

II. ALL-RISK EMERGENCY OPERATIONS PLAN

Overview

Senior Care of Marion is committed to protecting the well-being of our residents, staff and visitors. An important aspect of this responsibility is the development and active commitment of facility leadership and staff to an effective Emergency Management Program (EMP). This document, our facility's **All-Risk Emergency Operations Plan (EOP)**, states our organization's understanding of how we will manage and conduct actions under emergency conditions. As such, it has been reviewed and approved by our organization's leadership (see Organizational Approval on page iii).

We understand that there are a variety of hazards, both natural and human-caused, that may pose risks to the health and safety of residents, staff and visitors. Furthermore, these hazards may also pose risks to our on-going business operations.

This is an "all hazards" plan and we have verified through our Hazard Vulnerability Analysis (HVA) that the hazards that pose the greatest risk (a combination of probability and consequence) are given special attention in our plan, training and exercises.

We recognize that the effectiveness of this plan requires the commitment of facility administrators and staff. The day-to-day provision of services to our residents requires considerable focus and effort, yet we have a duty to prepare for events that may have significant impact to our residents and facility.

This plan is a living document that will be reviewed at least annually and updated as necessary based on "lessons learned" during exercises or real events; the evolution of new "best practices"; or changes to local, state and federal regulatory requirements.

Purpose and Scope

The purpose of our EOP is to describe our all-hazards approach to emergency management, and by so doing, support the following incident objectives:

- Maintain a safe and secure environment for residents, staff and visitors;
 - Sustain our organization's functional integrity, including our usual service and business functions (continuity of operations); and
 - Integrate into the community's emergency response system as necessary.
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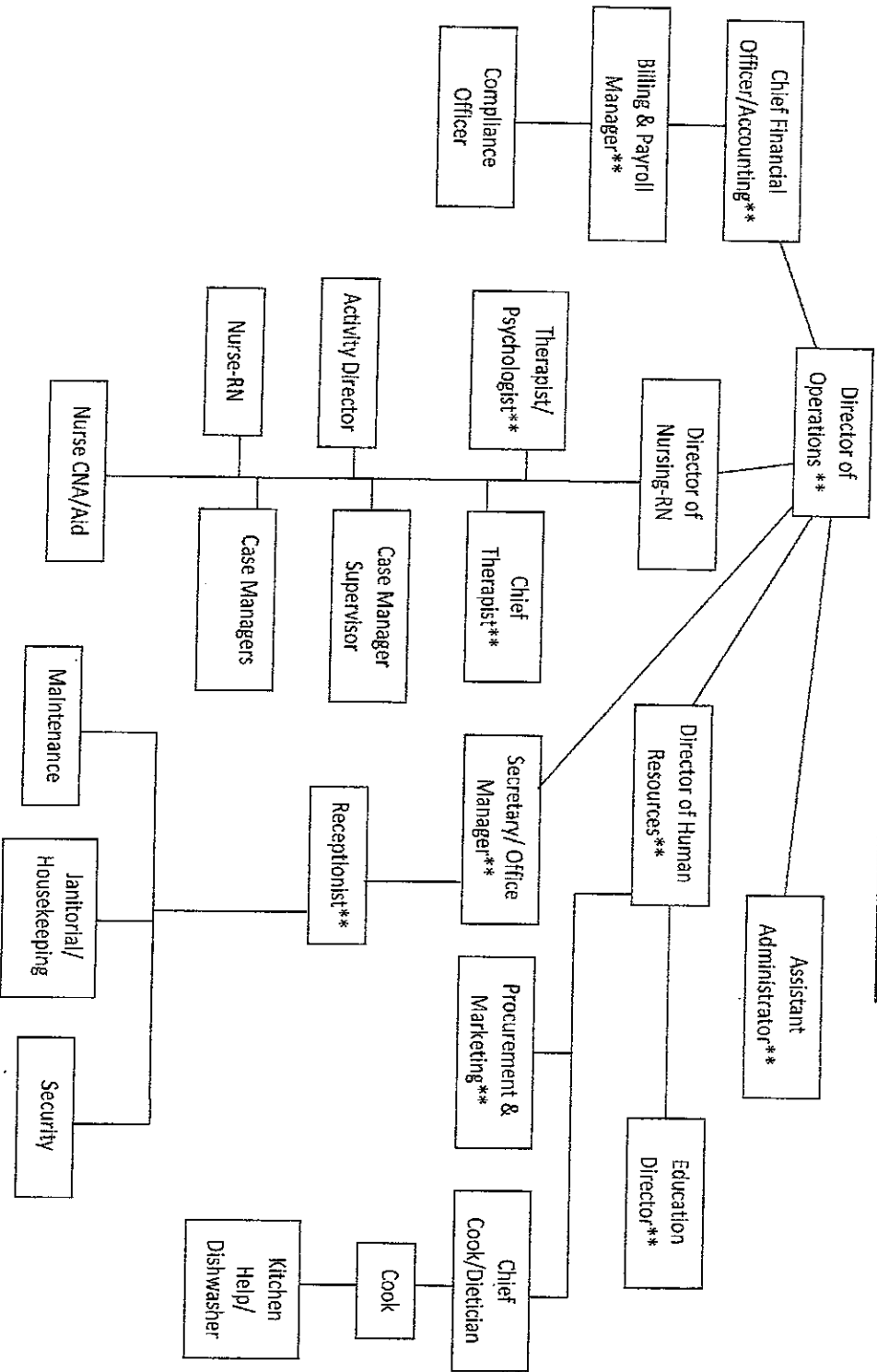
The scope of this plan extends to any event that disrupts, or has the potential to disrupt, our normal standards of care or business continuity. This includes the impact due to internal incidents, such as a fire, or external incidents, such as an earthquake.

Structure and Leadership

Our facility has an organizational structure as indicated by the Organization Chart on the following page (Figure 1). This structure identifies the general chain-of-command and principal roles of facility administrators and senior management staff.

The normal organizational structure and its associated processes are well suited for day-today operations. However, it may not be an ideal structure for emergency management. Everyday decision-making at the organizational level is typically conducted with deliberate, time-consuming methods such as scheduled committee meetings, executive deliberations, and board meetings. Reflecting our chain-of-command, the senior authority on duty at the time of the emergency is responsible for activation of our EOP. Once the EOP is activated, our leadership structure may switch to the emergency management system, called the Incident Command System (ICS).

Appendix A Senior Care of Marion, Organizational Chart



Risk Assessment

Comprehensive emergency management includes four phases: preparedness, mitigation, response and recovery. A critical component of the preparedness phase is assessing risks and vulnerabilities, and a common tool used for this purpose is the Hazard Vulnerability Analysis (HVA). For this reason, our facility has completed an HVA that is reviewed annually.

Hazard Vulnerability Analysis (HVA)

To complete our initial HVA, we completed the following six-step process:

1. Establish the participants in the HVA process. We involved knowledgeable stakeholders in the HVA process, including both internal and external (community-based) stakeholders. The community-wide HVA, typically conducted by the local office of emergency management, was also used to identify threats external to our facility.
 2. Identify the hazards. This step consists of identifying all of the hazards that could significantly impact operations, the care of residents, or unusual service needs. Hazards may be both internal to the facility (e.g., failure of HVAC) or community-based, e.g., earthquake or tornado. Whether internal or external, all hazards were considered that could significantly impact our facility.
 3. Assess the hazard-associated “risk” (probability and consequence). Risk is the product of probability and consequence. Each identified hazard was assessed according to its probability and impact (consequences).
 4. Rank the hazards by magnitude of risk. This step involves sorting the risks into categories, e.g., high risk, moderate risk, and low risk. This step also includes expert judgment, e.g., information from emergency management officials that may be aware of community vulnerabilities, e.g., flood zone information, seismic risk, etc.
 5. Analyze the vulnerability of “mission-critical” systems to each hazard. This final step assessed vulnerabilities relative to human impact, property and facility impact, and operational impact.
 6. Prioritize the vulnerabilities and implement risk intervention activities (mitigation) as appropriate. Generally, our vulnerabilities are ranked by the following priorities:
 - a. Life safety threat (injury/illness, death, short and long term health risk)
 - b. Disruption of facility operations
 - c. Business system failure
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- d. Loss of customer/community trust and/or goodwill
- e. Property and/or environment damage
- f. Liability and/or legal/regulatory exposure

TOP 3 RISKS AND RISK MITIGATION

An example of a HVA is found in Appendix A and a supplemental Security Assessment is included in Appendix L.

Top 3 Risks

Our HVA assessment process has determined that the top three risks facing our facility include those listed below:

1. Electrical Failure
2. HVAC Failure
3. Generator Failure

Risk Mitigation

Mitigation may be defined as activities taken to reduce the impacts from hazards. Mitigation planning establishes short and long-term actions to eliminate hazards or to reduce the impact of those hazards if they cannot be eliminated.

Based on the results of the HVA, the mitigation strategy considers, but is not be limited to, the following:

- The use of appropriate building construction standards.
- Relocation, retrofitting or removal of structures at risk.
- Removal or reduction of the amount or size of the hazard.
- Segregation of the hazard from that which is to be protected. □ Provision of protective systems or equipment.
- Establishing hazard warning and communications procedures.
- Redundancy or duplication of critical systems, equipment, information, operations, or materials.

Our emergency operations program is designed to be “all hazard” meaning that we remain vigilant and ready to respond to all emergency events whether they have been pre-identified through our HVA or not. This is accomplished through practiced team work, good communication and the process of incident action planning.

Communication Plan

Our communication plan supports *rapid* and *accurate* communication both internally and externally. This section describes the elements of a basic communication plan incorporated into this EOP.

Relative to internal communications, the facility maintains a contact list of all staff, including telephone numbers and email addresses (if available). This contact information may be used whenever it is necessary to notify staff of a threat or emergency that may impact or involve them. We have a regular schedule to update staff on critical information related to the emergency. See Appendix N – Staff Recall and Survey for details on the physical location of contact lists.

Once an incident is recognized that may require activation of the EOP, the person who first recognizes the incident should immediately notify their supervisor or the senior manager on site.

Our internal communication equipment includes:

- Hand Held radios
- Cell phones with texting
- Message board
- Public Relations Liaison (also known as Public Information Officer)
- Runner
- Other

It is also important to communicate with relevant external partners to: 1) gather information relevant to the incident, and 2) share information regarding the facility's status, activities and needs. Our facility will report incidents as required to jurisdictional authorities, e.g., report a fire to the local fire department. We may also share relevant situational information with external partners consistent with local policies and procedures. Our external communication equipment includes:

- Land lines
 - Cell phones with texting
 - Hand held radios
 - Internet
 - Other
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Resident and Family Communication – Our facility provides information to all residents and family members regarding our EOP as part of our orientation and on-going communications. In the event of an emergency, family members may be notified and briefed on the status of the facility and the condition of their loved one as soon as it is feasible to do so. In case of an emergent situation, where time and conditions do not allow us to communicate with our resident’s families in a timely manner, we may utilize the Ombudsman, the Department of Public Health staff, the American Red Cross, our website, and other methods as available to provide a phone number to families where they can call and obtain information on the status and location of their resident.

Our facility has identified a responsible staff person to release information to the public after a disaster. Unless otherwise specified, it will be the Administrator or Designee.

Coordination with Response Partners

We recognize that the majority of emergencies experienced by our facility will likely involve other response partners.

Our facility has established relationships with relevant response partners in the community and become familiar with local policies and procedures relevant to emergency management.

PUBLIC HEALTH AND MEDICAL SYSTEM COORDINATION

Resource Management

Resource management is critical to maintaining safe and effective care of residents and staff. Emergencies can easily lead to unusual resource challenges like the need to evacuate residents to an alternate location; unavailability of supplies delivered on a “just in time” basis; etc.

Our facility has a robust supply of emergency equipment and materials. See Appendix Q for a Disaster Supply Inventory; Appendix R for Disaster Water Supplies; Appendix S for a Site Map with the locations for shutoffs, fire suppression and emergency supply locations; and Appendix T for Disaster Meal Menus. We have a system for shelf-life management – rotate through usual stock if possible, or rotate through suppliers’ stock, and budget and plan for replacement for all consumable supplies as indicated by the situation.

One of the most effective ways to strengthen the resiliency of the nursing home is to establish agreements with vendors and neighbor facilities before an emergency occurs. Our facility has established agreements with a variety of vendors for our re-supply and recovery needs. See Appendix U for a list of these vendors and Appendix V for copies of or relevant documentation for emergency agreements.
