

CONTINUITY OF OPERATIONS PLAN (COOP)

Do not return your residents and staff to your assisted living residence until local authorities say it is safe to do so.

Instructions: Write this plan to suit your residence. Once you determine what you will do if you **cannot** return to your building, record the steps you will take under Section 1. Set rules for WHEN relocating may be determined, by WHOM it may be determined, and WHAT may cause your residence to relocate. After answering those questions, put that information in the Evacuation Plan.

Also, as you practice and use other parts of your EOP, you may find changes are necessary for the COOP. All parts of your plan could influence this COOP section. The format of this document should be written in a way that is easy for staff to understand and use.

Section 1 – Planning for When You Cannot Return to Your Building

1. The **incident commander (person in charge)** will determine, after discussing with the fire department or other local authority, if all or part of your residence is habitable or uninhabitable. Refer to Evacuation Plan, Evacuation Contact Sheet and other evacuation/planning tools in Information/Reference and Toolkit for Emergency Planning online. Determine for approximately how long you will need an alternate shelter. Notify your alternate shelter of your emergency and request permission to relocate there.
2. Notify your emergency transportation provider(s) and supply them with the number of people (staff and residents) to be transported, supplies that need to be transported, location and contact person at the secondary shelter, etc. Remember that **pets** must be moved, and their supplies with them! Take any necessary administrative tools so you can work where you are.
3. Transport staff and residents. Take census upon arrival!
4. Contact meal providers, if necessary. If secondary shelter is providing meals, transport necessary food and supplies to that residence. See Sample Sheltering Checklist online.
5. Contact families of residents with details of temporary move. See Sample Call-Out Form.
6. Contact staff who may be on the next shift, with details about the move, directions and times to report to work, etc.
7. Resume as normal a schedule as possible in secondary shelter.
8. Use laptop computers, “Go Kits,” Administrative Manuals and other tools to continue your operation off-site. Portable “med carts” and other supply kits could help.
9. Update assisted living program staff at the state health department about your residence's status.

Section 2 – Planning for Returning to Routine Operations:



Instructions: Before ANY emergency occurs, have your planning team discuss disaster recovery. Coordinate checklists for re-opening your building and establish priorities for resuming operations. All decisions should be based on resident safety and well being. If you have a plan for this, going back into regular operations will be easier. For instance:

1. Do you need to clean or decontaminate the residence before you return? If so, what does the clean-up involve? Who will accomplish this task, and how long will it take?
2. Do you need to shop for food, beverages, or other supplies prior to your residents' return to your building?
3. Will you be able to occupy part of the residence while the rest is being worked on? Are there building codes that might forbid that?
4. Is it dangerous to your population to be in the building while remodeling is taking place?
5. What is the estimated time of clean-up and possible remodeling?
6. What does your insurance company say about occupying the building while work is taking place after an incident?
7. If residents are released to families during this time, make sure they fill out a release form. (Develop one with information you need to know; for instance, address, phone number, relationship to resident, work number, driver's license number of person taking your resident, etc.) Remember to notify families as to when your resident will be able to move back in.

Section 3 – Daily Routines

1. How will these considerations affect daily scheduling of services to residents?
2. Do appointments need to be re-scheduled?
3. Will deliveries of supplies be affected?
4. Will laundry, housekeeping or food service be affected?
5. Are procedures for bill paying, payroll, and other critical functions kept in electronic form off-site, in case paper forms (hard copies) are damaged in the disaster?
6. Are banking, insurance, and other important administrative documents backed-up, or kept elsewhere in a secure location so continuity of operations can resume quickly and easily?
7. Are up-to-date copies of medical plans and Care Plans for residents kept off-site to protect them from disasters? Are they readily accessible to staff after emergencies?
8. Does the residence keep cash or a business credit card on hand for emergencies? Enough for hotels? Food? Extra medications? As an alternative to cash, are MOUs in place with local hotels? Grocers?



9. Are staff cross-trained so administrative duties can be resumed by someone not injured in the disaster, or absent after the disaster?
10. How will critical functions like payroll be handled if the disaster affected the community? The bank?
11. If a loss of vital services occurred due to the disaster, how practical is it to remain in the building and try to carry on? Can you do it for 48 hours? 72 hours? 96 hours (four days)? Can you still provide a good level of care for residents?
12. Add any other questions or considerations your residence may face. When you have the general picture of what it will take to resume normal procedures, write those steps down in your Continuity of Operations Plan. Make instructions clear, easy to use, and keep the necessary documentation and tools together so the residence can recover as quickly as possible, without a disruption of care to the residents. It is difficult to recover after any traumatic event. Have a plan so staff and residents are not overwhelmed. Include Job Action Sheets for staff so details and procedures are not forgotten or skipped.

