Page 1 of 29 Rev. 11/7/08, Reviewed 12/10, 1/15 **EXHIBIT A** 

#### 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

DECLII ATION	DDDIT OD TVDE DIFODMATION DELOW
REGULATION	PRINT OR TYPE INFORMATION BELOW
(1) Name and address of the facility:	(1)
level(s) of care:	
level(s) of care.	
licensed capacity:	
(2) Name of labor organization that has notified the facility of its	
intention to strike;	
intention to strike,	
(3) Date and time the strike is expected to occur;	
(4) Categories and numbers of personnel expected to strike;	
(4) Categories and numbers of personner expected to strike,	
Example:	
Registered Nurses:	
Dietary Aides:	
J	I.

Name of Facility

### Print or Type Plan in Spaces Provided Below

NAME(S)	ADDRESS(ES)	PHONE NUMBER(S)
. ,		
	NAME(S)	NAME(S) ADDRESS(ES)

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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
(6) Names, daytime and emergency telephone numbers of the following:		
(A) Local fire department;		
(B) Local police department;		
(C) Local director of health;		
(D) Utility companies:		
Gas		
Water		
Electricity		
Telephone Co.		
Other		
(E) Ambulance services;		
(F) Closest hospital able to admit patients or clients in case of an emergency;		

Name of Facility	

### Print or Type Plan in Spaces Provided Below

REGULATION	NAME(S) (INCLUDE NAME OF CONTACT PERSON	EMERGENCY PHONE
	AND ADDRESS WHENEVER POSSIBLE)	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.)		

REGULATION	NAME(S) (INCLUDE NAME OF CONTACT PERSON AND ADDRESS WHENEVER POSSIBLE)	EMERGENCY PHONE NUMBER
(6) (G) continued	, i	
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		

Name of Facility	
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REGULATION	NAME(S) (INCLUDE NAME OF CONTACT PERSON	EMERGENCY PHONE
REGULATION	NAME(S) (INCLUDE NAME OF CONTACT PERSON	
(7) (2) (2)	AND ADDRESS WHENEVER POSSIBLE)	NUMBER
(H) Staff person charged with overall		
coordination of the facilities		
services during the strike;		
(7) Current patient or client census;		
(7) Current patient of elicit census,		
Interpretive Guidelines	Question: Has your facility stopped admissions	
Include census per level of care.	Yes [ ]	
	No [ ]	

Name of Facility	

Name   Name	REGULATION	PATIENT	DIAGNOSIS	DATIENIT	DIAGNOSIS
(8) Numbers and diagnosis of patients or clients critical,  Note Total number of	REGULATION		DIAGNOSIS	PATIENT	DIAGNOSIS
diagnosis of patients or clients  critical,  Note Total number of	(O) N 1 1	NAME		NAME	
or clients critical,  Note Total number of					
Critical,  Note Total number of	diagnosis of patients				
Note Total number of	or clients				
Note Total number of					
Note Total number of					
Total number of	critical,				
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Total number of					
Total number of	Note				
	Total number of				

Name of Facility	

REGULATION	PATIENT NAME	DIAGNOSIS	PATIENT NAME	DIAGNOSIS
(8) Continued				
unstable,				
<u>Note</u>				
Total number of unstable patients				

Name of Facility	

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

Name of Facility	

### Print or Type Plan in Spaces Provided Below

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

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

Name of Facility
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### Print or Type Plan in Spaces Provided Below

REGULATION	PRINT OR TYPE PLAN BELOW
TEGO ETTTOT,	THE TELEPHONE
(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 recoverable for enguring that this	
Include who will be responsible for ensuring that this procedure is carried out;	
procedure is carried out,	
Provide time frames for completion of this procedure;	
The second secon	

REGULATION	CATEGORIES OF	SHIFTS (to cover 24 hours)	NUMBERS OF STAFF TO BE
	PERSONNEL (e.g., RN's,	(00 00 00 00 00 00 00 00 00 00 00 00 00	ON DUTY DURING THE
	Dietary Aides)		STRIKE ACTION
(10) Staffing patterns, by shift, for all services which the facility intends to maintain	Reference attachment - Exhibit C		
during the strike;			
Interpretive Guidelines	Indicate that staff is willing to cross the picket		
Staffing patterns should include, but not be limited to, the following:	line		
Nursing Services (includes administrative staff, licensed and non-licensed staff)	DNS and Administrator needs to be on duty as specified in the PHC		
Dietary Services (include dietitian, FSS, cooks, aides)	DNS 7am to 9pm (between the hours)		
Housekeeping	Administrator 24 <u>hours</u>		
Laundry	on-call		
Maintenance			

Name of Facility	
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### Print or Type Plan in Spaces Provided Below

(10) continued		
<u>Interpretive Guidelines</u>		
Rehabilitative Services		
Therapeutic Recreation		
Social Services		

REGULATION	EMPLOYEE NAMES	TITLES	SHIFT	ASSIGNMENT
(11) Names and Titles	EWI LOTEE NAMES	TITLES	SHIII I	ASSIGNVILIVI
of all facility staff,				
by assignment and				
shift, who will be				
on duty during the				
strike;				
suike,				
<u>Interpretive</u>				
Guidelines				
Gardennes				
Include all				
personnel who are				
not members of the				
labor organization				
intending to strike.				

Name of Facility
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### Print or Type Plan in Spaces Provided Below

REGULATION	EMPLOYEE NAMES	TITLES	SHIFT	ASSIGNMENT
(11) continued				

### Print or Type Plan in Spaces Provided Below

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.	

### Print or Type Plan in Spaces Provided Below

REGULATION	PRINT OR TYPE PLAN BELOW
(13) Plan for orientation and training in emergency procedures	TRACTOR TITL TEAM BELOW
for personnel unfamiliar with the facility or the facilities	
patients or clients.	
patients of elicitis.	
Interpretive Guidelines	
morpromite outdomes	
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.	

### Print or Type Plan in Spaces Provided Below

REGULATION	PRINT OR TYPE PLAN BELOW
(14) Plan for update of patient care plans, discharge plans and	
W-10 transfer forms;	
,	
Interpretive Guidelines	
<u>Interpretive Guidelines</u>	
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.	
Trow and will be decomprished.	
When these tests will be completed	
When these tasks will be completed.	

### Print or Type Plan in Spaces Provided Below

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

REGULATION	NAME OF HEALTH CARE	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;	FACILITY		
Have arrangements been made with the above facilities?  YES [ ] NO [ ]			

Name of Facility	
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### Print or Type Plan in Spaces Provided Below

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.	
visitors to and from the facility during the strike.	
Interpretive Guidelines	
Include all measures taken to assure access to the facility.	
	l

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).	

Name of Facility	

### Print or Type Plan in Spaces Provided Below

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;	
<u>Interpretive Guidelines</u>	
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.	

### Print or Type Plan in Spaces Provided Below

REGULATION	PRINT OR TYPE PLAN BELOW
(20) Inventory of food supplies and amount of provisions needed	TRIVI OR TITE LAW BELOW
for at least the period of one week and description of plans	
for delivery of same.	
Interpretive Cuidelines	
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 symplics will lest	
Indicate the length of time these supplies will last.	
If loss than ana week's supply is an hand, indicate what	
If less than one week's supply is on hand, indicate what	
additional supplies are needed to provide enough supplies for one week.	
for one week.	
Describe plan for delivery of supplies during strike action.	
Describe plan for derivery of supplies during strike action.	
Indicate expected delivery dates (prior to and during the	
strike action).	
Strike action).	
Indicate if suppliers will deliver directly to the facility during	
a strike action or if special arrangements had been made.	

REGULATION	PRINT OR TYPE PLAN BELOW
	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;	
<u>Interpretive Guidelines</u>	
Attach inventory of linen and laundry supplies in the	
facility (e.g., sheets, soap etc.).	
identity (e.g., sheets, soup etc.).	
Indicate the length of time these supplies will last.	
indicate the length of time these supplies will last.	
If less than an a weak's symply is an hand indicate what	
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.	

Name of Facility	

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).	

Name of Facility	
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DECLI ATION	DDD IT OD TWDE DI AN DELOW
REGULATION	PRINT OR TYPE PLAN BELOW
(23) Description of plans for the operation of professional and	
support services during strike.	
<u>Interpretive Guidelines</u>	
Plan should include, but not limited to, the following:	
Description of administrative and supervisory assignments	
and responsibilities;	
Medical staff arrangements;	
3. 1. 2	
Medical director input;	
mpat,	
Preparation of nurse's aide assignments.	
reparation of hurse's after assignments.	
Any additional information regarding the operation of the	
facility during the strike action;	
facility during the strike action,	
Date	Administrator
N 07 W	
Name of Facility	