SCOPE OF SERVICES:

...(organization name) Emergency Management Program's (EMP) scope is to provide for a program that ensures effective mitigation, preparation, response and recovery to disasters or emergencies affecting the environment of care. This facility shall develop an “all hazards” approach that supports a level of preparedness sufficient to address a wide range of emergencies/disasters regardless of the cause.

DEFINITIONS:

• Emergency:
  - An unexpected or sudden event that significantly disrupts the organization’s ability to provide care, or the environment of care itself, or that results in a sudden, significantly changed or increased demand for the organization's services. (Definition from The Joint Commission)
  - Emergencies can be either human-made or natural, or a combination of both, and they exist on a continuum of severity.

• Disaster:
  - A type of emergency that, due to its complexity, scope or duration, threatens the organization’s capabilities and requires outside assistance to sustain resident care, safety or security functions.

• Four (4) Phases of Emergency Management:
  - Mitigation Activities: Those activities that are developed to reduce the risk of and potential damage from an emergency/disaster. Occurs before an emergency/disaster.
  - Preparedness: Occurs before an emergency/disaster.
  - Response: During and after an emergency/disaster.
  - Recovery: During and after an emergency/disaster.

• Emergency Operations Plan (EOP): Describes the response procedures to follow when an emergency/disaster occurs.
POSITION DESCRIPTION / PERFORMANCE EVALUATION

Job Title: Long Term Care Director of Nursing
Supervised by: Administrator
Prepared by: __________________________ Approved by: _________________________
Date: __________________________ Date: __________________________

Job Summary: Actively involved, at the executive level, in the leadership of the organization. Organizes and administers areas of Resident Care Services to attain the facility’s objectives established by the Governing Body.

DUTIES AND RESPONSIBILITIES:

3 = Exceeds Performance 2 = Expected Performance 1 = Needs Improvement

Demonstrates Competency in the Following Areas:

Organizes programs, policies and procedures are developed to assess, evaluate and meet the needs of the resident:

- Implements standards of nursing practice reviewing and revising as necessary to reflect changes in nursing practice and resident population.
  - 3 2 1

- Responsible for the provision of nursing services 24 hours a day, seven (7) days a week.
  - 3 2 1

- Addresses and supports cultural practices as long as such practices do not harm others or interfere with the planned course of medical therapy.
  - 3 2 1

- Clear, concise and current written policies and procedures are available to assist the staff and minimize risk factors.
  - 3 2 1

- Recommends modifications, additions or deletions to nursing staffing plans to ensure reasonable hours and acceptable working conditions to provide optimal resident care coverage.
  - 3 2 1

- Initiates and participates in problem solving, policy forming conferences for resident care services. Maintains close coordination with all departments to insure continuity and collaboration of services.
  - 3 2 1

- Performs all aspects of resident care in an environment that optimizes resident safety and reduces the likelihood of medical/health care errors.
  - 3 2 1

Participates with the Governing Body, Administrator, Medical Director and clinical leaders in the facility’s decision-making process:

- Plans and recommends to Administrator new facilities or equipment or modifications thereto needed to provide resident care.
  - 3 2 1

- Serves as a member of professional staff committees in matters pertaining to resident care.
  - 3 2 1

- Participates in the Executive, Finance, Governing Body and departmental meetings.
  - 3 2 1

- Plans and coordinates with the Administrator, utilizing the respective service managers for planning the budgeting requirements for staff, performance of work, supplies and equipment.
  - 3 2 1

- Responsible for cost controls to insure maximum effectiveness of funds expended from approved departmental budgets
  - 3 2 1
PURPOSE:

__________________ strives to maintain our reputation for conducting all fiscal and operational aspects of the organization in accordance with the highest level of business and community ethics. As a healthcare provider, this organization is committed to operating under the highest ethical and moral standards, and ensures that our facility, in all of its activities, complies with applicable state and federal laws, regulations and guidelines.

This corporate compliance plan is designed to detect and prevent accidental and intentional noncompliance with applicable laws, throughout the organization. The plan contains organizational conduct requirements that are intended to address pertinent compliance issue and the overall scope of conduct, however, are not to be considered all inclusive.

CORPORATE COMPLIANCE STANDARDS AND STAFF CONDUCT:

• The leaders of this organization have made the commitment to provide a corporate culture promoting high moral and ethical business practices. Staff and appointed agents of the organization are expected to comply with all applicable state, federal and local laws as well as the policies and procedures of the facility.

• Expected standards of conduct are included in the terms and conditions of employment as well as the yearly performance appraisals of each officer and staff member of the organization. Should staff, appointed agents, physicians or others question the business integrity of any individual or department of this organization, they are expected to report their concerns, anonymously if so desired, through the ethics hotline without fear of retribution.

• Individuals may report suspected violations to the Compliance Officer or report suspected violations anonymously by calling _________________ (hotline number) without fear of retribution.

• Fraud and Abuse:

  • Employees or agents (via written or verbal contract and/or agreement, or otherwise viewed through consensual collaboration), shall not knowingly and willfully make or cause to be made, any false statement or representation of material fact in any claim or application for benefits under any federal or state healthcare program or healthcare benefit program. Staff and agents shall not, with knowledge and fraudulent intent, retain federal or state healthcare program or healthcare benefit program funds, which have not been properly paid.
POLICY:

- ____________________ (organization name) shall allow standing orders. Standing orders must meet nationally recognized and evidence-based guidelines and be reviewed and approved by the medical staff and nursing staff. Standing orders are written documents containing medical directives for the provision of resident care in selected stipulated clinical situations. Standing orders are generally developed by the professional members of a healthcare entity.

- Standing orders are a group of orders that commonly apply to all or almost all residents of a like category, relating to routine care or standard treatment measures for common problems or conditions.

- Standing orders may also address emergency measures, which may be required in life-threatening situations to stabilize a resident's condition or prevent more serious complications, injury or death.

- Standing orders are to be considered a starting point in writing orders and should be individualized to the needs of each resident.

- The resident must be assessed for appropriateness of implementing the standing order.

- With the exception of influenza and pneumococcal polysaccharide vaccines, which may be administered per physician-approved facility policy after an assessment of contraindications, orders for drugs and biologicals must be documented and signed by a practitioner who is authorized to write orders by facility policy and in accordance with state law, and who is responsible for the care of the resident.

- The use of standing orders must be documented as an order in the resident's medical record and authenticated by the practitioner responsible for the care of the resident.
  - The timing of such documentation should not be a barrier to effective emergency response, timely and necessary care, or other resident safety advances.
  - The standing order shall be entered into the order entry section of the resident's medical record as soon as possible after implementation of the order (much like a verbal order would be entered), with authentication by the resident's physician.
DEFINITION:

Noroviruses are a group of nonenveloped, single-stranded RNA viruses classified into the genus Norovirus (previously referred to as Norwalk-like viruses [NLVs] or small round-structured viruses [SRSVs]) of the family Caliciviridae. Other genera within the Caliciviridae family include Sapovirus (previously referred to as Sapporo-like viruses [SLVs]), which also cause acute gastroenteritis (AGE) in persons, as well as Lagovirus, Vesivirus and Nebovirus, which are not pathogenic for humans.

POLICY:

- CDC recommendations for the management of norovirus shall be followed in this healthcare facility.
- Residents with suspected norovirus infection shall be managed with standard precautions, including hand hygiene practices.
- In an outbreak setting, residents with suspected norovirus shall be placed in private rooms or cohorted.

TRANSMISSION:

- Norovirus is extremely contagious, with an estimated infectious dose as low as 18 viral particles
- Humans are the only known reservoir for human norovirus infections, and transmission occurs by three (3) general routes:
  - Person-to-person:
    - Fecal-oral route, by ingestion of aerosolized vomitus, or by indirect exposure via fomites or contaminated environmental surfaces
  - Foodborne:
    - Contamination from infected food handlers during preparation and service, but might also occur further upstream in the food distribution system through contamination with human waste