Emergency Preparedness, Are You Ready?

Dr. Anna Fisher

Objectives

- Understand that emergency preparedness involves a cycle of planning, capability development, training, conducting exercises, evaluation, and improvement
- Participants will learn the key areas of an emergency preparedness plan and understand the significance of timely responses to emergencies
- Participants will also be able to access and apply the various tools and resources to develop a robust emergency preparedness plan

The Emergency Preparedness Cycle

- One of the first things to learn is the emergency preparedness cycle
- Includes analyzing risks that may affect your facility / community, and
- A written response plan and how to react to the event
Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers (CMS-3178-P)

- Rule proposes emergency preparedness requirements for Medicare and Medicaid participating providers and suppliers
- Ensures adequate planning for natural and man-made disasters
- Coordinates with federal, state, and local emergency preparedness systems
- Ensures adequate preparation to meet the needs of patients/residents during disasters and emergency situations

CMS Checklist

- Develop Emergency Plan
- Gather all available relevant information when developing the emergency plan

EMERGENCY PREPAREDNESS CHECKLIST
RECOMMENDED TOOL FOR EFFECTIVE HEALTH CARE FACILITY PLANNING

- Develop Emergency Plan: Gather all available relevant information when developing the emergency plan. This information includes, but is not limited to:
  - Copies of any state and local emergency planning regulations or requirements
  - Facility personnel names and contact information
  - Contact information of local and state emergency managers
  - A facility organization chart
  - Building construction and Life Safety systems information
  - Specific information about the characteristics and needs of the individuals for whom care is provided

- All Hazards Continuity of Operations (COOP) Plan: Develop a continuity of operations business plan using an all-hazards approach (e.g., hurricanes, floods, tornadoes, fires, bioterrorism, pandemic, etc.) that could potentially affect the facility directly and indirectly within the particular area of location. Indirect hazards could affect the community but not the facility and as a result interrupt necessary utilities, supplies or staffing. Determine all essential functions and critical personnel.

- Collaborate with Local Emergency Management Agency: Collaborate with local emergency management agencies to ensure the development of an effective emergency plan.

- Analyze Each Hazard: Analyze the specific vulnerabilities of the facility and determine the following actions for each identified hazard.
All Hazards Continuity of Operations (COOP) Plan

- Develop a continuity of operations business plan using an all-hazards approach that could potentially affect the facility directly and indirectly within the particular area of location such as:
  - Hurricanes
  - Floods
  - Tornadoes
  - Fire
  - Bioterrorism
  - Pandemic

- Determine all essential functions and critical staff

Collaborate with Local Emergency Management Agency and Your Local Health Department

- To ensure the development of an effective emergency plan

Nebraska Local Health Departments
Current Health Department Directors and Emergency Response Coordinators
Analyze Each Hazard

- Analyze the specific vulnerabilities of the facility and determine the following actions for each identified hazard:
  - Specific actions to be taken for the hazard
  - Identified key staff responsible for executing plan
  - Staffing requirements and defined staff responsibilities
  - Identification and maintenance of sufficient supplies and equipment to sustain operations and deliver care and services for 3-10 days, based on each facility’s assessment of their hazard vulnerabilities
- Communication procedures to receive emergency warning/alerts, and for communication with staff, families, individuals receiving care, before, during, and after the emergency
- Designate critical staff, providing for other staff and volunteer coverage and meeting staff needs, including transportation and sheltering critical staff members’ family

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**HUMAN EVENTS**

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<th>EVENT</th>
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<th>RISK</th>
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**TECHNOLOGICAL EVENTS**

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Collaborate with Suppliers/Providers

- Who have been identified as part of a community emergency plan or agreement with the health care facility, to receive and care for individuals
- A surge capability assessment should be included in the development of the emergency plan

Emergency Plan
Detail to Cover No’s

- Obstacles
  - No power
  - No laundry/clean linen
  - No hot meals
  - No dishwasher
  - No lights
  - No cell phones
  - No refrigerator to hold food
  - No AC
  - No fuel for the generator
Decision Criteria for Executing Plan

- Include factors to consider when deciding to evacuate or shelter in place
- Determine who at the facility level will be in authority to make the decision to execute the plan to evacuate or shelter in place
- Even if no outside evacuation order is given
- What will be the chain of command

Communication Plan

- Consists of policies, procedures, and an incident command structure
- Is the primary tool management has to ensure employees follow protocols during an emergency in contacting stakeholders, the media, and others

Communication Infrastructure Contingency

- Establish contingencies for the facility communication infrastructure in the event of telephone failures
  - Walkie-talkies
  - Ham radios
  - Text messaging systems, etc.
Develop Shelter-in-Place Plan

- Due to the risks in transporting vulnerable patients and residents, evacuation should only be undertaken if sheltering-in-place results in greater risk.
- Develop an effective plan by ensuring provisions for the following are specified:
  - Procedures to assess whether the facility is strong enough to withstand strong winds, flooding, etc.
  - Measures to secure the building against damage - safest areas of the facility identified
  - Procedures for collaborating with local emergency management agency, fire, police, and EMS agencies regarding the decision to shelter-in-place

Shelter-in-Place Plan

- Sufficient resources are in supply for at least 7 days, including:
  - Emergency power, including back-up generators and accounts for maintaining a supply of fuel
  - An adequate supply of water
  - Maintaining extra pharmacy stocks of common medications
  - Maintaining extra medical supplies and equipment (e.g., oxygen, linens, vital equipment)
  - Identifying and assigning staff who are responsible for each task
  - Description of procedures with details ensuring 24-hour operations for minimum of 7 days
- Contract established with multiple vendors for supplies and transportation
- Develop a plan for providing security

Develop Evacuation Plan

- Ensure provisions for the following are specified:
  - Identification of person responsible for implementing the facility evacuation plan (even if no outside evacuation order is given)
  - Multiple pre-determined evacuation locations with a “like” facility have been established, with at least one facility being 50 miles away
  - Evacuation routes and alternative routes have been identified, and the proper authorities have been notified
  - Adequate food supply and logistical support for transporting food is described
Evacuation Plan

- The amounts of water to be transported and logistical support is described (1 gallon/person)
- Procedures for protecting and transporting resident/patient medical records
- Determine a method to account for all individuals during and after the evacuation
- Procedures are described if a patient/resident becomes ill or dies in route
- Ensure that patient/resident identification wristband (or equivalent identification) must be intact on all residents
- Describe the process to be utilized to track the arrival of each resident at the destination

Transportation & Other Vendors

- Establish transportation arrangements that are adequate for the type of individuals being served
- Make sure you go at least 2-3 deep!
- Obtain assurances from transportation vendors and other suppliers/contractors identified in the facility emergency plan that they have the ability to fulfill their commitments in case of disaster affecting an entire area

Facility Reentry Plan

- Describe who will:
  - Authorize reentry to the facility after an evacuation
  - Determine when it is safe to return to the facility after an evacuation
- The plan should also describe:
  - Procedures for inspecting the facility
  - The appropriate considerations for return travel back to the facility
Residents & Family Members

- Determine how residents and their families/guardians will be informed of the evacuation, helped to pack, have their possessions protected, and be kept informed during and following the emergency
- Include information on:
  - Where they will be and/or go
  - For how long
  - How they can contact each other

Resident Identification

- Determine how residents will be identified in an evacuation, and ensure the following identifying information will be transferred with each resident:
  - Name
  - Social security number
  - Photograph
  - Medicaid or other health insurer number
  - Date of birth, diagnosis
  - Current drug/prescription and diet regimens
  - Name and contact information for next of kin/responsible person
- Determine how this information will be secured (e.g., laminated documents, water proof pouch around resident’s neck, water proof wrist tag, etc.)

Train Facility Staff Members

- Ensure that each facility staff member on each shift is trained to be knowledgeable and follow all details of the plan
- Training also needs to address psychological and emotional aspects on caregivers, families, and residents
- Hold periodic reviews and appropriate drills and other demonstrations with sufficient frequency to ensure new members are fully trained
Inform Residents & Patients

- Ensure residents, patients, and family members are aware of and knowledgeable about the facility plan, including:
  - Families know how and when they will be notified about evacuation plans, how they can be helpful in an emergency
  - Out-of-town family members are given a number they can call for information
  - Residents who are able to participate in their own evacuation are aware of their roles and responsibilities in the event of a disaster

Location of Evacuated Residents

- Determine the location of evacuated residents
- Do not line up resource “right next door”
- Document and report this information to the clearing house established by the state or partnering agency

Review Emergency Plan

- Complete an internal review of the emergency plan on an annual basis to ensure the plan reflects the most accurate and up-to-date information
- Updates may be warranted under the following conditions:
  - Regulatory change
  - New hazards are identified or existing hazards change
  - After tests, drills, or exercises when problems have been identified
  - After actual disasters/emergency responses
- Review FEMA’s new information and updates for best practices and guidance, at each updating of the emergency plans
Emergency Planning Templates

- Health care facilities should appropriately complete emergency planning templates
- Tailor to specific needs and geographical locations

Conduct Exercises & Drills

- Conduct exercises that are designed to test individual essential elements or the entire plan:
- Exercises or drills must be conducted at least semi-annually
- 10-minute drills
- Corrective actions should be taken on any deficiency identified

Emergency Management / Local Health Department

- Emergency management functions
- The phases
  - Mitigation / Prevention
  - Preparedness
  - Response
  - Recovery
Phase I: Mitigation/Prevention

- Mitigation are activities taken to eliminate and assist the provider to be prepared for an event
- **Action Item**
  - Complete a hazard vulnerability assessment (HVA)
  - Process allows you to plan for different scenarios that may affect your facility / community during an event

Phase II: Preparedness

- Preparedness is the development of a plan to meet the needs of residents and staff when you have lost essential services
- Includes how you will plan for and prepare for each event, and the ability to protect the facility during an event
- Includes testing the plan, training, and revisions of the plan

Phase II: Preparedness

- **Action Item**
  - Use the Emergency Preparedness Planning Checklist developed by CMS
  - The checklist reviews items that are important for a facility / community to have prepared during an event, such as contracts with vendors, emergency fuel supply, and training of staff
Survey and Certification
Emergency Preparedness Checklist Revision

• CMS issued a S&C Emergency Preparedness Checklist Revision
• Highlights of the changes:
  – Detailed guidance for patient/resident tracking
  – Includes that facilities should have a plan for when a patient/resident is determined to be missing during an evacuation

Checklist Revisions

• Procedures are described if a patient/resident is missing during an evacuation:
  – Notify the patient/resident’s family
  – Notify local law enforcement
  – Notify Nursing Home Administration and staff
  – Ensure that patient/resident identification wristband (or equivalent identification) must be intact on all residents
  – Describe the process to be utilized to track the arrival of each resident at the destination

Checklist Revisions

• Quantity of water a facility should transport during an evacuation
  • 1 gallon/person
• Reference is made to use FEMA in updating existing emergency plans and using FEMA’s best practices and guidance when updating emergency plans
  • Refer to FEMA to assist with updating existing emergency plans
  • Review FEMA’s new information and updates for best practices and guidance, at each updating of the emergency plans
Generator Testing

- Test emergency and stand-by-power systems for a minimum of 4 continuous hours every 12 months at 100% of the power load.
- Cost for the generator testing as follows:
  - Labor: 6 hours (1-hour preparation, 4 hour run-time, 1 hour restoration) × $25.45 an hour = $152.70
  - Fuel: Diesel cost of $3.85 per gallon × 72 gallon per hour × 4 hour of testing = $1,108.80
- Estimated total cost to each hospital, CAH, and LTC facility to comply with this requirement would be $1,262.

Phase III: Response

- Response refers to the timeframe before, during, and after an event.
- Your response addresses the immediate and short-term needs of the event.
- Using the Nursing Home / Assisted Living Incident Command System program can assist with this process.

NHICS Materials

- **Action Item:** Learn More
- NHICS materials including a guidebook, forms, checklists, and train the trainer PowerPoint modules are posted at the AHCA website.
Nursing Home Incident Command System

- Provides a framework for organizing staff, volunteers, other agencies into an orderly change of command, with clear channels of communication and authority
- Allows for maximum efficiency
- Especially where situations are complex, minutes count, and events drag on for hours; sometimes days or weeks

Phase IV: Recovery

- Recovery includes the activities and programs that are implemented during and after the response to return the facility back to functional status

Phase IV: Recovery

- **Action Item:**
  - Complete an after action report after all major drills or events
  - This allows providers to determine what needs to be changed in their plans
  - CMS provides a template for this process
Helpful Tools and Resources

The Centers for Disease Control and Prevention (CDC)

- The CDC provides vast amount of information on their website for LTC providers
- The information contained on their website reviews how to care for older adults in an emergency, vulnerable populations and pandemic flu information

ICS Guidebook

- ICS in Healthcare
  - History of ICS
  - Characteristics of ICS
  - Using an incident command system in health care
- Incident Management Team for Assisted Living & Nursing Homes
  - Incident Management Functions
  - Building the IMT
  - Command
  - Operations
  - Logistics
  - Planning
  - Finance
  - Position Crosswalk
ICS Guidebook

- Job Action Sheets
  - Purpose
  - How to use
- Incident Planning and Response Guides
  - Disease Outbreak
  - Earthquake
  - Fire
  - Flooding
  - Loss or Power
  - Severe Weather
- Incident Action Planning and ICS Forms
  - Facility Command Center

Preparedness Topics/Tools

- Evacuation Planning
- Pandemic Influenza
- Natural & Man-Made Disasters
  - Earthquakes
  - Extreme Heat
  - Power Outages
  - Acts of Violence
- All Hazard Resources & Guides
  - Disaster Planning Guide
  - Emergency Food & Water
  - Planning Templates & Checklists
  - Ready Set Go Factsheets

- Surge Capacity
- Exercise Drill Templates
- Extreme Cold
- Flood
- Wildfires

![Position Cross Walk](image-url)

![Position Cross Walk](image-url)
Resources

- Red Envelope
  - Resident Evacuation Documents
- NHICS
- Transportation Contract Checklist
- MOU resource to get started

The HHS Office of the Assistant Secretary for Preparedness and Response (ASPR) has launched:
- Technical Resources, Assistance Center, and Information Exchange (TRACIE)
- ASPR TRACIE is a healthcare emergency preparedness information gateway that ensures stakeholders have access to information and resources to improve preparedness, response, recovery, and mitigation efforts
- 844.5.TRACIE (844.587.2243) - https://asprtracie.hhs.gov

Become an Active Member

Long-Term Care, Residential, and Assisted Living (LRA) Committee
What is LRA?

- The Long-term, Residential, and Assisted Living Committee
- Brings together the health provider community to collaborate and discuss emergency preparedness planning, training, and assessment to be:
  - Well prepared
  - Able to remain self-sufficient during a variety of emergencies

Mission Statement

- To evaluate the readiness of LRA facilities for emergency preparedness by identifying strengths and opportunities, and enhancing preparedness of our LRA community through education, training, and exercises

Summary

- In an emergency, the need to react appropriately is immediate, followed by the need to communicate
- The facility must know its stakeholders and how to communicate with them in advance of ever needing to actually do it
- It is critical that leadership is prepared, and staff is empowered to deal with a situation when it happens
- There is never any time to lose when trying to preserve life and property

Staff training and practice are a must!
Resources

- Nebraska’s Emergency Managers, by County: [http://www.nema.ne.gov/director-list/directors.html](http://www.nema.ne.gov/director-list/directors.html)
- Nebraska’s 93 county Local Emergency Operations Plans (LEOPs): [http://www.nema.ne.gov/leop/nebraskamap.html](http://www.nema.ne.gov/leop/nebraskamap.html)
- Nebraska Emergency Management Agency website: [http://www.nema.ne.gov/overview.html](http://www.nema.ne.gov/overview.html)
- Centers for Disease Control and Prevention (CDC), Office of Public Health Preparedness and Response, Long-Term Care: [http://www.cdc.gov/phpr/healthcare/planning2.htm](http://www.cdc.gov/phpr/healthcare/planning2.htm)
- HHS Office of the Assistant Secretary for Preparedness and Response (ASPR) has launched Technical Resources, Assistance Center, and Information Exchange (TRACIE): [https://asprtracie.hhs.gov](https://asprtracie.hhs.gov)

Questions