

Emergency Operations Plan

Policy Statement

This plan provides for emergency preparedness for events such as what would be generally called a disaster and prescribes the general policies and procedures to be followed during any disaster or potential disaster situation. The purpose of this plan is to describe the scope, responsibilities, and capabilities of the emergency preparedness program and emergency response at Lutheran Community Home. LCH will apply a Hazard Vulnerability Assessment (HVA) methodology to evaluate potential hazards to the facility and provide a guide for prioritized effort to address emergency operations issues. By using this methodology an all hazards approach will be strengthened. Situations covered in this plan include the following:

Fire

Thunderstorm

Tornado Watch

Tornado Warning

Earthquake

Elopement

Disaster

LCH is committed to providing a safe and secure environment for both residents and staff. To continue providing quality care to residents of LCH during times of major emergencies and/or disasters when such events are reasonably believed to be pending by maintaining close coordination and planning links with local emergency response organizations on an ongoing basis.

It will be the responsibility of the highest-ranking staff person on duty to declare a situation a disaster and activate the disaster and evacuation policy and procedure.

Four Elements of Emergency Preparedness

1. Mitigation
2. Preparedness
3. Response
4. Recovery

Policy Interpretation and Implementation

Emergency Response Roles

1. Each role listed in the emergency response chain of command has specific duties to perform should the Emergency Operations Plan be implemented. Although there are specific personnel that would be the best to fill a position, they may not be on site when a disaster might occur. Therefore, each job does not necessarily require a specific person to fill the position.
2. The following structure parallels the government's Incident Command System (ICS) outlined in the National Response Plan. The plan clarifies key functional areas that need your attention when responding to emergencies/disasters. Using the ICS conforms to the state Emergency Management System which increases the likelihood of LCH's eligibility for reimbursement of disaster-related costs.
3. In addition, one person may need to take responsibility for the functions of more than

one job until relieved. The main priority is to begin the functions until additional or more qualified personnel are available to fulfill those duties. In the event the emergency occurs on off-shifts or weekends, certain personnel are designated to hold key roles until the designated personnel arrive on site.

Incident Command Structure

1. Incident Commander- Manages the overall response and recovery effort. Anticipates the course of events and oversees the planning process. Responsible for notifying community resources and outside agencies for needed assistance. This role is filled by the Administrator.
2. Logistics Officer- Arranges for needed support for operations, provides resources, and other services. This role is filled by the Director of Nursing.
3. Finance Officer- Manages the accounting responsibilities, tracks staff, and oversees financial issues. This role is filled by the Director of Financial Services.
4. Safety Officer- Monitors incident operations and advises the Incident Commander on all matters related to operational safety. This role is filled by the Maintenance Supervisor.
5. Liaison Officer- Maintains relationships with other organizations and first responders. This role is filled by the Director of Human Resources.
6. Communications Officer- Maintains communications with the media and all stakeholders. This role is filled by the Social Services Director/Compliance Officer.

Communication Plan and Resources

1. As traditional communication systems may not function in an emergency or disaster, LCH has purchased 6 radios to ensure ongoing communication during the incident. All staff members are educated on their use.
2. LCH communication systems and capabilities will be provided to take care of daily routine business and emergency response activities. Where possible, redundancy will be built into the communication network that will support both internal and external alerting, notification, and information flow.
3. Resident care will be well-coordinated within the facility, across healthcare providers, and with the health departments and emergency management.

Staff Call Protocol

A list of telephone numbers of staff for emergency contact is located at the front desk of the facility. During an emergency, the HR Director or designee is responsible for contacting staff to report for duty as directed by the Incident Commander. The HR Director will also assign volunteers to assist in the following activities: transporting assistance, passing water and ice, assisting with nutritional needs, assisting with comfort measures, and other duties as deemed appropriate in the specific situation.

Fire Safety

1. All alarms should be treated as an actual fire. There will be an automatic audible alarm that indicates, fire, trouble, or a dangerous situation. It is imperative that each of us be prepared in advance to cope with such an emergency situation. The plan

contained herein is designed to secure the life safety of all residents, visitors, and personnel should a fire occur. The effectiveness of this fire emergency plan is entirely dependent upon the manner in which each employee carries out his specific assignment. The basic elements of our fire control program are prevention, avoidance of panic, protection of residents if fire threatens, putting out the fire when possible, and confining the fire to the area in which it starts.

2. The key to fire prevention is to keep fire hazards continually in mind as you go about your work. Keep your work area free from debris. Keep storage spaces orderly and free of trash. Keep exits clear of equipment and debris. Exercise care in the use of electrical equipment. Never tamper with wires or fuses. Report unsafe conditions to your Supervisor. Extension cords are not permitted unless provided by the Maintenance Department.
3. In case of fire, remember to keep calm, think clearly, do not shout fire, reassure your residents and visitors, remember life saving first and fire fighting second.
4. If the fire is in your area, remember this four-point plan:
 - R=Rescue/Relocate residents, visitors, and staff past the smoke separation doors diagonally in the building to the farthest most point away from the fire. For example, Autumn Court should evacuate to Dogwood Avenue and vice versa. Birchwood Lane should evacuate to Cherry Boulevard and vice versa. Reassure residents they are being care for and remain calm.
 - A=Alarm. Sound the nearest alarm.
 - C=Confine. Close the fire doors to confine the fire.
 - E= Extinguish. Put out the fire if it is small.
5. Fire extinguishers must be properly used to be effective. All fire extinguishers in the building are rated for all types of fires. All staff should know the location of fire extinguishers in and near their respective departments. To operate a fire extinguisher, do the following: P – Pull the pin, A – Aim the nozzle at the fire, S-Squeeze the trigger, S-Sweep at the base of the fire.
6. Lights are to be left on. If evacuation becomes necessary, light will be needed for safety.
7. Elevators are dangerous during a fire and are not to be used unless so directed by the Fire Department.
8. Close all doors immediately. If smoke or toxic gases are present, stay low and crawl if necessary until you reach safety.
9. Every department, work center, or nursing unit will assign someone to answer the telephone and convey messages. Keep phone calls to a minimum. Do not call the switchboard except to convey emergency information.
10. Employees should not leave the building unless their specific duties associated with a fire response require them to do so. Do not leave your work area to go on breaks until everything is clear.
11. Instruct visitors to stay in resident rooms if already there. If evacuation becomes necessary, direct residents and visitors through the corridor fire doors to a safe area as determined by the Leadership Team member in charge.
12. There are three phases of evacuation that are followed. Phase 1 is the evacuation of the

affected room, adjacent rooms and the room across the hall. Phase 2 is the evacuation of the entire smoke compartment. Phase 3 is the evacuation of the entire building. The extent of evacuation is determined by the Incident Commander.

13. If complete evacuation becomes necessary, residents and visitors able to walk should be lined up and escorted to the established safe area which is Zion Lutheran Church. Non-ambulatory residents should be wrapped or covered in blankets and moved to the safe area. Directions to Zion- Go out front entrance, turn right on Church Avenue and the church is at the end of the block. If you exit from a south doorway, go around the building to the front, turn right on Church Avenue and the church is at the end of the block.
14. If it becomes necessary to evacuate residents outside the building, a bracelet should be applied to the resident's wrist identifying the resident's name and code status.
15. As we communicate with residents and their families we must acknowledge people's fears, not create panic, acknowledge uncertainty, and don't over reassure.

Plan for Thunderstorms or Tornado Watch

1. Turn on and monitor severe weather radio at the nurse's station.
2. A tornado watch means that conditions are favorable for the development of a tornado.
3. Check on residents and know their whereabouts.
4. Close the window coverings and move residents away from areas that have a large amount of glass. Alert and oriented residents may like to watch the progression of the storm and may need encouragement to keep away from the windows.
5. Know where flashlights are in case of a power outage.
6. Residents who use oxygen concentrators may need an alternate solution should we be without power. Have portable tanks available.
7. Residents who are afraid of storms may need to be involved in a group activity to redirect their attention. Provide reassurance.

Plan for Tornado Warning

1. A tornado warning means that a tornado has been reported or indicated on radar. After receipt of the tornado warning that includes Jackson County, take immediate action to move the residents into a safe location. A warning for Jackson County means that a tornado has actually been sighted in Jackson County and may be near the facility. Time is of the essence as most tornadoes last less than 20 minutes.
2. Close all curtains in resident rooms and move residents to the interior hall corridor. Once the warning has expired, residents may be returned to their rooms.
3. Bedridden residents need to have their bed moved as close to an inner wall as possible. The privacy curtain should be pulled around the resident. Cover the resident with extra blankets, position them in bed so they are facing the inner wall of the room.
4. Know where the flashlights are and be prepared for the electricity to go off. The generator will automatically come on for emergency power. Always check specialty

beds to be sure that they stay inflated if there is a power outage. Oxygen tanks are available in the supply closet in the back hallway for those residents requiring oxygen.

Plan for An Earthquake

1. During a major earthquake, you may experience a shaking that starts out to be gentle and within a second or two grows violent and knocks you off of your feet. Sometimes it is difficult to move from room to room.
2. Move the resident away from the window into a door way or if able under the bed.
3. If you are indoors stay there. Get under a desk, table, door way or in a corner. Remember to stay clear of windows, bookcases, outside walls, mirrors, and loose cabinets until the shaking stops.
4. If you are outside, stay outside. Get away from buildings, trees, walls, and power lines.
5. If you are in the Manor or Evergreen Way, do not use the elevator.
6. When the ground stops shaking, check for injuries and implement the appropriate interventions.
7. Check for hazards.
8. Use the phone for emergencies only.
9. Aftershocks will occur. These are usually smaller than the main quake, but some may be large enough to do additional damage or further injury.

Plan for Elopement

1. Every effort is made to prevent wandering episodes while maintaining the least restrictive environment for residents who are at risk of elopement. All residents are assessed by the interdisciplinary team and the resident's care plan is developed/modified as needed.
2. It is the responsibility of all personnel to report any resident attempting to leave the premises, or suspected of elopement.
3. Should an employee observe a resident leaving the premises, he or she should attempt to prevent the departure obtaining assistance from other staff members as needed.
4. If an employee discovers that a resident is missing from the facility, he or she should determine if the resident is out on an authorized leave or pass.
5. If not, make a thorough search of the building and premises.
6. If the resident is not located, notify the Administrator and the Director of Nursing immediately.
7. Notify the resident's legal representative, the attending physician and local law enforcement agencies.
8. If necessary, notify volunteer agencies.
9. Provide search teams with resident identification information. Make an extensive search of the surrounding area.

10. Upon return of the resident to the facility, examine the resident for injuries and report any findings and the resident's condition to the legal representative and the attending physician.
11. Notify search teams that the resident has been located.
12. Complete and file an incident report and make appropriate entries into the resident's medical record.

Plan for Disaster

1. The disaster plan may be put into effect if there is a need to evacuate the building and/or to deal with weapons of mass destruction or acts of terrorism.
2. Each department supervisor should keep a list of personnel that can be called in to assist with the disaster plan.
3. Staff members should follow the evacuation details as described in the fire safety plan.
4. During the time of disaster, the lines of authority and responsibility for direction will remain as established for routine operation of the facility. Whoever is acting supervisor, or in charge of a particular area at the time of the disaster alert, is in authority and will keep that authority until the person higher in the organizational structure arrives and assumes control.
5. All personnel, unless specifically assigned to specific disaster control duties, will remain at or return immediately to their place of usual employment. Personnel are to carry on their normal routine work assignment until reassigned by their supervisor.
6. If Leadership Team members or other personnel are given special duties, they must appoint a person in charge of their area prior to leaving and must make sure that the main telephone to their area is manned.
7. Use of telephones will be restricted to emergency situations and necessary business.
8. The Administrator will coordinate all functions of the disaster plan and authorize the call for assistance to federal, state, local, and volunteer agencies. The Administrator will also be the person to correspond with the news media. The Administrator will designate a staff member to keep family members informed of events via telephone or email.
9. When appropriate, the Administrator would make a decision to shelter in place. LCH would obtain needed food, water, medications, treatments, and equipment through our normal suppliers and as listed. LCH keeps a 72 hour supply of nursing supplies, equipment, food, and water on hand. LCH maintains agreements with suppliers for emergency needs.
10. Staff members should follow the evacuation details as described in the fire safety plan.
11. When a resident is evacuated from the facility, they will be sent with a current Emergency Information Profile that is updated at least quarterly. This Emergency Information Profile is placed into a badge held by a lanyard that is placed around the resident's neck. The following information is included on the profile: Name, Social Security Number, Insurance Information, Date of Birth, Diagnosis, Current Medications, Diet, Contact Information for the next of kin or responsible party. This profile is included as Appendix A. A wrist band is also placed on the resident to aid in

identification. The resident's photograph is attached to the emergency information profile.

12. The Administrator will designate a staff member to accompany the resident to the alternate location and that person will document their arrival in the medical record. If the resident becomes ill during transport, an emergency call will be placed via the 911 system. LCH policy and procedure will be followed in the event of cardiac arrest.
13. If a resident goes missing during an evacuation, facility elopement policy and procedure will be followed as outlined in this plan.
14. The local ombudsman program will be notified how, when, and where residents will be sheltered so the program can assign representatives to visit and provide assistance to the residents and their families.
15. The Pastoral Coordinator and Director of Social Services will be available to meet any counseling needs.
16. Transfer agreements are in place with Schneck Medical Center, Seymour Crossing, Covered Bridge, and Hoosier Christian Village. These agreements enhance and strengthen our plan.
17. Transportation agreements are in place with Hoosier Christian Village, Covered Bridge, and Jackson County EMS. The Seymour School System is willing to help with any additional needs.
18. A decision to reenter the building would be made by the Administrator and the Board of Directors after appropriate approval is received from state and federal agencies. During the time that the building is evacuated, LCH staff members will monitor the building and contents to ensure their security.

Staff Training

1. New employees will be given comprehensive training on the overall scope of emergency planning and specific training on policies and procedures that are important to their assigned duties.
2. Periodic training, drills, and exercises will be conducted to maintain staff proficiency in the emergency plan and procedures.

Annual Review

1. This emergency plan is reviewed annually or whenever new information or lessons learned warrant a change be made to keep the plan and/or procedures current.
2. The facility will collaborate with local, regional, State, and/or Federal emergency preparedness officials to maintain an integrated response during a disaster or emergency situation, including documentation of the facility's efforts to contact such officials.
3. Each year, our facility will participate in a full-scale exercise and participate in one additional testing exercise. Documentation will be maintained of all drills, tabletop exercises, and emergency events. The plan will be revised as needed.

Regulatory Reference Sources and Revision Dates	
OBRA Regulatory Reference Numbers	483.70(a)&(b); 483.75(m)(1)&(2); Life Safety Code (2000 Edition)
Survey Tag Numbers	F454; F455; F517; F518
Policy/Procedures Reviewed/Revised	Date: _____ By: _____ Date: _____ By: _____ Date: _____ By: _____ Date: _____ By: _____