

## Defining Emergency Operations Basic Plan Elements

Modified for Nursing Homes from FEMA's Comprehensive Preparedness Guide (CPG) 101

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The goal of this document is to assist the executive and administrative leadership team of skilled nursing facilities and nursing homes to develop the "basic plan" section of a facility-specific Emergency Operations Plan that will be readily understood by both internal and external audiences (for example, staff and local emergency management offices).

Emergency Operations Plans are typically divided into a "Basic Plan" with "Supporting Annexes". The Basic Plan elements are summaries following a particular outline and provide overall direction, while the supporting annexes contain more in-depth material that can more easily be modified, like an executed Mutual Aid Agreement or a shelter-in-place floor plan.

This document addresses the Basic Plan elements. It modifies the definitions of FEMA's Comprehensive Preparedness Guide 101, placing the meaning into the context of the nursing home operational environment.

### Basic Plan Outline

- Introductory Material
- Purpose, Scope, Situation Overview, and Planning Assumptions
- Concept of Operations
- Organization and Assignment of Responsibilities
- Direction, Control, and Coordination
- Information Collection, Analysis, and Dissemination
- Communications
- Administration, Finance, and Logistics
- Plan Development and Maintenance
- Authorities and References

### Supporting Annexes

Although not defined herein, supporting annexes may include anything the nursing home needs and/or the local authorities require being included, such as:

Transportation Contracts	Mutual Aid Agreements
Generator Details, Functions, and Fuel Types	Utilities contracts with contact names
Host receiving sites w/routes	Resident Record Management Plan
Resident Evacuation and Tracking Procedures	Tracking incoming residents
Insurance policies	Floor plans for housing incoming residents
Managing special high-acuity resident conditions	Staffing Roster with phone numbers

## Introductory Material

- Cover Page – Title , Date, Facility or Organization covered by the plan
- Promulgation Document – Promulgation is the process that officially declares the plan as policy, giving it authority. Often includes who or what department is responsible for maintaining their section of the plan. Includes a commitment to train those persons or departments. Signed by senior officials to affirm their support of the plan.
- Record of Distribution – Usually in table format, indicates the title and the names of the person receiving the plan with the date of delivery.
- Table of Contents

## Purpose, Scope, Situation Overview, and Planning Assumptions

- Purpose – The basic plan’s purpose is a general statement of what the EOP is meant to do. The statement should be supported by a brief summary of the basic plan and annexes.
- Scope – Explicitly states the facility/facilities and geographic areas to which the plan applies during an emergency response.
- Situation Overview – The situation section summarizes hazards faced by the facility and discusses how the facility expects to receive (or provide) assistance. The situation section includes:
  - A list of the hazards including probability and impact (look to history)
  - The process used to describe the facility’s capabilities and limits in order to prepare for hazards
  - Zones and local points of interest
  - Vulnerabilities related to resident characteristics (dialysis or respiratory management, for example)
  - Dependencies on others for critical resources
  - The actions taken in advance to minimize an incident’s impacts
- Planning Assumptions – These identify what the planning team assumes to be facts for planning purposes. The assumptions indicate areas where adjustments will likely have to be made. This section may also communicate emergency priorities.
  - Dialysis centers will likely lose electrical services in the event of a major power outage, effecting residents who require routine dialysis services in order to survive.
  - The nursing home will likely experience a disruption in utilities, including electrical services and water, for an extended period of time.
  - The top priority for nursing home emergency management is to save lives and protect the safety of residents and staff.

### Concept of Operations

This section helps the audience visualize the emergency response through a written or graphic statement that explains in broad terms the leader’s intent for facility operations during emergency management. It should describe the objectives for reaching the overall mission (for example, keeping residents and staff safe or providing care as normally as possible).

This section should *briefly* address how the facility will interact with an activated, local ESF8, first responders, vendors providing support services, regional offices, (expanded in Direction, Control, and Coordination); how the facility will confirm threats and notify residents, friends and family, staff, and host receiving facilities (expanded in Communications).

### Organization and Assignment of Responsibilities

This describes the nursing home’s organization during an emergency. This is where the National Nursing Home Incident Command System will be utilized along with associated Job Action Sheets. Key areas of responsibility will always include managing transportation, overseeing resident records and medication during an evacuation, developing and maintaining mutual aid agreements, and supporting emergency power function.

### Direction, Control, and Coordination

This section describes how the facility will interact with other entities to coordinate resources to meet the objectives of the plan. Positions responsible for interacting with and coordinating these resources will be clearly identified. This section will also include updated contact information for coordinating care, services, support, and transportation. It will also include current contact information for local emergency management office or an activated ESF8, law enforcement, and public health information. Always includes contact names of people where feasible.

### Information Collection, Analysis, and Dissemination

This section will list the essential information that is always needed for any emergency response. It will also identify the source of the information. This information is used by members of the Incident Management Team to make decisions and communicate status with stakeholder. This is best developed in a table format. See *partial* sample below:

Information Needed:	Source:
Current census	Business Office Manager
Resident Roster with Family Member Names and Phone Numbers	Business Office Manager
Staff call-down list	Director of Staff Development
Generator repair and refueling	Director of Plant Operations
External Stakeholders Telephone Roster	Assistant Administrator
Available beds, divided by male/female	Director of Nursing

## **Communications**

This section describes the procedures for communicating with the many internal and external stakeholders that will intersect with the facility during emergency events, for example, family members, local emergency management office; vendors that support care, services, and transportation; regional offices, management companies, and/or sister facilities; state licensing agency; other facilities and local hospitals that share a mutual aid agreement; media, etc. Messaging to staff about coming in and to family members about responding to their calls to learn about their loved ones will be included here.

This section does not refer to communication hardware, but rather, a brief summary of who will communicate with the aforementioned stakeholders, for what expected purpose, and what elements of information are likely to be shared. Include the names and positions of both primary and secondary facility communicators responsible for engaging the various stakeholders in case the primary is unable to fulfill their responsibility. Detailed call rosters can be included in the appropriate supporting annex.

## **Administration, Finance, and Logistics**

This section will identify the person(s) responsible for the financial management during an emergency event as well as the individual(s) responsible for collecting the necessary information to document expenses and file claims. Included in this section will be a summary of the financial expectations set forth in the mutual aid agreements between facilities and hospitals (with the actual agreements in the annex). For example, if higher-acuity, at-risk residents are moved to the hospital for the duration of an emergency event, how will the hospital be paid for services and care provided?

This section will include provisions for making salary, having cash on hand for emergency supplies, making purchase decisions, and general policies on tracking what's being requested (food, fuel, people, supplies, etc.) and how incoming supplies are distributed to where they're needed. Facilities can build on their non-emergency policies that have been modified for the flexibility and speed required in an emergency event.

## **Plan Development and Maintenance**

This section outlines how the plan will be developed and maintained. It will include assignment of responsibilities by position and will include how the Regional Office, Management Company, and/or Nursing Home Administrator, for example, will be involved with plan development and maintenance. It will describe how and by whom the different sections of the emergency operations plan will be developed and updated ("the basic plan" and "the annexes").

This section will also describe how the plan will support staff training and drills. Knowing that staff training – not a plan – saves lives and reduces loss during an emergency event, schedules for staff training will be referenced in this section along with a process for modifying the plan when staff drills and training reveal flaws in the plan. Those positions assigned the responsibility for conducting staff emergency response training and matching weakness back to the plan will be identified in this section.

## Authorities and References

In order to support the decisions and activities of the command team and staff, a nursing home's emergency operations plan will be linked to the federal and state laws and regulatory rules. These laws and rules will serve as the legal basis from which the plan is built. This section will also identify other relevant and accurate sources and materials beyond the laws and rules used in the development of the plan. Finally, this section will include lines of decision-making authority within the organization.

### Sample Statement:

This nursing home, located in Storm's Sigh County, utilizes the following laws, rules, and references in developing our emergency operations plan:

### Legal Authorities

- Code of Federal Regulations
  - s. 483.70 (b) and (h)
    - (F455 and F465 in Appendix PP of the State Operations Manual for NHs)
  - s. 483.75 (l) and (m)
    - (F514, F517, and F518 in Appendix PP of the State Operations Manual for NHs)
- Agency for Health Care Administration - AHCA 3110-6006, March, 1994

### Other reference material includes:

- FEMA Comprehensive Preparedness Guide, CPG 101 [8/08]
- National Nursing Home Incident Command System
- Shining Sun Health Systems, Inc. Corporate Guide for Nursing Home Emergency Preparedness
- American Red Cross - Hurricane Preparedness Seminar

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