ANNEX I – MEDICAL (ESF# 8)

I. PURPOSE

This annex provides for those necessary actions related to lifesaving treatment of patients, transport of the ill and injured, evacuation, medical and mental health treatment of the injured, disposition of the dead, and crisis mental health services during response operations, as a result of a disaster.

II. MISSION AREAS AND LIFELINES

A. Mission Areas

1. Prevention: The medical community, including hospitals, EMS, and healthcare practitioners, provide constant information about healthy lifestyles, common medical conditions and treatments, and access to healthcare for all times, including those during and after a disaster.
2. Response: The medical community, including hospitals, EMS and healthcare, works in conjunction with other emergency services to provide on-scene, in hospital, and out-of-hospital care to those affected by a disaster, and these agencies plan their response roles together to ensure that all populations, including those with functional needs, are properly cared for, have access to emergency care, and are entered into the healthcare system as the disaster requires.
3. Recovery: The medical community, including public health, EMS and healthcare work together to facilitate the successful recovery of individuals affected by a disaster, and to apply continuous quality improvement to their systems to increase and improve survivability for all disaster victims.

B. Lifelines

1. Safety and Security: Public health, healthcare, and EMS provide ongoing information and education to the public to deter the incidence of communicable illness, food or vector-borne illness, or conditions that arise from unhealthy lifestyles and result in disaster vulnerability.
2. Health and Medical: Public health, healthcare, and EMS work together to provide necessary urgent and emergency care after disasters, including delivery of post-incident medical and trauma care as necessitated by event activities.
3. Hazardous Materials: Public health, healthcare, and EMS work collaboratively to provide monitoring and treatment to responders affected by hazardous substances in the course of response to an incident, and to follow up after the incident to ensure that any residual effects are properly diagnosed and treated.

III. SITUATION AND ASSUMPTIONS

A. Situation

1. All disasters have the potential to result in injuries at multiple locations to county residents and visitors to the extent that healthcare services would be stressed or overwhelmed.
2. The potential exists for a single multiple casualty incident resulting from any natural or man-made disaster, which would stress county emergency medical services as well as in-hospital emergency departments and trauma services.

3. The possibility of an infectious disease such as influenza or coronavirus impacting the county's residents is present, and could result in extraordinary demand placed upon emergency medical services, medical practitioners, and healthcare facilities.
4. Wilson Memorial is the only hospital in Shelby County.
5. There are 4 nursing homes in Shelby County licensed by the Ohio Department of Health.
6. There are 6 EMS departments, capable of performing field triage and providing on-scene care and transportation of the injured to area hospitals.
7. There is 1 public mental health facility within Shelby County, and a number of private practices, which can provide counseling for the mental health and welfare of Shelby County residents.
8. The Shelby County Coroner can be contacted through Wilson Memorial Hospital or the dispatch center.
9. The county does not have a Morgue for simultaneous mass fatalities, but can make arrangements for the treatment of decedents through temporary facilities or county funeral directors and facilities.
10. There are four air medical transport services that provide coverage for the Shelby County area.
11. Each entity providing emergency medical assistance has mutual-aid agreements, per their needs, with surrounding areas.

B. Assumptions

1. A large-scale emergency will result in increased demands on hospitals, EMS, and health and medical personnel.
2. Additional assistance for health and medical personnel will be available from neighboring counties and other regional hospitals.
3. Any hospital, nursing home or other medical facility evacuating patients or residents to other facilities within Shelby County or a neighboring county, will provide the medical records of patients, professional staff, and as many supplies and resources as practical.

IV. CONCEPT OF OPERATIONS

A. Core Capabilities

1. Planning – All agencies involved in providing healthcare, from EMS that responds into the homes and accident sites, to in-hospital emergency care, surgical services and medical care as well as private practitioners and specialty medical services or mental health assistance, must plan together with community partners to serve the needs of residents when systems are stressed or overwhelmed.
2. Public Information & Warning – Healthcare facilities, practitioners, and special centers must be able to work together to provide information about incidents to the public, and to provide assistance to dispatch centers to warn the public about threats that may be ongoing or present.
3. Operational Coordination – Hospitals, specialty medical centers, healthcare workers and private practitioners, and emergency medical services must be able to work together seamlessly to serve the needs of the ill and injured during disasters, and to work with fire, law enforcement, EMA, and others in helping respond to disasters in the most effective and efficient way.

4. Environmental Response/Health & Safety – Hospitals and private practitioners must be able to assist in the execution of emergency services that takes into account exposure to hazardous substances, daily exposure limitations of chemicals, and exposure of the environment to damaging and dangerous substances.
5. Public Health, Healthcare and EMS the healthcare industry, private practitioners, EMS systems, and other components of healthcare must be able to deliver adequate, high quality services to area residents after a disaster.
6. Fatality Management Services – Healthcare providers at all levels and perspectives must work together under the direction of the county coroner to provide effective and respectful care of the deceased with proper handling and disposition of remains in a timely and sensitive fashion.
7. Health and Social Services – the healthcare services must be able to provide casework and necessary assistance to patients so they can return home, rehabilitate from injury and illness, and return to a productive and enjoyable lifestyle after disasters.
8. Logistics and Supply Chain Management – Hospitals, EMS, and funeral homes must be able to acquire, receive, and utilize necessary resources as medical, healthcare, mental health or mass fatality needs are satisfied.

B. Local Operations

1. Emergency operations are an extension of normal duties.
2. All medical facilities and services have emergency plans and updated resource lists and alternate sources of personnel and equipment.
3. All emergency service organizations will report appropriate information concerning casualties, damage observations, chemical/radiation exposure, and related information to the EOC.
4. A plan for managing Mass Casualty Incidents (MCI) is located in Appendix 1 to this Annex, Mass Casualty Response.
    a. A mass casualty trailer provides additional supplies and resources for response to such incidents.
    b. In the event that an incident exceeds local and county mass casualty response capabilities, mutual aid support will be requested from surrounding counties with mass casualty trailers and other resources.

C. Incident Command System

1. All hospitals and EMS units will utilize the Hospital Incident Command System (HICS) and/or the Incident Command System (ICS) to organize a large response.
2. In compliance with ICS, the first-arriving unit at an emergency scene establishes an Incident Commander; the IC should be the most experienced, highest ranking individual of that unit. This may or may not be a fire chief.
    a. In the event that EMS units are the first to arrive on-scene, command will be established by the highest ranking EMT and can then be transferred upon arrival of the first fire unit.
    b. The IC is responsible for establishing incident objectives and managing the entire emergency scene
    c. The IC is responsible for assuming or assigning all duties necessary at the scene.
3. Additional positions may be assigned, such as, EMS Operations Branch Director/Group Leader, EMS Triage Officer, EMS Treatment Officer, and EMS Transport Officer. The

severity of the incident and number of injured will affect the organization and assignment of positions.

a. The EMS Operations Branch Director/Group Leader is responsible for all EMS related activities and is responsible to the Incident Commander.

b. The Triage Officer is in charge of all triage, tagging and movement into patient collection area and is responsible to the EMS Branch Director/Group Leader.

c. The Treatment Officer is in charge of all treatment and re-triage within the patient collection area and is responsible to the EMS Branch Director/Group Leader.

d. The Transport Officer is responsible for patient movement from the patient collection area to receiving hospitals and is responsible to EMS Branch Director/Group Leader.

D. EMS Response

1. EMS units are dispatched through county dispatch centers.
2. EMS units have a common radio frequency to communicate with each other.
3. Local Mutual Aid agreements exist for EMS support.
    a. When the need for EMS mutual aid exceeds the assistance available, the EMS Control Officer should relay this information to the Incident Commander, who can activate the Ohio Fire Chief's Association Ohio Fire Service Emergency Response Plan and request additional EMS resources.
4. Air medical transport and private EMS companies are contacted by the dispatch center at the request of Incident Command.
    a. Arriving units will be directed to appropriate staging areas and integrated as determined by Incident Command or the EMS Branch Director/Group Leader if one has been appointed.
5. EMS units receive medical supplies and equipment through the re-stocking program at Wilson Memorial Hospital.
    a. In the event that local supplies are not adequate, the hospital maintains agreements with pharmaceutical companies and equipment suppliers for emergency deliveries.
6. Emergency Treatment Centers and/or Mass Casualty Collection Points will be established as needed.

E. Hospitals

1. Wilson Memorial Hospital has developed an Emergency Response Plan for directing internal operations during major emergencies.
    a. Hospital operations are directed by the Hospital Incident Commander who has independent authority over hospital operations.
    b. The H-IC will send a hospital representative to the EOC to help coordinate activities with the IC on scene; if the EOC is not opened, that representative might be in communication with the IC by phone or radio.
    c. The H-IC will develop the incident command structure within the hospital to meet the needs of the incident and the demands being placed upon the hospital.
2. Emergency call lists are maintained by the hospital in the event that additional staff are needed immediately.

3. Wilson Memorial Hospital has equipment and training to conduct decontamination operations from outside the hospital facility.
    a. If a scene involves hazardous substances and/or contaminated patients, the IC will notify the H-IC of that situation and will convey information about the contaminant to the H-IC to the degree the information is known, and in as timely a manner as possible.
4. During major hospital emergencies that cause a patient surge capacity in the emergency department of the hospital, they may activate the Hospital Incident Command System (HICS) and establish necessary positions to support control of the situation within the hospital even if there is no identified pre-hospital scene.
    a. The Hospital Incident Commander will take charge of the incident.
    b. This may include communications and triage assistance at the emergency room entrance.
    c. This may establish roles necessary to manage the incident within the hospital and utilizing resources outside the hospital relevant to the situation.
5. Wilson Memorial Hospital maintains a cache of supplies and antibiotics to support treatment of staff and their families.
6. On-Scene Support of Medical Operations
    a. Wilson Memorial Hospital does not send personnel to the scene of an incident.
    b. EMS units receive medical supplies and equipment through the re-stocking program at the hospital.
        1) In the event that local supplies are not adequate the hospital maintains agreements with pharmaceutical companies and equipment suppliers for emergency deliveries as available.
        2) EMS providers may establish and maintain a stock of non-pharmaceutical supplies on their own.
7. Alternate Treatment Facilities
    a. Shelby County can establish an alternate treatment site at a specific identified location during major emergencies.
    b. The hospital may divert patients to surrounding medical facilities, according to existing plans and agreements.
    c. It is not current policy in Shelby County to use nursing homes for emergency treatment or mass casualty collection points.
    d. Regional healthcare coalitions may be able to provide assistance with alternate care centers and personnel in a very large incident.
8. Evacuation of In-Patient Medical Facilities
    a. Evacuation of the hospital may occur if the structure is unsafe or unable to meet the needs of the patients and staff treating the patients due to damage, lack of utilities, major flooding, or other disaster consequences.
    b. The hospital president, or designated representative, will call for and coordinate the evacuation.
    c. Receiving facilities will be selected according to their current ability to receive and care for additional patients.
    d. Stable patients may be discharged from the hospital, depending on their condition and the possibility of providing necessary care in the home.

e. Critical patients are the highest priority in evacuation and will be moved first if possible.

f. Transportation will be provided by ambulances, school bus, senior/disabled transportation service vehicles, or air ambulance services.

1) Resource and mutual aid agreements are maintained in the event that additional transportation is required.

9. Receiving Additional Patients

a. Should a neighboring hospital have to evacuate, that hospital will contact the Wilson Memorial Hospital with a request to accept additional patients, the number of patients and the nature and extent of care needed

b. Patients will be received according to established plans and procedures.

c. Utilization of medical staff from another hospital will be decided in accordance with the medical staff guidelines.

d. A listing of hospitals, nursing homes, care facilities and related organizations appears in the Shelby County EMA Resource Manual. These organizations may support each other by accepting temporary additional residents should one facility be evacuated during an emergency.

F. Mortuary and Coroner

1. In a mass casualty situation, the coroner shall determine when the dead are to be removed from the scene.

2. The Shelby County Coroner will determine the location of a temporary morgue in mass-casualty emergencies.

a. Temporary morgues should not be located in public institutions that will later be used for services to the public, or that are located amid activity of the public and major traffic patterns.

b. Airport hangers, warehouses, and other buildings that are not of historical, cultural, or societal interest should be the first choices for temporary morgues.

c. Refrigerator trailers should be acquired with the intention of not using them after use.

d. The Coroner will staff and operate the temporary morgue using trained and qualified staff.

e. Bodies will be identified through various means including dental records, tissue identification, or other scientific methods.

f. Cause of death determinations will be made at the temporary morgue.

g. Death certificates and burial permits will be managed by the Coroner.

h. Arrangements for cremation or burial may be made from this location or may be made with the next-of-kin’s funeral home of choice.

i. Coordination with all area funeral homes will be necessary.

3. If conditions warrant, the Ohio Funeral Directors Association Ohio Mortuary Response Team will be requested to assist with mobile morgue and refrigeration operations.

4. The Shelby County Coroner may request support from the US Health and Human Services Disaster Mortuary Operational Response Team (D-MORT) in severe incidents or when a Federal Disaster is declared.

5. Contact with the activated EOC will be maintained throughout the emergency.

6. The County Coroner shall be responsible for establishment of procedures for notification of the next of kin.

G. Mental Health Services

1. The Tri-County Board of Recovery and Mental Health Services is the local governmental planning, monitoring, evaluation and contracting authority for community mental health and drug abuse services for the residents of Shelby County.
2. The contact point for mental health emergency operations will be the All Hazards Coordinator on the Tri-County Board staff.
    a. A Family Assistance Services Team may be established to direct and facilitate the development of services for mental, emotional and behavioral health issues.
3. The Tri-County Board will assist in the evaluation of mental health concerns during events as requested by the EMA during and in the aftermath of the emergency.
    a. Communication should include analysis of service call and response data by law enforcement and EMS regarding domestic violence, overdoses, addiction calls, suicides, and other calls indicative of mental health concerns after the incident.
    b. Attention to child and elder abuse, neglect, and abandonment should address the need for services to protect special and vulnerable populations from harm.
    c. Financial impact of the disaster, loss of jobs or other income, lack of child support payments or other financial consequences of disasters should be considered as mental and emotional health services are provided.

V. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

A. Organization

1. Medical and Public Health Operations are addressed in separate annexes (Annex H - Public Health), but close coordination is required to fulfill the overall responsibility of safeguarding and minimizing adverse health factors of an emergency or disaster.
    a. Rules and regulations regarding reportable illnesses and medical situations remain in place after disasters.
    b. Additional reporting requirements may be placed upon the medical community as related to the disaster.
    c. Public health may coordinate tracing and patient tracking efforts with healthcare providers as they complete their required origin determination for diseases or water/air quality illness.
2. Emergency Medical Operations will be divided into four sections: Emergency Medical Services, Hospitals, Mortuary Services, and Mental Health Services.
    a. Each area of concern will have a coordinator responsible for implementing that portion of this annex.
    b. Each group will have representation in the EOC.
    c. The close coordination between these groups for the health and well-being of the community will be a mutual undertaking.

B. Assignment of Responsibilities

1. Wilson Memorial Hospital President or designee:
    a. Implement the hospital's disaster plan, including the appointment of a Hospital Incident Commander.
    b. Coordinate the transportation of medical resources to the hospital and other areas as required
        1) Durable medical equipment such as beds, cots, ventilators, and other necessary equipment
        2) Personal protective equipment as determined necessary by the nature of the incident
        3) Medications and other supplies that are necessary to treat patients
        4) Housekeeping and other necessary non-medical staff to perform critical support activities
    c. Coordinate efforts with area hospitals which may be involved in caring for the ill and/or injured
        1) Establish connections with other area hospitals as the incident unfolds
        2) Establish communication with the EMA and/or the EOC as the incident develops
    d. Send a liaison to the Emergency Operations Center, when activated
    e. Make policy changes and other standard procedural changes as the situation warrants and communicate the changes to all staff
    f. Maintain a cache of antibiotics and other necessary supplies for distribution to hospital staff and their families
2. Wilson Memorial Hospital Staff
    a. Provide medical direction for EMS, and field triage units concerning the treatment and handling of the ill and/or injured
    b. Establish and maintain field and inter-hospital medical communications
    c. Meet requests for qualified medical personnel, supplies, and equipment
    d. Maintain communications with Hospital Liaison in the EOC and provide updated information as available
    e. Implement mass casualty plans
    f. Provide emergency treatment and hospital care for disaster victims, including secondary decontamination and isolation where needed
    g. Support the County Coroner with a temporary morgue and communicate any pending patients to the Coroner in a timely fashion
3. Emergency Medical Services (EMS)
    a. Provide personnel for emergency medical assistance at the disaster scene
    b. Provide first aid/medical supplies for disaster
    c. Establish and maintain field communications and coordination with other emergency services through Incident or Unified Command structures
    d. Provide field triage
    e. Provide emergency medical care by establishing a medical monitoring and emergency treatment station outside of the hazardous area, as appropriate

f. Send a liaison to the Emergency Operations Center, when activated

g. Coordinate the transportation of casualties to treatment areas, per protocol

4. County Coroner

a. Direct local resources utilized for the collection, identification, and disposition of deceased persons and human tissue

b. Select sites to establish temporary morgues, and the personnel to staff them

c. Assist in procurement of equipment and supplies necessary to operate the temporary morgue

d. Coordinate and share resource information with search and rescue teams

e. Determine the cause of death for each decedent in the temporary morgue

f. Identify mass-burial sites or sources of cremation and embalming of bodies

g. Protect the property and personal effects of the deceased and turn over to the identified next-of-kin

h. Coordinate with the County PIO to provide emergency information on the number of deaths, morgue operations, etc., as appropriate

i. Coordinate services of funeral directors, ambulances, EMS, and other pathologists; the Red Cross for location and notification of relatives; dentists and x-ray technicians for purposes of identification; and police for security, property protection, and evidence collection

5. Mental Health Agencies

a. Coordinate professional psychological support for victims, families, and emergency response personnel during all phases of the disaster. Including, but not limited to:

1) Crisis intervention

2) Critical Incident Stress Management

3) Group counseling and/or support groups

4) Outreach

5) Mental health education, information and referral

6) Consultation

7) Assessments, including but not limited to mental health and drug and alcohol

8) Psychiatric Care, including prescribed medications

9) Post-Traumatic Stress Disorder (PTSD) screenings and referrals

10) Anger management

11) Grief counseling

b. Coordinate replacement and continuation of medication for identified mental health clients

c. Provide assistance to special populations identified by the Mental Health Board

d. Provide a Mental Health Liaison to the EOC, when activated

1) Assist Public Information Officer in development and presentation of Emergency Public Information to minimize disruption and fear among the public

2) Provide mental health assistance and guidance to the EOC staff

6. Red Cross
    a. Provide blood and blood substitutes and/or implement reciprocal agreements for replacement of blood items with the Central Ohio Blood Services of the American Red Cross
    b. Provide assistance in the location and notification of next of kin
    c. Provide assistance for the special needs of the handicapped, elderly, and those children separated from their parents in shelters
    d. Train assigned ARC response staff and volunteers for emergency functions
7. Nursing Homes
    a. Care for injured residents
    b. Provide space as available for temporary hospital/medical treatment facility for disaster victims
    c. Reduce the patient population if evacuation is necessary, and continue medical care for those that cannot be evacuated
    d. Isolate contaminated or ill patients as the situation warrants
8. Law Enforcement
    a. Provide traffic control, crowd control, security and law enforcement at disaster site and medical facilities
    b. Assist in search and rescue
    c. Assist in body identification and transportation, and in taking custody of personal effects during transport
    d. Provide emergency transport for physicians, blood products and medical supplies as requested
9. School Systems
    a. Provide buses and drivers for medical evacuations
    b. Provide school facilities for shelters and temporary medical treatment facilities
10. Volunteer Groups
    a. Provide food, clothing, sheltering to disaster victims, their families and emergency response workers
    b. Provide other support services as available

VI. DIRECTION AND CONTROL

A. The area Liaisons will report to the EOC upon its activation. From this location, coordination of medical activities in response to the incident will take place.

B. The Coroner need not respond to the EOC when activated. He/she need only maintain communications, and provide coordination information to the EOC unless he/she wishes to send a representative.

C. Internal resources of all operating departments will be managed through individual departmental procedures and policies.

VII. CONTINUITY OF GOVERNMENT

A. Lines of succession for Liaisons from Wilson Memorial Hospital, the Coroner (Section 313.06 ORC), EMS, and Mental Health Agencies are as determined by law and in existing internal operating procedures.

B. Refer to Appendix 3, Procedures for the Relocation and Safeguarding of Vital Records in the Basic Plan, and Appendix 1, Procedures for the Protection of Government Resources, Facilities, and Personnel in Annex N, Resource Management.

VIII. ADMINISTRATION AND LOGISTICS

A. Logistical support for food, water and lighting will be provided for response personnel by their attached organizations and through material support by EOC representatives as necessary.

B. Mutual Aid

1. A written mutual-aid agreement exists between all EMS units within the county. This agreement is renewed every five years, and was developed by the County Fire Association.
    a. An inventory listing of all EMS organizations in the county is maintained in the agreement.
2. Assistance from the Ohio Department of Health and/or the Federal Public Health Service may be requested through the County Health Commissioner.

C. Training & Exercises

1. Wilson Memorial Hospital Staff
    a. Participate in annual drills and training in dealing with contaminated victims. Specialized training is received by designated staff members
    b. Disaster plans must be exercised annually.
    c. Appropriate staff are trained in radiological monitoring, decontamination, and treatment of contaminated injured
2. EMS
    a. Participate in drills and training as needed to maintain and/or improve skills
    b. Participate in county exercises, including as a mutual aid responder
    c. Emergency Medical Technicians must participate in a continuing education program as required by the Ohio EMS Board in order to maintain certification at whatever level of certification they maintain.
3. Mental Health
    a. Practitioners complete required continuing education programs
    b. Participate in drills, exercises, and training opportunities, as available

D. Protective Clothing and Equipment

1. The hospital staff has the appropriate clothing and equipment, and antidotes to perform assigned tasks in a hazardous chemical or radiological environment.
2. Monitoring equipment is maintained in accordance with internal operating procedures.
3. Medical or other facilities which have the capability to decontaminate injured persons are:
   a. Shelby County HazMat Team
   b. Wilson Memorial Hospital
   c. Sidney Fire Department

E. Protection of Records

1. All medical facilities and groups will protect records deemed essential, such as patient records.
2. Medical facilities and practitioners will abide by the laws and rules established in the Health Insurance Protection and Portability Act (HIPAA).

IX. PLAN DEVELOPMENT AND MAINTENANCE

A. The designated planning representatives of Wilson Memorial Hospital, the County EMS Association, the Coroner, and the Director of the Mental Health Drug & Alcohol Services Agency are responsible for reviewing this annex and submitting changes to the County Emergency Management Director based upon deficiencies identified through exercises, emergencies and/or changes in government structure.

B. The Shelby County Emergency Management Director will publish and distribute all changes to this annex and forward revisions to all responsible organizations listed in this annex.

C. The agencies and organizations with responsibilities in this annex are responsible for developing and maintaining departmental SOGs, mutual-aid agreements, personnel rosters including emergency telephone notification numbers and equipment inventories.

X. AUTHORITIES AND REFERENCES

A. Authorities

1. Ohio Revised Code 313.06 (Succession of Coroner).

B. References

1. Job Aid Manual, Federal Emergency Management Agency, SM-61.1/August, 1983.

XI. ADDENDA

Appendix 1 – Mass Casualty Response

Appendix 2 – Senior Living and Long-Term Care Facilities

XII. AUTHENTICATION

_____	_____
Wilson Memorial Hospital Designated Planning Representative	Date
_____	_____
Shelby County EMS Designated Planning Representative	Date
_____	_____
Shelby County Coroner Designated Planning Representative	Date
_____	_____
Tri County Board of Recovery and Mental Health Designated Planning Representative	Date
_____	_____
Emergency Management Agency Director	Date

Senior Living and Long-Term Care Facility Appendix

I. PURPOSE

This appendix provides for assessment of and service to senior living facilities like assisted living units and various kinds of long-term care facilities during disasters, specifically covering the protection, mitigation, and response to these units in Shelby County from the effects of all types of disasters. For the purpose of this document, these will be referred to as “long term care facilities”.

II. MISSION AREAS AND COMMUNITY LIFELINES

A. Mission Areas

1. Protection is critical to senior living facilities in order to isolate the fragile populations within the facilities from harm. By hardening and strengthening capabilities, to protect them from damage, illness can be prevented and lives can be saved. Elderly and other vulnerable populations within these facilities do not have the resiliency to rebound after devastation, and therefore must be extraordinarily protected.
2. Mitigation actions must include an accurate risk assessment and establishment of vulnerabilities as emergency plans are developed to outline what happens during an incident.
3. Response must be swift and effective in emergent situations to remove individuals from harmful environments to safety, and to meet the medical and functional needs of a highly vulnerable population. Resource lists and alternate care centers must be pre-established for immediate implementation, and resources for movement of residents and patients must be in place at all times.
4. Recovery, due to the extreme vulnerability of some individuals within this population, is slow and tedious, and must provide consistent reinforcement for basic needs as well as enhanced medical assistance.

B. Lifelines

1. Food, Water, and Shelter are critical for long-term care facilities. The population is often medically vulnerable and lacks the resiliency to endure a lengthy duration of shortages. Many residents may have special dietary, housing or hydration needs.
2. Health and Medical services are essential for a population that is dependent upon nursing services, assistance with special conditions, medication administration, or help with activities of daily living.

III. SITUATION AND ASSUMPTIONS

A. Situation

1. Dependent upon the type of disaster, long-term care facilities may need extensive assistance, they may function to capacity with simple logistical support from other agencies, or they may not need assistance from other agencies to maintain normal operations.
2. Facilities that are part of a large system have resources that small, independent facilities do not have. Each situation must be assessed individually.

3. Facilities may provide assisted living services, memory care units, regular long-term care facilities, skilled nursing, rehabilitation, or other specialized services like occupational or physical therapy.
4. All facilities must have emergency plans.
5. The following senior living facilities are located in Shelby County:
    a) Dorothy Love Retirement Community provides 96 beds of senior housing that includes assisted living and nursing units.
    b) Fair Haven of Shelby County provides assisted living and long-term care facility services in a 96-bed setting; they also provide adult daycare services.
    c) Shelby Skilled Nursing and Rehabilitation is a 50-bed facility that provides assisted living, memory care, and nursing services.
    d) Sidney Care Center is a 51-bed long-term care facility.
    e) The Landings of Sidney provides assisted living and memory care.
    f) Lane Park of Sidney provides assisted living, memory care, and nursing units.
6. All facilities must be monitored for contamination from hazardous materials or radiological incidents. Decontamination services must sometimes be provided on site due to the inability to transport some nursing home residents to a decontamination site.

B. Assumptions

1. Activities of the long-term care facilities will increase significantly during emergency operations, both internally to serve their residents and externally to communicate with resident families who are concerned about their loved ones.
2. Long-term care facilities are licensed by state government and meet a wide variety of public health and healthcare requirements; those requirements do not cease to be in effect in the aftermath of a disaster.
3. Facilities have contractual agreements for goods and services for their residents, and may be able to expand those agreements to meet emergency needs.
4. Government agencies, advocacy groups, or special interest organizations may help provide additional resources and services needed in an emergency.
5. If local and county capabilities are overwhelmed, support can be obtained from long-term care facility owners, or from facilities in adjoining counties and/or states.

IV. CONCEPT OF OPERATION:

A. Core Capabilities

1. Planning
    a) Planning efforts must occur between corporate ownership of facilities and with local response partners such as the Shelby County EMA, fire and EMS departments that serve jurisdictions, and private businesses that provide critical services. Long term care facilities must plan and participate in training and exercises prior to actual incidents. They must work with local public safety departments to identify resources that may be unavailable to them in a

large-scale incident, and must identify alternate sources of critical services for those situations.

b) Planning may include organizations such as churches or special interest groups, agencies involved with elderly or veterans, and civic clubs with a special interest in serving vulnerable populations.

2. Warning and Notification

a) Long-term care facilities must be included in community warning systems, and must be able to convey critical information to staff and resident families in a rapid and effective manner.

b) Long-term care facilities frequently have established communication systems with resident families, including electronic mail newsletters, reverse 9-1-1 systems, and other calling software.

c) Facilities may be advised to evacuate by public safety officials, and must be able to execute that evacuation rapidly and safely, using a variety of resources from the community.

3. Operational Coordination

a) Long-term care facilities must evacuate when necessary using transportation services other than personal vehicles. Collaborative agreements with schools for buses, EMS services for non-ambulatory transport, and other public or private transit forms of transportation must be readily available. Alternate care facilities cannot fulfill obligations to house both long-term care patients and the general public in most cases. It is critical that various transportation services not obligate themselves to duplicate and unachievable contractual agreements.

b) Long-term care facilities must incorporate the resident families in their response, especially in assisted living facilities where residents are more functional than the skilled nursing units.

c) Facilities must have communication procedures in place to address coordination of emergency medical care during disasters.

4. Critical Transportation

a) Long-term care facilities must identify and plan with a variety of transportation services to provide transfer of residents, at a level commensurate with their healthcare needs, in case of evacuation.

5. Operational Communications

a) Long-term care facilities must establish a representative to the EOC for a large incident for the purpose of operational coordination between public safety forces, hospitals, healthcare agencies and resident families during emergencies.

6. Logistics and Supply Chain Management

a) Arrangements should be made to determine the agency that will support long-term care facilities with supply and equipment needs when the supply chain is challenged to function.

b) Long-term care facilities should create linkages to alternate supply sources for critical items like PPE for workers and other items necessary to provide critical care.

B. General

1. Ultimate responsibility for a long-term care facility during emergencies rests with the facility officials and administrators in cooperation with the Incident Commander operating under the Incident Command System.
2. Long-term care facility officials/administrators are directly responsible for organizing a Disaster Management Plan in cooperation with the hospitals, local fire departments, law enforcement, EMS, 911, Shelby County Health Department, American Red Cross, Salvation Army and Shelby County Emergency Management Agency.
3. Long-term care facility officials are designated to coordinate activities at their facilities during all emergencies.
4. Long-term care facility will coordinate with the EOC officials in order to provide protective actions as necessary; representation in the EOC is necessary.
5. Other non-profit or governmental agencies in the county including the hospitals, local fire department(s), law enforcement, EMS, 911, Shelby County Health Department, American Red Cross, Salvation Army and Shelby County Emergency Management Agency/EOC may assist with this operation.

C. Notification and Warning of the Long-term care facility:

Long-term facilities are responsible for having a means to be notified of emergencies involving weather and general community emergencies. The local health department will notify facilities of communicable illness issues as well as food or air-borne incidents. Facility management may need to recognize and act upon some sorts of incidents that would develop internally, and in turn, notify other officials.

1. When the long-term care facilities are advised to evacuate, instructions on appropriate evacuation sites will be disseminated by the Shelby County EMA/EOC through official communication; all reception center, alternate care facility and/or shelter sites should be approved by the Shelby County EMA/ Shelby County EOC prior to any movement of residents.
2. Emergency Alert System (EAS), NOAA Weather Radio and Emergency Public information broadcasts over local radio/TV stations.
3. On-Site notification by Fire Department, EMS, Law Enforcement, 911 and/or phone working the area to be evacuated.
4. Announcements from emergency vehicle with public address systems.

D. Reception Centers and Alternate Long-term care facility operations

1. The purpose of a reception center or reception area is to register evacuees and to gather information about their individual healthcare needs and conditions. The reception center is mostly likely to be a separate area at the facility identified as the alternate care facility.
2. Upon arrival at the reception center evacuees will:
   a) Complete a registration form upon arrival, or have a form completed by facility staff/volunteers for them and carried into the facility with each resident.
   b) The need for assistance with activities of daily life (ADL) or medical care will be included on the form.

c) An alternate care center will be associated with the reception center, and after registration is completed, the resident evacuee will be assigned to a location in the alternate care facility.

d) Residents from assisted living and other units who require minimal assistance with ADLs will be housed in areas separate from skilled nursing or specialty areas like memory care, rehabilitation, or general nursing care.

e) All separate areas of the alternate care facility must be secured and staffed for safety of residents and others.

3. The Long-term care facility will provide employee(s) to staff positions at the reception center/alternate long-term care facility.

4. The long-term care facility is responsible for transferring paperwork as needed to the alternate care center, and to maintain confidentiality in that process.

5. Pertinent information will be provided to evacuees/responsible parties or emergency contacts by the long-term care facility EOC representative in the Shelby County EOC.

E. Designation of Shelters

1. Reception Centers/Alternate Long-term care facilities will be identified by each long-term care facility through a written mutual aid agreement.

a) Long-term care facilities may serve as the alternate facility for one another, but that agreement should be in writing and reviewed regularly, and assurances should be made that adequate separate facilities exist to house all evacuating sites.

b) Long term care facility evacuees will be assigned to an alternate shelter by the home facility based upon the disaster management plan.

c) Shelter for long term care staff will be provided as needed by the reception center/alternative long-term care facility.

d) Medications and necessary resources will be in the care, custody and control of the primary long-term care facility until otherwise assigned.

e) Patient confidentiality will be maintained throughout the evacuation and relocation process.

F. Shelter or Alternate Care Center Support and Logistics

1. Food service will be provided at the alternate care facility or shelter location according to the needs of the evacuees.

2. Bedding and other supplies for each resident will be transferred to the alternate care facility, or provided through request to the Shelby County EOC if supplies at the home facility are unusable or destroyed.

3. Equipment and durable medical equipment may be transferred to the alternate care facility, and the home facility is responsible for this transfer; if help is needed, the Shelby County EOC should be consulted for assistance.

4. Long-term care facility will yearly review and update all resources needed to evacuate.

5. Long-term care facility will update notification of and coordination with Shelby County Emergency Management Agency/EOC on needs of services and facilities.
6. Long-term care facility will provide training and an annual exercise for Long-term care facility staff.

G. Recovery and return to normal operations

1. Long-term care facilities should remain operational at their own location as long as necessary. The greatest likelihood of normal operations and care for residents exists at their own facility.
2. Long-term care facilities will make their own plans and arrangements to return to their own location after alternate care centers and shelters have been used temporarily.
3. Long-term care facilities will return alternate care centers or shelters to their original condition upon demobilization of the temporary location, and will re-supply all expended items, replace any consumables, and repair/replace any damages.

V. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

A. Organization

The long-term care facility administrator or a designee(s) will relocate to the Shelby County Emergency Operations Center upon its activation. All aspects of activating, staffing and running a reception center or alternate care facilities will be coordinated through this individual(s).

B. Assignment of Responsibilities.

1. Long-term care facility Administrator
   a) Act as the facility official in charge of long-term care facility emergency operations, and fit into the ICS as necessary in the given situation.
   b) Appoint an Evacuation Manager and an Alternate Care Center Manager.
   c) Review listings of other long-term care facility(s) annually.
   d) Ensure training for long-term care facility staff.
   e) Provide supplies and procedures in the disaster management plan for reception center/alternate care facility
   f) Establish public information and educational programs to be utilized during emergencies and to maintain critical crisis communication with resident families.
   g) Activate and deactivate reception centers and alternate care facility as needed.
   h) Provide for communications capabilities with other responders and the Shelby County EOC.
   i) Arrange with hospitals, Fire, Law Enforcement, EMS, 911, Shelby County Health Department, American Red Cross, Salvation Army and Shelby County EMA/EOC to provide support and resources.

j) Develop an emergency policy concerning pets at the alternate care facility if needed.

k) Designate support staff for all long-term care facility(ies) as needed.

l) Develop/review disaster management plan which shall include dietary services, medications, transportation, evacuation routes, floor plan method of tracking patients/resources/workers, mutual aid, special needs, public information, incident command, communications with incident command, ID for patients, shelter in-place, coordinate volunteers/family member/emergency contact, critical incident stress management (CISM).

m) Provide copies of the facility's disaster management plan to the Shelby County Emergency Management Agency.

2. Shelby County Health Department

   a) Assist the Long-term care facility by providing staff to assist in the operations.

   b) Assist in the Public Information through the PIO in the EOC

   c) Provide vaccines and other immunizations as the situation warrants.

   d) Inspect and help resolve sanitations issues at the care facility.

3. American Red Cross

   a) Assist in the identification shelter sites.

   b) Arrange for public private sector organizations to assist with sheltering.

   c) Coordinate with the long-term care facility on shelter use.

   d) Provide with Mass feeding.

   e) Coordinate with CISM, Health and Medical and supplies and resources.

4. Salvation Army

   a) Assist the ARC in the provision to identify shelter sites.

   b) Arrange with public private sector organizations to assist with sheltering.

   c) Coordinate with long-term care facility on use.

   d) Provide mass feeding.

   e) Coordinate with CISM, Health and Medical and supplies and resources.

5. Shelby County Emergency Management Agency

   a) Update and maintain current listing of Long-term care facilities each year.

   b) Arrange for training as needed.

   c) Coordinate with Long-term care facility on an exercise program.

6. Fire/EMS Departments

   a) Survey Long-term care facility sites for fire safety.

   b) Advise about fire safety during operations.

   c) Fire Department will direct any facility evacuations.

   d) Provide training to assist on evacuations from Long-term care facility.

7. Law Enforcement

   a) Provide security and law enforcement for long-term care facility.

b) Provide traffic control during movement to other long-term care facility(s).

c) Provide alternate communications for long-term care facility.

d) Assist with delivery of supplies to long-term care facility.

8. 911 Central Dispatch

a) Provide all communications for fire departments, law enforcement and EMS.

b) Provide continuous communications for long-term care facility activities.

VI. DIRECTION AND CONTROL

A. The Long-term care facility will coordinate their emergency operations with the Incident Commander and involved agencies and departments. That might include local hospitals, fire departments, law enforcement, EMS, 911 centers, American Red Cross, Salvation Army, Shelby County Health Department and Shelby County EMA. They will determine the extent of assistance that would be necessary from other governmental and non-profit organizations with respect to the shelter functions.

VII. CONTINUITY OF GOVERNMENT

A. The line of succession of the long-term care facility administrator is:

1. Long-term care facility Administrator
2. Director of Nursing
3. Assistant of Director of Nursing
4. Registered Nurse Supervisor or Charge Nurse

VIII. ADMINISTRATION AND LOGISTICS

A. Each long-term care facility shall arrange all training for all staff in their facility emergency operations plan. The Shelby County Emergency Management Agency may provide resources for joint training when such assets are available.

B. The long-term care facilities shall plan for all material support. The Shelby County Emergency Management Agency may provide assistance when the same is available and/or feasible.

C. Long-term care facilities are responsible for developing their reception center and alternate facility along with disaster/crisis management plans.

D. Long-term care facilities are responsible for completing documentation and tracking of their residents and the confidential transfer and use of personal medical information for each resident.

E. The EOC Long-term care facility liaison will maintain a record of the number of residents in each Long-term care facility during an emergency/disaster.

F. The Long-term care facility will be responsible to acquire and store the following:

1. Registration forms
2. Occupancy reports
3. Survey reports
4. Mutual Aid Agreements
5. Transfer forms
6. Event log forms
7. Documentation for costs, compensations, and claims.

IX. PLAN DEVELOPMENT AND MAINTENANCE

A. The Long-term care facilities are responsible for review of this annex and submitting new/up-dated information to the Shelby County Emergency Management Agency with all necessary changes and revisions. Changes will be made when deficiencies are identified through drill, exercises, and actual occurrences. All Long-term care facilities will meet annually with the Shelby County Emergency Management Agency.

B. Long term care facilities should update their emergency equipment and supply lists at least annually, or when significant factors like population or prevalent diseases change.

C. The Shelby County Emergency Management Agency will coordinate, publish and distribute this annex and will forward all revisions to the appropriate organizations.

D. All involved agencies are responsible for developing and maintaining departmental Standard Operating Procedures (SOPs), mutual aid agreements, personnel roster including 24-hour emergency notification telephone numbers and resources inventories.

X. AUTHORITIES AND REFERENCES

A. Authorities

1. Ohio Revise Code 3701.17
2. State of Ohio Health Department – None
3. Shelby County Health Department – None

B. References

1. NONE

XI. AUTHENTICATION

_____	_____
Representative, Dorothy Love Retirement	Date
_____	_____
Representative, Fair Haven	Date
_____	_____
Representative, Shelby Skilled Nursing and Rehabilitation	Date
_____	_____
Representative, Sidney Care Center	Date
_____	_____
Shelby County EMA Director	Date