

**DRAFT - Survey & Certification – DRAFT  
All Hazards Emergency Preparedness & Response Plan**

**EMERGENCY PLANNING CHECKLIST RECOMMENDATIONS  
FOR PERSONS IN LONG-TERM CARE FACILITIES, INCLUDING  
FAMILY MEMBERS, FRIENDS, PERSONAL CAREGIVERS, GUARDIANS,  
& LONG-TERM CARE OMBUDSMEN**

**Part I: For Long-Term Care Residents, Including Family Members, Friends, Personal Caregivers, & Guardians**

Target Date	Date Completed	
		<ul style="list-style-type: none"> <li>• <b>Emergency Plan:</b> Prior to any emergency, ask about and become familiar with the facility’s emergency plan, including:                             <ul style="list-style-type: none"> <li>✓ Location of emergency exits</li> <li>✓ How alarm system works and modifications for individuals who are hearing and/or visually impaired</li> <li>✓ Plans for evacuation, including                                     <ul style="list-style-type: none"> <li>▪ How residents/visitors requiring assistance will be evacuated, if necessary</li> <li>▪ Evacuation route for facility</li> <li>▪ Where they will go</li> <li>▪ How their medical charts will be transferred</li> <li>▪ How families will be notified of evacuation</li> </ul> </li> <li>✓ How and where family members will be able to meet their loved one and how out-of-town relatives can check on the facility and their loved one following an emergency (a phone number)</li> <li>✓ How residents and the medicines and supplies they require will be prepared for the emergency, have their possessions protected and be kept informed during and following the emergency</li> <li>✓ How residents (if able) and family members can be helpful (for example, should family members come to the facility to assist?)</li> <li>✓ Residents who are able discuss residents’ roles and responsibilities in the emergency (it is important for staff to know each resident and whether involving him/her in emergency plan education creates comfort or anxiety)</li> </ul> </li> </ul>
		<ul style="list-style-type: none"> <li>• <b>Helping Residents in a Relocation:</b> Suggested principles of care for relocated residents include:                             <ul style="list-style-type: none"> <li>✓ Encourage the resident to talk about expectations, anger, and/or disappointment</li> <li>✓ Work to develop a level of trust</li> <li>✓ Present an optimistic, favorable attitude about the relocation</li> <li>✓ Anticipate that anxiety will occur</li> <li>✓ Do not argue with the resident</li> <li>✓ Do not give orders</li> </ul> </li> </ul>

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		<ul style="list-style-type: none"> <li>✓ Do not take the resident’s behavior personally</li> <li>✓ Use praise liberally</li> <li>✓ Be courteous and kind</li> <li>✓ Include the resident in assessing problems</li> <li>✓ Encourage staff to introduce themselves to residents</li> <li>✓ Encourage family participation</li> </ul>
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**Part II: For Long-Term Care Ombudsmen**

Targeted Date	Date Completed	
		<ul style="list-style-type: none"> <li>• <b>State Ombudsman Responsibilities:</b> <ul style="list-style-type: none"> <li>✓ Become generally familiar with state emergency plans pertinent to long-term care facilities, including the state or federal agency that will serve as a clearinghouse for facility evacuations: know the name, telephone number and e-mail of the person to whom long-term care facility evacuations and evacuees’ names should be reported. If no clearinghouse has been established, advocate for one.</li> <li>✓ At least annually, ensure that any and all regional ombudsman coordinators and local ombudsmen and/or representatives read, are familiar with and have the opportunity to discuss two CMS All Hazards Emergency Preparedness and Response Plan checklists pertaining to long-term care facilities: the <i>CMS Health Care Facility Checklist for Effective Emergency Planning</i> and this <i>CMS Emergency Planning Checklist Recommendations for Persons Living In Long-Term Care Facilities, Their Family Members, Friends, Personal Caregivers, Guardians, Friends And Long-Term Care Ombudsmen</i>.</li> <li>✓ Maintain at home and office hard copies of current regional ombudsman contact information, including cell phones.</li> <li>✓ Prior to an anticipated disaster, if the state ombudsman program has regional coordinators and/or other program representatives in the areas likely to be affected, call them to make sure they have assigned representatives to carry out the responsibilities listed in the section below pertaining to local ombudsman programs.</li> <li>✓ Immediately following a disaster, contact regional ombudsman coordinators/representatives in the affected areas to provide support and resources, as needed and feasible.</li> </ul> </li> </ul>
		<ul style="list-style-type: none"> <li>• <b>Regional Ombudsman Coordinator &amp; Representative Responsibilities (for states with regional/local ombudsman programs and/or representatives)</b> <ul style="list-style-type: none"> <li>▶ <b>Prior to any emergency, ombudsmen:</b> <ul style="list-style-type: none"> <li>✓ Become generally familiar with the local emergency plans and the roles of local, county and State agencies in a disaster, especially as pertaining to long-term care facilities.</li> <li>✓ Read and become familiar with emergency plans of facilities in the region for which the regional program has responsibility. Know the agency, phone number and e-mail where facility evacuations will be reported (the clearinghouse).</li> </ul> </li> </ul> </li> </ul>

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		<ul style="list-style-type: none"> <li>✓ Maintain, at home and office, hard copies of current contact information for facilities, other ombudsmen and appropriate agencies, especially the local emergency management agency.</li> <li>▶ <b>Prior to an anticipated emergency and following an emergency:</b> <ul style="list-style-type: none"> <li>✓ The regional ombudsman program coordinator assigns a representative to check on each facility covered by the program and reviews the responsibilities listed below with representatives assigned to facilities.</li> <li>✓ Assigned representatives check on assigned facilities to assure that residents' rights are protected prior to, during and after evacuation and provide information about conditions and any evacuation to the regional ombudsman coordinator; regional coordinator provides information to the state ombudsman office. <b>Exception:</b> <i>when the ombudsman lives in an area under mandatory evacuation; however, if possible, the ombudsman should contact the facility by telephone, even if the area is under evacuation order. (Some states may have other specific procedures in place which ombudsman representatives would be required to follow.)</i></li> <li>✓ Ombudsman representatives visit residents as soon as possible after the disaster, whether they have been sheltered in the facility or transferred to another location. (If they have been transferred out of the region, state ombudsman and regional coordinators coordinate visitation by ombudsman representatives in the receiving region.) <ul style="list-style-type: none"> <li>▪ Discuss and record their immediate status/needs. If the state and local ombudsman coordinator decide a form is needed, use appropriate form to record information (a sample form is attached) and send a copy of the form to whomever they specify.</li> <li>▪ Take urgent action to help obtain the resources and assistance residents need to be safe and, if they have been evacuated, find their loved ones and relocate to an area/facility or other setting of their preference. (<b>Note:</b> <i>the ombudsman is not responsible for providing resources but instead should be aware of available resources and work to ensure they are provided to residents.</i>)</li> </ul> </li> <li>✓ Track, if possible, the impact of the disaster on the residents</li> <li>✓ Ensure that the facility has reported the names and destination of any evacuated residents to the established clearinghouse</li> <li>✓ Be prepared to handle transfer trauma and support facility staff in handling resident trauma. As provided in Part I, above, suggested principles of care for the relocated residents include: <ul style="list-style-type: none"> <li>▪ Encourage the resident to talk about expectations, anger, and/or disappointment</li> <li>▪ Work to develop a level of trust</li> <li>▪ Present an optimistic, favorable attitude about the relocation</li> <li>▪ Anticipate that anxiety will occur</li> <li>▪ Do not argue with the resident</li> <li>▪ Do not give orders</li> <li>▪ Do not take the resident's behavior personally.</li> </ul> </li> </ul> </li> </ul>
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		<ul style="list-style-type: none"> <li>▪ Use praise liberally</li> <li>▪ Be courteous and kind</li> <li>▪ Include the resident in assessing problems</li> <li>▪ Encourage staff to introduce themselves to residents</li> <li>▪ Encourage family participation</li> <li>✓ Counsel them about their rights to:             <ul style="list-style-type: none"> <li>▪ Be appropriately informed of the status of the facility</li> <li>▪ Attend relocation or discharge planning meetings</li> <li>▪ Be provided information on alternative living arrangements and the options available</li> <li>▪ Be assessed for eligibility for funding and supports to safely return to live in their home or community</li> <li>▪ Visit other facilities to help them better decide where to live</li> <li>▪ Be given advanced notice of and be actively involved in their discharge planning</li> <li>▪ Seek representation by an Ombudsman or other representative/advocate available in the area without fear of reprisal</li> <li>▪ Expect to receive adequate care and treatment services during any closing process</li> <li>▪ Meet with the facility staff to express their concerns, explore placement options or vent frustrations</li> <li>▪ Attend and participate in facility activities</li> <li>▪ Be notified of any changes that may affect them</li> <li>▪ Seek a review of any discharge decision with which they disagree</li> <li>▪ Expect that their rights, while a resident of any facility, will not be violated</li> </ul> </li> </ul> <p><i>(Note: Adapted from WI Ombudsman Program brochure for residents of facilities scheduled for closure)</i></p>
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## OMBUDSMAN LONG-TERM CARE FACILITY RESIDENT EVACUATION ASSESSMENT CHECKLIST

Ombudsman Name:			<input type="checkbox"/> Resident Evacuee Information (see reverse)		
Region:			Previous Facility:		
<input type="checkbox"/> Additional ombudsman follow-up is necessary			City:		County:
Assessment Date			Current Facility:		
Yes	No	N/A	City:		County:
			<ul style="list-style-type: none"> <li>Does the facility have power? If not, do the residents have a source of light (e.g., lamps on a generator or handheld flashlights)?</li> </ul>		
			<ul style="list-style-type: none"> <li>Did the facility suffer any significant structural damage? Is so please indicate</li> </ul>		
			<ul style="list-style-type: none"> <li>Are high traffic areas, such as hallways, common areas, and doorways, clear of debris so residents may move freely throughout the facility?</li> </ul>		
			<ul style="list-style-type: none"> <li>Did the facility receive evacuees from other facilities? If so, how long are the displaced residents scheduled stay at the new facility?</li> </ul>		
			<ul style="list-style-type: none"> <li>Have plans been established to return or transfer residents elsewhere according to the displaced residents and their legal representatives' wishes?</li> </ul>		
			<ul style="list-style-type: none"> <li>According to displaced residents, do they have their personal belongings (e.g., clothing, toiletries, mementos, etc.)?</li> </ul>		
			<ul style="list-style-type: none"> <li>According to the displaced residents, is the facility geographically accessible to their family and friends? If not, what arrangements are being made to accommodate them?</li> </ul>		
			<ul style="list-style-type: none"> <li>According to all residents, are facility staff offering an adequate supply of water and ice? If not, does the facility need water and ice delivered?</li> </ul>		
			<ul style="list-style-type: none"> <li>Is food available for residents, including all meals and snacks?</li> </ul>		
			<ul style="list-style-type: none"> <li>Are residents' medications being distributed timely and accurately?</li> </ul>		
			<ul style="list-style-type: none"> <li>According to the residents' responses, is there sufficient staff on all shifts to care for the residents?</li> </ul>		
			<ul style="list-style-type: none"> <li>Is there anything additional the Long-Term Care Ombudsman Program can do to assist in other areas besides those outlined here?</li> </ul>		
<p><b>Ask facility for a list of evacuees and their originating or destined facilities. Please forward this information to the district coordinator for additional follow-up.</b></p>					
Staff interviewed:			<b>See reverse for additional information: </b>		
Position:					

<p><b>Resident Evacuee Information</b></p> <ul style="list-style-type: none"> <li>• Number of residents evacuated:</li> <li>• Number of residents transferred to this facility:</li> <li>• In the space provided below, please indicate the names of residents who have been transferred/evacuated</li> </ul>	<p><b>Any Resident(s) Concerns</b></p>
<p><b>Residents Names</b></p>	<p><b>Residents Names</b></p>
<p><b>Evacuee or Transferred Residents Concerns</b></p>	<p><b>Additional Information</b></p>