

State of Connecticut
 Department of Public Health

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

REGULATION	PRINT OR TYPE INFORMATION BELOW
<p>(1) Name and address of the facility:</p> <p>level(s) of care:</p> <p>licensed capacity:</p> <p>(2) Name of labor organization that has notified the facility of its intention to strike;</p> <p>(3) Date and time the strike is expected to occur;</p> <p>(4) Categories and numbers of personnel expected to strike;</p> <p><u>Example:</u> Registered Nurses: Dietary Aides:</p>	<p>(1)</p>

Name of Facility _____

Strike Contingency Plan

Print or Type Plan in Spaces Provided Below

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

Name of Facility _____

Strike Contingency Plan

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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)			

Name of Facility _____

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REGULATION	NAME(S) (INCLUDE NAME OF CONTACT PERSON AND ADDRESS WHENEVER POSSIBLE)	EMERGENCY PHONE NUMBER
<p>(6) Names, daytime and emergency telephone numbers of the following:</p> <p>(A) Local fire department;</p> <p>(B) Local police department;</p> <p>(C) Local director of health;</p> <p>(D) Utility companies:</p> <p style="padding-left: 40px;">Gas</p> <p style="padding-left: 40px;">Water</p> <p style="padding-left: 40px;">Electricity</p> <p style="padding-left: 40px;">Telephone Co.</p> <p style="padding-left: 40px;">Other</p> <p>(E) Ambulance services;</p> <p>(F) Closest hospital able to admit patients or clients in case of an emergency;</p>		

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

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

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

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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
<p>(10) Staffing patterns, by shift, for all services which the facility intends to maintain during the strike;</p> <p><u>Interpretive Guidelines</u></p> <p>Staffing patterns should include, but not be limited to, the following:</p> <p>Nursing Services (includes administrative staff, licensed and non-licensed staff)</p> <p>Dietary Services (include dietitian, FSS, cooks, aides)</p> <p>Housekeeping</p> <p>Laundry</p> <p>Maintenance</p>	<p>Reference attachment - Exhibit C</p> <p>Indicate that staff is willing to cross the picket line</p> <p>DNS and Administrator needs to be on duty as specified in the PHC</p> <p>DNS 7am to 9pm (between the hours)</p> <p>Administrator 24 <u>hours</u> on-call</p>		

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<p>(10) continued</p> <p><u>Interpretive Guidelines</u></p> <p>Rehabilitative Services</p> <p>Therapeutic Recreation</p> <p>Social Services</p>			
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REGULATION	EMPLOYEE NAMES	TITLES	SHIFT	ASSIGNMENT
<p>(11) Names and Titles of all facility staff, by assignment and shift, who will be on duty during the strike;</p> <p><u>Interpretive Guidelines</u></p> <p>Include all personnel who are not members of the labor organization intending to strike.</p>				

Name of Facility _____

Strike Contingency Plan

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REGULATION	EMPLOYEE NAMES	TITLES	SHIFT	ASSIGNMENT
(11) continued				

Name of Facility _____

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

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

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

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

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REGULATION	NAME OF HEALTH CARE FACILITY	ADDRESS	LEVEL(S) OF CARE
<p>(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;</p> <p>Have arrangements been made with the above facilities?</p> <p>YES [] NO []</p>			

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

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

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REGULATION	PRINT OR TYPE PLAN BELOW
<p>(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;</p> <p><u>Interpretive Guidelines</u></p> <p>Attach inventory of pharmaceutical and medical supplies in the facility.</p> <p>Indicate the length of time these supplies will last.</p> <p>If less than one week's supply is on hand indicate what additional supplies are needed to provide enough supplies for one week.</p> <p>Describe plan for delivery of supplies during strike action.</p> <p>Indicate expected delivery dates (prior to and during the strike action).</p> <p>Indicate if suppliers will deliver directly to the facility during a strike action or if special arrangements have been made.</p>	

Name of Facility _____

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

Name of Facility _____

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

Name of Facility _____

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<p>(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</p> <p><u>Interpretive Guidelines</u></p> <p>Indicate type of fuel utilized by facility</p> <p>Indicate amount on hand at present time.</p> <p>Describe plan for delivery of fuel.</p> <p>Indicate expected delivery dates (prior to and during the strike action).</p>	

Name of Facility _____

Strike Contingency Plan

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

Date _____

Administrator _____

Name of Facility _____