

Nursing / Long Term Care Facility

Red → Please fill in information, as indicated, where red text is present.

Purple → Examples and instructions to be deleted prior to submission.

Emergency Operation Plan Template

Prepared By:

Department of Public Safety

Lycoming County Emergency Management Agency

September 2023



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Facility Name

Facility Phone Number

(Logo Optional)

Emergency Operation Plan

Date of Implementation

(This date should be updated yearly when the plan is reviewed or when changed are made)

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Promulgation

[Facility Name] Emergency Operations Plan**Promulgation Statement**

The primary goal of this Emergency Operations Plan is to enact effective emergency management strategies that promote actionable safety procedures to be facilitated in the event of an emergency. The objective of emergency management, as it relates to this plan, is to ensure preparedness and response actions exist in a comprehensive and complete manner to make certain that safety is achieved and preserved.

The [Facility Name] Emergency Operations Plan provides a comprehensive framework to facilitate emergency response in an effective and efficient manner. This document addresses the roles and responsibilities of [Facility Name] staff and any other organizations fundamental in maintaining an environment that promotes safety and dictates procedural actions in the event of an active emergency.

The [Facility Name] Emergency Operations Plan ensures consistency and compliance with current policy guidance, including regulations identified within Title 55 Pa. Code § 2600.107 (a-d), relating to emergency preparedness. Additionally, to further ensure the safety of all persons within the facility during an emergency or disaster, this plan is submitted to the Lycoming County Emergency Management Agency for approval, annually, to guarantee a collaborative and comprehensive approach during county-wide emergencies.

Therefore, in recognition of the emergency management responsibilities, related to the safety and protection of all persons within [Facility Name], I, [Authority Name], hereby promulgate the [Facility Name] Emergency Operation Plan.

[Authority Name]

[Authority Title]

Date

Approval and Implementation

Approval and Implementation

This plan supersedes the previously implemented Emergency Operations Plan for [Facility Name].

The transfer of management authority for emergency response actions during an incident is done through the execution of a written delegation of authority. This procedure herein facilitates the transition between procedural authorities in relation to an emergency. The delegation of authority is a component of the emergency response procedure and is herewith contained to include the delegation of authority and the specific limitations of that authority.

The [Facility Name] delegates the authority of [Authority Name, Title] as the Primary Emergency Coordinator, to specific individuals in the event that (he/she) is unavailable at the time of an emergency. The chain of succession in an emergency is as follows:

- 1) [Name, Title], Primary Emergency Coordinator
- 2) [Name, Title], PEC Alternate
- 3) [Name, Title], PEC Alternate
- 4) [Name, Title], PEC Alternate

(May have more or less names in authority delegation structure depending on facility needs)

Date

[Name, Title] (Referring to the primary authority approving delegation structure)

Record of Changes

Record of Changes

Change #	Date Implemented	Part Affected	Change Approval Authority Signature
1		Entire Document Revision	
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

Table of Contents

Table of Contents

Promulgation Statement.....	i
Approval and Implementation.....	ii
Record of Changes	iii
Table of Contents	iv
1. Purpose, Scope, Situation, and Assumptions.....	1
1.1 Purpose:	1
1.2 Scope:	1
1.3 Situation Overview:	1
1.3.1 Facility Information:.....	1
1.3.2 Hazard Profile:	2
1.4 Planning Assumptions:	4
1.4.1 Emergency Consistencies:	4
2. Roles and Responsibilities	5
2.1 Planning Roles:.....	5
2.2 Active Emergency Roles:.....	5
2.3 Contact Information	7
3. Concept of Operations.....	8
3.1 General:	8
3.2 Activation and Authority:	8
3.2.1 Activation Levels:.....	8
3.2.2 General Activation Authority:	9
3.3 Emergency Procedures:.....	9
3.3.1 Shelter in Place Procedures:	9
3.3.2 Emergency and Standby Power Systems	9
3.3.3 Evacuation Procedures:.....	10
3.3.4 [Example: Utility Outage]:	10
3.3.5 [Identified Hazard]:	11
3.3.6 [Identified Hazard]:	11
3.3.7 [Identified Hazard]:	11

Table of Contents

3.3.8	[Identified Hazard]:	12
3.3.9	[Identified Hazard]:	12
3.3.10	[Identified Hazard]:	12
4.	Coordination and Capabilities:.....	13
4.1	General:	13
4.2	Transportation:	13
4.3	Alternate Shelter:	13
4.4	Emergency Kits and Supplies:	14
4.5	Communications	15
5.	Plan Maintenance:	15
5.1	General:	15
6.	Authorities and References:	15
	Appendix A: [Facility] Evacuation Maps	16
	Appendix B: Agreement Documentation.....	17
	Appendix C: Communications.....	18
	Appendix D: Relocation Posting.....	19
	Appendix D: Confidential Resident Emergency Information.....	20

Basic Plan

1. Purpose, Scope, Situation, and Assumptions**1.1 Purpose:**

The purpose of this Emergency Operations Plan (EOP) is to provide a guiding framework for a coordinated and efficient approach to the emergency management of potential crisis or disaster events that may be natural, man-made, or technological in nature. This plan facilitates preparedness and provides procedural guidance to be adhered to during emergencies. This plan is designed for the mitigation, preparedness, and response of emergencies occurring at [Facility Name] located at: [Facility Address].

This Emergency plan meets the regulatory requirements identified within Title 55 Pa. Code § 2600.107 (a-d), relating to emergency preparedness. This plan is also adheres to the guidance set forth by the Lycoming County Emergency Management Agency and is consistent with the National Incident Management System (NIMS) guidance provided by the Federal Emergency Management Agency (FEMA).

1.2 Scope:

This plan establishes actionable guidance applicable to the operational procedures pertaining to the preparedness, mitigation, and response related to any potential hazards and/or emergencies occurring at [Facility Name] as deemed necessary. Herein details the types of emergencies that would require activation of this EOP and the procedures to be followed dependent on the type of emergency.

1.3 Situation Overview:**1.3.1 Facility Information:**

Facility address: [Insert Facility Address Here]

Year Built and Building Description:

[Provide Text Here]

Unit Name: License: [Insert License #]

Basic Plan

Unit Count: [Count #]

Utility Locations:

1. Main Water Valve → [Location]
2. Main Electrical Panel → [Location]
3. Main Gas Valve → [Location]
4. Main Sprinkler Valve → [Location]

(Add others as needed)

1.3.2 Hazard Profile:

This section provides a list of the identified potential hazards that could affect [Facility Name], whether technological, man-made, or natural, thus providing a basis of recognition as to the as to the importance of the actionable procedures described within the concept of operations.

Identified Hazards → The following list is comprised of the potential risks that have been identified:

1) [Fill in hazards Identified]	8) Example: Medical Emergencies
2) Example: Fire	9)
3) Example: Severe Weather	10)
4) Example: Explosion	11)
5) Example: Terrorism	12)
6) Example: Utility Failure	13)
7) Example: Tornado	14)

Basic Plan

1.4 Planning Assumptions:

This section provides the elements of an emergency that remain consistent regardless of emergency type.

1.4.1 Emergency Consistencies:

- 1) An emergency can occur at any time and no universal emergency plan will address all emergency situations.
- 2) Facility staff will have been instructed on emergency safety in accordance with the training guidelines outlined in the training section of this document.
- 3) Facility capabilities will include facility personnel that, in the event of an emergency, will facilitate emergency procedures as outlined in this document.
- 4) Facility capabilities include alarm systems that initiate warnings in the event of a fire.
- 5) Emergency maps that identify evacuation routes are posted throughout the facility and are included in this plan.

(Add others as needed)

Basic Plan

2. Roles and Responsibilities**2.1 Planning Roles:**

This section indicates the person(s) or position responsible for plan maintenance, plan conveyance, and ensuring that all components addressed within the EOP are clear and concise for the purpose of enacting the plan in an emergency.

[Name and/or position title]

[Contact Number]

(Add others as needed)

2.2 Active Emergency Roles:

This section details the functions or responsibilities of staff, by position title, to be effectuated during an emergency to ensure a collaborative and coordinated approach that promotes the safety and security of all person(s) in the facility at the time of an emergency.

Example:

Nursing Assistants:

Nursing Assistants are responsible for carrying out their specific responsibilities per training and established guidelines. Duties may include assuring specific areas are checked to ensure evacuation or relocation has been facilitated.

[Title]:

[Responsibilities]

[Title]:

[Responsibilities]

[Title]:

[Responsibilities]

Basic Plan

[Title]:
[Responsibilities]

[Title]:
[Responsibilities]

(Add others as needed)

(Optional: Insert chain of command structure)

Basic Plan

2.3 Contact Information

(Insert Emergency Contact log including important names, phone numbers, vendors, and outside emergency agencies)

(Statement Below should be below the inserted chart)

The information for each residents individual designated contact is available in Appendix D, which filed in [Location] as a separate document that is not attached to this plan to preserve patients' rights and confidentiality.

Basic Plan

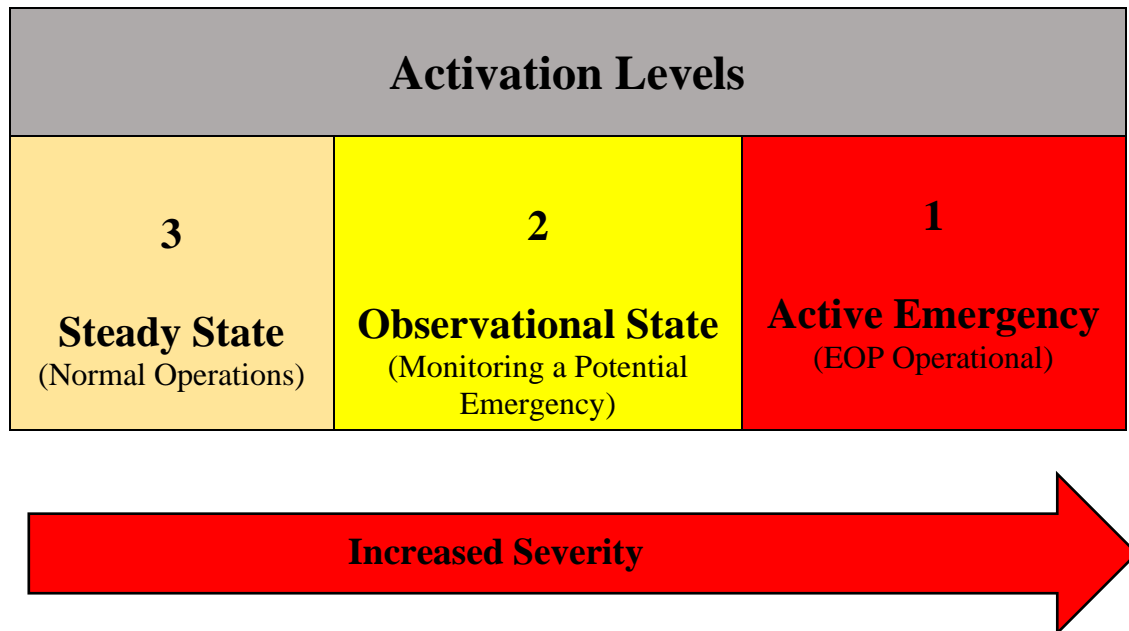
3. Concept of Operations

3.1 General:

The Concept of Operations section of the Emergency Operations Plan for [Facility Name] located on [Facility Address] in [City/Town], is designed to convey operational methods and procedural actions for the effective and efficient organization and coordination of response to emergency events occurring at [Facility Name]. The information presented is compliant with the National Incident Management System (NIMS/ICS), as all indicated procedures are scalable, flexible, and adaptable to varying conditions associated with emergency events. Furthermore, the procedures outlined meet the regulatory requirements indicated in Title 55 Pa. Code § 2600.107 (a-d), relating to emergency preparedness and planning.

3.2 Activation and Authority:

3.2.1 Activation Levels:



Basic Plan

3.2.2 General Activation Authority:

1. All employees have the authority to activate emergency procedures by pulling the nearest fire alarm when necessary.
2. [Authority Name and/or Title] has the authority to activate the Emergency Operations Plan as deemed necessary relating to a facility, town, county, or state level emergency.

(Add others as needed)

3.3 Emergency Procedures:**3.3.1 Shelter in Place Procedures:**

If a shelter in place warning is issued by local authorities due to any emergencies that include, but are not limited to, Chemical, biological, or radiological contaminants being released in to the environment or a severe weather emergency, the following procedures are to be implemented:

- Adequate food , water, medical and pharmaceutical supplies
 - Food and water supplies on hand should be determined with the following formula:

16.9 oz. Bottles of Water Needed
16.9 oz. = .4998 liters or Two 16.9 fl oz. bottles of water = 1 liter of water
X Liters of Water Needed X 2 (16.9 fl oz. bottles of water) = Total bottles needed
37,500 liters of Water X 2 = 75,000 bottles of water (16.9 fl oz.)

Meal Requirements
Affected Population X 2 (meals) X # days = Meals Needed
2,500 X 2 (meals) X 5 days = 25,000 meals

3.3.2 Emergency and Standby Power Systems

- Alternate sources of energy to maintain:
 - Temperatures to protect resident health and safety and for the safe and sanitary storage of provisions
 - Emergency lighting
 - Fire detection, extinguishing, and alarm systems

Basic Plan

- Sewage and waste disposal
- Facility must implement emergency and standby power systems based on the emergency plan
 - **Emergency generator location.** The generator must be located in accordance with the location requirements found in the Health Care Facilities Code
 - **Emergency generator fuel.** LTC facilities that maintain an onsite fuel source to power emergency generators must have a plan for how it will keep emergency power systems operational during the emergency, unless it evacuates.

(Insert shelter-in-place procedures)

Lycoming County community notifications are issued through the Emergency Alert System (EAS).

Alerts are also available by signing up at: [Sign Up for Alerts \(pa.gov\)](https://pa.gov)

3.3.3 Evacuation Procedures:

Facility layout/evacuation maps are provided in Appendix A.

Alternate shelter and transportation information is available in the coordination and capabilities section of this document.

Alternate shelter posting is provided in Appendix C.

If an evacuation/fire alarm sounds or the designated authority gives the directive, the following procedures are to be implemented:

(Insert Evacuation procedures)

3.3.4 [Example: Utility Outage]:

1. The supervisor in charge will be notified immediately of a utility outage.
2. The supervisor will contact [Designated Authority(s) Title(s)] immediately and will have authority regarding the utility outage

Basic Plan

until such a time as the [Facility Name] leadership or designated authority is available.

3. [Facility Name] is equipped with an emergency generator, which will support essential functions and equipment for a duration of [Time Frame] during the outage.
4. If the generator fails to start, the supervisor in charge or [Designated Authority] will implement the following actions:
 - a. Start the generator manually by [Manual Start Directions].
 - b. If the generator remains non-operational, contact the [Generator Vendor].
 - c. If [Generator Vendor] is unable to start the generator, the vendor will provide a back-up generator for the Facility. Please see [Generator Vendor] agreement located in Appendix B.

(Add information as needed)

3.3.5 [Identified Hazard]:

(Insert applicable procedures)

3.3.6 [Identified Hazard]:

(Insert applicable procedures)

3.3.7 [Identified Hazard]:

(Insert applicable procedures)

Basic Plan

3.3.8 [Identified Hazard]:

(Insert applicable procedures)

3.3.9 [Identified Hazard]:

(Insert applicable procedures)

3.3.10 [Identified Hazard]:

(Insert applicable procedures)

(Add others as needed)

Basic Plan

4. Coordination and Capabilities:

4.1 General:

The coordination and capabilities section of this EOP is designed to provide information related to transportation and alternate shelter locations in the event of an emergency occurring at [Facility Name]. This section also provides a checklist for emergency kits.

4.2 Transportation:

[Facility Name] Vehicles:

Vehicle Type	Capacity
[Fill in vehicle make, model, and year]	[Max capacity including driver]
(Add information as needed)	

Alternate Transportation:

(Identify alternate means of transportation)

Alternate Transportation Agreements are located in Appendix B.

4.3 Alternate Shelter:

Primary Alternate Shelter location:

(Identify alternate shelter, including address and phone number)

Basic Plan

(Add others as needed)

Alternate Shelter Agreements are located in Appendix B.

4.4 Emergency Kits and Supplies:

[Facility Name] Emergency Supply Checklist

- ☐ Copies of all contact lists
- ☐ Flashlight with extra batteries
- ☐ Battery-operated Radio
- ☐ Manual can opener
- ☐ First Aid Kit
- ☐ 3-Day supply of nonperishable food (Indicate where this information can be found)
- ☐ 3-Day supply of water equating to one gallon per person per day (Indicate where this information can be found or provide a guarantee in the agreements section from a water supplier indicating water will be delivered within 24 hours even in the event of a regional emergency)

(Add others as needed)

Appendix D includes the [Facility Name] plan to provide the emergency medical information for each resident. Appendix D is filed in [Location] as a separate document that is not attached to this plan to preserve patients' rights and confidentiality.

Location of Emergency Kits: (Insert location)

Location of additional emergency supplies: (Insert Location)

Basic Plan

4.5 Communications

The LTC facility must develop and maintain an emergency preparedness communication plan that complies with Federal, State, and local laws and must be reviewed and updated at least annually. The communication plan must include all of the following:

- Names and Contact Information of the following

5. Plan Maintenance:**5.1 General:**

This plan will be reviewed and updated annually and submitted to the local and County Emergency Management Agencies. The County Emergency Management Agency will review the plan for approval to ensure a coordinated and collaborative approach that mitigates the potential for loss of life. In the event of a county-wide emergency.

6. Authorities and References:

1. Title 55 Pa. Code § 2600.107 (a-d), relating to emergency preparedness.
2. Lycoming County Emergency Management Agency, Department of Public Safety, Personal Care Home: Emergency Operations Plan Guidance.

Appendix A - Maps

Appendix A: [Facility] Evacuation Maps

Provide Facility Maps in this Section

Appendix B – Agreement Documents

Appendix B: Agreement Documentation

(Insert vendor agreements in this section)

(Insert transportation agreements in this section)

(Insert shelter agreements in this section)

(Include other agreements as needed)

Appendix C - Communications

Appendix C: Communications

The LTC facility must develop and maintain an emergency preparedness communication plan that complies with Federal, State, and local laws and must be reviewed and updated at least annually. The communication plan must include all of the following:

(Insert the following this section if applicable)

- Names and contact information for the following:
 - Staff
 - Entities providing services under arrangement.
 - Residents' physicians
 - Volunteers
- Primary and alternate means for communicating with the following
 - LTC facility's staff
- Contact information for the following:
 - The State Licensing and Certification Agency
 - Other sources of assistance

Appendix D

Appendix D: Relocation Posting

The Members and Staff of:

[Facility Name]

Have Relocated to:

(Location)

Appendix D → Unattached Confidential

Appendix D: Confidential Resident Emergency Information

(Insert the contact information for each residents designated person in this section)

(Insert the facility plan to provide emergency medical information for each resident)

This Section of the Plan should be separated from the generally available document and accessible only to the appropriate personnel to protect confidentiality