
EMERGENCY OPERATIONS PLAN

PREFACE

At St. Joseph Care Center dba St. Joseph Senior Living (hereinafter referred to as St. Joseph Senior Living or SJSL), the management of emergencies begins well before they strike, through collaborative planning and capacity building. The facility community along with its public and private partners, must work together to prevent, protect against, mitigate, respond to, and recover from the threats and hazards that pose a risk to the community of St. Joseph Senior Living.

The St. Joseph Senior Living Emergency Operations Plan represents a combination of best practices, collaborative planning, and lessons learned from real-world response. The plan is designed to save lives, reduce injuries, and limit property damage before, during, and after an emergency. It describes the notification and communications process, as well as how facility resources are mobilized and coordinated during an emergency.

This plan fulfills the Centers for Medicare & Medicaid Services' all-hazards approach requirement for Long-Term Care facilities to prepare and keep current an Emergency Operations Plan (EOP) to respond to disasters or large-scale emergencies. It also incorporates the National Incident Management System (NIMS) as the standard for emergency response operations.

This plan supersedes all previous versions and may be modified only upon approval of the CEO of St. Joseph Senior Living.

Users of this document are encouraged to recommend changes that will improve the clarity and use of this plan.

Questions or comments concerning this document should be directed to:

Director of Safety
St. Joseph Senior Living
2308 Reno Dr.
Louisville, OH 44641
330-875-5562

**BASE PLAN
PROMULGATION STATEMENT**

St. Joseph Senior Living recognizes that preparedness to respond to the effects of a disaster includes many diverse but interrelated elements. Each element interweaves into an integrated emergency management system involving all members, vendors, departments of local government and private support agencies, including individual citizens.

Disasters necessitate a sudden escalation in the material needs of the community and a reorganization of resources and personnel to address emergency response. Many lives can be lost in the confusion and disorganization that accompanies an unforeseen disaster. Therefore, failure to develop an integrated emergency preparedness plan encourages salvage type activities instead of an effective and coordinated response and recovery operation.

Planning for client and resident protection must be a cooperative effort designed to mitigate or minimize the effects of natural, technological, hazardous materials, civil, and/or attack-related disasters; to protect lives and property; and finally, to restore the stricken facility to its pre-disaster status with minimal social and economic disruption.

This plan is a statement of policy regarding emergency management and assigns tasks and responsibilities to staff and department heads, specifying their roles during an emergency or disaster situation. It is developed pursuant to guidelines set forth by the Centers for Medicare & Medicaid Services.

(Date)

SUSAN STRUTNER
CEO – St. Joseph Senior Living

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Safety Director

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CHANGE REQUEST FORM

To: CEO/Safety Director

From: _____

Any user of this Emergency Operations Plan, its Annexes, Appendices, or attachments, is encouraged to suggest changes or amendments. Please use this attached form to request said changes. Please reference the change you believe is necessary, cite its location, and in detail describe how it should read.

Change:

Should Read:

Signature: _____

Date: _____

INSTRUCTIONS FOR MAKING REVISIONS TO THE EMERGENCY OPERATIONS PLAN

The following instructions are to be followed for making revisions and updates to the Emergency Operations Plan (EOP):

- Fill and submit this Change Request Form to the Administrator, and/or Emergency Preparedness Consultant;
- Emergency Preparedness Consultant submits changes to the CEO;
- If approved, the Emergency Preparedness Consultant makes changes.

RECORD OF CHANGES

Version	Date	Changes Made By:	Description/Changes
1.0	September 2017	Emergency Preparedness Council	Draft Revision of EOP to include annual updates and HVA
2.0	October 2017	Steven Foss Consulting, LLC.	Revised for grammar and HVA.
2.1	December 7, 2017	Steven Foss Consulting, LLC.	Final Review

RECORD OF DISTRIBUTION

	TITLE	NAME	DEPARTMENT/ ORGANIZATION	DATE	VERSION
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1. BASE PLAN OVERVIEW

Emergency preparedness is everyone’s responsibility! Reaction to any emergency requires comprehensive planning at all levels of facility personnel. The mission of this plan is to emphasize advance preparation and teamwork by internal and external stakeholders, establish and maintain effective communication channels, and foster an environment of continuous improvement while providing leadership in preparing and responding to all emergency incidents. The EOP integrates emergency preparedness activities into one document. It is the focal point for facility planning and preparedness procedures.

Effective emergency management by the Facility is dependent upon its ability to prepare for, respond to, recover from, and mitigate the impact of disasters. The EOP has been developed using these four phases to ensure a comprehensive response to an incident. The EOP encompasses other facility plans, guides, and handbooks that appear in the annexes and attachments to the base plan such as:

Incident Specific Annexes – The Incident Specific Annex provides basic “how to” information to help the facility community respond to emergencies. While it is impossible to produce a document that is all-inclusive, this publication addresses the most common emergencies and those that are most likely to occur in the future.

2. PURPOSE, SCOPE, SITUATION, AND ASSUMPTIONS

2.1. PURPOSE

The Emergency Operations Plan (EOP) documents and describes emergency management concepts and principles as an operational framework for responding to disasters at St. Joseph Senior Living to protect residents, staff, and visitors of the facility and its physical environment. The EOP plan coordinates departmental plans and procedures; defines disaster specific mitigation/prevention, preparedness, response, and recovery strategies; outlines response roles and responsibilities; and provides a coordinating mechanism in which St. Joseph Senior Living will collaborate with Local, State, and Federal emergency operations plans and frameworks during emergencies and disasters.

This plan serves as an operational plan and strategy for emergency response before, during, and after the impacts of a disaster. The Base Plan of the EOP provides the framework for response and emergency management. The Annexes and Hazard-Specific Appendices address essential emergency management support functions and hazard-specific strategies required to implement emergency operations objectives.

The EOP supports the development of departmental Standard Operating Procedures (SOPs) and Standard Operating Guidelines (SOGs) which supplement objectives found within this plan. This plan does not replace or contain individual department SOPs and SOGs unless otherwise stated or presented within this plan in collaboration with the respective department.

2.2. SCOPE

This plan is designed to address emergency operations at St. Joseph Senior Living when standard emergency response strategies and capabilities become overwhelmed and require higher levels of coordination, sustained response, and/or strategic/policy support. This plan is an emergency response framework that applies to the geographic area of all St. Joseph Senior Living property and affiliated activities. This plan may be activated or implemented at the discretion of those with the explicit assigned authority within this plan in a manner consistent with the response and recovery requirements or appropriate level of emergency operations. This plan may be activated due to the presence of a localized disaster or local emergency at St. Joseph Senior Living, presence of a regional disaster or emergency, nationally significant event or emergency, or upon any incidence of a terror attack at the local, state, or national level. This plan may be activated upon any declaration of emergency at a facility, local, state or federal level of authority as required

and deemed appropriate by individuals with the activation authority to implement components within this plan.

2.3. SITUATION OVERVIEW

This base plan focuses on specific hazards, as identified through our Hazard Vulnerability Assessment, geographic characteristics, resident vulnerabilities, and planning assumptions that apply to our facility. This information is assembled from an all-hazards approach.

St. Joseph Senior Living is a Continuum of Care Retirement Community (CCRC) located on a 28-acre campus at 2308 Reno Dr. Louisville, OH 44641. The skilled nursing facility holds the main address, and the remainder of the CCRC involves Assisted Living (1882 Knob Street, Louisville, OH 44641), Independent Living (The Alsatian, 2300 Reno Dr. Louisville, OH 44641), and an adult day program. The entire facility is located within the incorporated limits of the City of Louisville, in Stark County, Ohio. The City of Louisville is located in east central Stark County in Nimishillen Township, just east of Canton. The city has a land area of 5.19 square miles, making it geographically the fifth largest municipality in the county. The major thoroughfares of the city include US Route 62 and State Route 153 (east west), and State Route 44 (north south). Yoder Airfield is located in eastern Louisville. Nimishillen Creek flows through portions of the village and has caused flooding to occur in several areas of the city. Metzger Park and Wildwood Park are also located in Louisville and provide recreational opportunities for the residents. There are nine (9) schools in Louisville, including St. Thomas Aquinas High School, St. Louis Catholic School, Fairhope Elementary, Louisville Elementary, Louisville High, Louisville Middle, Marlboro Elementary, North Nimishillen Elementary, and Pleasant Grove Elementary. As indicated by the 2010 Census, the City of Louisville has a population of 9,186. Louisville contains 3,995 housing units with an average of 2.30 persons per household. The city currently boasts a median household income of \$48,872.

The City of Louisville is served by a full-time fire department and police department, of which the closest city police station is 2 miles and the closest fire station is 2.5 miles. While not directly serving the City of Louisville, the Stark County Sheriff's Office is located 3 miles away directly off of U.S. Route 62. The Stark County Sheriff's Office has a fully functional helipad in the event air evacuation would need to occur.

The facility is located in Northeastern Stark County, in the State of Ohio. According to county GIS maps, the facility does not appear to lie in a floodplain, and according to the Ohio Department of Natural Resources, it doesn't appear to lie above any abandoned underground mines. According to historical data obtained from FEMA, there have been 10 disaster declarations for Stark County since 1953, and of which 5 were severe storms, 2 snow-related, 2 tornadoes, and 1 hurricane event. While the facility does not appear in any floodplain, it is well known that the downtown area of the City of Louisville is prone to flooding. Should any event occur during a

flood, first responders may be hampered in their response. The City of Louisville experienced flooding along Nimishillen Creek in 2003, 2004, 2015, and 2017. Homes were evacuated and businesses were damaged. People drove into river waters and required rescue. Property damage ranged from extensive to marginal.

The City of Louisville lies on the outermost edge of the 50 Mile Ingestion Pathway Zone of Beaver Valley Power Station, owned by First Energy Corp., in Beaver County, Pennsylvania. All emergency planning and procedures for both locations are the responsibility of the Ohio EMA Radiological Preparedness Branch and the 10-mile Emergency Planning Zone (EPZ) counties. The southernmost edge of the facility lies within 1,500 ft. of busy U.S. Route 62 leaving the potential for HazMat incidents. The facility is also roughly 9 air miles downwind NE from the Marathon Petroleum Refinery putting it squarely in the predominant wind pattern should an incident occur. The entire 2017 Stark County Hazard Mitigation Plan has been considered in the making of this Emergency Operations Plan and is labeled as **Attachment A**.

2.4. HAZARD IDENTIFICATION AND RISK ASSESSMENT SUMMARY

A hazard represents an event or condition that has the potential to cause fatalities, injuries, property damage, infrastructure damage, damage to the environment, business interruption, or other types of harm or loss. St. Joseph Senior Living's Hazard Identification and Risk Assessment identified key vulnerabilities that provide for the basis of mitigation, preparedness, response, and recovery activities at St. Joseph Senior Living. Hazards are identified and ranked by individuals in multiple disciplines at St. Joseph Senior Living according to natural, technological, or man-made hazards. Ultimately it's how a hazard interacts with the facility that determines the vulnerability of the campus to disasters. Variables that have been considered in determining the vulnerability and risk assessment of certain hazards include:

- Type of event
- Probability of occurrence
- Human impact
- Property impact
- Business impact
- Preparedness
- Internal response
- External response

When these variables are considered comprehensively, the result is a ranking of hazards and overall vulnerability based on a comprehensive set of variables meant to represent the unique dynamics that each type of hazard may contain before, during, and after a disaster.

Based on a probability assessment of the likelihood of a given event based on historical perspective and the current status of campus preparedness, facilities, and vulnerable populations, the top 10 hazards (but not limited to) most likely to impact St. Joseph Senior Living are:

- **Fire:** Fire threatens the residents of a facility as it could spread faster than frail, weak, and incapacitated individuals could evacuate. Individuals with compromised respiratory systems could be overcome by smoke and gasses much faster than healthy individuals.
- **Extended Power Outages:** Extended power outages can disrupt normal operations of a facility. Equipment not connected to emergency power will not operate. Heating, cooling, food preparation and other infrastructure may be impacted. An extended power outage lasting several days may exceed the life of battery backups and fuel supply.
- **Extended Utility Failure:** An extended utility failure event can include any of the critical utilities a nursing facility relies upon such as electric, water, gas, sewer, and communications. In a widespread event, it is likely that more than one utility will be impacted. Therefore, it is imperative that a plan and state of readiness to respond to a cascading event exists. A loss of commercial water supply will, and maybe even severely, hamper sanitary sewer capabilities.
- **Unforeseen Forced Evacuation:** An unforeseen forced evacuation can come in many forms from fire, flash flooding, sewer backup, sudden loss of all utilities, or even from planned maintenance gone awry. Conditions in which evacuation will be necessary may also be adverse, thus further aggravating the circumstances and making an evacuation even more treacherous. A forced sudden evacuation is seen as a double-edged sword where the event that forces the evacuation poses a significant danger to the wellbeing of residents and so does the means to remove them from said danger. A mandatory evacuation order rests solely with the CEO, their designee, or another indicated designee in the case the orders of succession have been invoked.
- **Active Shooter:** Given that a nursing facility by definition houses some of the most vulnerable of our population, an active shooter situation creates a drastic situation from which one can defend against. The Run, Hide, Fight motto from the Department of Homeland Security is impeded by the often times limited mobility of nursing facility residents.
- **Severe Weather Events:** Severe weather comes in many forms. While the potential for severe weather can be forecast, a specific severe weather event cannot be predicted until the event actually occurs or until a very short time right before impact. Facilities will have little time to react to a severe weather event. Severe weather can include hail, intense cloud-to-ground lightning, torrential rain, strong winds and tornadoes/waterspouts.
- **Winter Storms:** Winter storms can bring a geographic region to a complete standstill. All transportation (air, rail, highway, and river) may be stopped by ice. Facilities may be cut off from the rest of the world, unable to acquire supplies, move staff, or send residents to the hospital. Utilities may be disrupted for a lengthy period of time.

- **Hazardous Materials Events:** Hazardous materials disasters can occur externally, such as an explosion at a chemical processing plant, or from an accident involving trains or tanker trucks. Hazardous materials events can also occur within a facility, such as improperly mixed cleaning chemicals and solutions, industrial solvents necessary for mechanical systems, or even a lethal build-up of carbon monoxide. Hazardous materials disasters can occur without warning and may initially go unnoticed.
- **Biological Events:** Biological events, either natural or man-made, pose a grave threat to the nursing home population as this population is already a frail, at-risk group. The compromised state of most nursing home residents can allow a normally minor pathogen to become lethal and can facilitate a rapid spread and escalation of the event.

2.5. VULNERABILITY ASSESSMENT FOR RESIDENTS

St. Joseph Senior Living understands all too well that the vulnerability of their residents increases the likelihood of injury or death in the event of an emergency. The presence of residents with complex clinical conditions requiring the regular use of oxygen, routine dialysis treatments, or tracheotomy care raises the stakes for emergency planning for nursing homes and the local emergency management system. Moving to a safe place is complicated by a resident population of non-ambulatory and bed-fast persons who require partial or full assistance in moving. Additionally, there may be unique needs related to a bariatric (morbidly obese) population requiring special equipment and lift and transfer techniques. Further, many nursing home residents may suffer from cognitive disorders causing severe functional disability. This comprehensive emergency preparedness plan includes the clinical condition of the residents served as well as the numbers of residents having certain conditions that will increase their risk of harm during an emergency event.

The nursing home's emergency preparedness plan includes the clinical conditions represented in the facility, the number of residents who have these conditions, and how the clinical conditions aggravate vulnerabilities.

- **Dialysis Management:** Residents with end-stage renal disease are vulnerable to power outages, transportation delays, and closure of dialysis sites. This population requires acute management of their renal condition.
 - Identification of alternate sites and transportation venues.
 - Pharmacy will work with the facility to secure a 72 hour supply of related medications and an expanded EDK kit that is adequate to address elevated potassium levels.
 - Dietary will coordinate a renal diet.
 - The Medical Director will assist in the development of alternative protocols for management of ESRD (Kaoexylate, etc.)

- **Respiratory Management: Respiratory Management:** This includes, but is not limited to, residents with respiratory conditions such as COPD, chronic and acute CHF, pneumonia, respiratory infections, asthma, and related disease state and problem conditions. They are oxygen dependent or may have tracheotomies, suction machines, nebulizers, bi-pap machines, or related respiratory equipment that requires electricity. Power outages could influence the ability to sustain an open airway and/or effective airway clearance and breathing capacity. This population is also more vulnerable to the effects of smoke inhalation or impaired air quality that occur secondary to a disaster.
 - The facility will sustain a 72 hour inventory of suction catheters, cannulas, oxygen masks, emergency equipment for trach replacement, and related equipment needed to treat conditions of the respiratory tract.

- **Pain Management:** This includes, but is not limited to musculoskeletal, orthopedic, and neurological conditions. Power outages could influence the ability to sustain IV pumps used for the management of pain, in addition to the provision of ultrasound, hot packs, electric stimulation, specialty bed utilization, and modalities provided through nursing or therapy.
 - Pharmacy will work with the facility to secure a 72 hour supply of related medications and an expanded emergency medication kit that is adequate to address the titration of pain.
 - List residents on around the clock (RTC) dosing and route of administration.
 - List residents on hospice or palliative care programs.
 - Non-pharmacological approaches will be utilized as appropriate to individual needs.
 - Battery backup for specialty beds, or overlay mattresses.

- **Behavior Management:** This population includes, but is not limited to those with Alzheimer's and related dementias, with psychiatric or mood disorders, or pre-existing conditions such as COPD or cardiac conditions that could be accelerated related to stress and anxiety. Power outages could accelerate behavioral manifestations or declines in mood state. Outages also increase the risk of elopement within secured units or for those that use an electronic departure alert system.
 - Exits will be monitored.
 - Permanent staff assignments as available for continuity.
 - Resident preferences/routines identified.
 - Pharmacy will work with the facility to secure a 72 hour supply of related medications and an expanded EDK kit for use as indicated per individual assessment and physician recommendations.
 - Diversionary activities will be coordinated with staff/volunteers.

- **Infection Control Management:** This population includes those currently undergoing treatment of infection or those that develop acutely emerging infections. Vulnerabilities include those with communicable diseases such as clostridium difficile, MRSA, and VRE as

well as respiratory infection, conjunctivitis, and related conditions. Power outages can impact the water supply, waste disposal, and the ability to operate electrical equipment used in the management of infections such as intravenous therapy, respiratory equipment, wound pumps, sanitizing equipment, etc.

- Interim generator and battery backup provisions will be coordinated.
 - The facility will provide a 72 hour supply of gowns, gloves, gels, masks, biohazardous supplies, and related infection control products and equipment.
 - List residents with ports or IV sites.
 - List residents on antibiotic therapy.
 - List residents with communicable conditions that may need to be housed together or isolated.
 - Identify provision for waste management and biohazardous disposal.
 - Pharmacy will work with the facility to secure a 72 hour supply of related medications and an expanded EDK kit for use as indicated per individual assessment and physician recommendations.
- **Hospice and End of Life Care Management:** This population includes but is not limited to residents with an end-stage condition, six months or less life expectation, or on hospice service. Conditions vary and symptom management is dependent on the underlying conditions and co-morbidities. Loss of power could impact on the ability to provide respiratory support, pain management, nutritional support, and surface support.
- The facility will provide a 72 hour supply of supplies and equipment targeted to symptom management and comfort, in keeping with Advance Directives and resident wishes.
 - Specific resident hospice service providers and Pharmacy will work with the facility to secure a 72 hour supply of related medications and an expanded emergency medication kit for use as indicated per individual assessment and physician recommendations.
- **Falls Management:** This population includes a wide selection of the diverse and complex resident population. Areas of vulnerability could be related to power loss, call light system failures, environmental and situational hazards, changes and alterations in care systems and routines to include factors such as loss of adequate lighting, failure of call light systems, and relocation, or a new arrangement to living quarters. Additional risk factors may include chronic or acutely emerging factors such as: cardiac problems, muscle weakness and/or fatigue, transient ischemic attacks, seizures, stroke, Parkinson's disease, delirium, psychiatric or cognitive conditions, joint immobility, depression, unsteady gait, history of fractures, failure to use ambulatory aids, orthostatic hypotension, incontinence of bowel or bladder, impaired vision and/or hearing, dehydration, lower extremity swelling or edema, missing limb, illness such as infection.
- Provide consistency in routine and caregiver as possible.

- Involve in diversional or volunteer activities.
 - Provide for enhanced monitoring with call system failures secondary to power loss.
- **Nutritional Management:** This is a need that addresses the entire resident population. Varied diseases and conditions can influence vulnerability and create a need for increased nutritional requirements. Conditions such as COPD increase caloric needs during times of stress. Among these are acute infections such as gastrointestinal influenza and/or related diseases that could emerge secondary to a disaster. Power failure could create vulnerability in populations that require: enteral or parenteral feedings, IV therapy, dialysis, and those with the potential for unstable blood sugars (often triggered by stress). Acutely emerging conditions may warrant enhanced IV support with increased risk for dehydration and related conditions. Evacuation from the facility creates the risk of prolonged travel time and risks associated with transfer.
- Identify those residents on special diets (diabetic, renal, no added salt, etc.), those receiving enteral feedings (especially bolus), those on supplements, and those at risk for weight loss or dehydration.
 - Review the inventory of fluid thickener products and resident-specific feeding approaches for dysphagia management, and ensure 72 hour supplies.
 - Identify residents receiving intravenous/parenteral nutrition or hydration.
- **Wound Care Management/Prevention:** All residents are considered to be a risk. There are a variety of diagnoses, treatments, and conditions that may present complications. Power failure and the risks associated with possible evacuation create vulnerabilities related to sustaining electric specialty beds and related electricity dependent modalities associated with wound management and prevention.
- It is important to maintain a list of residents on specialty beds and to have overlay mattresses or alternate surfaces available in the event of power failure.
 - List of those receiving enteral therapy or who have added power dependent treatment modalities.
 - Gel cushions or seating devices for transport.

2.6. PLANNING ASSUMPTIONS

This St. Joseph Senior Living’s Emergency Operations Plan (“EOP”) is based on assumptions that provide a basic foundation for establishing our operating procedures and checklists. These assumptions must cover a wide range of potential hazards—from natural disasters to various human-caused events. Therefore, the EOP assumptions will be based on the following “general” considerations:

- Emergencies may require cooperation/coordination of internal and external departments, organizations, and agencies to include, facility, city, county, state, and federal entities.
- Local, state, and federal services may not be available.
- Basic services, including electrical, water, natural gas, heat, telecommunications, and other information systems may be interrupted.
- Buildings and other structures may be damaged.
- Normal suppliers may not be able to deliver goods.
- Residents and staff may not be able to leave the Facility.
- The EOP is based on emergency events that are most likely to occur in our area.
- Most emergency events will occur with little or no warning.
- Departments tasked by this EOP are trained and ready to respond to emergency situations.
- Periodic exercising of the EOP's response requirements is critical to ensure operational readiness and effectiveness of the plan.
- There are other regulatory requirements for specific emergency plans that are incorporated herein.
- Emergency management activities will be initiated and conducted using the nursing home's emergency operations plan.
- The facility, while self-reliant, will look to the expertise and capabilities of local and state government to help prepare for, respond to, and recover from incidents of statewide public health significance.
- The nursing facility will use all available resources before requesting government assistance.
- Nursing facility evacuation and sheltering will rely on county and regional information, transportation, and the best available options at the time.
- Arrangements with regular vendors who sell food, water, medicine, etc., may be disrupted during an emergency; any vendor contract for essential supplies should contain a plan for how the supplies will be delivered during emergencies.
- Dialysis centers may lose electrical services in the event of a major power outage, impacting residents who require routine dialysis services.
- The nursing facility will likely experience a disruption in utilities for an extended period of time, including electrical services and water.
- Facilities with whom the nursing home have a mutual aid agreement may also be negatively impacted and not be able to serve as a host receiving facility.
- The delivery of contracted transportation services may be compromised depending upon heavy demand, impact of the emergency on the transportation provider, and condition of the roads.
- The nursing home's staff and their family members will also be affected by the emergency, and this may reduce the number of staff persons available to provide care and services to the residents. Schools may be closed.

- Hospitals will likely experience increased demand for services along with a disruption in their supplies, which may affect treatments and admissions.
- After an emergency that results in a power outage, the nursing home's generator(s) will require close monitoring as they may fail or run out of fuel.

3. CONCEPT OF OPERATIONS

3.1. OVERVIEW

The overall approach to emergency operations at St. Joseph Senior Living is designed to promote and apply best practices and national standards of emergency management.

The following guidelines and strategies form the overall framework of incident response and emergency operations at St. Joseph Senior Living:

- Implementing the federal government’s National Incident Management System (NIMS) Incident Command protocol.
- Require all applicable personnel be trained on NIMS requirements.
- Develop and implement departmental action plans incorporating response and recovery stratagems.
- Develop and implement effective emergency warning systems for internal and external stakeholders.
- Educate stakeholders on warning systems and overall emergency plan.
- Develop and maintain succinct and useful Standard Operating Procedures (SOPs) and checklists to respond to emergencies.
- Use on-scene command incident management for all emergencies.
- Develop and maintain strong mutual aid agreements with local agencies.
- Partner with local, state, and federal agencies and appropriate private sector organizations.
- Periodically exercise the plan to ensure its effectiveness and change as needed.
- Revise the plan as needed (normally an annual review) to ensure current guidelines and policies (internal/external) are incorporated.
- Collect, evaluate, and disseminate damage information as quickly as possible to restore essential services as soon as possible.

3.2. INCIDENT MANAGEMENT STANDARDS, FRAMEWORKS, AND COORDINATION

St. Joseph Senior Living operates in accordance with nationally accepted guidelines and best practices regarding emergency management and incident management. It is based on standards and practices established by the following:

- Comprehensive Preparedness Guide 101 (CPG 101)
- NFPA 1600: Standard on Emergency Management and Business Continuity Programs
- National Incident Management System (NIMS) National
- Response Framework (NRF)

- National Preparedness Guidelines Target
- Capabilities List (TCL) Universal Task List (UTL)

The national structure for incident management, promulgated by Homeland Security Presidential Directive-5 (HSPD-5), establishes a clear progression of coordination and communication that begins at the facility level to Local, State, and Federal levels of emergency management. Local incident command structures are responsible for on-scene tactical command and control of the incident. Support and coordination components consist of EOCs and Multiagency Coordination entities. This fundamental structure between command and coordination outlines emergency operations at St. Joseph Senior Living, and across the United States as a whole. Ultimately, the use of NIMS and ICS standards provides not only a smart response but also a commonality between all levels of emergency management, which allows the facility to coordinate within the Local, State, and Federal emergency frameworks.

3.2.1. COMMAND STRUCTURE

St. Joseph Senior Living utilizes the Nursing Home Incident Command System (NHICS) to coordinate essential services and assign basic responsibilities during disaster response. NHICS is based on the same principles as the Incident Command System (ICS) component of the National Incident Management System, adapted for the healthcare environment. The principles presented apply to all mission areas (prevention, protection, mitigation, response, and recovery) and all hazards. This system is flexible and allows the facility to activate and organize a command structure based on the response needs of the actual event. In most cases, an Administrator and other key staff will assume disaster response responsibilities consistent with their primary responsibilities.

The basic NNHICS structure utilized at SJSL is as follows:

- **Incident Commander** – The most senior staff member will assume the role of incident commander initially. The Safety Director works in close consultation with the Administrator-on-call. After consultation with other Command Center staff, the Safety Director or Administrator-on-call may relinquish responsibility to another more qualified Incident Commander based on the nature of the emergency. The incident commander organizes and directs the Command Center and provides overall direction for hospital operations. To ensure appropriate coordination and documentation of disaster response activities, the incident commander may assign the following functions to members of the Administrative or Support staffs.
 - **Safety Officer** – Identifies and takes steps to mitigate factors that may affect the safety of responders. Organizes and enforces scene/facility security by restricting building and grounds access and directing traffic.

- **Liaison Officer** – Establishes contact and works with external agencies responding to the disaster.
- **Public Information Officer** – Establishes a public information center away from the Command Center and provides official information to the media. The Public Information Officer will coordinate the release of patient information.
- **Operations Section Chief** – This person organizes and directs activities related to providing resident care and services, dietary services, and environmental services. These activities are hands-on, on-the-ground actions that serve to care for residents and staff, meet food service needs, and manage facility grounds during an incident.
- **Planning Section Chief** – This person gathers and analyzes incident-related information across departments. This section chief obtains status and resource projections from all the other section chiefs for immediate and long-range planning, helping the Incident Commander make decisions. From these projections, this chief compiles and distributes the facility's Incident Action Plan, which is a written plan containing general objectives and strategies for managing the incident. The Incident Action Plan is revised at time intervals set by the Incident Commander, e.g., every 8 hours.
- **Logistics Section Chief** – This person organizes and directs those operations associated with providing adequate levels of personnel, food, and supplies to support the facility during an incident.
- **Finance/Administration Section Chief** – This person monitors the utilization of financial assets and the accounting for financial expenditures. This person also supervises the documentation of expenditures and cost reimbursement activities. This section chief also works to ensure business functions are maintained to the extent possible.

3.2.2. STAFF ROLES

During a disaster situation, designated facility personnel are considered essential to the operation of St. Joseph Senior Living and must report for emergency duty when contacted. The NHICS model allows for easy expansion of the basic incident command structure to include additional personnel assignments designed to accommodate the needs of specific disaster situations. Designated staff will be assigned to fill NHICS positions and have been trained to assume these roles.

Employees who are assigned key roles in the NHICS structure are issued identification vests, which are designed to clearly identify their role in the response effort.

Important Notes about ICS:

1. Only those functions that are needed should be activated. However, the Incident Commander is always assigned.
2. More than one position may be assigned to an individual. In small incidents, one person, the Incident Commander, may perform all management functions.
3. Each position executes a function.
4. There may not be enough people available to fill each position
5. The unique needs of an emergency will drive which roles are assigned and when.

Even if a function is not assigned, the tasks within the function still need to be accomplished. For example, the event may not warrant the establishment of the Finance/Administration Section, yet payroll still has to be met, vendors paid, and expenses tracked.

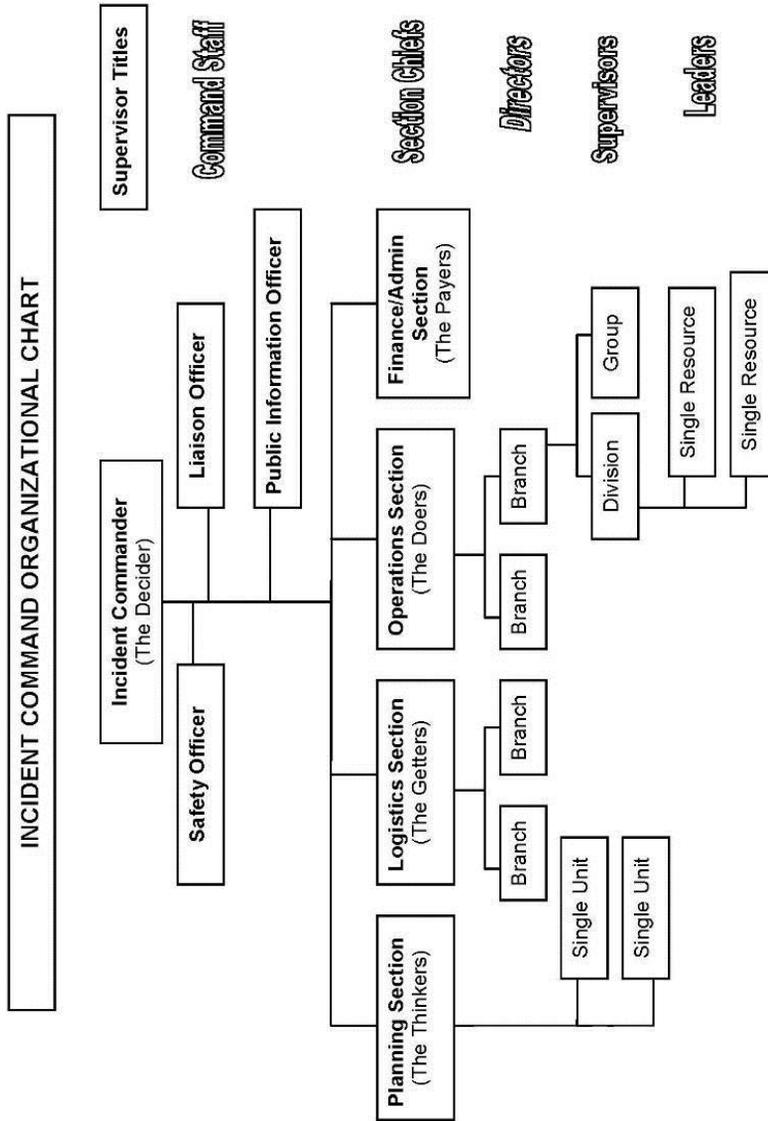
3.2.3. STAFF AND FAMILY SUPPORT

Because certain facility personnel are considered essential during emergency response situation, St. Joseph Senior Living recognizes its responsibility to provide meals, rest periods, psychological, and other personnel support. In addition, the Facility recognizes that providing support, such as communication services and dependent care, to employees' families during emergency situations allows employees to respond in support of the essential functions of the Facility.

The Logistics Section Chief, working through the Support Branch Director and his/her unit leaders, will initiate support programs and activities based on the demands of the specific emergency.

Contingency plans for specific needs that can be anticipated have been established and tested during drills or actual plan implementations. These include, but are not limited to:

- Emergency childcare
- Emergency transportation
- Staff/family lodging and meals
- Initiating Emergency Response and Notifying Staff
- Fatality Management
- Volunteer Management Plan



3.3. PLAN IMPLEMENTATION AND AUTHORITY

The authority to revise, implement, or distribute aspects of this plan remains solely at the direction and discretion of the CEO. In the event that individuals or departments desire to amend or revise portions of this plan or implementation strategy, forward all requests through the Safety Director for approval and coordination.

This plan will be promulgated annually, and any revisions to this plan will be shared among all emergency response entities involved in emergency operations or mentioned in this plan. A tally of revisions will be included at the beginning of this plan on the Record of Change. A tally of departments and /or individuals mentioned in this plan on the Record of Distribution page at the beginning of this plan.

3.4. DAMAGE ASSESSMENT

The collection of incident information, reports of injury, physical damage, and business interruption are a critical layer of the facility's response. From this information, response strategy and tactics are developed and resources are coordinated and prioritized. All departments responsible for Public Safety will take a lead role in conducting a damage assessment during the initial stages of an evolving incident. As the impact of the incident is understood, facility resources are brought into the process of analyzing the situation and determining the course of action. The goal of initial damage assessment is to gain an understanding of the immediate situation and to make quick decisions to preserve life and property. As the incident develops further, a more detailed view of the situation is developed in consultation with departments, local, state, and federal agencies, and subject matter experts. Upon determination of the incident's scope and scale of impact, decisions will be made by the Safety Director or authorized individuals to activate the facility's emergency operations center.

3.5. PLAN ACTIVATION

The authority to activate this emergency operations plan either in full or part during an emergency is limited to the following individuals or designees:

CEO
Director of Safety
Director of Nursing
Unit Manager Division I
Unit Manager Division II
Supervisor (midnight shift)

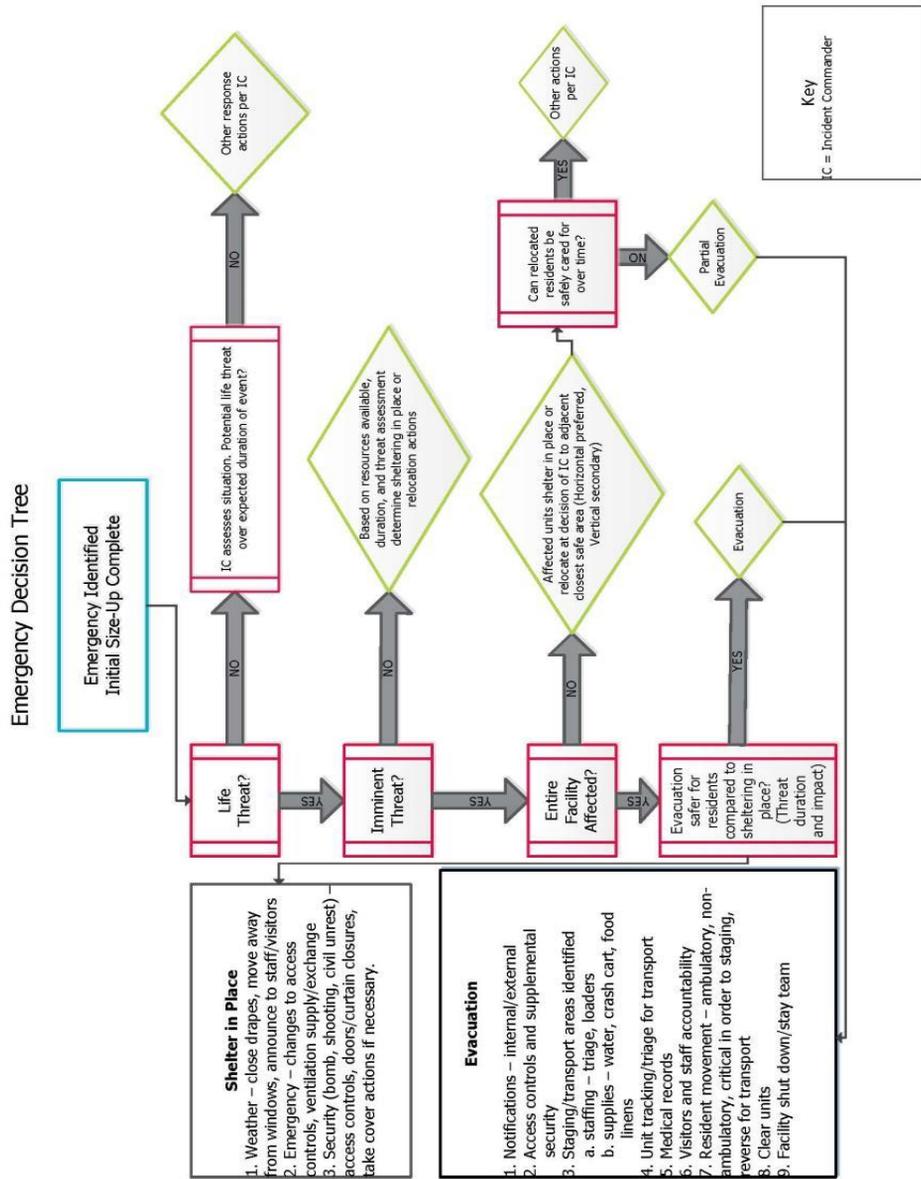
The decision to activate components of this plan during an emergency is at the discretion of those with plan activation authority as described in this section.

3.5.1. DECLARATION OF EMERGENCY

During a disaster, decisions will be made that impact operational priorities and personnel assignments to facilitate emergency operations at St. Joseph Senior Living. These decisions serve to meet the needs of the incident, protect individuals and property, and to provide emergency resources in response to an incident on campus. A part of this decision-making process, along with personal protective action recommendations, is to declare and inform St. Joseph Senior Living residents, staff, resident's family, and visitors that a state of emergency exists at St. Joseph Senior Living. The authority to declare a state of emergency at St. Joseph Senior Living remains solely with:

CEO or designee

Upon Declaration of Emergency, activation of the St. Joseph Senior Living EOC will occur to assist in incident management, planning coordination, and demand for resources. The Declaration of Emergency in accordance with established protocols will be forwarded to City of Louisville Fire Department and the Stark County Emergency Management Agency via the St. Joseph Senior Living EOC. This action allows for the City of Louisville and Stark County to remain informed or to assist the facility's response and recovery efforts as well as the potential initiation of formal assistance via State and Federal entities following further declarations of emergency at the County and State level.



3.5.2. LEVELS OF EMERGENCY

St. Joseph Senior Living has a range of variables to assess and declare levels of emergency at the facility. Decisions are driven by the needs of the incident. Dissemination of the Level of Emergency will originate from the facility's EOC via redundant communication channels intended to target a variety of audiences to include first responders, residents and family members, staff and visitors. This information may be found in media release, the Facebook Page, across public safety radio communications networks, mass emails, text messages, voice calls, website, social networking sites, and others as determined by those having authority to declare a Level of Emergency at St. Joseph Senior Living.

At St. Joseph Senior Living, there are five (5) levels of emergency that may be declared. The categories are as follows:

Level 1 (Local Resources)

- The incident can be handled by up to six personnel with one or two single resources.
- Command and General Staff positions (other than the Incident Commander) are not activated.
- No written Incident Action Plan (IAP) is required.
- The incident is typically contained within two hours after resources arrive on scene.

Level 2 (Local & County Resources)

- Command Staff and General Staff functions are activated as needed.
- Several resources are required to mitigate the incident, including specialized operational teams.
- The incident is typically contained within one operational period in the control phase, usually several hours after resources arrive on scene.
- No written IAP is required, but a documented operational briefing will be completed for all incoming resources.

Level 3 (Local, County & Regional Resources)

- The complexity of the incident requires expansion of the command structure.
- Some or all of the Command and General Staff positions may be activated.
- The incident typically extends into multiple operational periods.
- A written IAP is typically required for each operational period.

Level 4 (Local, County, Regional & State Resources)

- Local resources are exhausted and the incident spans multiple operational periods.

- Resources are requested from outside of Stark County and Region 2 (Northeast Ohio).
- Most or all of the Command and General Staff positions are filled.
- A written IAP is required for each operational period.
- Many of the functional units are staffed.

Level 5 (Local, County, Regional, State & Federal Resources)

- This type of incident is the most complex, requiring national resources to safely and effectively manage.
- All Command and General Staff positions are activated.
- Branches may need to be established.
- The agency administrator will have briefings to ensure that the complexities of analysis and delegation of authority are updated.
- Use of resource advisors at the incident base is recommended.
- There is a high impact on the local jurisdiction, requiring additional staff for office administrative and support functions.

3.6. OPERATIONAL PRIORITIES

When conducting emergency operations at St. Joseph Senior Living, the following areas are prioritized in this order:

- Protecting life (highest priority), property, and environment.
- Meeting the immediate needs of residents, staff, family of residents, visitors, and those with special needs during an emergency at St. Joseph Senior Living to include rescue, evacuation, medical care, food, and shelter.
- Restoration of critical infrastructure and key resources that are essential to the health, safety, and welfare of all residents, staff, family members, and visitors (such as sanitation, water, electricity, building systems).
- Mitigating hazards to protect life, property, and the environment.
- Resumption of business processes and normal operations.

3.6.1. SPECIAL NEEDS CONSIDERATIONS AND PLANNING

Comprehensive emergency management is a process that involves consideration and preparedness for all individuals, including those with special needs. Individuals with special needs such as hearing or sight impaired, requiring oxygen, elderly, Non-English speaking individuals, long-term dialysis patients, etc., have been considered during planning and exercises to ensure the needs of all our residents are met. Residents having specific physical disabilities such as amputations, coma-patients, residents with neurological conditions, orthopedic limitations, and/or spinal cord injuries shall receive special preference when

conditions necessitate evacuation within the facilities or to offsite locations. Residents who have psychiatric needs, and those requiring hemodialysis, a special diet, or oxygen are documented and will receive special considerations in the event of an emergency. During all emergency operations on campus, attention to those with special needs will be incorporated into all Facility and Department level operations, planning, and response activities. Broader planning for sheltering, campus evacuations, and other functional areas of response during an emergency for those with special needs will be provided for in the Incident Action Plan (IAP) drafted by those managing the incident.

3.7. EOC ACTIVATION

A declaration of Emergency is **not** required to necessitate EOC activation. The decision to activate the facility's EOC is based on damage assessments, incident needs, incident type, location, escalation potential, and situational complexity among a variety of factors. All decisions regarding EOC activation are intended to support the needs and demands of the incident and Incident Command. The following individuals, or designee, retain the authority to activate the facility's EOC:

CEO

Director of Safety

Director of Nursing

Unit Manager Division I

Unit Manager Division II

Supervisor (midnight shift)

3.7.1. INCIDENT TYPE AND EOC ACTIVATION

The typical progression of some incidents may include a moderate escalation period that precedes the decision to activate the EOC. In these situations, response activity will have already commenced, and incident command structure will likely already be established on campus.

Occasionally, some types of incidents may provide little to no warning before a decision is made to activate the EOC. It's important to be prepared for many types of EOC activation and personnel recall. Personal preparedness for EOC representatives should reflect the potential situations and activations that may occur at St. Joseph Senior Living. All representatives and emergency management team members should be prepared to serve in roles in the EOC with little to no warning of activation (Major/Complex Incidents), moderate warning of activation (escalating incidents).

When the decision to activate has been determined, EOC representatives should respond to the EOC site prepared to represent their subsequent areas of responsibility in a timely manner, prepared to serve for at least the first 12-hour period of incident duration. Upon arrival, EOC representatives will assess the incident and determine the need for additional departmental representation within the EOC and/or staff for the next operational period.

3.7.2. EOC INTEGRATION WITH ICS OPERATIONAL STANDARDS

To facilitate operation of the EOC and compliance with the National Incident Management System, representatives assigned to the EOC must maintain and complete the following courses at a minimum.

- ICS-100.HCB (Incident Command for health care / hospitals)
- ICS-200HCA (Applying ICS to Healthcare Organizations)
- IS-700 (National Incident Management System)
- IS-800B (National Response Framework)
- EOC Specific Training/ Plan Orientation (Workshops/Seminars)

In order to facilitate communication between the incident site and the EOC, the Safety Director or designee assigns an Incident Management Team (IMT) to conduct tactical management of resources at the scene of an incident.

Incident management is driven by 14 essential features provided by ICS, which include:

1. Common terminology
2. Modular Organization
3. Management by objectives
4. Incident Action Plan
5. Chain of Command/ Unity of Command
6. Unified Command
7. Manageable Span of Control
8. Pre-designated Incident Location and facilities
9. Resource management
10. Information and Intelligence management
11. Transfer of Command
12. Accountability
13. Deployment

3.8. DEMOBILIZATION, TRANSITION, AND RECOVERY

The decision to demobilize resources and personnel during emergency operations is primarily driven by the needs of the incident and those with command and control of

resources at the incident scene via incident/unified command. When a centralized coordinating presence is no longer required, members of the St. Joseph Senior Living's EOCs will develop demobilization and transition plans to transfer responsibilities and close out mission-related operations being centrally coordinated through the EOC. All actions taken to demobilize at the EOC level are in support of the needs of the incident. These plans are shared among all emergency operations personnel for purposes of planning and situational awareness. Authority to demobilize EOC operations remains with the following individuals:

CEO

Director of Safety

Director of Nursing

Unit Manager Division I

Unit Manager Division II

Supervisor (midnight shift)

3.8.1. TRANSITION TO RECOVERY

While immediate lifesaving and property preservation efforts occur, the facility will begin assessing how soon the response phase of emergency operations can begin the transition into the recovery phase. Recovery may initially begin with an overlap of some response operations on campus. Critical response operations will gradually shift to assisting individuals and facility departments in meeting basic needs and self-sufficiency. Short-term recovery will initially be coordinated via the facility's EOC. At a time determined by those departments impacted by the disaster, a decision will be made to transition coordination of recovery activities to other areas outside.

A resumption of normal business processes and the execution of continuity plans will occur gradually over a period relative to the incident. It's imperative that individual departments routinely assess the efficacy of continuity plans and the accuracy of tasks defined within those plans.

3.8.2. RECOVERY

The recovery phase of a disaster is often defined as restoring a community to its pre-disaster condition. More realistically, the recovery is the process of re-establishing a state of new normalcy to the facility community. Specific approaches to recovery will be determined by the location, type, magnitude, and effects of the incident. Realistically, recovery occurs in two phases: short-term and long-term recovery.

Short-Term Recovery

Short-term recovery operations begin concurrently with or shortly after the initiation of response operations. Short-term recovery may typically last from days to weeks. Short-term recovery includes actions required to:

- Stabilize the situation
- Restore services
- Implement critical infrastructure recovery plans to maintain operations during emergencies and recovery phase.
- Begin planning for the restoration of the facility.

Long-Term Recovery

Long-term recovery continues the short-term recovery actions but focuses on community restoration. Long-term recovery may continue for a number of months or years depending on the severity and extent of the damage sustained. These activities include those necessary to restore a community to a state of normalcy, given the inevitable changes that result from a major disaster. Long-term recovery activities require significant planning to maximize opportunities and mitigate vulnerabilities after a major incident and may include the following:

- Reconstruction of facilities and infrastructure, including the technology systems and services necessary for the restoration of all operational functions.
- Development of long-term alternative housing.
- Seeking legal waivers, zoning changes, and other land use legislation or assistance to promote recovery and mitigation at the facility.
- Integration of mitigation strategies into recovery efforts.
- Restoration of normal facility processes and businesses operations.
- Documentation of eligible disaster-related costs for reimbursement through federal grant programs and facility insurance providers.

Stakeholders in the recovery phase will coordinate recovery activities, develop strategies, and implement specific recovery plans that address the needs of long-term sustainability and disaster resilience.

Specific recovery plans will assign specific roles and responsibilities, describe tactics, and describe the overall concept or framework. There will exist both Facility-wide and departmental plans which all will be coordinated and unified under a recovery framework developed by stakeholders and Facility leadership.

Recovery plan content at the departmental level may include these items for consideration:

- Business continuity/resumption processes
- Damage assessments
- Demolitions
- Debris Removal and storage
- Expedited repair permitting
- Fiscal management (document accounting, expenditures, and losses)
- Hazards evaluation
- Hazard mitigation opportunities
- Land use
- Non-conforming buildings and uses
- Moratorium procedures
- Rebuilding plans
- Redevelopment procedures
- Relation to the unit/departments emergency response plans
- Restoration of standard operating procedures
- Temporary and replacement housing

Note: It is imperative following a disaster that all units within the Facility be prepared to document accounting, expenditures, and losses for purposes of reimbursement, disaster assistance, and insurance claims. Each function within this plan will be required to develop cost documentation procedures that comply with laws and requirements set forth by the State of Ohio, FEMA, and/or St. Joseph Senior Living's insurance carrier as applicable.

3.9. SUPPORTING PLANS AND STANDARD OPERATING PROCEDURES

The various departments with primary or support roles as identified by this plan are tasked with specific roles and responsibilities in support of this plan. In order to properly address those roles and responsibilities, departments are tasked with completing an Annex to this plan that addresses the following functions required to support this plan:

- Provide a framework for departmental response and mission support.
- Describe the departmental concept of operations during an emergency and how a department will interface, and coordinate with the Facility EOC.
- Detail specific roles and responsibilities to support overall response and assignments within specific functional annexes of this plan.
- Describe communications/contact information, mutual aid agreements, and lists of available resources.
- Establish lines of authority and alternative site locations to command resources during an incident.

- Describe standard operating procedures and cost documentation, expenses, and losses associated with the disaster.

4. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

4.1. OVERVIEW

St. Joseph Senior Living’s emergency preparedness, response, recovery, and mitigation resources are under the direction and control of the CEO. The administration and management of St. Joseph Senior Living is organized into various functional departments which deliver services. All Facility departments will be expected to develop and train their staff in emergency preparedness response measures and recovery actions and work together to restore Facility services after a disaster.

4.2. LINE OF SUCCESSION

The overall responsibility for Facility department operations as described in this plan rests with the CEO. Should the CEO be unavailable to fulfill this responsibility; the following line of succession has been established:

- 1. Director of Safety**
- 2. Director of Nursing (DON)**
- 3. Unit Manager Division I**
- 4. Unit Manager Division II**
- 5. Supervisor (Midnight Shift)**

(See Succession Matrix)

4.3. EMERGENCY PREPAREDNESS COUNCIL

The Emergency Preparedness Council (EPC) maintains executive decision-making authority throughout all stages of an emergency event on behalf of the facility’s CEO. The Incident Commander will report to the EPC for policy direction when decisions extend beyond routine decision making authority and internal resource capabilities.

Emergency Preparedness Council

The Emergency Preparedness Council is comprised of the CEO, the Administrator, Director of Nursing, and Safety Director. The Emergency Preparedness Council shall make and/or approve all major emergency or disaster response decisions, priorities, and strategies for the Facility as necessitated by the situation at hand and based upon the economic, political,

legal or other implications of both the actual or potential threat faced. The following persons may comprise the membership of the Emergency Preparedness Council:

CEO
Director of Safety
Director of Nursing
Director of AR/Memory
Food Services Director
Emergency Preparedness Consultant

A description of individual responsibilities of each council member and a checklist of duties to assist them in carrying out their functions are provided in the annexes. However, nothing in the duty checklists shall be construed in a manner that limits the use of good judgment and common sense on the part of an individual member in dealing with the details of the emergency, crises or disaster at hand. (Emergency Preparedness Council Checklist Annex).

4.4. ST. JOSEPH SENIOR LIVING SAFETY COMMITTEE

The St. Joseph Senior Living Safety Committee provides support, coordination and assistance with policy-level decisions to the Incident Command Structure managing an incident. Each incident will be different; therefore the composition of the St. Joseph Senior Living Safety Committee is both flexible and scalable to be efficient and effective. St. Joseph Senior Living Safety Committee gathers, confirms and evaluates incident information; coordinates, directs, and tracks field level personnel, equipment, and material resources deployed; identifies resource needs/shortfalls; and documents situation status. The St. Joseph Senior Living Safety Committee also defines business practices, standard operating procedures, processes, and protocols by which the Facility can coordinate its resources and organizational structure to effectively manage an incident.

The St. Joseph Senior Living Safety Committee should meet in a centralized location to share information, prioritize operations, and carry out the decisions reached by the Emergency Preparedness Council.

The following persons may comprise the membership of the St. Joseph Senior Living Safety Committee:

- Safety Director
- CEO
- Assistant Director of Assisted Living
- Social Services Director

- Director of Housekeeping
- Food Services Director
- Director of Alsatian
- Director of Activities
- Director of Nursing
- Supply Clerk

(Annex St. Joseph Senior Living Safety Committee Checklist)

4.5. EMERGENCY OPERATIONS CENTER MANAGER

The Safety Director or designee will serve as the Emergency Operations Center (EOC) Manager. The current primary EOC will be located in **Nursing Home conference room**. The secondary EOC will be located at **Meeting/In-service Room**. The EOC Manager supervises all EOC actions during activation. The EOC Manager’s responsibilities are as follows:

- Route all mission assignments to the appropriate agencies
- Coordinate missions requiring multi-branch action
- Resolve any conflicts among agencies
- Identify and support resource requests
- Ensure mission completion in a timely manner
- Forward pertinent requests to the St. Joseph Senior Living Safety Committee

(Emergency Operations Center Guidelines Annex)

4.6. EMERGENCY MANAGEMENT LIAISON OFFICER

A designated staff person may be asked to serve as the liaison officer between on-site responding personnel and the EPC/EOC or with any on-site state or federal agencies.

5. DIRECTION, CONTROL, AND COORDINATION

5.1. OVERVIEW

Direction, control, and coordination are critical emergency management functions, especially when agencies from multiple jurisdictions are responding to an incident. St. Joseph Senior Living has adopted the National Incident Management System (NIMS), which includes the Incident Command System (ICS), which itself is a standardized, on-scene, all-hazard incident and resource management concept. The intent of NIMS is to be applicable across a full spectrum of potential incidents and hazard scenarios, regardless of size or complexity. Additionally, NIMS is designed to improve coordination and cooperation between public and private entities in domestic management activities. Response actions will be based on the ICS system.

5.3. NIMS COMPLIANCE STATEMENT

In the event of an emergency, St. Joseph Senior Living will activate its Emergency Operations Plan, which is in compliance with the National Incident Management System (NIMS). NIMS is intended to provide a framework for local, state, and federal governments to work together to respond to any domestic hazard. All Emergency Preparedness Council members comply with NIMS training requirements.

5.4. INCIDENT COMMAND SYSTEM

The Incident Command System (ICS) is a field emergency management system designed for all hazards and levels of emergency response. It allows St. Joseph Senior Living to communicate and coordinate response actions with other jurisdictions or external emergency response agencies through a standardized organizational structure of facilities, equipment, personnel, procedures, and communication. ICS is characterized by:

- Common terminology to define organizational functions, incident facilities, resource descriptions, and position titles.
- Modular organization based on the size and complexity of the incident.
- Reliance on an Incident Action Plan that contains strategies to meet objectives at both the field response and EOC levels.
- Chain of command and unity of command. These principles clarify reporting relationships and eliminate the confusion caused by multiple, conflicting directives.
- Unified command in incidents involving multiple departments or jurisdictions so that organizational elements are linked to form a single structure with appropriate control limits.

- Manageable span of control for those supervising or managing others.
- Pre-designated incident locations and facilities such as the EOC.
- Comprehensive resource management for coordinating and recording resources.
- Information and intelligence management.
- Communication systems ensuring interoperable communication processes.

5.4. ON-SCENE INCIDENT MANAGEMENT

The majority of emergency response actions, including Incident Command, Logistics, Operations, Planning, and Finance will take place on-scene. ICS will be used to direct all response actions. Due to the modular and scalable nature of ICS, not all portions of this section will be necessary for every incident. For larger, multijurisdictional incidents, two different ICS management structures may be applied: Unified Command or Area Command.

A Unified Command structure may be implemented for incidents involving multiple jurisdictions and/or agencies. Unified Command allows agencies with different legal, geographic, and functional authorities and responsibilities to work together without affecting individual agency authority, responsibility, or accountability.

An Area Command structure may be used for the management of multiple incidents. Area Command has the responsibility to set the overall strategy and priorities, allocate critical resources according to priorities, ensure that the incidents are properly managed, and ensure that objectives are met and strategies are followed.

5.4.1. INITIAL NOTIFICATION, COMMAND, AND INCIDENT ASSESSMENT

Once the initial notification is received, the highest level staff member on scene assumes incident command until transferred to appropriate personnel able to take command. The Incident Commander is responsible for establishing an Incident Command Post (ICP) in a safe on-scene location and for making the location easily identifiable to response personnel. The Incident Commander will determine the additional resources needed to complete the incident command structure and make assignments accordingly. The Incident Commander will also determine the process for integrating unsolicited volunteers into the response system.

The incident commander is responsible for completing an incident assessment (NHICS Form 215A) to gather essential information and assess immediate risks posed by the incident. If needed, the incident commander will call dispatch to request additional resources. In any serious incident, the City of Louisville Police and Fire departments should be notified immediately. The information gathered in the incident assessment will be used to guide

decisions regarding protective actions and response priorities. Incident assessment should be repeated regularly and as significant developments occur.

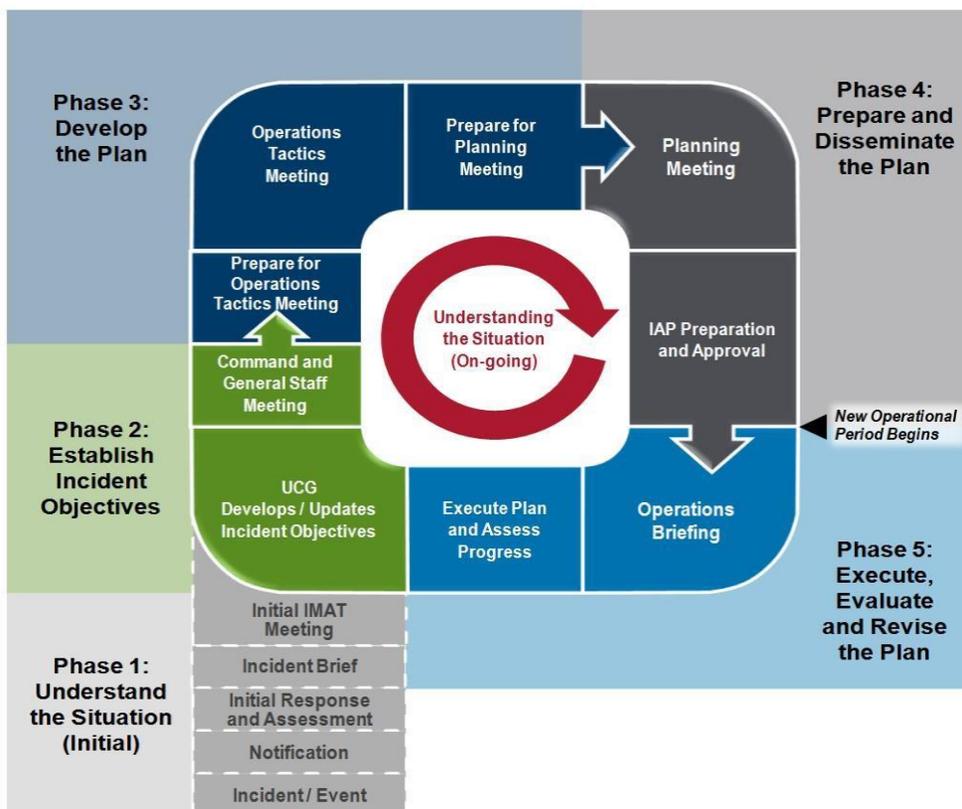
5.4.2. OPERATIONAL CYCLE

The systematic operation of the response requires a repetitive schedule to promote internal and external continuity during and following staffing transitions. Situational Reports provide a common operating picture and will be given during each operational period to inform staff of the current situation and response actions.

The on-scene staff will complete an Incident Action Plan (IAP). An IAP contains overall objectives for the incident and specific tactical actions and supporting information for the next operational period. All NHICS forms are located in the NHICS Annex.

The following “Planning P” illustrates a typical initial response and workflow cycle. The descriptions that follow assume a standard 12-hour operational period.

THE PLANNING “P”



Initial Objectives

During the initial response, the Incident Command (IC) / Unified Command (UC) will meet to develop incident objectives that address the entire course of the incident. For complex incidents, it may take more than one operational period to accomplish the incident objectives.

Operations Tactics Meeting

Each operational period includes an Operations Tactics Meeting designed to ensure that tactics are in line with the objectives developed by the IC/UC. Each Section Chief should participate in the Operations Tactics Meeting to lay the foundation for a concise and focused Planning Meeting.

Planning Meeting

The Planning Meeting provides the IC/UC with an overview of the tactical plan to achieve the objectives set during the Initial Objectives meeting. After review and updates are made by the Command and General Staff, the meeting attendees commit to supporting the plan.

Incident Action Plan (IAP)

The IAP is developed under the leadership of the Planning Section Chief immediately following the Planning Meeting. The IAP is the central tool for conveying planning and operational instructions on-scene because it provides a clear statement of objectives and actions, a basis for measuring work effectiveness and progress, and a record of accountability during the next operational period. The level of detail required in an IAP will vary according to the size and complexity of the incident. The IC/UC must review and approve the IAP before it can be implemented.

Operations Briefing

Each operational period should begin with an Operations Briefing. The Operations Briefing presents the IAP for the upcoming period to oncoming supervisors within the Operations Section.

6. INFORMATION COLLECTION AND DISSEMINATION

6.1. OVERVIEW

In the event of a crises or disaster, the Facility must deliver accurate information as promptly as possible, and all official public information should come from a limited number of specified spokespersons. The Facility's Public Information Officer (PIO) is the Director of Marketing. This individual is responsible for communicating Facility activities and policies internally and externally on behalf of St. Joseph Senior Living. The PIO is the Facility's point of contact with all media agencies regarding emergency preparedness initiatives as well as all other facility-related questions, concerns or events. The PIO is the primary Facility official responsible for activating the Facility's emergency notification resources and is responsible for alerting the nursing facility community in the event of a major emergency. In particular, the Director of Marketing should coordinate communications with media to ensure that the Facility's public information response to a disaster is quick, accurate and responsible.

(See: Crisis Communications Annex)

6.2. PUBLIC INFORMATION AND NOTIFICATION

Whenever possible, The Facility's Public Information Officer (PIO) should establish a media center near the Emergency Operations Center or another location with facsimile, land telephones, voicemail, two-way radio, and computer network/modem capabilities are available in order to communicate with the media and with the Emergency Operations Center. The center should be equipped to serve as a disaster inquiry center that responds to public questions and be near a room or area where press conferences can be held. If this center cannot be established on campus due to the disaster, then it should be established at a nearby location.

6.3. EMERGENCY NOTIFICATION SYSTEMS

St. Joseph Senior Living maintains two emergency notification systems for the facility:

1. Primary: **Public Address (PA)** using voice announcements over the system speakers
2. Secondary: **Text** using any or all of the delivery methods you select:

- Voice message (mobile and/or land-line)
- Text message
- Email

The Public Address System (PA) is the primary emergency notification system on the campus.

The TEXT system is capable of delivering messages utilizing multimodal delivery to all registered faculty, students and staff. TEXT is intended to rapidly provide emergency information on a developing or ongoing incident along with providing instructions.

The PA system together with TEXT (email, phone, text) shall be the primary means of such notifications.

(See: Emergency Notification Plan Annex)

7. COMMUNICATIONS

7.1. RADIO SYSTEM

St. Joseph Senior Living will use portable two-way radios for internal communications, and ARES (HAM RADIO) for communications with outside agencies, including Command and Control in the event of total telephone network failure.

7.2. SOCIAL MEDIA

A regularly updated Facebook page containing emergency management information will be available at: <https://www.facebook.com/St-Joseph-Senior-Living-1554653424829298/>

7.3. TELEPHONES, CELL PHONES, FAX, AND EMAIL

Other devices including telephones, cell phones, fax, and email will be used to supplement and back-up other means of communication. All individuals and departments with responsibilities as described in the EOP will maintain and regularly update a notification roster listing multiple forms of contact for all relevant positions.

7.4. CRITICAL COMMUNICATION ISSUES

Resident Safety Event activating EOP

As an event (bad, critical, otherwise) unfolds, it is crucial to recognize the trigger point. In this case, a significant resident safety event occurring at St. Joseph Senior Living. An event could be identified, as such, based upon the following characteristics:

- Reportable in nature to a regulatory or certifying authority
- Newsworthy

Once the trigger is identified, Incident Command (ICS) should be initiated through one or more of the following series of events, with the order dependent on the situation:

- Alerting Safety Director
- Contacting Administrator and/or CEO

Communication with Staff

Alerting staff members of an event that may disrupt normal operations of the facility is critical to Response & Recovery of St. Joseph Senior Living. As such, they will be immediately notified of the event through standard or backup means of communication. The Incident Commander will determine if they are to implement the emergency call-up roster or if circumstances dictate, shelter-in-place. For further, please see ***Communications Annex***.

Communication with the Public/News Media

All communication with the media is vetted through the PIO, without exception. The PIO has specific plans and protocols in place for the release of information to the media, release of location information to family members and relatives of victims, and installation of extra communication capabilities. For further, please see ***Communications Annex***.

Communication with Other Health Care Organizations

Processes for cooperative planning among facilities that together provide and facilitate the timely sharing of information about essential elements of their command structures and control centers; names and roles of individuals in their command structures and command center telephone numbers; resources and assets that could potentially be shared in an emergency response. The local Emergency Operations Center will play a pivotal role in coordinating and organizing these efforts. For further, please see ***Communications Annex***.

Communication with Residents' Families

The ***Communications Annex*** contains a detailed list of information to be shared with residents' families. Details will include:

- Resident's condition
- Nature and scope of threat
- Whether or not the Emergency Operations Plan has been activated, and if so, at what stage
- Intent to evacuate at the point of initial call
- Information about the receiving facility in case of evacuation

For further, please see ***Communications Annex***.

Notifying External Agencies

Whenever a situation adversely affects the Facility's ability to provide services to its residents, the Facility notifies appropriate authorities and city-county agencies and coordinates mutual aid and other response activities through the county Emergency Operations Center (EOC), if appropriate, or directly with receiving hospitals.

The person functioning as the Incident Commander will make initial notification to external authorities, if necessary. Once the incident command system has been initiated, the Liaison Officer will establish and maintain necessary communication with external agencies and authorities.

Facility Communication During Emergency Response

The Facility will use established communication channels (i.e., telephone, overhead announcements, digital pagers, 2-way radios, ARES) whenever possible, to communicate vital information during a disaster. If established communication channels are unavailable, the Command Center will establish a 2-way radio relay or runner/courier system to communicate vital information throughout the Facility. Local Amateur radio operators have been assigned to provide an alternative communication system between and among the facility, the scene commander, the community emergency operations center (EOC) and other external agencies.

St. Joseph Senior Living has an established Emergency Communication Procedures that outline problem identification and reporting, user notification, and interim procedures for primary communication systems located in the ***Communications Annex***.

Psychological First Aid

The Psychological First Aid: Field Operations Guide for Nursing Homes 2nd Edition offers guidance for providing information about disaster response activities and services.

To help reorient and comfort residents, provide information about:

- What to do next
- What is being done to assist them
- What is currently known about the unfolding event
- Available services
- Common stress reactions
- Self-care, family care, spiritual care, and coping

When providing information:

- Use your judgment as to whether and when to present information. Does the resident appear able to comprehend what is being said, and is he/she ready to hear the content of the messages?
- Address immediate needs and concerns to reduce fears, answer pressing questions, and support adaptive coping.
- Use clear and concise language, and speak in a low octave, while avoiding technical jargon.

Ask residents if they have any questions or concerns about what is going to happen, and give simple, accurate information about what they can expect. Attempts will be made to provide residents with information that addresses their concerns. If you do not have specific information, do not guess or invent information to provide reassurance.

The Psychological First Aid: Field Operations Guide for Nursing Homes can be found in the Psychological First Aid Annex.

Alerting Host Receiving Facility

A host receiving facility is the destination for a partial or full nursing home evacuation. Host receiving facilities have been arranged, and are geographically located in areas of close proximity, within-area proximity and out-of-area proximity to give the St. Joseph Senior Living community the greatest probability of moving residents the shortest, yet safest distance.

In the case of a partial evacuation, more vulnerable and at-risk residents may be moved to a hospital. When it appears likely that a partial evacuation will take place for certain residents, the Liaison Officer or Resident Services Branch Director will contact the hospital to communicate and organize admissions. It may be the hospital is under stress as well and may have implemented their own emergency procedures, so it is best for there to be an agreement stating how the hospital and nursing home may serve one another during times of crisis.

As a planned emergency event threatens, the nursing home will touch base early with their destination facilities to alert them that an evacuation may be a possibility. As conditions worsen, the nursing home will communicate regularly with the most likely destination facilities and verify departure and arrival times, resident records transfer, and the provision of staff and supplies. The status of the intended destination facility may also be impacted by the emergency event; therefore, regular communication will benefit both facilities in managing their evacuation response. See ***Evacuation Annex***.

8. RECOVERY, CONTINUITY OF OPERATIONS PLANNING

8.1. OVERVIEW

If a disaster occurs, St. Joseph Senior Living will carry out a recovery program that involves both short-term and long-term efforts. Short-term operations seek to restore vital services to the Facility and provide for the basic needs of the residents and staff. Long-term recovery focuses on restoring the Facility to normal operations. While the federal government, pursuant to the Stafford Act, provides the vast majority of disaster recovery assistance, the Facility must be prepared to provide quick recovery to normal business operations. The recovery process includes assistance to residents, families, and staff.

8.2. CONTINUITY OF OPERATIONS PLAN (COOP)

Recent disastrous events emphasize the need for Continuity of Operations capabilities that enable institutions to continue their essential functions across a broad spectrum of emergencies both natural and manmade. Having a Continuity of Operations Plan (COOP) is important to protecting the safety and welfare of employees, and ensuring that important documents and systems are not lost and that the Facility can continue to serve the residents, staff, and visitors even after an emergency.

This departmental continuity plan encompasses an all-hazards approach. This means that it aims to increase the organization's readiness for all types & sizes of disaster events:

- Natural disasters (regional earthquake, fire in your offices, infectious disease epidemic, unexpected death of a key employee, etc.)
- Technological disasters (data loss, connectivity loss, equipment failure, etc.)
- Human-caused disasters (terrorism, theft, civil disturbance, cyber-attack, etc.)

(See: Continuity of Operations Plan Annex)

8.2.1. COOP PURPOSE

The purpose of COOP planning is to ensure that the capability exists to continue essential Facility functions across a variety of potential emergencies.

The overall purpose of COOP planning at St. Joseph Senior Living is to:

- Minimize personal injury;
- Ensure the continuous performance of the Facility’s essential functions/operations during an emergency;
- Protect essential facilities, equipment, records and other assets;
- Reduce or mitigate disruptions to operations;
- Minimize damage and losses; and

Achieve a timely and orderly recovery from an emergency and resumption of full service to residents, staff, and visitors to our campus.

8.2.2. COOP DEPARTMENTAL FOCUS AND IMPLEMENTATION

We believe every department is critical to the Community’s overall mission – the loss of even one department diminishes the whole. For this reason, every department on campus must participate in business continuity planning efforts. The product of the COOP template is a departmental continuity plan. The department-level plans identify both action items that can be accomplished by the department and action items that belong to higher levels within St. Joseph Senior Living; hence the nursing home. These higher-level action items, taken together, comprise a powerfully-focused nursing facility continuity plan.

8.2.3. COOP ACTIVATION

Continuity of Operations Plans becomes activated once the emergency has stabilized, and the campus begins the recovery process. It is assumed that infrastructure and staffing will be impaired for some time, but the campus is able to resume certain functions on a priority basis. Essential functions that involve life safety, infrastructure, and technology will be given the highest priority.

9. POST INCIDENT, EXERCISES, AND REQUIRED TRAINING

9.1. POST-INCIDENT: AFTER ACTION REVIEW

The CEO, Safety Director, or other designated individual will schedule an After Action Review (AAR) after a major incident or event. The AAR will be scheduled as soon as possible after the incident or event and shall include all appropriate participants. The AAR will focus on any lessons learned and will be followed up by a written report. If appropriate, an improvement plan will be included in the written report.

9.2. EXERCISES

Exercises and drills are a vital part of St. Joseph Senior Living's EOP. The Emergency Preparedness Council will normally conduct two tabletop exercises annually. The exercises will be offered to departments and senior leadership, as requested. St. Joseph Senior Living also conducts a full-scale exercise annually to test operational readiness. Additionally, local response agencies will be included in the exercises as available/interested.

9.3. TRAINING

All Facility departments should ensure their employees are thoroughly familiar with this EOP. Awareness training can be accomplished in training sessions, staff meetings, computer-based training, or through any other program deemed appropriate by the department head. The Emergency Preparedness Consultant will assist departments with developing planning and executing training.

9.4. NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS) TRAINING

According to the NIMS Integration Center, the required training for personnel is based on an individual's level of responsibility during an emergency response scenario. Listed below are the training requirements per level of responsibility:

Optional Training: Awareness Training (Level 0)

FEMA IS-700: NIMS, An Introduction

Target audience: Awareness training will be given to selected personnel based on their possible involvement with emergency operations.

Required Training: Entry Level (Level 1)

FEMA IS-700: NIMS, An Introduction
ICS-100: Introduction to ICS or equivalent

Target audience: Entry level first responders and disaster workers to include emergency medical service personnel, firefighters, hospital staff, law enforcement personnel, public health personnel, public works/utility personnel, skilled support personnel, other emergency management response, support, volunteer personnel at all levels.

Required Training: First Line, Single Resource, Field Supervisors (Level 2)

FEMA IS-700: NIMS, An Introduction
ICS-100: Introduction to ICS or equivalent
ICS-200: Basic ICS or equivalent

Target audience: First line supervisors, single resource leaders, field supervisors, other emergency management/response personnel that require a higher level of ICS/NIMS training.

Required Training: Middle Management (Level 3)

FEMA IS-700: NIMS, An Introduction
FEMA IS-800: National Response Plan, An Introduction
ICS-100: Introduction to ICS or equivalent
ICS-200: Basic ICS or equivalent
ICS-300: Intermediate ICS or equivalent (FY07 Requirement)

Target audience: Strike team leaders, task force leaders, unit leaders, division/group supervisors, branch directors, emergency operations center and multiagency coordination system staff.

Required Training: Command and General Staff (Level 4)

FEMA IS-700: NIMS, An Introduction
FEMA IS-800b: National Response Plan, An Introduction
ICS-100: Introduction to ICS or equivalent

ICS-200: Basic ICS or equivalent
ICS-300: Intermediate ICS or equivalent
ICS-400: Advanced ICS or equivalent
IS-230 Principles of Emergency Management
IS-235 Emergency Planning
G-275 EOC Management and Operations
G-290 Basic Public Information Officer

Target audience: Select department heads with multi-agency coordination system responsibilities, area commanders, emergency managers, emergency operations center and multiagency coordination system managers.

10. PLAN DEVELOPMENT AND MAINTENANCE

10.1. DEVELOPMENT

The Safety Director, in collaboration with the Emergency Preparedness Consultant, is responsible for the development and maintenance of the EOP with support from Emergency Preparedness Council. The Council provides general oversight of the entire planning process and meets to address emergency preparedness, response, and recovery issues. The plan also goes through continuous ongoing changes based on the results of actual events, post-exercise drills and activities, and input from units and departments tasked in this plan. The plan will be updated based on these inputs.

10.2. DISTRIBUTION

Upon approval and promulgation of this plan, the Safety Director will notify the facility community of this document, and make portions of this plan either in whole or in part; available for review by individuals requesting it or through an accessible website link. Residents and family members of residents will be offered copies of this plan. Distribution of this plan will occur via the Safety Director and will be tracked and controlled by the Emergency Preparedness Council in order to preserve sensitive programmatic or operational information contained within this plan and attached annexes and appendices.

Individual departments or organizations who have been assigned a copy of this plan will be provided information to facilitate orientation with this plan and included on the distribution list page at the beginning of this plan.

10.3. PLAN STRUCTURE

The EOP consists of a base plan and supporting annexes. The base plan provides a framework for emergency operations across all-hazards. The supporting annexes address specific functions and hazards in accordance with best practices and guidance. The lead department for each annex is responsible for its review and maintenance with support from the Emergency Preparedness Council.

10.4. PLAN MAINTENANCE AND IMPROVEMENT

The Emergency Preparedness Council will revise the EOP upon the occurrence of the following:

- Conditions described in the current plan or sections of the current plan have changed
- Changes are recommended through an after-action report process following an actual event or exercise
- Necessary changes or revisions are discovered during annual EOP review
- Community and/or risk conditions change
- New EOP guidance is released

11. ANNEXES

An **annex** explains *how the facility community will carry out a broad function in any emergency, such as warning or resource management.*

An **appendix** is a *supplement to an annex that adds information about how to carry out the function in the face of a specific hazard.* Thus, every annex may have several appendices, each addressing a particular hazard. Which hazard-specific appendices are included depends on St. Joseph Senior Living's hazard analysis. For example, a community in California would probably include earthquake appendices in its EOP; a community in Florida would probably include hurricane appendices; and a community in the Midwest would undoubtedly include appendices that address tornadoes. The decision about whether to develop an appendix rests with the authority creating the attachment.

End of Base Plan