State of Connecticut Department of Public Health

Rev. 11/7/08, Reviewed 12/10, 1/15 **EXHIBIT A**

Strike Contingency Plan Requirements for Nursing Homes, Rest Homes, Residential Care Homes, Health Care Facilities for the Handicapped, Residential Alcohol or Drug Treatment Facilities and Infirmaries in Educational Institutions

Section 19a-497-1(b) of the Regulations of Connecticut State Agencies

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| REGULATION | PRINT OR TYPE INFORMATION BELOW |
| 1. Name and address of the facility:   level(s) of care: licensed capacity:   1. Name of labor organization that has notified the facility of its intention to strike; 2. Date and time the strike is expected to occur; 3. Categories and numbers of personnel expected to strike;   Example:  Registered Nurses: Dietary Aides: | (1) |

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| REGULATION | NAME(S) | ADDRESS(ES) | PHONE NUMBER(S) |
| (5) Names, addresses and telephone numbers of the following:  Facility owner(s)  Administrator  Medical Director  Medical Staff |  |  |  |

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| REGULATION | NAME(S) | ADDRESS(ES) | PHONE NUMBER(S) |
| (5) Continued  Medical Staff (cont.)  Director of Nurses  Assistant Director of Nurses  Maintenance Supervisor  Other(s) |  |  |  |

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| REGULATION | NAME(S) (INCLUDE NAME OF CONTACT PERSON AND ADDRESS WHENEVER POSSIBLE) | EMERGENCY PHONE NUMBER |
| 1. Names, daytime and emergency telephone numbers of the following:    1. Local fire department;    2. Local police department;    3. Local director of health;    4. Utility companies: Gas   Water Electricity Telephone Co.  Other   * 1. Ambulance services;   2. Closest hospital able to admit patients or clients in case of an emergency; |  |  |

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| REGULATION | NAME(S) (INCLUDE NAME OF CONTACT PERSON AND ADDRESS WHENEVER POSSIBLE) | EMERGENCY PHONE NUMBER |
| (6) continued  (G) All providers of basic services to the facility:  oxygen services  emergency generator repair service, fuel supplier,  electrical service, plumbing service,  suppliers or vendors of food (e.g. meats, vegetables, breads, milk, ensure, etc.) |  |  |

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| REGULATION | NAME(S) (INCLUDE NAME OF CONTACT PERSON AND ADDRESS WHENEVER POSSIBLE) | EMERGENCY PHONE NUMBER |
| (6) (G) continued  Suppliers or vendors of dietary provisions (e.g. paper supplies, detergents, etc.).  Suppliers or vendors of linens.  Suppliers or vendors of pharmaceutical supplies (e.g. patient medications, stock supplies, etc.).  Suppliers or vendors of medical supplies  Others(s):  fire alarm systems sprinkler system heating service |  |  |

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| REGULATION | NAME(S) (INCLUDE NAME OF CONTACT PERSON AND ADDRESS WHENEVER POSSIBLE) | EMERGENCY PHONE NUMBER |
| (H) Staff person charged with overall coordination of the facilities services during the strike;  (7) Current patient or client census;  Interpretive Guidelines  Include census per level of care. | Question: Has your facility stopped admissions  Yes [ ]  No [ ] |  |

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| REGULATION | PATIENT NAME | DIAGNOSIS | PATIENT NAME | DIAGNOSIS |
| (8) Numbers and diagnosis of patients or clients  critical,  Note  Total number of  critical patients |  |  |  |  |

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| REGULATION | PATIENT NAME | DIAGNOSIS | PATIENT NAME | DIAGNOSIS |
| (8) Continued  unstable,  Note  Total number of unstable patients |  |  |  |  |

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| REGULATION | PATIENT NAME | DIAGNOSIS | PATIENT NAME | DIAGNOSIS |
| (8) Continued  bed bound,  Note  Total number of bed bound patients |  |  |  |  |

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| REGULATION | PATIENT NAME | DIAGNOSIS | PATIENT NAME | DIAGNOSIS |
| (8) Continued  ambulatory,  Note  Total number of ambulatory patients |  |  |  |  |

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| REGULATION | PATIENT NAME | DIAGNOSIS | PATIENT NAME | DIAGNOSIS |
| (8) Continued  ambulatory,  Note  Total number of ambulatory patients |  |  |  |  |

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| REGULATION | PRINT OR TYPE PLAN BELOW |
| (9) Procedure by which to notify patients or clients and their spouses, relatives, guardians or conservators of the impending strike;  Interpretive Guidelines:  Describe the procedure to be utilized;  Attach sample documents;  Include who will be responsible for ensuring that this procedure is carried out;  Provide time frames for completion of this procedure; |  |

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| REGULATION | CATEGORIES OF PERSONNEL (e.g., RN’s,  Dietary Aides) | SHIFTS (to cover 24 hours) | NUMBERS OF STAFF TO BE ON DUTY DURING THE STRIKE ACTION |
| (10) Staffing patterns, by shift, for all services which the facility intends to maintain during the strike;  Interpretive Guidelines  Staffing patterns should include, but not be limited to, the following:  Nursing Services (includes administrative staff, licensed and non-licensed staff)  Dietary Services (include dietitian, FSS, cooks, aides)  Housekeeping Laundry Maintenance | Reference attachment - Exhibit C  Indicate that staff is willing to cross the picket line  DNS and Administrator needs to be on duty as specified in the PHC  DNS 7am to 9pm (between the hours)  Administrator 24 hours on-call |  |  |

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| (10) continued  Interpretive Guidelines  Rehabilitative Services Therapeutic Recreation Social Services |  |  |  |

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| REGULATION | EMPLOYEE NAMES | TITLES | SHIFT | ASSIGNMENT |
| (11) Names and Titles of all facility staff, by assignment and shift, who will be on duty during the strike;  Interpretive Guidelines  Include all personnel who are not members of the labor organization intending to strike. |  |  |  |  |

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| REGULATION | EMPLOYEE NAMES | TITLES | SHIFT | ASSIGNMENT |
| (11) continued |  |  |  |  |

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| REGULATION | PRINT OR TYPE PLAN BELOW |
| (12) Sources of any additional personnel that may be necessary to meet the staffing patterns described in subdivision (10) of this subsection;  Interpretive Guideline:  Identify all sources that will be utilized for obtaining additional staff (e.g. pool agencies, other facilities, etc.). Include addresses and phone numbers. |  |

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| REGULATION | PRINT OR TYPE PLAN BELOW |
| (13) Plan for orientation and training in emergency procedures for personnel unfamiliar with the facility or the facilities patients or clients.  Interpretive Guidelines  Description of plan should include, but not limited to the following:  Training Coordinator,  Specific areas to be covered (e.g. bomb threats, fire plan, etc.),  How, when and where the orientation and training will be provided (e.g. for current and pool staff),  Date the emergency preparedness manual was reviewed in the last year. |  |

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| REGULATION | PRINT OR TYPE PLAN BELOW |
| (14) Plan for update of patient care plans, discharge plans and W-10 transfer forms;  Interpretive Guidelines  Description of plan should include, but not limited to the following:  Who will be responsible for maintaining current patient care plans, discharge plans and developing W-10 transfer plans.  How this will be accomplished.  When these tasks will be completed. |  |

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| REGULATION | NAME OF EMPLOYEE | CURRENT ASSIGNMENT | EXPECTED ASSIGNMENT UNDER STRIKE CONDITIONS |
| (15) Any changes in the tasks and responsibilities assigned to personnel. YES [ ]  NO [ ]  If yes, please complete this page. |  |  |  |

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| REGULATION | NAME OF HEALTH CARE FACILITY | ADDRESS | LEVEL(S) OF CARE |
| (16) If a reduction of patient or client census is anticipated, the names  and types of health care facilities which will admit transferred patients or clients during the strike;  Have arrangements been made with the above facilities?  YES [ ]  NO [ ] |  |  |  |

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| REGULATION | PRINT OR TYPE PLAN BELOW |
| (17) Plan for assuring access of patients or clients, personnel or visitors to and from the facility during the strike.  Interpretive Guidelines  Include all measures taken to assure access to the facility. |  |

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| REGULATION | PRINT OR TYPE PLAN BELOW |
| (18) Description of special security arrangements to assure patient or client, staff and facility safety.  Interpretive Guideline  Description should include, but not limited to the following:  Person(s) responsible for coordination of security,  Who will provide security arrangements (if an outside agency, include address and phone number),  Hours security services will be provided (e.g. 24 hour services),  Numbers of security personnel expected to be on duty, Arrangements made with local police,  Manner in which security will be provided,  Security arrangements for equipment outside the facility (e.g. generator). |  |

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| REGULATION | PRINT OR TYPE PLAN BELOW |
| (19) Inventory of pharmaceutical and medical supplies and amount of provisions needed for at least the period of one week and description of plans for delivery of same;  Interpretive Guidelines  Attach inventory of pharmaceutical and medical supplies in the facility.  Indicate the length of time these supplies will last.  If less than one week’s supply is on hand indicate what additional supplies are needed to provide enough supplies for one week.  Describe plan for delivery of supplies during strike action.  Indicate expected delivery dates (prior to and during the strike action).  Indicate if suppliers will deliver directly to the facility during a strike action or if special arrangements have been made. |  |

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| REGULATION | PRINT OR TYPE PLAN BELOW |
| (20) Inventory of food supplies and amount of provisions needed for at least the period of one week and description of plans for delivery of same.  Interpretive Guidelines  Attach inventory of food supplies and provisions in the facility (e.g. meats, vegetables, paper supplies, etc.).  Indicate the length of time these supplies will last.  If less than one week’s supply is on hand, indicate what additional supplies are needed to provide enough supplies for one week.  Describe plan for delivery of supplies during strike action.  Indicate expected delivery dates (prior to and during the strike action).  Indicate if suppliers will deliver directly to the facility during a strike action or if special arrangements had been made. |  |

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| REGULATION | PRINT OR TYPE PLAN BELOW |
| (21) Inventory of linen supply and laundry needed for at least the period of one week and description of plans for delivery of same;  Interpretive Guidelines  Attach inventory of linen and laundry supplies in the facility (e.g., sheets, soap etc.).  Indicate the length of time these supplies will last.  If less than one week’s supply is on hand, indicate what additional supplies are needed to provide enough supplies for one week.  Describe plan for delivery of supplies during strike action.  Indicate expected delivery dates (prior to and during the strike action).  Indicate if suppliers will deliver directly to the facility during a strike action or if special arrangements had been made. |  |

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| REGULATION | PRINT OR TYPE PLAN BELOW |
| (22) Inventory of fuel supply and amount needed for at least the period of one week and description of plans for delivery of same; and  Interpretive Guidelines  Indicate type of fuel utilized by facility Indicate amount on hand at present time. Describe plan for delivery of fuel.  Indicate expected delivery dates (prior to and during the strike action). |  |

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| REGULATION | PRINT OR TYPE PLAN BELOW |
| (23) Description of plans for the operation of professional and support services during strike.  Interpretive Guidelines  Plan should include, but not limited to, the following:  Description of administrative and supervisory assignments and responsibilities;  Medical staff arrangements; Medical director input;  Preparation of nurse’s aide assignments.  Any additional information regarding the operation of the facility during the strike action; |  |

Date Administrator