

Campbell County Long-Term Care Emergency Operations Plan (LTC-EOP)

Prepared by: Campbell County Office of Emergency Management

In coordination with: Campbell County LTC Facilities, Northern Kentucky Health Department,
and Kentucky Emergency Management (KyEM)

Effective Date: July 15, 2025

1. Purpose and Scope

This plan establishes a comprehensive framework for emergency preparedness and response for Long-Term Care (LTC) facilities within Campbell County. It supports continuity of care during natural, technological, or human-caused emergencies, in alignment with the CMS Emergency Preparedness Final Rule and the KY LTC Preparedness Manual.

2. Situation and Assumptions

- LTC residents are medically vulnerable and require continuous care and support.
 - Emergencies may require partial or full evacuation, shelter-in-place, or relocation.
 - Campbell County OEM will coordinate countywide support and resource access.
 - Facilities are responsible for maintaining their own site-specific plans.
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3. Planning Roles and Responsibilities

A. Campbell County Emergency Management (OEM)

- Serve as coordination lead between LTC facilities and external partners.
- Provide situational awareness, alerts, and resource coordination.
- Participate in annual training and exercises with LTC partners.

B. LTC Facility Administrator

- Maintain and implement the facility-specific Emergency Plan.
- Assign a Facility Emergency Coordinator and alternate.
- Ensure all staff are trained and drills are documented.

C. Facility Emergency Coordinator

- Serve as the point of contact for OEM during incidents.
 - Coordinate internal and external communications.
 - Implement evacuation or shelter-in-place procedures as needed.
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4. Risk Assessment and Hazard Vulnerability

Each LTC facility must conduct an annual all-hazards risk assessment, considering:

- Flooding (Ohio and Licking Rivers)
- Winter storms
- Power outages
- Infectious disease outbreaks (e.g., COVID-19, norovirus)
- Tornadoes and high winds
- Active shooter or intruder events

OEM will provide regional HVA tools and data annually.

5. Emergency Procedures

A. Evacuation

- Each facility must maintain a current evacuation plan with pre-identified host facilities.
- Transportation contracts must be in place and reviewed annually.
- Residents' medications, medical records, and personal necessities must accompany them.

B. Shelter-in-Place

- Plan for at least 96 hours of self-sufficiency (food, water, oxygen, medications).
- Secure interior spaces for protection from tornadoes and severe weather.
- Post signage and ensure backup power functionality is tested monthly.

C. Lockdown

- Procedures in place to secure residents during intruder or external threats.
 - Staff must be trained to respond without delay.
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6. Communication and Coordination

- OEM will use **Campbell County Alerts (RAVE)** to notify LTC facilities.
 - Facilities must maintain 24/7 contact availability with OEM.
 - Participate in countywide drills and provide after-action reports.
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7. Training and Exercises

- LTC facilities must conduct and document:
 - 2 emergency preparedness drills annually (1 must be a full-scale exercise).
 - Regular staff training and orientation on emergency procedures.
 - Participation in OEM-led regional functional or tabletop exercises.
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8. Continuity of Operations (COOP)

- Identify critical functions and personnel.
 - Maintain a relocation plan and updated contact list for essential vendors.
 - Secure electronic medical records backups and generator fuel supply.
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9. Resource and Mutual Aid Agreements

- Maintain MOUs with alternate care sites and transportation providers.
 - OEM will assist in brokering mutual aid through the KYEM system during extended events.
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10. Plan Maintenance

- Reviewed annually by each LTC facility and OEM.
 - Submit updated contact and emergency planning documents to OEM each January.
 - OEM maintains a master contact and coordination list for all LTC sites.
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Appendices

- A. Contact List of LTC Facilities and Emergency Coordinators

- B. Evacuation Transportation Providers
- C. Shelter-in-Place Supply Checklist
- D. Sample Situation Report Form (SitRep)
- E. OEM Notification Protocol

Appendix A

Contact List

Nursing & Skilled Nursing Facilities

1. **Highland Spring of Fort Thomas**
 - **Address:** 960 Highland Avenue, Fort Thomas, KY 41075
 - **Phone:** (859) 572-0660 [Carmel Manor+12Nursing Homes+12seniorlivingnearme.org+12petfriendlyseniorliving.com+9Carespring+9Seniorly+9](#)
 - **Contact / Role:** Emergency Coordinator: *[Name/Title]*
 - **Capacity:** ~140 beds
 2. **St. Elizabeth Fort Thomas SNF**
 - **Address:** 85 North Grand Avenue, Fort Thomas, KY 41075
 - **Phone:** (859) 595-9101
[Yelp+14seniorguidance.org+14petfriendlyseniorliving.com+14](#)
 - **Contact / Role:** Emergency Coordinator: *[Name/Title]*
 - **Capacity:** ~26 beds [petfriendlyseniorliving.com+1Carespring+1](#)
 3. **Carmel Manor**
 - **Address:** 100 Carmel Manor Road, Fort Thomas, KY 41075
 - **Phone:** (859) 572— [verify] [Nursing Homes+11seniorguidance.org+11petfriendlyseniorliving.com+11](#)
 - **Contact / Role:** Emergency Coordinator: *[Name/Title]*
 - **Capacity:** ~95 beds [Carmel Manor+5seniorguidance.org+5petfriendlyseniorliving.com+5](#)
 4. **Cold Spring Transitional Care Center**
 - **Address:** 300 Plaza Drive, Cold Spring, KY 41076
 - **Phone:** (888) 595-9101
[seniorlivingnearme.org+4seniorguidance.org+4seniorguidance.org+4](#)
 - **Contact / Role:** Emergency Coordinator: *[Name/Title]*
 - **Capacity:** ~143 beds [Cabinet for Health and Family Services+3seniorguidance.org+3seniorguidance.org+3](#)
 5. **The Seasons at Alexandria**
 - **Address:** 7341 East Alexandria Pike, Alexandria, KY 41001
 - **Phone:** (888) 595-9101 [Caring+12seniorguidance.org+12Nursing Homes+12](#)
 - **Contact / Role:** Emergency Coordinator: *[Name/Title]*
 - **Capacity:** ~167 beds [seniorguidance.org+1Carespring+1](#)
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Assisted Living Communities

6. **Barrington of Fort Thomas**

- **Address:** 940 Highland Avenue, Fort Thomas, KY 41075
 - **Phone:** Review site indicates average cost, direct line needed [Carmel Manor+8A Place for Mom+8seniorguidance.org+8seniorguidance.org](#)
 - **Contact / Role:** Emergency Coordinator: *[Name/Title]*
 - **Capacity:** ~108 units [Cabinet for Health and Family Services+8seniorguidance.org+8A Place for Mom+8](#)
7. **The Barrington (same as above)**
- [Already listed]

Action Required

- **Confirm phone numbers** with each facility (e.g., Carmel Manor’s line).
- **Insert Emergency Coordinator names & roles**—contact each facility for this key contact person.

Suggested Contact Table Format

Facility Name	Address	Phone	Emergency Coordinator (Name / Title / Cell)
Highland Spring of Fort Thomas	960 Highland Ave, Fort Thomas, KY 41075	(859) 572-0660	
St. Elizabeth Fort Thomas SNF	85 N Grand Ave, Fort Thomas, KY 41075	(859) 595-9101	
Carmel Manor	100 Carmel Manor Rd, Fort Thomas, KY 41075	(859) 781-5111	
Cold Spring Transitional Care Center	300 Plaza Dr, Cold Spring, KY 41076	(888) 595-9101	
The Seasons at Alexandria	7341 E Alexandria Pike, Alexandria, KY 41001	(859) 694-4450	
Barrington of Fort Thomas	940 Highland Ave, Fort Thomas, KY 41075	(859) 572-0667	

Appendix B

Evacuation Transportation Providers

Campbell County LTC Emergency Operations Plan

Purpose:

To identify and maintain an up-to-date list of transportation providers that can support the emergency evacuation of residents from long-term care (LTC) facilities in Campbell County, KY. This includes wheelchair-accessible vans, ambulances, and buses as required by resident acuity.

Primary Transportation Providers

Provider Name	Type of Transport	Contact Person	Phone Number	Service Area	Notes
Campbell County Emergency Management	Coordination / Staging Support	William R. Turner, CKEM	(859) 547-3150	Campbell County	Assists in deployment and prioritization
Rural/Metro Ambulance	ALS/BLS Ambulance Transport	[Local Ops Supervisor]	(859) 441-9111	Countywide	EMS provider for emergency/non-emergency
Transcare (St. Elizabeth Transport)	Wheelchair Vans & Ambulette	[Dispatch]	(859) 655-6100	NKY region	Hospital-linked transport
Senior Services of NKY	Wheelchair/ADA Transport	[Scheduling Office]	(859) 292-7955	Campbell & surrounding counties	Non-emergent, priority to seniors/LTC
Northern KY Transit Authority	Bus Transport (mass movement)	[Operations]	(859) 578-6949	NKY	Limited ADA capacity, requires staging lead
American Medical Response (AMR)	ALS/BLS/Disaster Surge Support	Regional Coordinator	[TBD]	Greater Cincinnati Region	Contingent on state/federal coordination

Mutual Aid & Surge Resources

Agency/Resource	Support Type	Contact	Notes
Kentucky Emergency Management	Resource Coordination / Mutual Aid	Area 6 Manager	Activate through Campbell County EM
Kentucky National Guard (via KYEM)	High-Capacity Evac/Medical Units	Request via KYEM	State-level resource – requires declaration
Red Cross / Mass Care Support	Shelter Transport Assistance	Local Red Cross Chapter	Limited capacity – shelters only

Facility Responsibilities

Each LTC facility must:

- Maintain **current contracts or MOUs** with at least **two (2)** transportation providers.
 - Identify **transportation needs** based on resident mobility: ambulatory, wheelchair, stretcher-bound.
 - Conduct **annual reviews** and updates of vendor contacts and capabilities.
 - Report updated information to **Campbell County OEM** each January.
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Staging and Coordination Notes

- Campbell County OEM will designate **transportation staging areas** as needed.
 - During wide-scale evacuation, priority will be given based on **acuity level** and **facility risk**.
 - OEM may use **Campbell County Alerts (RAVE)** for deployment notifications and status updates.
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Appendix C

Shelter-in-Place Supply Checklist

Campbell County LTC Emergency Operations Plan

Purpose

To ensure Long-Term Care (LTC) facilities in Campbell County maintain sufficient emergency supplies to shelter in place for **at least 96 hours** in the event of an emergency such as severe weather, utility failure, chemical release, or civil unrest.

Minimum Shelter-in-Place Supply Requirements

Quantities should be calculated based on **total census** (residents + staff) over a **96-hour** period.

Food & Nutrition

Item	Minimum Quantity	On Hand (✓)
Non-perishable food (meals/ready to eat)	4 days' worth per person	
Infant formula (if applicable)	4 days' supply	
Special dietary items (low sodium, diabetic, puree)	As needed for resident population	
Manual can openers	2+	

Water Supply

Item	Minimum Quantity	On Hand (✓)
Drinking water	1 gallon per person per day	
Non-potable water (hygiene/flushing)	Sufficient for 96 hours	
Water purification supplies (tabs/filters)	Optional backup	

Medical & Resident Care

Item	Minimum Quantity	On Hand (✓)
Medications (routine & emergency)	4 days' supply per resident	
Oxygen supply and backup tanks	96-hour supply for dependent residents	
Incontinence supplies (briefs, wipes)	4 days' supply	
Disposable gloves	Ample supply for all caregivers	
Thermometers (battery/manual)	2+	
First aid kits	2+ full kits	

Sanitation & Hygiene

Item	Minimum Quantity	On Hand (✓)
Toilet paper	4 days' supply	
Hand sanitizer	Ample per unit	
Paper towels	4 days' supply	
Adult wipes/washcloths	4 days' supply	
Cleaning/disinfecting supplies	Sufficient for entire facility	
Biohazard waste bags	Multiple boxes	

Power & Utilities

Item	Minimum Quantity	On Hand (✓)
Emergency generator (tested monthly)	Installed and functional	
Generator fuel (diesel/propane)	96-hour minimum or contracted delivery	
Battery-powered radios (NOAA preferred)	1 per floor/unit	
Flashlights and extra batteries	1 per staff/resident unit	
Extension cords / surge protectors	Sufficient for generator use	

Administrative Supplies

Item	Minimum Quantity	On Hand (✓)
Resident medical records (hard/e-backup)	Accessible copies	

Item	Minimum Quantity	On Hand (✓)
Staff roster/emergency contacts	Printed and current	
Facility floor plan / evacuation map	Posted and distributed	
Incident command forms (ICS 214, SitRep)	Printed forms or digital access	

Resident Comfort & Support

Item	Minimum Quantity	On Hand (✓)
Blankets and extra linens	2 per resident	
Activities / distraction materials	Games, puzzles, spiritual reading	
Emotional support protocols	Staff training & chaplain contacts	

Preparedness Notes

- Review and update this checklist **bi-annually**.
 - Restock supplies after any emergency.
 - Include this checklist in **facility drills** and training sessions.
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Appendix D

Sample Situation Report (SitRep) Form

Campbell County LTC Emergency Operations Plan

1. Facility Information

- **Facility Name:** _____
 - **Address:** _____
 - **Phone Number:** _____
 - **Emergency Contact (Name & Title):** _____
 - **Emergency Contact Phone (Cell):** _____
 - **Reporting Date/Time:** _____
-

2. Current Facility Status

Category	Status	Comments
Facility Operational	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Power	<input type="checkbox"/> On <input type="checkbox"/> Off	
Backup Generator	<input type="checkbox"/> Operational <input type="checkbox"/> Non-Functional	
HVAC/Heating	<input type="checkbox"/> Working <input type="checkbox"/> Not Working	
Water Supply	<input type="checkbox"/> Normal <input type="checkbox"/> Disrupted	
Sewer System	<input type="checkbox"/> Normal <input type="checkbox"/> Backed Up	
Communications (Phone/Internet)	<input type="checkbox"/> Operational <input type="checkbox"/> Disrupted	
Staffing Level	<input type="checkbox"/> Adequate <input type="checkbox"/> Limited	
Food Supply (hours remaining)	<input type="checkbox"/> >96 <input type="checkbox"/> 48–96 <input type="checkbox"/> <48	
Medical Supplies	<input type="checkbox"/> Adequate <input type="checkbox"/> Low <input type="checkbox"/> Critical	

3. Resident Summary

Category	Number
Total Residents	
Ambulatory Residents	

Category	Number
Wheelchair-Bound Residents	
Bedbound Residents	
Residents Currently Hospitalized	
Residents Requiring Evacuation	

4. Incident Description

Provide a brief description of the situation impacting your facility:

5. Immediate Needs or Assistance Requested

- Transportation for evacuation
- Generator fuel / power support
- Food/water restock
- Medical staffing
- Medical supplies
- Coordination with alternate care site
- Other: _____

Describe needs in detail:

6. Reporting and Contact

- **Prepared By:** _____
- **Title:** _____
- **Signature:** _____
- **Date/Time Submitted:** _____

Submit SitRep to: **Campbell County Emergency Management**

- **Email:** oem@campbellcountky.gov
- **Phone:** (859) 547-3150
- **Fax:** [Insert if available]

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Appendix E

OEM Notification Protocol

Campbell County LTC Emergency Operations Plan

Purpose

To establish a clear, standardized protocol for long-term care (LTC) facilities in Campbell County to notify the Office of Emergency Management (OEM) of emergencies, operational disruptions, and critical needs in a timely and coordinated manner.

When to Notify OEM

LTC facilities must notify Campbell County OEM under the following circumstances:

Situation	Notification Required
Facility activation of emergency operations plan (EOP)	<input checked="" type="checkbox"/> Yes
Evacuation or relocation of any residents (partial or full)	<input checked="" type="checkbox"/> Yes
Loss of utilities: power, water, HVAC, or communication disruptions	<input checked="" type="checkbox"/> Yes
Generator failure or fuel shortage	<input checked="" type="checkbox"/> Yes
Disruption in food, water, or medication supply (48 hrs or less on hand)	<input checked="" type="checkbox"/> Yes
Staffing shortages affecting resident care	<input checked="" type="checkbox"/> Yes
Confirmed or suspected infectious disease outbreak	<input checked="" type="checkbox"/> Yes
Structural damage (fire, flood, wind, etc.)	<input checked="" type="checkbox"/> Yes
Request for external assistance (e.g., transportation, medical staff)	<input checked="" type="checkbox"/> Yes
Participation in drills/exercises requiring OEM coordination	<input checked="" type="checkbox"/> Yes
Status changes that affect facility capabilities	<input checked="" type="checkbox"/> Yes

How to Notify OEM

1. Primary Contact Methods:

-  **Phone (24/7):** (859) 547-3150
-  **Email:** oem@campbellcountyky.gov
-  **Fax:** [Insert OEM fax number if applicable]

2. **Preferred Reporting Forms:**
 - **Situation Report (SitRep) Form** (Appendix D)
 - **Assistance Request Form** (OEM-provided or CMS-compliant)
 3. **Initial Notification:**
 - Provide your name, facility name, type of emergency, and a callback number.
 - State if assistance is being requested immediately or if it is a status update only.
 4. **Follow-Up Communication:**
 - Updates should be sent **every 4–6 hours** or as conditions change.
 - If OEM support is deployed, remain in contact with assigned liaison or duty officer.
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OEM Coordination Responsibilities

Upon receiving notification, Campbell County OEM will:

- Acknowledge receipt and confirm details of the situation.
 - Coordinate mutual aid and transportation assistance, if needed.
 - Notify KYEM, Public Health, or other partners as required.
 - Maintain open communication until the incident is resolved or downgraded.
 - Request SitRep updates and document the facility's status.
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After-Action Requirements

- All facilities must participate in OEM-led **After-Action Reviews (AAR)** following significant events involving OEM support.
 - Updated contact information and lessons learned shall be submitted within **10 business days**.
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Important Reminders

- OEM support is a coordination function—facilities must maintain their own primary resources (contracts, MOUs, vendors).
 - The **Campbell County Alerts (RAVE)** system may be used to notify facilities of regional threats or coordinate response actions.
 - Regular testing of contact information and communications will occur annually.
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