual incidents are identified through the incident report tracking process as a part of the Quality Assurance/Performance Improvement Program. The CEO and Director of Nursing Services will complete a review of any and all incidents where a pattern of potentially inappropriate behavior is noted. Additionally, if one or more residents experiences unexplained functional regression or signs that might indicate potential abuse, an investigation will be initiated. Cedarcrest Center will not tolerate any improper treatment of residents and will initiate an investigation at any point that concerns are raised, directly or indirectly.

To prevent the employment of individuals with convictions or prior history of child abuse, neglect or mistreatment, all potential employees are screened prior to the first day of employment. Each prospective employee must have a criminal background check through the NH Department of Safety and be checked against the Abuse Registry maintained by CMS and that maintained by Elderly and Adult Services. All volunteers who will have direct contact with children are also subject to a criminal background check. Staff orientation includes a section on Resident Rights, abuse prevention and professional boundaries. Department managers establish parameters for each position, integrating the elements of resident rights, avoidance of restraints, abuse prevention, appropriate behavioral interventions and the specifics of the department programming. All staff are then required to attend an annual inservice on Residents' Rights to increase their awareness of the rights of residents, students and their guardians, to promote respect for the needs of each individual and to review the organization's Abuse Prevention Policy. In addition, they are required to sign an annual affidavit regarding any criminal history. Ongoing education around the need for all staff to report any and all concerns around patient rights and/or care is maintained. Efforts to assure prevention of abuse are reviewed at QAPI Meetings.

Approved: \_\_\_\_\_  
Jay Hayston, President/CEO

\_\_\_\_\_  
Date

\_\_\_\_\_  
Kristin Targett, Sr. Director of Programs & Operations

\_\_\_\_\_  
Date

## Building Maintenance Procedures

CEDARCREST CENTER  
Weekly Boiler Room Check List

Month	Week 1	Week 2	Week 3	Week 4	Week 5
<b>Date</b>					
<b>Outside Temp (X1)</b>					
<b>Boilers</b>	----	----	----	----	----
Supply - Header Water Temp					
Return - Header Water Temp					
Pump 1 - Discharge Pressure					
Pump 2 - Discharge Pressure					
Boiler 1 On/Off					
Boiler 1 Pressure					
Boiler 1 Temperature					
Boiler 2 On/Off					
Boiler 2 Pressure					
Boiler 2 Temperature					
Expansion Tank Level					
<b>Fuel Oil</b>	----	----	----	----	----
Oil Pump Vacuum					
Oil Level - Gallons					
Oil Delivered - Gallons					
Oil Average Daily Usage					
Oil Level - Inches					
<b>Domestic Hot Water Meters</b>	----	----	----	----	----
#1 Main Hot Water (gal)					
Main Hot Water - Avg Daily Usage					
#2 Kitchen Sinks Water (gal)					
Kitchen Sinks Water - Avg Daily Usage					
#3 Dishwasher/ Laundry Water (gal)					
Dishwasher/ Laundry - Avg Daily Usage					
<b>Domestic Hot Water Temperature</b>	----	----	----	----	----
#1 Central Bathing/ Restrooms 100-120°F					
#2 Kitchen Sinks 100-130°F					
#3 Dishwasher/ Laundry 140-150°F					
<b>Fire Sprinkler System</b>	----	----	----	----	----
Air Compressor Run Hours (xxxx.xx hrs.)					
Air Compressor Run Hours - Avg Daily Hours					
Visual Check					
Air Compressor Oil Level					
Check/ Drain					
Air Pressure					
Water Pressure					
<b>City Domestic Water</b>	----	----	----	----	----
City Water Pressure					
Building Water Pressure					
Main Cold Water Meter (x,xxx,xxx ft <sup>3</sup> )					
Main Cold Water Meter - Avg Daily Usage ft <sup>3</sup>					
Chlorine Level (once per month)					

## Maintenance Weekly Facility Check List

Month & Year \_\_\_\_\_

	Week 1	Week 2	Week 3	Week 4	Week 5
Date					
Initials					
Temp-Maintenance Room					
Temp-Atrium					
Temp-West Hall Home					
Check Night Lights					
Fire Alarm Panel Power On yes/no					
Fire Alarm Panel Trouble yes/no					
Temp-East Hall Home					
Temp-Attic					
Humidity-Attic					
AHU4 Return Fan Hz					
AHU4 Supply Fan Hz					
AHU4 Discharge Air Temp					
Temp-Dining Room					
Temp-Kitchen					
Kitchen Storage Area Visual Check					
Education Hallway Visual Check					
Temp-Yellow Classroom					
Temp-Peach Classroom					
Temp-Green Classroom					
Entry/Reception Area Visual Check					
Surge Protector Readings					
Electrical Room Visual Check					
Generator Xfer Switch Normal yes/no					
Battery Charger DC Volts					
Outside Facility Visual Check					
Interior Lights Visual Check					
Exterior Lights Visual Check					
Fire Exit Lights Visual Check					
Attics Visual Check					
Domestic Hot Water Temp					

Preventative Maintenance Program

2022

Item Description	Units	Hr per Unit	Total Hr per Item	Annual Hours	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>Monthly Procedures</b>																
Roof rake roofs after each snow storm (10x per yr)	2	5	10.0	50	1/17/22	2/1/22	3/19/22								N/A	12/1/22
Clean Kitchen Grease Trap every two weeks	2	0.75	1.6	20	1/12,17/22	2/9,23/22	3/9,23/22	4/6,20/22	5/4,18/22	6/1,15,29/22	7/13,27/22	8/10,24/22	9/6,21/22	10/5,19/22	11,2,16,23/22	12,14,28/22
Check Play structures in day rooms	4	0.5	2.0	24	1/5/22	2/2/22	3/3/22	4/5/22	5/2/22	6/3/22	7/7/22	8/2/22	9/8/22	10/5/19/20/22	11/3/22	12/2/22
Check Beds for Safety	27	1	27.0	324	1/18/21	2/9/22	3/7/22	4/8/22	5/4/22	6/3/22	7/19/22	8/17/22	9/13/22	10/14/22	11/18/22	12/5/22
Clean Company Vehicles 3 per month	6	2	12.0	144	1/21/22	3/10/22	3/4/22	4/22/22	5/4/22	6/9,23	7/21/22	8/16/22	9/20/22	10/21/22	11/30/22	
Check Nurse Call System	10	0.05	0.5	6	1/27/22	2/23/22	3/30/22	4/27/22	5/26/22	6/29/22	7/27/22	8/30/22	9/30/22	10/31/22	11/30/22	
Test Exterior Door Alarms	1	1	1.0	12	1/27/22	2/23/22	3/30/22	4/27/22	5/26/22	6/29/22	7/27/22	8/30/22	9/30/22	10/31/22	11/30/22	
Eye Wash Stations Flushed Weekly	10	0.1	1.0	12	1/3,11,18,22	2/1,10,15,21	3/2,11,15	4/1,5,11	5/3,10,17,24,31	6/7,14,21,28	7/7,19,29	8/2,11,16,29	9/1/22	10/7/22	11/3/22	12,2,5
Generator #9	1	0.5	0.5	6	1/4,11,18,25	2/1,8,15,22	3/1,8,15,22,29	4/5,12,19,26	5/3,10,17,24,31	6/7,14,21,28	7/5,12,19,26	8/2,9,16,23,30	9-6,15/22	10/5	11/1,29/22	12,2,5
Checking Oxygen System	1	0.33	0.3	4	1/3/22	2/1/22	3/1/22	4/1/22	5/1/22	6/1/22	7/8/22	8/1/22	9/1/22	10/3/22	11/1/22	12/1/22
Checking Stretchers	4	0.25	1.0	12	1/24/22	2/21/22	3/11/22	4/19/22	5/4/22	6/6/22	7/8/22	8/28/22	9/19/22	10/26/22	11/23/22	
Checking Standers	4	0.1	0.4	5	1/24/22	2/21/22	3/11/22	4/14/22	5/4/22	6/6/22	7/8/22	8/29/22	9/19/22	10/25/22	11/23/22	
Checking Walkers/Gait Trainers	6	0.1	0.6	7	1/24/22	2/21/22	3/15/22	4/13/22	5/4/22	6/6/22	7/8/22	8/29/22	9/19/22	10/25/22	11/23/22	
Checking Bikes	3	0.33	1.0	12	1/6/22	2/2/22	3/15/22	4/18/22	5/19/22	6/6/22	7/7/22	8/17/22	9/13/22	9/7/22	11/4/22	12/9/22
Check Patient Lifts - Added 4/20/22					N/A	N/A	N/A	4/22/22	5/19/22	6/9/22	7/12/22	8/17/22	9/13/22	10/14/22	11/18/22	12/9/22
Glider Rockers	2	0.1	0.2	2	1/3/22	2/10/22	3/4/22	4/6/22	5/4/22	6/6/22	7/8/22	8/17/22	9/13/22	10/11/22	11/16/22	12/5/22
Test emergency lights and exit signs	1	1	1.0	12	1/3/22	2/1/22	3/1/22	4/1/22	5/1/22	6/2/22	7/6/22	8/2/22	9/1/22	10/3/22	11/1/22	12/1/22
Fire Extinguishers #4 & AED's	1	1	1.0	12	1/10/22	2/1/22	3/1/22	4/1/22	5/1/22	6/2/22	7/8/22	8/2/22	9/1/22	10/3/22	11/1/22	12/1/22
Vehicle Oil Levels	6	0.15	0.9	11	1/10/22	2/11/22	3/7/22	4/8/22	5/18/22	6/3/22	7/5/22	8/5/22	9/13/22	10/13/22	11/3/22	12/9/22
Vehicle Safety check (including tire pressure)	6	0.3	1.8	22	1/6/22	2/11/22	3/7/22	4/8/22	5/18/22	6/6,23	7/5/22	8/17/22	9/13/22	10/13/22	11/3/22	12/9/22
School Fire Drill	1	1	1.0	12	1/6/22	2/23/22	3/30/22	4/20/22	5/26/22	6/29/22	7/28/22	8/29/22	9/27/22	10/26/22	11/29/22	
Fire Drill evening/ overnight	1	1	1.0	8	1/26/22	2/2/22		4/12/22	5/5/22		7/29/22	8/30/22		10/31/22	11/30/22	
Check attics for ice damming (winter months)	1	0.5	0.5	3	1/25/22	2/2/22	3/3/22								N/A	12/14/22
Winter months check for frozen fire sprinklers	1	0.5	0.5	3	1/25/22	2/2/22	3/3/22									11/28/22
Nutrition & Med Room Drain - pour 5 gal of hot water down	2	0.25	0.5	6	1/7/22	2/2/22	3/1/22	4/11/22	5/3/22	6/28/22	7/29/22	N/A	9/19/22	10/17/22	11/3/22	
Bathroom Sink Drains - Pour 5 gal of hot water	21	0.25	5.3	63	1/9/22	2/10/22	3/1/22	4/12/22	5/3/22	6/28/22	7/29/22	N/A	9/19/22	10/17/22	11/7/22	
Classroom Sink Drains - Pour 5 gal of hot water	6	0.25	1.5	18	1/6/22	2/10/22	3/2/22	4/13/22	5/3/22	6/28/22	7/29/22	N/A	9/7/22	10/11/22	11/7/22	
Oil Tank DES Monthly Checksheet	1	0.5	0.5	6	1/18/22	2/14/22	3/21/22	4/12/22	5/16/22	6/15/22	7/14/22	8/16/22	9/13/22	10/20/22	11/23/22	12/16/22
Sub-total			41.5	498												

**Preventative Maintenance Program**

**2022**

Item Description	Units	Hr per Unit	Total Hr per Item	Annual Hours	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>Quarterly Procedures</b>																
Check Toilet Seats, Hopper, Shower Heads	38	0.15	5.7	23	1/12/22			3/30/22			7/8/22			10/7/22		
Dinning room chairs	30	0.25	7.5	30	1/5/22			4/13/22			7/8/22			10/14/22		
Check all doors for proper gaps& latching	1	1	1.0	4	1/25/21			4/14/22			7/12/22			9/30/22		
Service hot water mixing valves	2	1.5	3.0	12	1/4/22			N/A			7/13/22			N/A		
GFI Receptacle Testing	29	0.1	2.9	12		1/25/21			5/2/22			7/8/22			11/2/22	
Check Electric High/Low Tables	3	0.2	0.6	2		1/25/21			5/4/22			8/18/22			11/1/22	
Replace water filters for building	3	0.2	0.6	2		2/2/22			5/4/22			8/31/22			11/22/22	
Check storage rooms for 18" sprinkler clearance	1	0.6	0.6	2		1/25/21			5/4/22			8/18/22			11/1/22	
Sprinkler system Quaterly Due			0.0	0		1/28/22			5/17/22			8/19/22			12/2/22	
Heat pump water heaters - clean filters	2	0.3	0.6	2		N/A			4/26/22			8/17/22			11/1/22	
Refrigerators - Clean coils & inspect gaskets	7	0.75	5.3	21			3/2/22			6/30/22			9/13/22			
Air Handlers AHU 1	1	1	1.0	4			2/28/22			6/1/22			8/8/22			12/8/22
Air Handlers AHU 2	1	1	1.0	4			2/28/22			6/1/22			8/6/22			12/8/22
Air Handlers AHU 3	1	1	1.0	4			3/2/22			5/6/22			8/3/22			12/8/22
Air Handlers AHU 4	1	1	1.0	4			3/14/22			5/6/22			8/8/22			12/7/22
Air Handlers AHU Kitchen	1	1	1.0	4			2/23/22			6/24/22			9/13/22			12/8/22
Fire Alarm System Quaterly			0.0	0			3/23/22			6/9/22			9/29/22			12/1/22
Inspect CyberMedix panel/components	1	1	1.0	4			3/22/22			6/29/22			9/19/22			
Fertilize lawns April, June, Sept	1	3	3.0	12				4/7/22		N/A			9/13/22			
<b>Sub-total</b>			<b>20.1</b>	<b>80</b>												

**Preventative Maintenance Program**

**2022**

Item Description	Units	Hr per Unit	Total Hr per Item	Annual Hours	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>Semi-Annual Procedures</b>																
Clean Floor Drains	19	0.5	9.5	19	1/7/22						7/18/22					
Clean multipurpose room range hood	1	0.5	0.5	1	1/4/22					5/28/22						
Clean Bathroom and all Other Exhaust Vents	65	0.5	32.5	65		1/27/21						N/A				
Kitchen Range Hood Fire Suppression			0.0	0		2/23/22						8/29/22				
Clean sediment trap Gym sink	1	1	1.0	2		1/26/22						8/15/22				
Clean sediment trap rehab maintenance sink	1	1	1.0	2		1/26/22						8/15/22				
Heat pump in Shop - clean filters	1	1	0.5	1			3/9/22					8/17/22				
Heat pump in Server Room - clean filters	1	1	0.5	1			3/9/22					8/17/22				
Heat pump 2nd Fl Office - clean filters	1	1	0.5	1			3/3/22					8/17/22				
Heat pump in Family Overnight Rm - clean filters	1	1	0.5	1			3/3/22					8/17/22				
Washer/Dryers	6	1.5	9.0	18			3/31/22						9/26/22			
Checking and Cleaning Door Hardware	134	0.1	13.4	27			3/22/22						9/13/22			
CK sprinkler heads in/ext corrosion/ alinment	1	1	1.0	2			3/18/22						9/19/22			
Vehicle Lift Check/and tie down maintenance	3	1	3.0	6			3/7/22						9/14/22			
Check playground equipment for safety	1	2	2.0	4			3/21/22				7/7/22				11/2/22	
Clock login for battery life	1	0.5	0.5	1					5/2/22							12/2/22
Check Clean Lube Conf Rm Chairs	24	0.1	2.4	5				4/19/22						10/13/22		
Weeding of Mulch Areas and Playground	1	24	24.0	48				4/25/22	5/11/22	5/20/22	7/6/22	8/12/22	8/30/22			
Roof top Exhaust ventilators	8	0.5	4.0	8				4/12/22						10/17/22		
Check Emergency supplies at church	1	1	1.0	2				4/12/22						10/17/22		
Replace/check batteries in flash lights & emergency tote	1	0.75	0.8	2				3/25/22						10/3/22		
Clean out play ground drain	1	0.75	0.8	2				4/4/22						10/7/22		
Clean dryer Vents - vendor			0.0	0				4/14/22						11/3/22		
Kitchen range hood cleaning			0.0	0				4/14/22						11/3/22		
<b>Sub-total</b>			<b>45.5</b>	<b>91</b>												

Preventative Maintenance Program

2022

Item Description	Units	Hr per Unit	Total Hr per Item	Annual Hours	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>Annual Procedures</b>																
Hire out Christmas tree light removal			0.0	0	N/A											
Service Patient lifts in Bedrooms & Bathrooms	20	0.5	10.0	10	1/25/22											
Test 25 percent of fire dampers yearly	1	20	20.0	20		1/20/22										
Fire Extinguisher Annual Inspection			0.0	0		2/23/22										
Generator Minor Service			0.0	0				4/4/22								
Mulch all flower gardens	1	40	40.0	40				5/11/22	5/11/22							
Spring Yard clean up/ reseeding bare spots	1	80	80.0	80				4/8,9,7,11,12,13,14,15								
Inspection and testing of oxygen system			0.0	0					5/9/22							
Clean VFD's cooling fins (AHU1,2,3,4 & Boiler Pumps)	10	0.3	3.0	3					5/6/22							
Unwinterize play ground water supply	1	1.5	1.5	2					4/28/22							
Grub prevention	1	3	3.0	3						N/A						
Wash Condenser Coils AHU 1&2	2	2	4.0	4						6/2/22						
Wash Condenser Coils Chilled Water	1	2	2.0	2						6/24/22						
Wash Condenser Coils Kitchen MUA	1	1	1.0	1						6/24/22						
Wash Condenser Coils Kitchen Freezer	1	1	1.0	1						6/24/22						
Wash Condenser Coils Split systems/ Heat pumps	4	1	4.0	4						6/24/22						
Flush Water Heaters	4	1	4.0	4						6/24/22						
Generator Annual Load Test	1	1.5	1.5	2							7/5/22					
Emergency Light 90 minute test(July School Break)	79	0.08	6.3	6							7/6/22					
Clean and seal all cement patios and cement walks	1	12	12.0	12							N/A					
Trim Shrubs and Trees	1	60	60.0	60							8/11					
Clean Wall Heater Units	32	0.75	24.0	24							N/A					
Generator Major Service			0.0	0										10/14/22		
Clean Boiler #1	1	8	8.0	8									9/30/22			
Clean Boiler #2	1	8	8.0	8									9/30/22			
Change heating oil filters	4	0.25	1.0	1									9/1/22			
Fire Door Inspection	20	0.5	10.0	10									9/29/22			
Clean ceiling hung heaters	4	0.5	2.0	2									9/30/22			
Fall Yard Clean up	1	100	100.0	100									9/30/22	10/17/22	11/11/22	
Clean fin tube baseboard heaters	42	2	84.0	84										10/31/22		
Winterize play ground water supply	1	3	3.0	3										10/13/22		
Hire out Christmas tree light installation 14 strings			0.0	0											11/23/22	
Service Sprinkler Compressor (oil & air filter)	1	0.75	0.8	1												
<b>Sub-total</b>			<b>127.5</b>	<b>128</b>												

**Cedarcrest Center  
for Children with Disabilities  
Facility Maintenance and Housekeeping Policy**

**POLICY:** Cedarcrest Center for Children with Disabilities is committed to providing a safe and clean environment for the children served as well as their families, the staff, volunteers and visitors.

**PROCEDURE:**

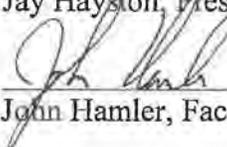
Cedarcrest Center provides a team of environmental services and maintenance staff who are responsible to maintain the facility. A housekeeper is available through the majority of the children's waking hours. Housekeepers are assigned to clean specific parts of the building. Each staff member's schedule and work assignment is based on the children's schedule in the different program areas. The classrooms and entry areas are cleaned each morning, prior to the start of the school day and/or in the evening after the close of the school day. The residential area is cleaned after the children have gone to school and in the late evening. As rooms are cleaned, equipment in the room and area are also cleaned – including cribs, beds, stretchers and mechanical lifts. Wheelchairs are cleaned on a weekly schedule during the period when not in use. Support areas are cleaned when not in use. A specific protocol is in place for cleaning specific rooms and areas. Infection control procedures are integrated into all cleaning protocols. Staff are responsible to assure the children's safety at all times.

Specific members of the environmental services staff are also assigned to laundry, covering seven days a week. A system of gathering soiled linen and distributing clean linen has been established in keeping with infection control protocols.

Facility/maintenance staff are responsible for preventative maintenance and ongoing repairs. A routine maintenance program exists ensuring that preventative maintenance is completed on a regular schedule. In addition, all staff are responsible for reporting items in need of repair on forms designated for this purpose. Ongoing service contracts exist with vendors who are responsible for testing fire prevention and safety equipment, pest control, trash and recycling and medical waste. Inspections have proven that there is no lead paint or asbestos in the facility though if any were found, a vendor would be brought in to assure abatement. Facility/maintenance staff are responsible for maintaining the grounds including the lawns and gardens and for completing snow removal. A system of on-call coverage during winter months is in place. Any materials that may be considered hazardous are kept in secure areas including the garage. The attic, electrical rooms and mechanical rooms have secure keypad locks to assure safety. Medications are secured in locked rooms and/or a med cart with access only by nursing staff.

Outside contractors provide services for larger projects. They work under the guidance of the Facility Manager and must comply with the facility's "Contractor Rules".

The Director of Nursing Services and CEO are to be alerted to any significant facility concern that has not been resolved.

Approved:  12/15/2022  
Jay Hayston, President and CEO Date  
 12-14-22  
John Hamler, Facility Manager Date

# Neighborhood Relations Plan

## Cedarcrest Center *for* Children with Disabilities

### EMERGENCY COMMUNICATIONS PLAN

**Policy:** Transparent and accurate communications with stakeholders, especially the media, during *and after* a crisis contributes to a successful resolution of the incident, including influencing a positive evaluation by stakeholders and the public.

**Definition:** The Communications Plan is the primary tool to ensure employees follow communication protocols during an emergency in contacting stakeholders, the media, and others. The Communications Plan is the primary responsibility of the CEO and the Public Information Officer (PIO), who is typically the Director of Development and Communications. The media outreach plan is an essential part of the Communications Plan.

**Procedure:** During an emergency (or “incident”), the Communications plan should govern all communications within an organization and with external stakeholders, including the media. Communications are the responsibility of the Public Information Officer. The plan needs flexibility; an organization’s management may only need a portion of the incident command structure, depending on the scope and severity of the emergency. Irrespective of the emergency’s intensity, the organization’s emergency response team remains in a communications mode, appropriate to the situation, for the duration of the incident, as well as after, to ensure transparency throughout the process.

The Public Information Officer may form an Emergency Communications Team (ECT) as needed as part of a broader Incident Management Team. Typically, The Emergency Communications Team will consist of the organization’s leadership; with the CEO in the lead and designated “Commander.” As with Incident Command Systems, any staff can fill any position on the Emergency Communications Team. The first goal of the Emergency Communications Team is to evaluate the scope and severity of the event, gather accurate information about it, and report back to the Commander and other Emergency Communications Team members. The Public Information Officer provides leadership and training to the Emergency Communications Team (to avoid limited or conflicting information about the event or its impact). “Facts” matter and may change several times as new information is available.

Limited or conflicting information about an event or its impact make training and practice in evaluation and communicating accurate details about the emergency critical for the Emergency Communications Team. Planning and practice should include different scenarios and a variety of magnitudes of events. When an emergency strikes, the organization’s staff responders and spokesperson should know instinctively what to do and how to report “up the chain of command.”

With the Emergency Communications Team in place, the Incident Commander and the Public Information Officer should quickly begin to develop communications, like a press statement or interview notes, that accurately address anticipated (or specific) questions from stakeholder groups, including the news media. In planning for emergencies, an important role for The Emergency Communication Team is to develop templates of materials to make outreach more efficient in the early stages of a crisis.

The purpose of this plan is to provide procedural directions to the Public Information Officer in the event of an emergency at or relating to Cedarcrest Center.

The Public Information Officer is the designee of the Unified Command (UC) and once authorized to do so, is responsible for the development and communication of information to the public, media and other agencies as determined.

The key functions of the Public Information Officer include but are not limited to:

- Communicating appropriate information for the media
- Communicating appropriate information to key internal and external stakeholders (listed below) and other key interested parties
- Advising UC of information dissemination plans, actions and status of media relations. Decides with UC times for media update statements
- Uploading information to social media and/or the Cedarcrest website as needed

THIS PLAN ENCOMPASSES TWO SECTIONS-POLICY/PROCEDURES AND APPENDICES:

- Step by step communications process for response to an emergency
- Appendices: Media outlet information and contact (appendix)
- Appendices: Resources for response (forms, press release template and language, media call log and media kit, check list)

TOOLS FOR COMMUNICATION: Internet access (laptop, mobile phone), email addresses, Media kit hard copy and electronic file

Management should not rely exclusively on one way to communicate (e.g. telephone) their statements and messages. There should always be options in a plan for using alternate communications channels, such as text, wired telephone, cell phone, Internet, etc.

The Emergency Communications Team must be cognizant of HIPPA compliance and employment law to ensure confidentiality of covered information. Staff are not to speculate or discuss an event, especially with the media.

#### CONSTITUENTS/AUDIENCE

- Staff
- Family Members
- Board and Advisory Council Members
- General Public
- Media
- Vendors/Company partners

Command Control Consistency Collaboration Coordination Communication
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#### COMMUNICATIONS PROCEDURES DURING INCIDENT:

- Situational Assessment: Scope and type of emergency at the time of occurrence and any updates of the status of the situation
- Determine status of those contacted at stage 1. Leadership Managers briefing by UC
- Create an incident description report. Include actions taken during the incident
- Establish key messages: Create a brief written overview of the situation, impact on the children, staff, facility, organization. Review this statement with UC and Senior leadership
- Establish schedule of communication with key stakeholders
- Communicate the facts through the statement to each stakeholder group using email or other communication tools. (phone calls, emails, media release, social media, website)
- Leadership managers disseminate information to staff teams, assigned stakeholder groups
- Set up media center
- Begin media log, documentation
- Leadership Managers assure clear and concise records of who has been reached with the Incident 1 report messaging
- Monitor Social Media and Media (web and T.V.)
- Media Conference as necessary (part of schedule; clearly communicated via announcements)

#### MEDIA MANAGEMENT

- Direct media to location to convene. (identify on/off site-nearby-) Requires access to power, briefing area and work tables.
- Record all inquiries and responses
- Prepare the spokesperson for media interaction
- Determine timely media update/statements

#### COMMUNICATIONS PERFORMANCE EVALUATION

- Meet with Unified Command and Leadership Managers to discuss process, quality and timeliness of information, areas for improvement.

Communication Groups

Stakeholder Name	Role	Communication Tool
Employees	Human Resources (or Supervisor Designee)	When to Work Email-work or home Text (?)
Resident Families/Guardians Including Emergency contacts	Director of Social Services and designees	Phone
Board of Trustees	President/CEO	Phone, Email
Advisory Council	Director of Development & Communications	Email
Vendors (as needed)		
Public	Director of Development & Communications	Website, Facebook Media
City of Keene	President/CEO	Phone, Email
Insurance Company	Director of Finance	Phone, Email
State Licensing Agency	President/CEO	Phone, Email

Sample Operations Plan-communications

Activity	Hour 1	Hour 2	Hour 3	Hour 4
Unified Command team meeting	✓		✓	
Stakeholder-Employees	1.5 ✓			
Family Members/Guardians/Emergency Contacts	1.5 ✓			
City of Keene	✓			
Board/AC		✓		
Public/Media		2.5 ✓		
Insurance Company		✓		
State licensing agency		✓		

To do's:

- Determine way to quickly record outgoing phone message and post
- Access to portable pc's
- Create media log
- Create Press kits (both hard copy and electronic)
- Create master reporting logs
- Acquire lap top and back up battery
- Create media banner backdrop
- Conduct communication drill(s)

Updated  
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