Oklahoma State Department of Health
James M. Crutcher, MD, MPH
Commissioner of Health

November 8, 2005

Dear Administrator,

The Oklahoma State Department of Health, in collaboration with the Oklahoma Department of Emergency Management, would like to provide you with the enclosed Model Emergency Action Plan for Long Term Care Facilities and supplement. This plan updates the plan jointly issued in 1996.

In the development of this plan the term Long Term Care Facility is used to describe Nursing, Assisted Living, and Residential Care Facilities as well as Intermediate Care Facilities for the Mentally Retarded. The purpose of the plan is to function as a resource tool to assist in the development and implementation of an emergency action plan within your organization or agency. It contains the essential procedures necessary to prepare for emergencies. Some terms may not be appropriate to your facility type but the concepts are.

The use of this specific plan is not required. You may review your facilities plan against this plan to ensure you have addressed the key components. Should you desire, this plan should adapt easily to your operation by inserting facility specific information in the blank spaces provided within the plan. Please feel free to use or amend this document for your best benefit. An electronic version of this plan is posted on our website at http://www.health.state.ok.us/program/ltc.

The Department is requesting all facilities review and revise as necessary their disaster and evacuation plans at this time. Your local Emergency Management Agency should be contacted to discuss your plan. A document is attached for your local Emergency Management Agency to sign indicating your plan is on file with their office. After you have completed your review please submit a copy of your plan and the signed evidence of submission to James Joslin, Long Term Care Service, 1000 N.E. 10th St., Oklahoma City, Oklahoma 73117. You may submit your plan electronically to james@health.ok.gov. Please submit your plans no later than December 22, 2005. If you need additional time please submit written correspondence with explanation and time for submission.

Thank you for your commitment to the health, protection and welfare of your residents. If I may be of further assistance please let me know.

Sincerely,

James W. Joslin
Assistant Chief
Long Term Care Service
Protective Health Services

Enclosure

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EVIDENCE OF EMERGENCY OPERATIONS PLAN SUBMISSION

THE EMERGENCY OPERATIONS PLAN OF

_____

(FACILITY)

DATED _____ HAS BEEN SUBMITTED TO THE

_____

(EMERGENCY MANAGEMENT AGENCY NAME)

EMERGENCY MANAGEMENT AGENCY

_____ _____

(Print Name) (Title)

_____ _____

(Signature) (Date)

STEPS TO FOLLOW TO UPDATE THE EMERGENCY OPERATIONS PLAN

1. *Review your plan against this model.*

2. *Revise your plan as necessary.*

3. *Ensure you have a signed mutual aide agreement with a facility in the event relocation of residents becomes necessary.*

4. *Ensure you have a signed transportation agreement in the event relocation of residents becomes necessary.*

5. *Discuss your plan with your local/county emergency management agency.*

6. *File your plan with your local and/or county emergency management agency.*

7. *Have your local or county emergency management agency sign your evidence of submission form.*

8. *Submit your plan and evidence of submission form to the Department of Health: James Joslin, Long Term Care Service, 1000 N.E. 10th St., Oklahoma City, Oklahoma 73117. You may submit your plan electronically to james@health.ok.gov. Survey protocol requires on-site verification that the plan exists, review of employee training in emergency procedures, and interviews with staff members to determine readiness for implementation of the plan.*

9. *Train your staff on the plan*

10. *Use the Quality Assurance Probes to check your preparedness.*