CALTCM

LMG 2024
Infection Prevention & Control Leadership Training Program

Welcome to CALTCM's Emergency Preparedness Webinar Series

CMS Emergency Preparedness Requirements

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Reminders

- This webinar is being recorded and will be available on our website.
- There will be time for questions following the presentation.
- Please feel free to use the chat feature to submit your questions.

CALTCM LMG 2024 Infection Prevention & Control Leadership Training Program

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CALTCM HSAG HEALTH SERVICES ADVISORY GROUP

Vaccine Office Hours With the Experts

Free Series - Registration Required

- **Where:** Hosted by CALTCM on Zoom.
- **When:** Select Thursday's: 12:00pm – 1:00pm Pacific. Scheduled dates:

Mar 21, 2024	Jul 11, 2024
Mar 28, 2024	Jul 25, 2024
Apr 11, 2024	Aug 8, 2024
Apr 25, 2024	Aug 22, 2024
May 9, 2024	Sep 12, 2024
May 23, 2024	Sep 19, 2024
Jun 13, 2024	Oct 10, 2024
Jun 27, 2024	Oct 24, 2024

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Stan Szpytek

President, Fire and Life Safety, Inc.
Stan Szpytek is a retired deputy fire chief and fire marshal with a Chicago area fire department having served with the agency for 26 years.

His firm's assessment and training programs are designed to assist long term care and senior services providers with life safety compliance consultation as well as disaster planning and emergency management programs that will help ensure viability during a crisis.

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Michael Wasserman, MD, CMD

Dr. Wasserman is a geriatrician who has devoted his career to serving the needs of older adults. He has been a tireless advocate for vulnerable older adults during the COVID-19 pandemic, with multiple peer reviewed publications and television appearances. He is a member of the Board of Directors for the California Association of Long Term Care Medicine (CALTCM) ,and chairs the Public Policy Committee, and is also a member of the Board of Directors of AMDA—The Society for Post-Acute and Long-Term Care Medicine. He presently serves on the Infrastructure workgroup for the National Advisory Committee on Seniors and Disasters. He served as a member of the National Academy of Science's "A Framework for Equitable Allocation of Vaccine for the Novel Coronavirus" Committee and was a member of California's Community Vaccine Advisory Committee. He is Editor-in-Chief of Springer's upcoming textbook, Geriatric Medicine: A Person-Centered Evidence-Based Approach.

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CMS Emergency Preparedness Requirements

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CALTCM
California Association of Long Term Care Medicine

EMERGENCY PLAN

The Emergency Management Continuum

CMS EP Requirements- A "Team" Approach to Compliance

Stan Szpytek, Fire and Life Safety, Inc.

Stan Szpytek, President

Fire and Life Safety, Inc. (FLS)

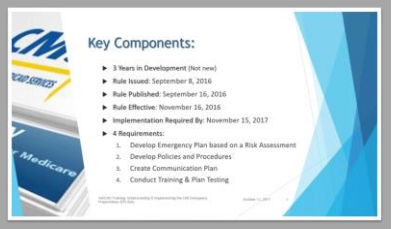
CALTCM

FLS Fire and Life Safety, Inc.

- Arizona Health Care Association
  - Life Safety
  - Disaster Ready / EPIC
- California Association of Health Facilities
  - Life Safety / Emergency Prep
- Utah Health Care Association
  - Life Safety / Emergency Prep
- Fire and Life Safety, Inc. Clients
  - Arizona Association for Community Health Centers
  - Arizona Ambulatory Surgery Centers Association
  - Skilled Nursing Facilities
  - Assisted Living Facilities
  - In-Patient Hospice Facilities
  - Community Health Centers
  - Continuing Care Retirement Communities
  - Long-Term Care Associations- Nationwide
- Deputy Fire Chief / Fire Marshal
  - 26 years- Chicago-area Fire Department
  - Paramedic
  - Honorably Retired- 2003

CMS Emergency Preparedness Rule

- E-Tags



Emergency Prep Rule

Emergency Program (E-001)

"All Hazards" Emergency Management

E-001- Emergency Preparedness Program

Develop and maintain a comprehensive "program" that complies with federal, state and local EP requirements

EP program must be in writing

Program is reviewed annually (LTC requirement)

Changes to program more frequently, if required outside of update cycle

Surveyors will interview leadership to describe the EP program

Emergency Prep Rule

Emergency Program (E-001)

"All Hazards" Emergency Management

E-001- Emergency Preparedness Program

Addresses your residents' unique clinical and support need

Focuses on the facility's High Risk Threats

Reflects local Emergency Planning capabilities

Includes:

- System for Command & Control
- Communications
- Resources and Assets and Supply Needs
- Safety and Security
- Staff Responsibilities

Emergency Prep Rule

Develop and Maintain Emergency Plan (E-004)

"All Hazards" Emergency Management

E-004- Emergency Plan

Elements of the Emergency Plan shall include:

- Natural disasters
- Man-made disasters
- Facility-based disasters not limited to:
  - Care-related emergencies
  - Equipment / utility failures
  - Interruption in communications; including cyber attack
  - Loss of all or portion of a facility
  - Supply chain disruption
  - Staffing shortages
- Emerging Infectious Diseases (EID)
  - Focus on Continuity of Care

** Medicare/Medicaid Certification date in front of plan (E-015)

Emergency Prep Rule

Risk Analysis (E-006)

Hazard Vulnerability Assessment (HVA)

- Facility-based
- Community-based

RISK

Incident Type

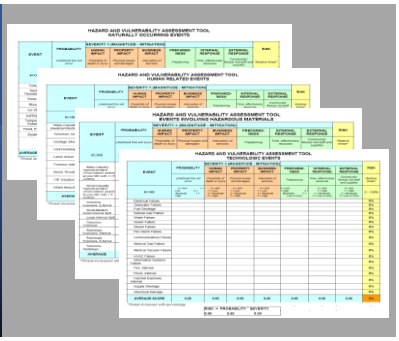
- Probability
  - Likelihood of occurrence
- Severity = Impact
  - Human
  - Property Business
- Mitigation = Preparedness & Response
  - Internal
  - External

Emergency Prep Rule

Risk Analysis (E-006)

Hazard Vulnerability Assessment (HVA)

RISK



HAZARD AND VULNERABILITY ASSESSMENT TOOL
NATURALLY OCCURRING EVENTS

HAZARD AND VULNERABILITY ASSESSMENT TOOL
HUMAN RELATED EVENTS

HAZARD AND VULNERABILITY ASSESSMENT TOOL
EVENTS INVOLVING HAZARDOUS MATERIALS

HAZARD AND VULNERABILITY ASSESSMENT TOOL
TECHNOLOGIC EVENTS

Risk Analysis (E-006)

Hazard Vulnerability Assessment (HVA)

RISK

Who should participate in the HVA Process?

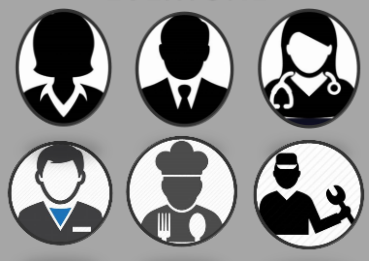
Risk Analysis (E-006)

Hazard Vulnerability Assessment (HVA)

RISK

Answer…

EVERYONE



Risk Analysis (E-006)

Hazard Vulnerability Assessment (HVA)

RISK

How do you think non-nursing team members rated the probability of a pandemic pre-COVID-19?

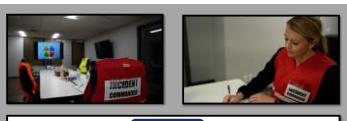
How would your "whole team" rank the risk of a pandemic today?

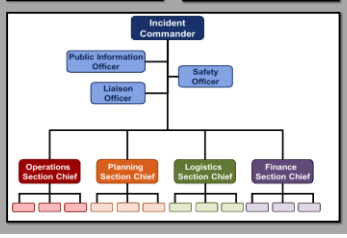
Emergency Prep Rule

Incident Management Process (E-006)

- "All Hazards" Approach
- Incident Command System

NHICS NursingHome INCIDENT COMMAND SYSTEM





Emergency Prep Rule

Incident Management Process (E-006)

- "All Hazards" Approach
- Incident Command System

NHICS NursingHome INCIDENT COMMAND SYSTEM

What is the Incident Command System?

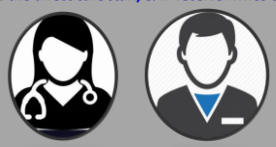
- Management by OBJECTIVES
- Common terminology
- Modular organization
- Reliance on an Incident Action Plan (IAP)
- Manageable span of control
- Pre-designated incident locations/facilities
- Resource management
- Integrated communications
- Common command structure- All stakeholders

Incident Management Process

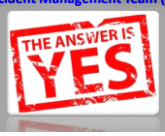
- "All Hazards" Approach
- Incident Command System

NHICS NursingHome INCIDENT COMMAND SYSTEM

Should the direct care staff, & IP receive NHICS training?



Should the Medical Director & nurse leadership be part of the Incident Management Team (IMT)?



Incident Management Process

- "All Hazards" Approach
- Incident Command System

NHICS NursingHome INCIDENT COMMAND SYSTEM

What is the role of the Medical Director, D.O.N. or nurse leader on the Incident Management Team?

"It Depends."

Emergency Prep Rule

Incident Management Process

- "All Hazards" Approach
- Incident Command System

NHICS NursingHome INCIDENT COMMAND SYSTEM

Incident Dependent

- Fire
- Flood
- Power Failure
- Infectious Disease Outbreak
- Shelter-in-Place
- Evacuation
- Mechanical Failure
- Wildfire
- Mass Casualty

Emergency Prep Rule

Resident Population & COOP (E-007)

- Template

BUSINESS CONTINUITY

E-007- Resident Population / Continuity

Address Resident Population including but not limited to

- Persons at Risk
- Types of services the LTC has the ability to provide during an emergency
- Continuity of Operations
  - Delegations of Authority
  - Succession Plans

Service capabilities during EID

Emergency Prep Rule

Process for Collaboration (E-009)

E-009- Process for Collaboration

Process shall include cooperation and collaboration with Emergency Preparedness officials:

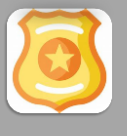
- Local
- Tribal
- Regional
- State
- Federal

Surveyors will expect sufficient details documented to verify the process. Will interview staff to verify process.

Emergency Prep Rule

Collaboration (E-009)

- Coalition Participation
- Local First Responders
- Others



Process for Collaboration (E-009)

Should the Medical Director, D.O.N. , I.P. and direct care staff participate in coalition meetings?

- Training
- Drill & Exercises
- Emergency Management
- Infection Control
- Surge
- After Action / After Incident Reporting

Emergency Prep Rule

Policies and Procedures (E-013)

"All Hazards" Emergency Management

E-013 Policies and Procedures

P&P must be based on:

- **Emergency Plan**
- **Risk Assessment**
  - **Facility-based HVA**
  - **CHVA**
- **Communication Plan**
- **CMS not specifying format**
  - Hard copy
  - Electronic
  - Other systems-based Plans
- **Verification Annual Review & Updating**
  - LTC only

Compliance = Paperwork !

Emergency Prep Rule

Develop and Maintain Emergency Plan (E-015)

"All Hazards" Emergency Management

E-015 Provision of Subsistence Needs

Needs for staff and residents whether they evacuate or shelter-in-place include but no limited to the following:

- **Food, water, medical and pharmaceutical supplies**
- **Alternate sources of energy to maintain the following:**
  - **Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions**
  - **Emergency lighting**
  - **Fire detection, extinguishing and alarm systems**
  - **Sewage and waste disposal**

Should consider subsistence needs of volunteers, visitors and others sheltering at the facility during an event

Facilities certified after 10/1/90- Temps 71 – 81 degrees F
**** Medicare/Medicaid Certification date in front of plan ****

Emergency Prep Rule

Other E-Tags

- E-020- Evacuation
  - Placement of signs, staff responsibilities & patients' needs
  - Protocols for non-compliant patient refusing to evacuate
- E-022- Sheltering
  - Identification of safe & hardened areas in facility
- E-023- Medical Documentation
  - Maintain confidentiality, security & availability
- E-024- Volunteers / Emergency Staffing Strategies
  - Surge staffing- natural disasters & EID
  - Interview leadership to explain use of volunteers & Emergency staffing strategies or if volunteers aren't utilized / Verify P&Ps

Emergency Prep Rule

Other E-Tags

- E-025- Arrangement with other Facilities
  - Focus on resident population
  - Ensure receiving facility is appropriate for special needs
  - Focus on continuity of care / services
  - Agreements reviewed annually
- E-026- 1135 Waiver
  - Role in the providing of care and treatment under waiver in alternate care sites (ACS)
  - Awareness of flexibilities exercised with or without waiver
  - ASC Factors
    - Emergency/disaster spread across a community
    - Anticipated longevity of operating the ACS
    - Level of the capacity the ACS can provide
    - Planning for ACS is a proactive step to ensure continuity of service
    - Time limited- waives ONLY federal requirements; NOT state requirements

Emergency Prep Rule

Communications Plan

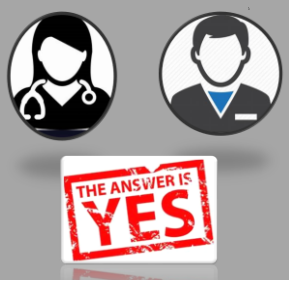
Multiple Comms. Requirements

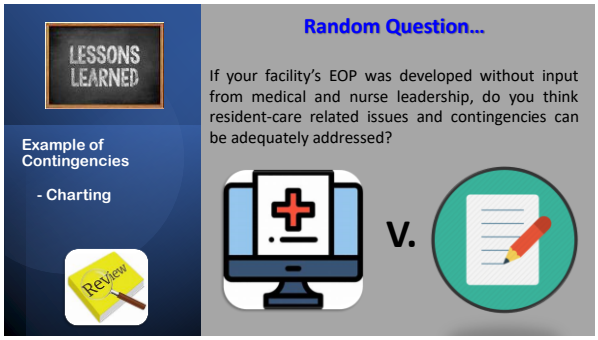
- E-029- Communication Plan
- E-030- Names and Contact Information
- E-031- Emergency Official Contact Information
- E-032- Primary/Alternate Means of Communication

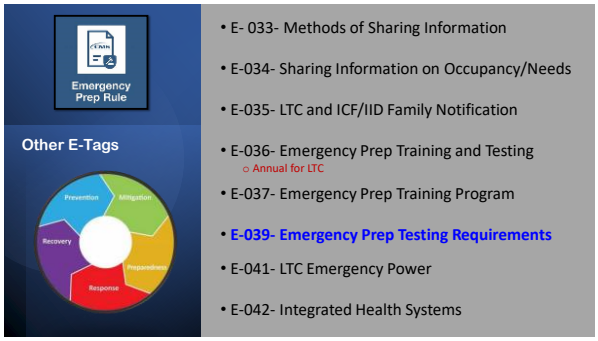
Incident Management Process

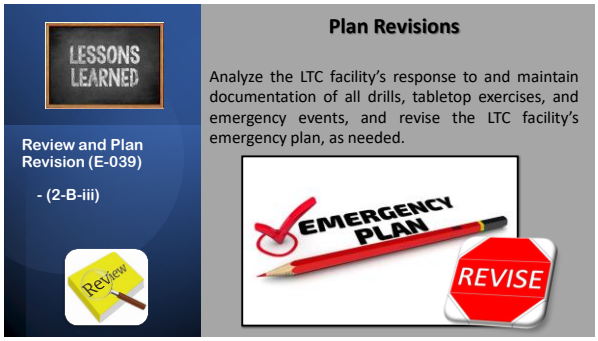
- Communications

Should the clinical leadership be part of communication planning?




LESSONS LEARNED
Example of Contingencies
- Charting
Review
Random Question…
If your facility's EOP was developed without input from medical and nurse leadership, do you think resident-care related issues and contingencies can be adequately addressed?
V.


Emergency Prep Rule
Other E-Tags
Prevention
Mitigation
Recovery
Preparedness
Response
• E- 033- Methods of Sharing Information
• E-034- Sharing Information on Occupancy/Needs
• E-035- LTC and ICF/IID Family Notification
• E-036- Emergency Prep Training and Testing
○ Annual for LTC
• E-037- Emergency Prep Training Program
• E-039- Emergency Prep Testing Requirements
• E-041- LTC Emergency Power
• E-042- Integrated Health Systems


LESSONS LEARNED
Review and Plan Revision (E-039)
- (2-B-iii)
Review
Plan Revisions
Analyze the LTC facility's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the LTC facility's emergency plan, as needed.
EMERGENCY PLAN
REVISE


LESSONS LEARNED
Real World Incidents
- COVID-19
- Facility Emergency
- Disaster
- Drill & Exercises
Review


LESSONS LEARNED
Real World Incidents
- COVID-19
- Facility Emergency
- Disaster
- Drill & Exercises
Review
[Incident/ Exercise/ Event Name] – After Action Report
[Pick the date]
[Year]
[Author of the AAR]
Report Completed: [Date]
[Facility Name]


Emergency Planning and Management
Planning
Should your entire leadership team be part of all aspects of emergency planning and management?
THE ANSWER IS YES

CMS Memo- QSO-20-41-ALL

September 28, 2020

- Provided clarification on exercise definitions
  - Full Scale Exercise (FSE)- multiple functions / multiple agencies
  - Functional Exercise (FE)- individual functions / capabilities
  - Mock Disaster Drill (Exercise of Choice)- validate specific function(s)
  - Tabletop Exercise (Exercise of Choice)- discussion-based exercise
  - Workshop (Exercise of Choice)- discussion focused on planning
- **COVID-19 Exemption**
  - Facilities that activated the emergency plans are exempt from the next required full-scale community-based or individual, facility-based functional exercise
    - ❑ Must provide written documentation to verify that their emergency program was activated
      - Incident Action Plans (IAP)
      - IAP Meeting Minutes
      - AAR or variation of an analysis of incident management

CMS Memo- QSO-21-15-ALL

March 26, 2021

- Emergency Power
  - Surveyors need to confer to determine if a deficiency is a K-Tag or an E-Tag
- Definitions
  - Added: Community Partners, Functional Exercise, Mock Disaster Drill and Workshop
  - Revised: Full Scale Exercise
- Reminders Added
  - Requirements specific to LTC / SNF
- Emergency Program
  - Annual Review for LTC (different for other provider types)
  - Compliance Crosswalk to compliance references – Compliance Binder
  - Medicare / Medicaid certification dates documented in the front of the plan

CMS Memo- QSO-21-15-ALL
March 26, 2021

- Emergency Plans
  - Should include Emerging Infectious Diseases (EID) and pandemics
    - Define how a facility will plan, coordinate and respond
    - Include Infection Prevention Personnel in the process
- Continuation of Operations & Services
  - Continuity of Operations Planning
  - Documented Delegations of Authority and Succession Planning
    - Identifies specific individuals at the facility and alternates
- Contingency Planning- Evacuation Triggers
  - Essential resources cannot be fulfilled by contractors
- Continued Focus on Risk Analysis
  - Facility-based & community-based Hazard Vulnerability Assessment (HVA)

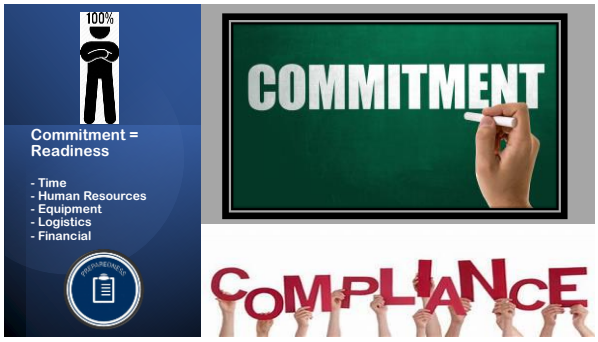
CMS Memo- QSO-21-15-ALL
March 26, 2021

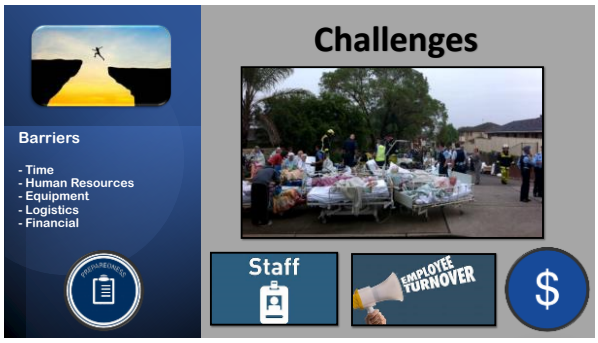
- Surge & Staffing
  - Expanded guidance to address surge and adequate staffing
- Cooperation & Collaboration
  - Expanded guidance to address PHE like pandemic
- Alternate Energy Sources
  - Guidance on portable generators connected to transfer switch / not extension cords
- Triaging Considerations
  - Evacuation sequence
- Facility Reporting
  - Expanded guidance on reporting facility's needs and capabilities to provide assistance

Ten Most Frequently Cited E-Tags in CA

1. E-039- EP Testing Requirements
2. E-041- LTC Emergency Power
3. E-031- Emergency Officials Contact Information
4. E-030- Facility Staff Contact Information
5. E-004- Emergency Plan Development / Review
6. E-006- Plan Based on All Hazards Risk Assessment
7. E-037- EP Training
8. E-015- Subsistence Needs for Residents & Staff
9. E-032- Primary / Alternate Communications Methods
10. E-023- P&P for Medical Documentation During Emergencies


Resource Guidance
GUIDELINES
National Criteria for Evacuation Decision-Making in Nursing Homes
AHCA NCAL
Sample Policy for Emergent Infectious Diseases for Skilled Nursing
AHCA NCAL
Shelter In Place: Planning Resource Guide for Nursing Homes


100%
Commitment = Readiness
- Time
- Human Resources
- Equipment
- Logistics
- Financial
COMMITMENT
COMPLIANCE


Barriers
- Time
- Human Resources
- Equipment
- Logistics
- Financial
Challenges
Staff
EMPLOYEE TURNOVER
$

- LTC facilities can't control what comes their way
- Understand that "It can happen to you"
- Facilities can control levels of preparedness, response and recovery capabilities
- Understand Human Nature = Culture of Preparedness
- Know the Hazards and Perils = HVA
- Command and Control = All Hazards EM
- Plan to Recover = Limited Service Disruption
- Know the Regulations & Trends = Compliance
- Robust Disaster Management = Reduced Risk Exposure

Bottom Line

Stan Szpytek, President
Stan@FLSafety.org
FLS
Fire and Life Safety, Inc.
CALTCM
California Association of Long Term Care Medicine

LONG TERM CARE

EMERGENCY PREPAREDNESS WORKSHEET

1. DATE OF SURVEY
2. NAME OF FACILITY
3. PROVIDER NUMBER LTC Number
4. SURVEYOR
5. SURVEYOR ID

TAG #	TITLE	MET	NOT MET
E - 0001	Establishment of the Emergency Program (EP)		

Reg Text: The LTC facility must comply with all applicable Federal, State and local EP requirements. The LTC facility must establish and maintain a comprehensive EP program that meets the requirements of this section.The EP program must include, but not be limited to, the following elements:

Survey Procdure: Interview facility leadership and ask them to describe the facility's EP program. Ask to see the facility's written policy and documentation on the EP program. *Pages 5-6* (*also see page 3 for definitions*)

TAG #	TITLE	MET	NOT MET
E - 0004	Develop and Maintain EP Program		

Reg Text: (a) Emergency Plan. The LTC facility must develop and maintain an EP plan that must be reviewed, and updated at least annually.

Survey Procedure: Verify the facility has an emergency plan by asking to see a copy of the plan; Ask facility leadership to identify the hazards that were identified in the facility's risk assessment and how the risk assessment was conducted. Review plan to verify it contains all the required elements. Verify that the plan if reviewed and updated annually. *Page 8*

TAG #	TITLE	MET	NOT MET
E - 0006	Maintain and Annual EP Updates		

Reg Text: (1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing residents. (2) Include strategies for addressing emergency events identified by the risk assessment.

Survey Process: Ask to see the written documentation of the facility's risk assessment and associated strategies; Interview the facility leadership and ask which hazards were included in the risk assessment and why; How was the risk assessment was conducted; Verify the risk-assessment is based on an all-hazards approach specific to the geographic location of the facility and encompasses potential hazards. *Pages 10-11*

TAG #	TITLE	MET	NOT MET
E - 0007	EP Program Patient Population		

Reg Text: (3) Address patient/client population, including, but not limited to, persons at-risk; the type of services the LTC facility has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.

Survey Process: Interview leadership and ask them to describe the following; The facility's patient population that would be at risk in an emergency; Strategies the facility has put in place to address the needs of at risk or vulnerable patient populations; Services that the facility would be able to provide during an emergency; How the facility plans to continue operations during an emergency; and Delegations of authority and succession plans. *Page 12*

TAG #	TITLE	MET	NOT MET
E - 0009	Process for EP Collaboration		

Reg Text: (4) Include a process for cooperation and collaboration with local, tribal, regional, State, and Federal EP officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the LTC facility's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.

Survey Procedure: Interview facility leadership and ask them to describe their process for ensuring cooperation and collaboration with local, tribal, regional, state and Federal emergency preparedness officials' efforts to ensure an intergrated response during a disaster or emergency situation. Ask for documentation of the facility's efforts to contact such officials and, when applicable, its participation in collaborative and coooperative planning efforts. *Pages 15-16*

TAG #	TITLE	MET	NOT MET
E - 0013	Development of EP Policies and Procedures		

Reg Text: (b) Policies and procedures. LTC facilities must develop and implement EP policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least annually.

Disclaimer: This is a work sheet to assist the survey process and is not a comprehensive listing of the requirements under the Emergency Planning requirements.

Survey Procedure: Review the written policies and procedures which address the facility's emergency plan and verify: Policies and procedures were developed based on the facility and community based risk assessment and communitcations plan, utilizing and all-hazards approach. Ask to see documentation that verifies the policies and procedures have been reviewed and updated on an annual basis. *Pages 18-20*

TAG #	TITLE	MET	NOT MET
E - 0015	Subsistence needs for staff and patients		

Reg Text: At a minimum, the policies and procedures must address the following:
(1) The provision of subsistence needs for staff and patients whether they evacuate or shelter in place, include, but are not limited to the following:
(i) Food, water, medical and pharmaceutical supplies
(ii) Alternate sources of energy to maintain the following:
(A) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions.
(B) Emergency lighting.
(C) Fire detection, extinguishing, and alarm systems.
(D) Sewage and waste disposal.

Survey Procedure: Verify the emergency plan includes policies and procedures for the provision of subsistence needs including, but not limited to food, water and pharmaceutical supplies for residents and staff by reviewing the plan. Verify the emergency plan includes policies and procedures to ensure adequate alternate energy sources necessary to maintain: Temperatures to protect resident health and safety and for the safe and sanitary storage of provisions; emergency lighting and fire protection, extinguishing and alarm systems. Verify the emergency plan includes policies and procedures to provide for sewage and waste disposal.
Pages 21-24

TAG #	TITLE	MET	NOT MET
E - 0018	Procedures for Tracking of Staff and Patients		

Reg Text: (2) A system to track the location of on-duty staff and sheltered patients in the LTC facility's care during an emergency. If on-duty staff and sheltered patients are relocated during the emergency, the LTC facility must document the specific name and location of the receiving facility or other location.

Survey Process: Ask the staff to describe and/or demonstrate the tracking system used to document locations of the residents and staff. Verifiy that the tracking system is documented as part of the facilities' emergency plan policies and procedures. *Pages 26-27*

TAG #	TITLE	MET	NOT MET
E - 0020	Policies and Procedures including Evacuation		

Reg Text: Safe evacuation from the LTC facility, which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s); and primary and alternate means of communication with external sources of assistance.

Survey Process: Review the emergency plan to verify it includes policies and procedures for safe evacuation from the facility and that it includes all of the required elements. *Pages 29-30*

TAG #	TITLE	MET	NOT MET
E - 0022	Policies and Procedures for Sheltering		

Reg Text: (4) A means to shelter in place for patients, staff, and volunteers who remain in the LTC facility.

Survey Process: Verify the emergency plan includes policies and procedures for how it will provide a means to shelter in place for residents, staff and volunteers who remain in a facility. Review the policies and procedures for sheltering in place and evaluate if they aligned with the facility's emergency plan and risk assessment.
Pages 32-33

TAG #	TITLE	MET	NOT MET
E - 0023	Policies and Procedures for Medical Docs.		

Reg Text: (5) A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains availability of records.

Survey Process: Ask to see a copy of the policies and precedures that documents the medical record documentation system the facility has developed to preserve patient information, protects confidentiality of patient information, and secures and maintains availibility of records. *Pages 32-33*

TAG #	TITLE	MET	NOT MET
E - 0024	Policies and Procedures for Volunteers		

Reg Text: (6) The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency.

Survey Process: Verify the facility has included policies and procedures for the use of volunteers and other staffing strategies in its emergency plans. *Pages 34-35*
(Use of PHS, DOD, NDMS, MRC members as well as ESAR-VHP members.)

Disclaimer: This is a work sheet to assist the survey process and is not a comprehensive listing of the requirements under the Emergency Planning requirements.

TAG #	TITLE	MET	NOT MET
E - 0025	Arrangement with other Facilities		

Reg Text: (7) The development of arrangements with other LTC facilities and other providers to receive patients in the event of limitations or cessation of operations to maintain the continuity of services to facility patients.

Survey Process: Ask to see copies of the arrangements and/or any agreements the facilty has with other facilities to receive patients in the event the facility is not able to care for them during an emergency. Ask facility leadership to explain the arrangements in place for transportation in the event of an evacuation.
Pages 36-37

TAG #	TITLE	MET	NOT MET
E - 0026	Roles under a Waiver Declared by Secretary		

Reg Text: (8) The role of the LTC facility under a waiver declared by the Secretary, in accordance with section 1135 of the Act, in the provision of care and treatment at an alternate care site identified by emergency management officials.

Survey Process: Verify the facility has included policies and procedures in its emergency plan describing the facility's role in providing care and treatment at alternate sites under an 1135 wavier. *Pages 36-37*

TAG #	TITLE	MET	NOT MET
E - 0029	Development of Communication Plan		

Reg Text: (c) The LTC facility must develop and maintain an EP communication plan that complies with Federal, State and local laws and must be reviewed and updated at least annually.

Survey Process: Verify that the facility has a written communications plan by asking to see the plan. Ask to see evidence that the plan has been reviewed (and updated as necessary) on an annual basis. *Page 40-41*

TAG #	TITLE	MET	NOT MET
E - 0030	Names and Contact Information		

Reg Text: The communication plan must include all of the following:
(1) Names and contact information for the following:
(i) Staff.
(ii) Residents' physicians
(iv) Other LTC facilities.
(v) Volunteers.

Survey Process: Verify that all required contacts are included in the communications plan by asking to see a list of the contacts with their contact information. Verify that all contact information has been reviewed and updated at least annually by asking to see evidence of the annual review. *Pages 43-44*

TAG #	TITLE	MET	NOT MET
E - 0031	Emergency Officials Contact Information		

Reg Text: (2) Contact information for the following: (i)
Federal, State, tribal, regional, or local emergency preparedness staff.
(ii) The State Licensing and Certification Agency.
(iii) The Office of the State Long-Term Care Ombudsman.
(iv) Other sources of assistance.

Survey Process: Verify that all required contacts are included in the communications plan by asking to see a list of the contacts with their contact information. Verify that all contact information has been reviewed and updated at least annually by asking to see evidence of the annual review. *Pages 44-45*

TAG #	TITLE	MET	NOT MET
E - 0032	Primary/Alternate Means for Communication		

Reg Text: (3) Primary and alternate means for communicating with the following:
(i) LTC facility's staff.
(ii) Federal, State, tribal, regional, and local emergency management agencies.

Survey Process: Verify the communications plan includes primary and alternate means for communicating with facility staff, Federal, State, tribal and local emergency management agencies by reviewing the communications plan. Ask to see the communications equipment or communications systems listed in the plan.
Pages 45-46

TAG #	TITLE	MET	NOT MET
E - 0033	Methods for Sharing Information		

Reg Text: (4) A method for sharing information and medical documentation for residents under the LTC facility's care, as necessary, with other health providers to maintain the continuity of care.
(5) A means, in the event of an evacuation, to release patient information as permitted under 45 CFR 164.510(b)(1)(ii).
(6) A means of providing information about the general condition and location of residents under the facility's care as permitted under 45 CFR 164.510(b)(4).

Survey Process: Verify the communication plan includes a method for sharing information and medical documentation for patients under the facility's care, as necessary, with other health providers to maintain the continuity o f care by reviewing the communications plan. Verify the facility has developed policies and procedures that addresss the means the facility will use to release patient information to include the general condition and location of patients, by reviewing the communications plan. *Pages 46-47*

TAG #	TITLE	MET	NOT MET
E - 0034	Sharing Information on Occupancy/Needs		

Reg Text: (7) A means of providing information about the LTC facility's occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee.

Survey Process: Verify the communications plan includes a means of provicing information about the facility's needs, and its ability to provide assistance, to the authority having jurisdication, the Incident Command Center, or designee by reviewing the communication plan. For hospitals, CAHs, RNHCIs, inpatient hospices, PRTFs, LTC facilities, and ICF/IIDs, also verify if the communication plan includes a means of providing information about their occupancy.
Pages 48-50

TAG #	TITLE	MET	NOT MET
E - 0035	LTC and ICF/IID Family Notifications		

Reg Text: (8) A method for sharing information from the emergency plan, that the facility has determined is appropriate, with residents and their families or representatives.

Survey Process: • Ask staff to demonstrate the method the facility has developed for sharing the emergency plan with the residents or clients and their families or representatives. • Interview residents or clients and their families or representatives and ask them if they have been given information regarding the facility's emergency plan. • Verify the communication plan includes a method for sharing information from the emergency plan, and that the facility has determined it is appropriate with residents or clients and their families or representatives by reviewing the plan. *Page 50-51*

TAG #	TITLE	MET	NOT MET
E - 0036	Emergency Prep Training and Testing		

Reg Text: (d) Training and testing. The LTC facility must develop and maintain an EP training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least annually.

Survey Process: Verify that the facility has a written training and testing program that meets the requirements of the regulation. Verify the program has been reviewed and updated on, at least, an annual basis by asking for coumentation of the annual review as well as any updates made. Verifiy that ICF/IID emergency plans also meet the requirements for evacuaton drills and training at 483.470(i). *Pages 50-51*

TAG #	TITLE	MET	NOT MET
E - 0037	Emergency Prep Training Program		

Reg Text: (1) Training program. The LTC facility must do all of the following:
(i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles.
(ii) Provide EP training at least annually.
(iii) Maintain documentation of the training.
(iv) Demonstrate staff knowledge of emergency procedures.

Survey Process: Ask for copies of the facility's initial emergency preparedness, training and annual emergency preparedness training offerings. Interview various staff and ask questions regarding the faccility's initial and annual training course, to verify staff knowledge of emergenccy procedures. Review a sample of staff training files to verify staff have recieved initial and annual emergency preparednesss training. *Pages 53-56*

TAG #	TITLE	MET	NOT MET
E - 0039	Emergency Prep Testing Requirements		

Reg Text: (2) Testing. The LTC facility must conduct exercises to test the emergency plan at least annually, including unannounced staff drills using the emergency procedures. The LTC facility must do all of the following:
(i) Participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based. If the LTC facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the LTC facility is exempt from engaging in a community-based or individual, facility-based full-scale exercise for 1 year following the onset of the actual event.
(ii) Conduct an additional exercise that may include, but is not limited to the following:
(A) A second full-scale exercise that is community-based or individual, facility-based.
(B) A tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.
(iii) Analyze the LTC facility's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the LTC facility's emergency plan, as needed.

Survey Process: Ask to see ddocumentation of the annual tabletop and full scale exercises (which may include, but is not limited to, the exercise plan, the AAR, and any additional documentation used by the facility to support the exercise). Ask to see the documentation of the facility's efforts to identify a full-scale community based exercise if they did not participate in one (i.e., date and personnel and agencies contacted and the reasons for the inability to participate in a community based exercise). Request documentation of the facility's analysis and response and how the facility updated its emergency program based on this analysis.
Pages 59-61

TAG #	TITLE	MET	NOT MET
E - 0041	Hospital CAH and LTC Emergency Power		

Reg Text: (e) Emergency and standby power systems. The [LTC facility and the CAH] must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section.
(e)(1) Emergency generator location. The generator must be located in accordance with the location requirements found in the Health Care Facilities Code (NFPA 99), Life Safety Code (NFPA 101), and NFPA 110, when a new structure is built or when an existing structure or building is renovated.
(e)(2) Emergency generator inspection and testing. The LTC facility must implement the emergency power system inspection, testing, and maintenance requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code.
(e)(3) Emergency generator fuel. LTC facilities that maintain an onsite fuel source to power emergency generators must have a plan for how it will keep emergency power systems operational during the emergency, unless it evacuates.

Survey Process: Verify that the hospital, CAH and LTC facility has the required emergency and standby power systems to meet the requirements of the facility's emergency plan and corresponding policies and procedures.
• Review the emergency plan for "shelter in place" and evacuation plans. Based on those plans, does the facility have emergency power systems or plans in place to maintain safe operations while sheltering in place?
• For hospitals, CAHs and LTC facilities which are under construction or have existing buildings being renovated, verify the facility has a written plan to relocate the EPSS by the time construction is completed
• For new construction that takes place between November 15, 2016 and is completed by November 15, 2017, verify the generator is located and installed in accordance with NFPA 110 and NFPA 99 when a new structure is built or when an existing structure or building is renovated. The applicability of both NFPA 110 and NFPA 99 addresses only new, altered, renovated or modified generator locations.
• Verify that the hospitals, CAHs and LTC facilities with an onsite fuel source maintains it in accordance with NFPA 110 for their generator, and have a plan for how to keep the generator operational during an emergency, unless they plan to evacuate. *Pages 63-67*

TAG #	TITLE	MET	NOT MET
E - 0042	Integrated Health Systems		

Reg Text: (f) Integrated healthcare systems. If a LTC facility is part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency preparedness program, the LTC facility may choose to participate in the healthcare system's coordinated emergency preparedness program.
If elected, the unified and integrated EP program must do all of the following:
(1) Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated EPprogram.
(2) Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered.
(3) Demonstrate that each separately certified facility is capable of actively using the unified and integrated EP program and is in compliance with the program.
(4) Include a unified and integrated emergency plan that meets the requirements of paragraphs (a)(2), (3), and (4) of this section. The unified and integrated emergency plan must also be based on and include the following:
(i) A documented community-based risk assessment, utilizing an all-hazards approach.
(ii) A documented individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach.
(5) Include integrated policies and procedures that meet the requirements set forth in paragraph (b) of this section, a coordinated communication plan, and training and testing programs that meet the requirements of paragraphs (c) and (d) of this section, respectively.

Survey Process: • Verify whether or not the facility has opted to be part of its healthcare system's unified and integrated emergency preparedness program. Verify that they are by asking to see documentation of its inclusion in the program. • Ask to see documentation that verifies the facility within the system was actively involved in the development of the unified emergency preparedness program. • Ask to see documentation that verifies the facility was actively involved in the annual reviews of the program requirements and any program updates. • Ask to see a copy of the entire integrated and unified emergency preparedness program and all required components (emergency plan, policies and procedures, communication plan, training and testing program). • Ask facility leadership to describe how the unified and integrated emergency preparedness program is updated based on changes within the healthcare system such as when facilities enter or leave the system.
Pages: 67-70

Disclaimer: This is a work sheet to assist the survey process and is not a comprehensive listing of the requirements under the Emergency Planning requirements.

Sample Policy for Emergent Infectious Diseases for Skilled Nursing Care Centers

Compiled and Prepared by

AHCA/NCAL Emergency Preparedness Committee

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PURPOSE OF THIS DOCUMENT

To provide guidance to long term and post-acute care providers on how to prepare for infectious diseases that have the potential to pose a significant public health threat to the residents, families and staff of the skilled nursing care center.

Sample Policy for Emergent Infectious Diseases for Skilled Nursing Care Centers

PURPOSE

To provide guidance to long term care providers on how to prepare for new or newly evolved Infectious diseases whose incidence in humans has increased or threatens to increase in the near future and that has the potential to pose a significant public health threat and danger of infection to the residents, families and staff of the skilled nursing center.

ASSUMPTIONS

This document contains general policy elements that are intentionally broad. It is customizable depending the specific care center demographics, location, and current disease threats. It is not comprehensive and does not constitute medical or legal advice.

Every disease is different. The local, state, and federal health authorities will be the source of the latest information and most up to date guidance on prevention, case definition, surveillance, treatment, and skilled nursing center response related to a specific disease threat.

This document contains recommendations that may not be applicable to all types of long term care facilities. Modifications should be made based upon the regulatory requirements and the structure and staffing for the specific care setting.

GOAL

To protect our residents, families, and staff from harm resulting from exposure to an emergent infectious disease while they are in our care center.

1. **General Preparedness for Emergent Infectious Diseases (EID)**

    a. The care center's emergency operation program will include a response plan for a community-wide infectious disease outbreak such as pandemic influenza. This plan will:
        i. build on the workplace practices described in the infection prevention and control policies
        ii. include administrative controls (screening, isolation, visitor policies and employee absentee plans
        iii. address environmental controls (isolation rooms, plastic barriers sanitation stations, and special areas for contaminated wastes)
        iv. Address human resource issues such as employee leave
        v. Be compatible with the care center's business continuity plan

    b. Clinical leadership will be vigilant and stay informed about EIDs around the world. They will keep administrative leadership briefed as needed on potential risks of new infections in their geographic location through the changes to existing organisms and/or immigration, tourism, or other circumstances.

    c. As part of the emergency operations plan, the care center will maintain a supply of personal protective equipment (PPE) including moisture-barrier gowns, face shields, foot and head coverings, surgical masks, assorted sizes of disposable N95 respirators, and gloves. The amount that is stockpiled will minimally be enough for several days of center-wide care, but will be determined based on storage space and costs.

    d. The care center will develop plans with their vendors for re-supply of food, medications, sanitizing agents and PPE in the event of a disruption to normal business including an EID outbreak.

    e. The care center will regularly train employees and practice the EID response plan through drills and exercises as part of the centers emergency preparedness training

2. **Local Threat**

    a. Once notified by the public health authorities at either the federal, state and/or local level that the EID is likely to or already has spread to the care center's community, the care center will activate specific surveillance and screening as instructed by Centers for Disease Control and Prevention (CDC), state agency and/or the local public health authorities.

b. The care center's Infection Preventionist (IP) will research the specific signs, symptoms, incubation period, and route of infection, the risks of exposure, and the recommendations for skilled nursing care centers as provided by the CDC, Occupational Health and Safety Administration (OSHA), and other relevant local, state and federal public health agencies.

c. Working with advice from the care center's medical director or clinical consultant, safety officer, human resource director, local and state public health authorities, and others as appropriate, the IP will review and revise internal policies and procedures, stock up on medications, environmental cleaning agents, and personal protective equipment as indicated by the specific disease threat.

d. Staff will be educated on the exposure risks, symptoms, and prevention of the EID. Place special emphasis on reviewing the basic infection prevention and control, use of PPE, isolation, and other infection prevention strategies such as hand washing.

e. If EID is spreading through an airborne route, then the care center will activate its respiratory protection plan to ensure that employees who may be required to care for a resident with suspected or known case are not put at undue risk of exposure.

f. Provide residents and families with education about the disease and the care center's response strategy at a level appropriate to their interests and need for information.

g. Brief contractors and other relevant stakeholders on the care center's policies and procedures related to minimizing exposure risks to residents.

h. Post signs regarding hand sanitation and respiratory etiquette and/or other prevention strategies relevant to the route of infection at the entry of the care center along will the instruction that anyone who sick must not enter the building.

i. To ensure that staff, and/or new residents are not at risk of spreading the EID into the care center, screening for exposure risk and signs and symptoms may be done PRIOR to admission of a new resident and/or allowing new staff persons to report to work.

j. Self-screening – Staff will be educated on the care center's plan to control exposure to the residents. This plan will be developed with the guidance of public health authorities and may include:

   i. Reporting any suspected exposure to the EID while off duty to their supervisor and public health.
   ii. Precautionary removal of employees who report an actual or suspected exposure to the EID.
   iii. Self-screening for symptoms prior to reporting to work.
   iv. Prohibiting staff from reporting to work if they are sick until cleared to do so by appropriate medical authorities and in compliance with appropriate labor laws.

k. Self-isolation - in the event there are confirmed cases of the EID in the local community, the care center may consider closing the care center to new admissions, and limiting visitors based on the advice of local public health authorities.

l. Environmental cleaning - the care center will follow current CDC guidelines for environmental cleaning specific to the EID in addition to routine cleaning for the duration of the threat.

m. Engineering controls – The care center will utilize appropriate physical plant alterations such as use of private rooms for high-risk residents, plastic barriers, sanitation stations, and special areas for contaminated wastes as recommended by local, state, and federal public health authorities.

3. **Suspected case in the care center**

   a. Place a resident or on-duty staff who exhibits symptoms of the EID in an isolation room and notify local public health authorities.

   b. Under the guidance of public health authorities, arrange a transfer of the suspected infectious person to the appropriate acute care center via emergency medical services as soon as possible.

   c. If the suspected infectious person requires care while awaiting transfer, follow care center policies for isolation procedures, including all recommended PPE for staff at risk of exposure.

d. Keep the number of staff assigned to enter the room of the isolated person to a minimum. Ideally, only specially trained staff and prepared (i.e. vaccinated, medically cleared and fit tested for respiratory protection) will enter the isolation room. Provide all assigned staff additional "just in time" training and supervision in the mode of transmission of this EID, and the use of the appropriate PPE.

e. If feasible, ask the isolated person to wear a facemask while staff is in the room. Provide care at the level necessary to address essential needs of the isolated individual unless it advised otherwise by public health authorities.

f. Conduct control activities such as management of infectious wastes, terminal cleaning of the isolation room, contact tracing of exposure individuals, and monitoring for additional cases under the guidance of local health authorities, and in keeping with guidance from the CDC.

g. Implement the isolation protocol in the care center (isolation rooms, cohorting, cancelation of group activities and social dining) as described in the care center's infection prevention and control plan and/or recommended by local, state, or federal public health authorities.

h. Activate quarantine interventions for residents and staff with suspected exposure as directed by local and state public health authorities, and in keeping with guidance from the CDC.

4. **Employer Considerations**

a. Management will consider its requirements under OSHA, (Center for Medicare and Medicaid (CMS), state licensure, Equal Employment Opportunity Commission (EEOC), American Disabilities Act (ADA) and other state or federal laws in determining the precautions it will take to protect its residents. Protecting the residents and other employees shall be of paramount concern. Management shall take into account:

   i. The degree of frailty of the residents in the care center;
   ii. The likelihood of the infectious disease being transmitted to the residents and employees;
   iii. The method of spread of the disease (for example, through contact with bodily fluids, contaminated air, contaminated surfaces)

iv. The precautions which can be taken to prevent the spread of the infectious disease and
v. Other relevant factors

b. Once these factors are considered, management will weigh its options and determine the extent to which exposed employees, or those who are showing signs of the infectious disease, must be precluded from contact with residents or other employees.

c. Apply whatever action is taken uniformly to all staff in like circumstances.

d. Do not consider race, gender, marital status, country of origin, and other protected characteristics unless they are documented as relevant to the spread of the disease.

e. Make reasonable accommodations for employees such as permitting employees to work from home if their job description permits this.

f. Generally, accepted scientific procedures, whenever available, will be used to determine the level of risk posed by an employee.

g. Permit employees to use sick leave, vacation time, and FMLA where appropriate while they are out of work.

h. Permit employees to return to work when cleared by a licensed physician, however, additional precautions may be taken to protect the residents.

i. Employees who refuse at any time to take the precautions set out in this and other sections of this policy may be subject to discipline.

5. Definitions

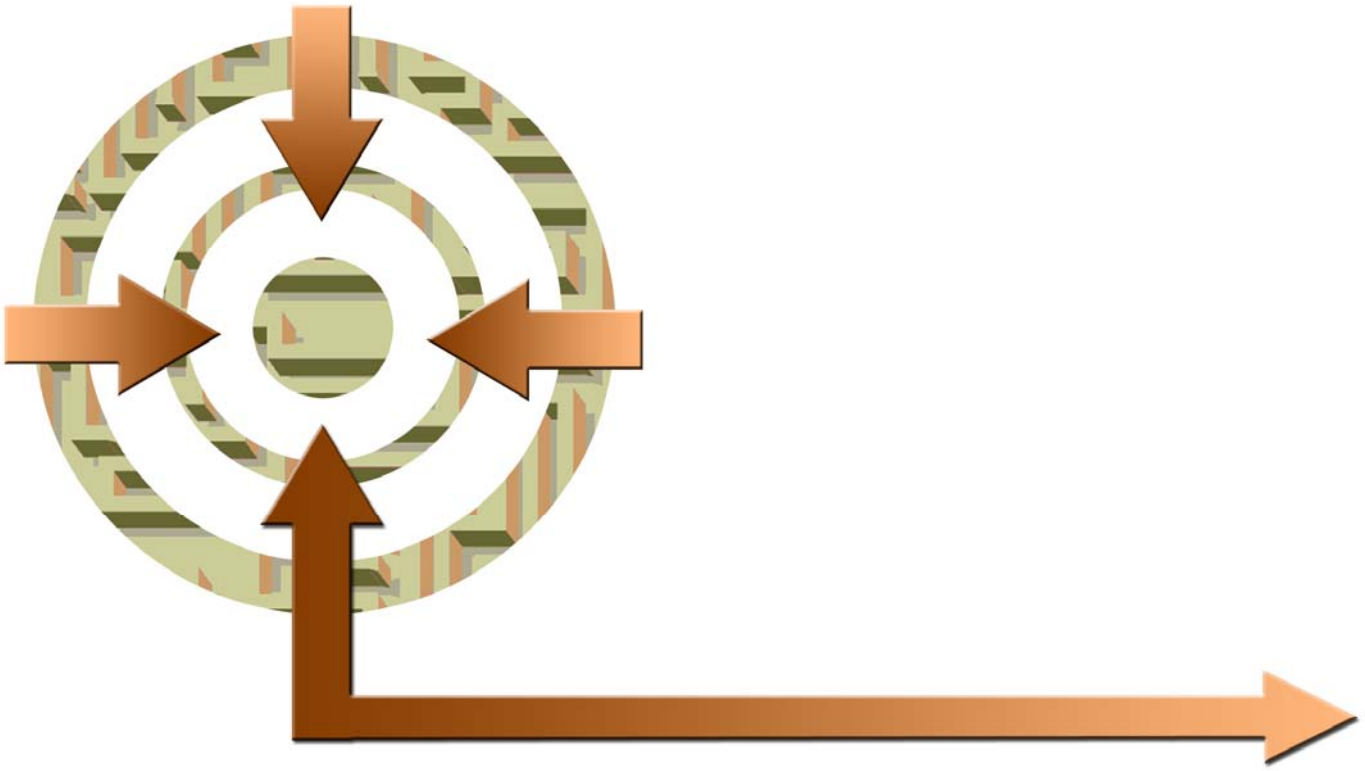
Emerging Infectious disease -- Infectious diseases whose incidence in humans has increased in the past two decades or threatens to increase in the near future have been defined as "emerging." These diseases, which respect no national boundaries, include:

i. New infections resulting from changes or evolution of existing organisms
ii. Known infections spreading to new geographic areas or populations
iii. Previously unrecognized infections appearing in areas undergoing ecologic transformation
iv. Old infections reemerging as a result of antimicrobial resistance in known agents or breakdowns in public health measures

Pandemic -- A sudden infectious disease outbreak that becomes very widespread and affects a whole region, a continent, or the world due to a susceptible population. By definition, a true pandemic causes a high degree of mortality.
Isolation – Separation of an individual or group who is reasonably suspected to be infected with a communicable disease from those who are not infected to prevent the spread of the disease.
Quarantine – Separation of an individual or group reasonably suspected to have been exposed to a communicable disease but who is not yet ill (displaying signs and symptoms) from those who have not been so exposed to prevent the spread of the disease.

Helpful Websites
https://www.osha.gov/Publications/influenza_pandemic.html
http://www.cahfdisasterprep.com/PreparednessTopics/PandemicInfluenza.aspx
http://emergency.cdc.gov/coca/index.asp
http://emergency.cdc.gov/health-professionals.asp
http://emergency.cdc.gov/recentincidents/
http://www.nebraskamed.com/biocontainment-unit/ebola
https://cdc.train.org/DesktopShell.aspx?tabId=62&goto=browse&browse=learningseries&lookfor=2177

Ebola Online Resources
CDC Ebola Resources for State and Local Public Health Partners
CDC resources include updated personal protective equipment (PPE) guidance for health care personnel (http://www.cdc.gov/vhf/ebola/healthcare-us/ppe/guidance.html & http://www.cdc.gov/vhf/ebola/healthcare-us/ppe/guidance-clinically-stable-puis.html) and an Ebola Concept of Operations (ConOps) planning template (http://www.cdc.gov/phpr/documents/ebola-concept-of-operations-planning-template-8-20-2015.pdf
& http://www.cdc.gov/phpr/coopagreement.htm).
- Updated Case Counts<http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/index.html> (From WHO Situation Reports) – August 28, 2015
- Frequently Asked Questions for Guidance on Personal Protective Equipment to Be Used by Healthcare Workers During Management of Patients with Confirmed Ebola or Persons Under Investigation (PUI) for Ebola Who are Clinically Unstable or have Bleeding, Vomiting or Diarrhea in U.S. Hospitals, Including Procedures for Donning and Doffing<http://www.cdc.gov/vhf/ebola/healthcare-us/ppe/faq.html> - August 27, 2015



National Criteria for Evacuation Decision-Making in Nursing Homes

Florida Health Care Association

THE JOHN A. HARTFORD FOUNDATION 1929

USF UNIVERSITY OF SOUTH FLORIDA

Preface

This national guide for evacuation decision-making in nursing homes is one of several tools developed through a two-year grant funded by the John A. Hartford Foundation to the Florida Health Care Association Education and Development Foundation. The project's overall goal is to ensure the safety and quality of care of frail elders living in nursing homes during a natural disaster. Partners in the project include the University of South Florida, the Florida Department of Health Office of Emergency Operations and the Florida Health Care Association Disaster Preparedness Committee. Many national experts and advisors in long-term care, emergency management, ethics, and transportation have also contributed greatly to this work. The Hartford-funded project will produce several additional products, which will be available in the fall of 2008, including an emergency management software application specifically for nursing homes and a long-term care facility translation of the national Incident Command System. Additional information about this project is provided at the end of this guide.

Readers of this document are encouraged to use and disseminate this information widely, with proper acknowledgement and citation of the source. In addition, we request that you complete and return the Reader Feedback and Utilization Survey on the following page. The information you provide will be used to develop and disseminate future updates to the guide.

Citation: *Florida Health Care Education and Development Foundation, 2008, National Criteria for Evacuation Decision-Making in Nursing Homes, developed through a project funded by the John A. Hartford Foundation. For further information, please visit www.fhca.org.*

Project Partners

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The Milbank Memorial Fund
Monsignor Charles J. Fahey, Ethics Consultant

Evacuation Decision-Making
Reader Feedback and Utilization Survey

Thank you for using the National Criteria for Evacuation Decision-Making in Nursing Homes. To gather valuable feedback and learn more about how and where the criteria are being used, **we need you to complete the following brief survey**. Those who complete the survey will automatically receive updates about the Hurricane and Disaster Preparedness for Long-Term Care project funded by the John A. Hartford Foundation.

Please email, mail or fax your completed survey to:
Hurricane and Disaster Preparedness for Long Term Care
Florida Health Care Association
PO Box 1459, Tallahassee, FL 32302
Telephone (850) 224-3907
Email: ahenkel@fhca.org Fax (850) 224-9155

Name: _____ **Title:** _____
Organization: _____
Address: _____
City/State/Zip: _____
Tele.: _____ **Email:** _____

How did you obtain a copy of the National Criteria for Evacuation Decision-Making in Nursing Homes?

_____

On a scale of 1 to 4, where 1 represents "Extremely useful" & 4 represents "Not useful at all", circle the response to indicate the usefulness of this guide. If no opinion, please circle "don't know."	**Extremely useful**	**Very useful**	**Somewhat useful**	**Not useful at all**	**Don't Know**
1. As a decision-making tool for evacuation of Nursing Homes?	1	2	3	4	Don't know
2. For training long-term care staff?	1	2	3	4	Don't know
3. For training staff in other LTC organizations?	1	2	3	4	Don't know
4. To help the resident family members understand evacuation decision-making?	1	2	3	4	Don't know
5. To share with others outside of LTC to improve understanding of evacuation decision-making? Please describe: _____ _____	1	2	3	4	Don't know

Please describe other ways you have used or intend to use this guide:

_____

_____

Please provide any comments you may have about the guide in the space below and/or on an additional page.

_____

_____

Thank you.

Contents

Overview

The evacuation of a nursing home is an extremely serious undertaking with inherent risks to the residents the facility seeks to protect. The mass movement of persons during an emergency event who are often extremely frail, bed-ridden, comatose, cognitively impaired, and/or dependent upon ventilators or intravenous feeding or hydration equipment has considerable health implications. Nursing home residents have higher disaster-associated risks than other populations. Moving them out of harm's way may well become a community imperative. As practitioners providing care for the frail elderly and persons with disabilities, nursing homes have a moral, legal, and professional responsibility to plan and prepare for emergency operations, including the decision to evacuate or shelter-in-place.

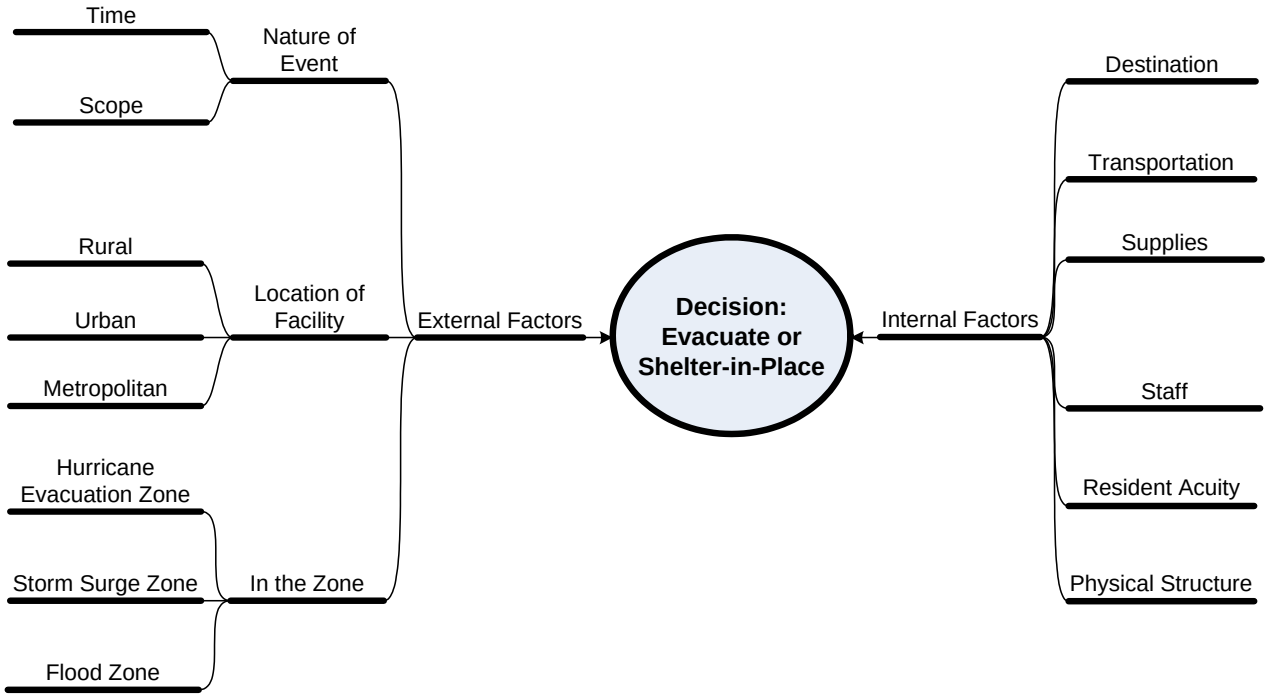
In addition to moving residents to safety, the evacuation of a nursing home also includes moving medical records, medications, medical equipment, disposable products, and food and water. Further, staff must also be available to move with the residents to the destination location. Evacuation of a nursing home is time-consuming, complex, and expensive and must be thoughtfully addressed in the facility's emergency management plan.

Because of the unexpected nature of emergencies, there is no single evacuation formula on which nursing home leaders may rely. Evacuation decision-making is rarely a straightforward, linear process; but rather, simultaneously involves a myriad of factors. This first national criteria for evacuation decision-making in nursing homes assists administrators and health care professionals to determine whether to evacuate or shelter-in-place during disasters, with guidance on the evacuation process.

Key Considerations

The decision to evacuate or to shelter-in-place is a part of any facility's comprehensive emergency management plan and will be a major focus when the plan is activated. The *National Criteria for Evacuation Decision-Making in Nursing Homes* identifies key decision-making markers which may be used in any emergency event, with a special focus on tropical cyclones (i.e., hurricanes, tropical storms or tropical depressions).

The process for evacuation decision-making for nursing homes must be framed as a flexible and responsive cause and effect diagram:



Decision-makers

A nursing home's emergency management plan must include a primary and alternate individual who has the authority to call for an evacuation. Such persons may be, for example:

- Nursing Home Administrator or Designee
- Facility Owner
- Facility Corporate Representative
- Local or State Emergency Operations Center Representative
- Governor of the State

While the final decision to evacuate or to shelter-in-place is the responsibility of one person and their alternate, he/she will be part of a decision-making team which includes internal and external partners, and the county emergency operations center utilizing real-time event data and the clinical profiles of the facility's residents.

Incident Command System

Homeland Security Presidential Directive (HSPD) 5 called for a single, comprehensive system to enhance the ability of the United States to manage domestic incidents. The National Incident Management System (NIMS) was rolled out in 2004 by the Department of Homeland Security, providing a template enabling all levels of government, the private sector, and nongovernmental organizations to work together during an incident.

A cornerstone of NIMS is the Incident Command System (ICS). Developed in the 70's, the ICS is a standardized, all-hazard incident management concept, allowing its users to adopt an integrated organizational structure. This common structure can be used by an organization of any size, providing greater efficiency, better coordination, and more effective communication. The framework of the Incident Command System supports critical decision-making by defining well-established lines of communication and responsibilities.

The Incident Command System is structured to support five major functional areas: command, finance, logistics, operations, and planning. These five areas comprise "Incident Command."

Internal Factors

Internal factors influencing the decision to evacuate or shelter-in-place are unique to a specific nursing home. Two nursing homes in the same geographic location facing the same emergency event may make different evacuation decisions based on their internal factors, and both decisions may be valid.

Resident Acuity

Resident acuity is an internal, facility-specific condition influencing the decision to evacuate all or some of the residents in the facility. Clinical decisions occur in conjunction with the Administrator, Director of Nursing, Medical Director and related medical professionals.

Consideration of an acuity-based, partial evacuation may occur prior to any mandatory evacuation orders being issued. Partial evacuation may come into play when there is the potential for a planned evacuation related to an anticipated emergency event such as a hurricane. Partial evacuations are considered when there are residents whose conditions are complex and could become compromised if transport from the facility is jeopardized during or after the storm.

Residents with complex and potentially unstable conditions who are receiving special care may need to be evacuated to a hospital:

- Radiation therapy
- Chemotherapy
- Dialysis
- Intravenous therapy, newly acquired parenteral or enteral nutrition, and/or blood transfusion
- Vents or unstable tracheotomies
- Unstable respiratory or cardiac conditions
- Unstable Infectious Conditions not responding to current aggressive treatment

Residents with special care needs will be individually assessed to ensure stability of their condition(s). Residents with the following special care needs may be managed safely in the nursing home if their conditions are stable:

- Hospice care
- Respiratory treatment
- Receiving intermittent suctioning
- Pressure ulcer(s)
- Resolving Infections
- Stable IVs, parenteral or enteral nutrition

The nursing home will make the decision to evacuate based on these acuities as well as other internal and external factors.

Physical Structure

The facility's structural ability to withstand the impending event influences the decision to evacuate or to shelter-in-place. The ability of the structure to withstand wind, debris impact, and shaking determines the shelter-in-place capabilities of the structure during the event and the ability to remain a safe and viable shelter after the disaster. Evacuation is necessary if it is anticipated that a structure will be unable to withstand the event or provide protection in the aftermath.

Physical Structure Factors

- Hardening the Facility
  - Structures are built to national, state, and, local codes which often take significant regional hazards into consideration. Additional modifications may be necessary to further ensure the integrity of the structure during and after a disaster.
  - Building hardening is the process of retrofitting or remodeling existing structures and upgrading components within so they will be stronger and more resilient in adverse conditions. This hardening can include the use of the state's building code standard rated hurricane windows, shutters, and doors to protect openings (in Florida, use the Florida Building Code High Velocity Hurricane Zone). Roof structures can be secured to the walls using hurricane brackets and the walls can be secured to the foundation. Other locations may require structural reinforcement to counter the impact of shaking due to earthquakes.

- The Lay-down Factor
  - Hazards immediately around the facility, specifically trees which can fall onto the structure, can cause catastrophic failure of the structure. If the property has a high "lay down" factor (e.g. a number of trees that can fall onto the structure), trim them to mitigate the danger. If there is a cell tower next to the facility, it will have been constructed to withstand certain winds. Obtain the performance standards for the tower and include this factor in your plan.
- Emergency Power Capacity
  - An evaluation must be made regarding the facility's emergency power capacity. The generator should support critical care functions and maintain lights and air temperature in at least a safe zone where residents can be congregated. The anticipated longevity of the facility's emergency power system will influence the evacuation decision. Further, a local power outage usually results in a quicker restoration time while a community-wide power outage may result in longer restoration times and may put more strain on the facility's emergency power.
- Security
  - Security must be sufficient to protect residents, staff, and facility resources and property. In a community-wide emergency event, nursing homes with food, water, and emergency power, become conspicuous beacons of normalcy in a sea of chaos. Desperate individuals may try to forcefully take provisions. A loss of facility resources or threats to residents and/or staff may necessitate an evacuation.

Transportation

Even when a decision to evacuate has been made, it cannot occur without a means of transport. Some emergency events such as tornadoes and earthquakes may require post-event evacuations and other impending emergency events may necessitate a planned evacuation. Regardless, the lack of transportation can abort the evacuation attempt. Nursing homes are advised to identify three transportation providers.

There are many reasons why an evacuation may not occur due to a lack of ground transportation:

- Poor planning by the facility
- Incorrect assumptions regarding vehicle sources and availability
  - Too great a demand for too few vehicles
- Vehicles are destroyed in the disaster
- Vehicles cannot respond into the region
  - Distance too great
  - Impassable roads
- Vehicle size or type
  - An insufficient number of vehicles may require several trips, causing an evacuation to take more time to complete than is available, forcing some residents to shelter-in-place
  - Vehicles that are difficult to load and unload will require more time for evacuations
    - Loading and travel times must be less than the time available to travel safely in deteriorating conditions, such as the onset of tropical storm-force winds (39-73 mph)
- Fuel source and availability

If a nursing home has exhausted their organizational resources, their transportation vendors cannot meet their obligations for whatever reason, and the facility cannot obtain transportation after a decision to evacuate has been made, the local emergency operations center should be contacted and made aware of the urgent situation. The local emergency operations center may be able to help secure transportation.

Destination

Even when a decision to evacuate has been made, it cannot occur without a place to go. Destination locations will be identified in the facility's emergency management plan and should include three destination location types.

Destination Location Types

- Close Proximity – serves an unplanned, immediate evacuation
- Within Area – serves an unplanned or planned evacuation
- Outside of Area – serves a planned evacuation

The availability and structural integrity of the destination location will impact the nursing home's ability to carry out its evacuation decision. Nursing homes are advised to plan "three-deep": that is, identifying three destination locations per proximity. At least one destination should be at least 50 miles away.

The impact of the emergency event on the "home" facility may necessitate a long term stay at the destination facility or a transfer to another more permanent care location. The public shelter is a choice of last resort; conditions may be poor and the health of residents may be threatened.

Staff

The availability of staff to be contacted and to return to work is an important factor influencing the decision to evacuate or shelter-in-place.

There are many reasons which may affect staff's ability to respond when called back to work:

- Impassable roads
- Injured, ill, or deceased family members
- Availability and role of non-nursing staff to support direct care, hands-on nursing staff in the evacuation process
- Concerns about dependent family members
- Concerns about pet safety
- Family members of staff
- Inability to communicate – cell towers/phone lines down.

Supplies

A decision to shelter-in-place requires the ability of a facility to be self sufficient. Sheltering-in-place requires a significant quantity of supplies: alternate energy sources, food, potable water, medications, hygiene supplies, and other necessities. If sufficient quantities cannot be acquired prior to an event, evacuation may be warranted. Requirements vary from state to state. Florida's state requirements are noted below, along with recommendations.

Florida Requirements and Recommendations

Supply Type	**2008 Florida Requirements** Florida Administrative Code (FAC)	**Recommendations**
Dietary: **Non-perishable food & supplies**	One-week, s. 59A-4.110(4), FAC	7-10 days
Drinkable water supply	3 gallons per resident per day during and after a disaster which is defined as 72 hours, 59A-4.133 (18), FAC 1 gallon per staff member per day during and after a disaster which is defined as 72 hours, 59A-4.133 (18), FAC	7-10 days
Essential supplies	72 hours, s. 59A-4.126 (2)(b), FAC and AHCA Form 3110-6006, March, 1994	7-10 days

It may also be that supplies are sufficient to shelter-in-place during and immediately after the event, but because of disrupted supply chains, re-supply after the event may not be possible. In this situation, an evacuation, after the event is over and the threat has passed, may be required.

Projected event scope might also predict the availability of supplies post disaster (see Scope section). A wide-spread emergency might significantly disrupt transportation and communications to such degree that remaining in the facility is not feasible.

In considering quantities of supplies, the nursing home must assess the potential for an increase in facility population, such as an influx of staff dependents, incoming residents, and other staff seeking shelter.

External Factors

External factors influencing the decision to evacuate or shelter-in-place are beyond the facility's control and tend to pose the same threat across a geographical area. External factors are described in terms of the nature of the event, time and scope, and the facility's location and geographic vulnerability.

Nature of Emergency Event

Emergency events are unpredictable and may occur in many forms. From the impending hurricane which gives hours or even days of preparation time and impacts multiple counties, to the fire outbreak which gives only minutes and impacts only a single nursing home, varying emergency types demand different facility responses.

As a first step, the facility's Incident Command will make a hazard assessment, determining the immediacy of the threat to the residents and staff and the likely scope of the emergency. The hazard assessment will weigh the risks of not evacuating with the possible harm the act of evacuating may cause residents.

The nature of emergency events influences the decision to evacuate in two general ways:

1. Time – Immediate threat vs. Impending threat
2. Scope – Facility-specific vs. Community-wide

Time: Emergency events may be immediate or impending.

Immediate emergency incidents (fire, gas leak):

- Occur with little or no warning
- Allow for very little planning time for Incident Command
- Response relies more heavily on training rather than immediate direction from supervisors
- Allow for no time to conduct an off-site external evacuation, though the facility population may evacuate from one portion of the building to another or from the building to outside
- Force a temporary shelter-in-place decision

Impending disasters (hurricane, winter storm, wildfires)

- Are tracked for some period of time prior to impact
- Allow communication beforehand with outside stakeholders, especially local emergency operations centers
- Allow some time for Incident Command to meet, formally activate disaster plans, weigh options and prepare
- Allow some consideration to pinpoint a time by which a decision to evacuate must be made in order to allow for safe evacuation by considering the following:
  - Estimated time of arrival of tropical storm winds of sustained 39 mph or at the onset of storm surge inundations, whichever occurs first
  - Time required to mobilize residents, transport them, and move them into the evacuation destination location

Scope: The scope of the emergency event refers to the geographic impact of the incident and may be facility-specific, local, or widespread. The decision to evacuate or to shelter-in-place will be influenced by the scope of the emergency.

Facility-specific

Emergency events may be facility-specific or relevant to only a local neighborhood.

Characteristics of facility-specific emergencies include:

- immediacy
- evacuation decision made by the facility's Incident Commander rather than outside direction
- short distance to the evacuation destination, often within the community
- municipal utility services will likely continue uninterrupted
- an evacuation made within the facility, a partial evacuation of residents, or complete abandonment of the structure, depending on the damage to the structure
- an evacuation duration which is very short (hours to days) unless damage is significant

Local

Localized events will impact limited areas, including multiple city blocks or specific counties.

Characteristics of local emergencies include:

- evacuation direction will come from local officials (either voluntary or mandatory)
- immediate or impending
- evacuation destination to occur over shorter distances
  - distances within 50 miles (60 miles under extenuating circumstances)
  - travel duration between 45 minutes and 2 hours (not including load/unload time)
- evacuation may be partial or complete
- evacuation duration will generally be of shorter duration (days to weeks), although some specific circumstances could be longer
  - after the event, repairs to local infrastructure should occur relatively quickly and supply chains will experience minimal disruption

Widespread

Generally a widespread event impacts broad geographic regions, for example, multiple counties or states. Widespread events will be powerful and highly disruptive. These events will often be impending events, occurring with advance warning.

Characteristics of these widespread emergencies include:

- mandatory evacuations ordered by government authorities
- long distance travel will be required
  - distances greater than 50 miles
  - travel duration over 2 hours (not including load/unload time)
- complete evacuation of residents and staff
- evacuations which may be of an extended duration, possibly measured in months
  - after the event, supply systems and infrastructure will be significantly damaged or destroyed and services will not be restored quickly
  - facility damage is likely to be significant

Location of Facility

The location of the facility is a factor in deciding to shelter-in-place or evacuate.

- Rural
- Urban
- Metropolitan

A facility that is isolated in a rural area may have a buffer of distance from certain industrial or commercial accidents, civil unrest, or negative impacts of destroyed infrastructure. However, the same distance could be a liability as restoration of utility services and arrival of relief and supplies could take a considerably longer time.

Likewise, a facility in an urban or metropolitan area would likely experience greater attention on the restoration of utilities and supply chains during the post event recovery phase. However, these areas may be more vulnerable to uncontrolled fire, civil unrest, and other threats associated with the breakdown of municipal services. The ability to evacuate may be made much more difficult or even impossible in certain municipalities.

In the Zone

A facility's hurricane evacuation zone, storm surge zone, and flood zone will contribute to the decision to evacuate or to shelter-in-place. Determined in advance by local emergency operations centers, these zone designations will influence when and where to evacuate. While knowing whether your facility is in a designated zone is essential, real-time monitoring of the emergency event is required for evacuation decision-making.

Hurricane Evacuation Zone

Hurricane evacuation zones are usually determined as part of a state's Hurricane Evacuation Study, a federal program which develops tools and information that assist State and County Emergency Management Offices decide who should evacuate during a hurricane threat and when the evacuation order should be given to insure all evacuees have enough time to get to safety.

The Hurricane Evacuation Zone is determined by considering an area's:

- Geologic, bathymetric, and topographic features
- Transportation and Population
- Specific hazards analyses, including the likelihood of surge

Hurricane Evacuation Zone Definitions:

- Evacuation Zone A – Highest risk of flooding from a hurricane's storm surge. Zone A includes all low-lying coastal areas and other areas that could experience storm surge from ANY hurricane making landfall close to a hurricane evacuation zone county.
- Evacuation Zone B – may experience storm surge flooding from a MODERATE (Category 2 and higher) hurricane.
- No Evacuation Zone areas lie outside a hurricane evacuation zone and are not expected to face a risk of storm surge flooding from a hurricane.

Storm Surge Zone

The greatest potential for loss of life related to a hurricane is from storm surge. A Surge Zone (also referred to as a Storm Surge Zone) is a geographic area that will be inundated by the storm surge of a hurricane or tsunami. The surge zone is different for each category of storm, growing in size as the intensity of the storm increases. The storm surge will consist of salt water unless occurring along a large freshwater lake. A hurricane's predicted landfall is crucial to determining which areas will be affected by storm surge. When not associated with a tropical system, the storm surge may also be referred to as coastal flooding. Coastal flooding can occur from the combination of high tides and strong on-shore winds.

The Storm Surge information informs the assignment of hurricane evacuation zones and is impacted by incident-specific considerations such as:

- Central barometric pressure at 6-hour intervals
- Latitude and longitude of storm positions at 6-hour intervals for a 72-hour tract
- Storm size measured from the center (eye) to the region of maximum winds, commonly referred to as the radius of maximum winds.
- Height of the water surface well before the storm directly affects the area of interest

Flood Zone

A Flood Zone is an area that will be inundated by water. This excess water can come from torrential rain, snow melt, dam breaches, water ponding in low lying areas, and failure of flood control devices. Flooding can occur from sources hundreds of miles away; the facility does not need to be experiencing adverse weather to experience flooding. Flood water will likely be fresh water, will carry debris and contaminants, and might not quickly drain, thereby becoming stagnant. Flood zones are determined by emergency management and insurance professionals (Flood Insurance Rate Maps) and should be ascertained before a threat is imminent.

Conclusion

Nursing homes and assisted living facilities caring for vulnerable elders and persons with disabilities are responsible for comprehensive plans for their care and protection and, when conditions warrant, facilities must take quick, decisive action to follow through on those plans. Emergencies can be relatively localized events like tornadoes, or may encompass large geographic regions as in the case of earthquakes, hurricanes, and wildfires. The speed at which events unfold can vary greatly. Hurricane Katrina was tracked as a monster storm for two to three days prior to landfall, while other storms intensified explosively, catching many off-guard.

While planning for every scenario is impossible, the disaster mitigation and response plans developed and maintained by nursing homes and assisted living facilities are comprehensive by design, incorporating extensive protocols and agreements to facilitate sheltering-in-place, or if necessary, complete evacuation. Laws and regulations require comprehensive planning to ensure the protection of long term care facility residents; their proper nutrition and hydration; adequate staffing before, during, and after an event; and maintenance of essential communications with both families and government officials. There are also requirements for the safe transportation of our most frail, least ambulatory residents in the event conditions warrant swift relocation.

Redundancy in disaster planning is strongly encouraged as it is certain that resources will be stretched thin by constantly changing conditions. Facilities are encouraged to implement a *three-deep* philosophy, entering into contracts with multiple vendors for the provision of food, water, emergency power, transportation, and emergency destinations.

Most importantly, a facility's Incident Command must be prepared to consider and act on a facility's evacuation decision-making criteria.

Hurricane and Disaster Preparedness Project Summary

In February 2006, The John A. Hartford Foundation (JAHF) funded a Nursing Home "Hurricane Summit," sponsored by Florida Health Care Association, of representatives from the six Gulf Coast States affected by hurricane damage during 2005 (Louisiana, Mississippi, Alabama, Texas and Florida), including Georgia, a receiving state for hurricane evacuees. The Summit evaluated disaster–preparedness, response and recovery of nursing homes and identified gaps that impeded safe resident evacuation and disaster response. The meeting identified emergency response system issues that require improved coordination between nursing homes and State and local emergency responders. The Hurricane and Disaster Preparedness for Long-Term Care Facilities project builds on the knowledge gained at the Nursing Home Hurricane Summit, the experience of emergency management staff during the four 2004 Florida hurricanes and the 2005 Hurricanes (Katrina and Rita), as well as the Federal Government's interest in improving disaster preparedness.

Primary Objective: This project's primary objective is to ensure the safety and quality of care of frail elders living in nursing homes during a natural disaster by helping nursing homes and state and local emergency responders improve disaster preparedness, response, and recovery.

Goals: To achieve this objective, the project will:

I. Develop a new nursing home Disaster Planning Guide and software for national use,
II. Develop and test nursing home disaster training materials, and
III. Disseminate these materials regionally at the 2007 gulf coast state Hurricane Summit, and nationally in 2008 in partnership with American Health Care Association at their annual meeting and other national meetings.

For more information, please contact:
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Shelter In Place: Planning Resource Guide for Nursing Homes

Purpose of this Document

When faced with the difficult decision of having to evacuate or stay in the long term care center, many factors need to be considered. Sheltering in Place (SIP) is the preferred option, yet implementing this option calls for a complex chain of decisions and actions that requires these pre-event activities: Planning, Training, Preparation, Collaboration, Continual Vigilance, and Communication with Local Authorities. This guide will provide examples, references, and comparisons to what a care center has already built into its existing Emergency Management Program. Use of these materials is no guarantee that a care center is able to manage successfully an SIP event.

Compiled and Prepared by

AHCA/NCAL Emergency Preparedness Committee

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Document Purpose and Intent

For the purposes of this resource guide, shelter in place (SIP) is defined as: A protective action strategy taken to maintain resident care in the facility and to limit the movement of residents, staff and visitors in order to protect people and property from a hazard.

When a mandatory evacuation order is issued, the choice of the center is made. But in the absence of a mandatory order but faced with a threat such as flooding, wild fire or prolonged loss of power, to stay or go is not always clear which is the best course to take for the residents and the business. While SIP is clearly a first option, it is a complex decision and a strategy that requires these steps in preparation:

- Planning
- Training
- Preparation
- Collaboration
- Continual Vigilance
- Robust Communication with Local Authorities

The list of possible considerations and exposures includes but is not limited to:

- External/internal risks/threats/exposures for patients, staff, visitors & physical plant
- Likelihood of community and area-wide infrastructure damage
- Availability of evacuation support resources

Disclaimer:

The enclosed documents should be considered as examples, references and comparisons to what a facility has already built into their existing Emergency Management Program (EMP). Although the facility has the responsibility to make the decision to SIP it might be overridden by the local/state/federal authorities.

This document is a resource for preparation purposes only; use of these materials is no guarantee on the facilities ability to shelter-in-place.

Decision Trees: The purpose of this sampling of decision trees (matrixes) is educational in nature and is provided to assist care providers to:

- Review current SIP plans
- Review/update risk assessments
- Identify critical criteria and decision-making factors
- Develop/update SIP plans to address mitigation, preparation, response & recovery

Shelter in Place Planning Worksheet

SHELTER IN PLACE PLANNING TASK	STATUS (CHECK ONE)	PERSON(S) RESPONSIBLE	DEADLINE	RESOURCES
Shelter In Place Decision (page 7)				
Criteria for making shelter-in place vs. full or partial evacuation decision established	☐ not started ☐ in progress ☐ done			
Procedure established for consulting with local emergency management re: shelter-in-place decision	☐ not started ☐ in progress ☐ done			
Policy established re: whether staff families can shelter at Center	☐ not started ☐ in progress ☐ done			
Emergency Power Plan (page 13)				
Center has generator adequate to its specific power needs and its placement is not in a potentially problematic location (i.e., below sea level, in a basement in the event of a flood, etc.)	☐ not started ☐ in progress ☐ done			
If no generator, Center is "quick connect" ready	☐ not started ☐ in progress ☐ done			
Center has 4-5 day fuel supply for generator **(page 14)**	☐ not started ☐ in progress ☐ done			
Procedures established for regular checking and maintenance of generator	☐ not started ☐ in progress ☐ done			
Center has back-up, manual versions of important medical equipment	☐ not started ☐ in progress ☐ done			
Center leaders have met with local emergency management to discuss power needs of the facility **(page 16)**	☐ not started ☐ in progress ☐ done			
Center leaders have met with power company to discuss power needs of the facility	☐ not started ☐ in progress ☐ done			
Food and Water Supplies (page 18)				
Emergency Food & Water Supplies reviewed and updated	☐ not started ☐ in progress ☐ done			
Center increases to 5-7 day food stockpile for max number of patients and employees	☐ not started ☐ in progress ☐ done			
Center has adequate supply of	☐ not started			

potable water	☐ in progress ☐ done			
Emergency food supplies are inspected and rotated as needed	☐ not started ☐ in progress ☐ done			
Center has active contracts with multiple food suppliers, incl. one located out of area	☐ not started ☐ in progress ☐ done			
Medications and Supplies Stockpile (page 20)				
Center has considered increasing to 5-7 day stockpile of common medications	☐ not started ☐ in progress ☐ done			
Center has 5-7 day supply of medications for each patient	☐ not started ☐ in progress ☐ done			
Center has 5-7 stockpile of supplies needed to care for patients	☐ not started ☐ in progress ☐ done			
Center has extra supplies of IV fluids	☐ not started ☐ in progress ☐ done			
Center has reviewed pharmacy delivery with pharmacy as needed	☐ not started ☐ in progress ☐ done			
Center has reviewed deliveries from vendors of medical supplies	☐ not started ☐ in progress ☐ done			
Other Resources				
Center has access to cash in event of money supply disruption	☐ not started ☐ in progress ☐ done			
Credit and priority arrangements made with local hardware, grocer, etc.	☐ not started ☐ in progress ☐ done			
Center has on hand basic tools and materials to make emergency repairs/shore up structure	☐ not started ☐ in progress ☐ done			
Security Plan (page 21)				
Center leaders have discussed emergency security	☐ not started ☐ in progress ☐ done			
Discussions held with local law enforcement re: facility security	☐ not started ☐ in progress ☐ done			
Lockdown procedure established	☐ not started ☐ in progress ☐ done			

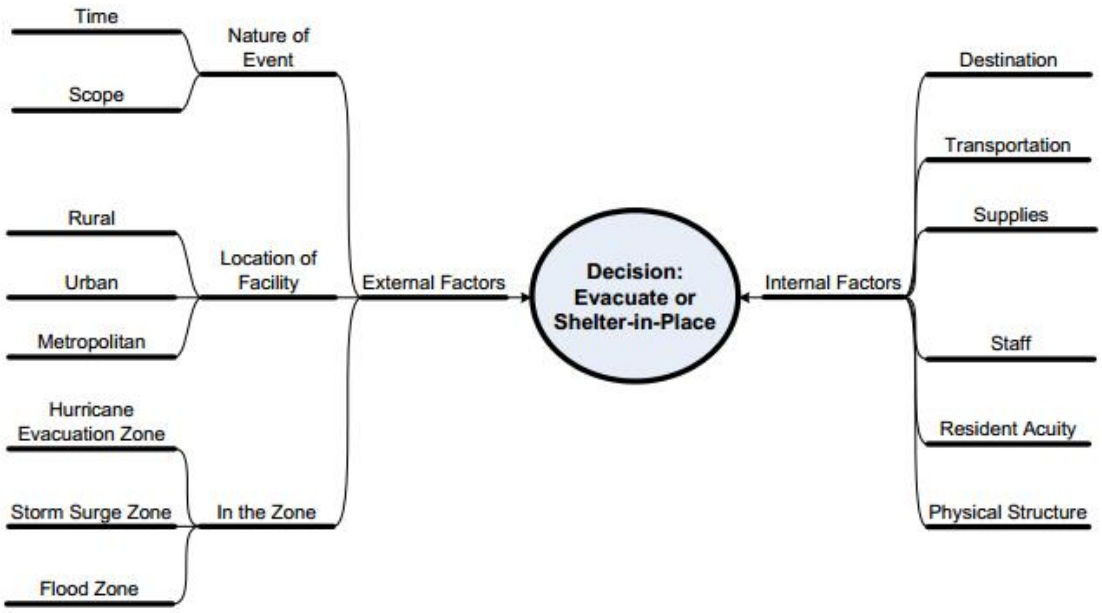
Source: As adapted from Emergency Preparedness Planning for Nursing Homes & Residential Care Setting in Vermont

SIP Decision Trees

Below are several different decision trees for your review. The intention of these flow charts is to inform your thinking about the critical decision to SIP or evacuate. There are multiple factors that need to be included in your decision-making. It is also important to remember that when a decision is made to SIP – this decision needs to be continually reviewed to ascertain if the threat increases, resources no longer meet t he needs, or other circumstances change.

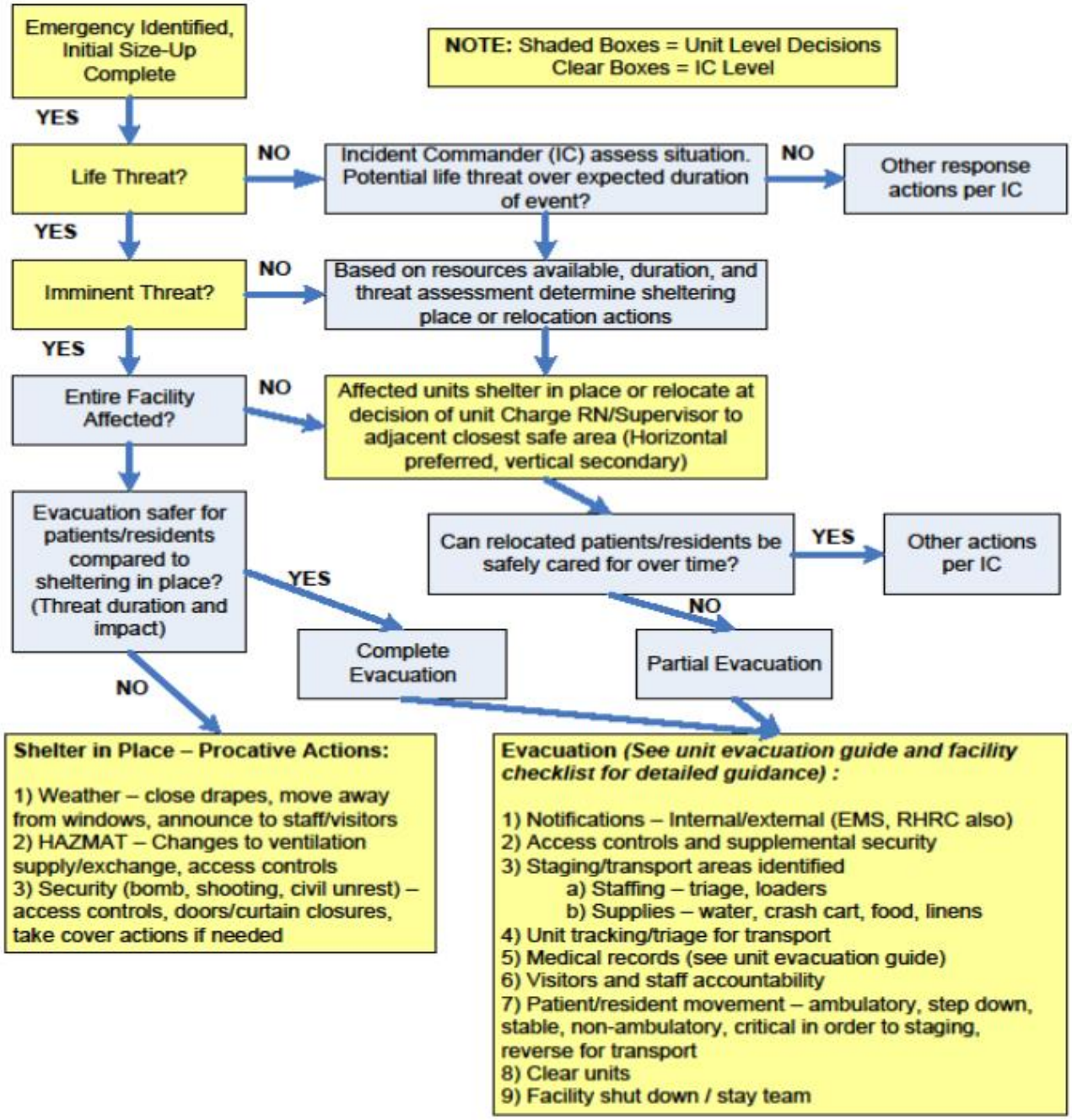
Criteria for Evacuation

The process for evacuation decision-making for nursing homes must be framed as a flexible and responsive cause and effect diagram:



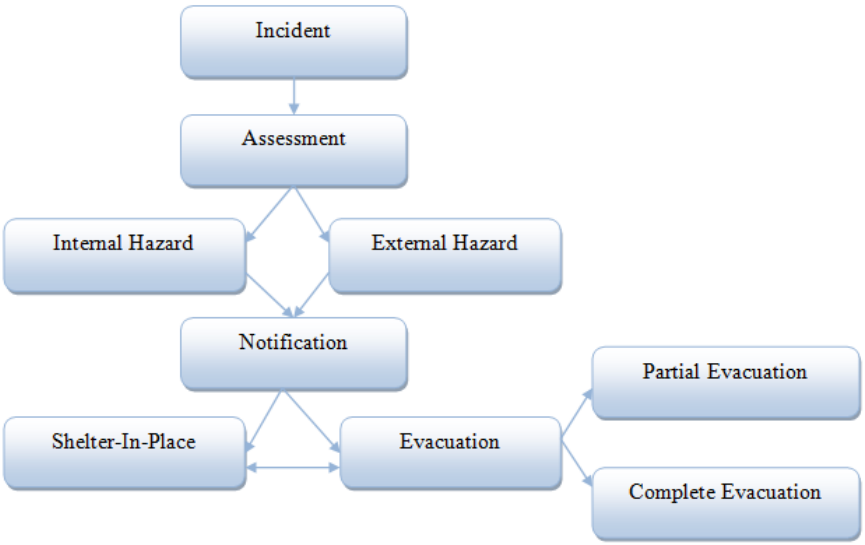
Citation: Florida Health Care Education and Development Foundation, 2008, National Criteria for Evacuation Decision-Making in Nursing Homes, developed through a project funded by the John A. Hartford Foundation. For further information, please visit www.fhca.org.

Sheltering, Relocation, and Evacuation Decision Tree



Citation: Healthcare Facility Training Matrix for Sheltering, Relocation, and Evacuation
www.health.state.mn.us/oep/**healthcare**/sip**matrix**.ppt

"Make the decision to SIP or evacuate in consultation with the response agency Incident Commander (IC) or Unified Command (e.g. EM Dir., FD, Law Enforcement., PH, EMS, HS, etc.). Lacking response from agency IC, facility IC is to do all that is necessary to protect the life and safety of residents, staff, and visitors. The facility IC is to notify 911 of its decision."



Citation: https://www.michigan.gov/.../Evacuation_and_**Shelter_in_Place**

Planning Protective Action Decision-Making: Evacuate or SIP?

4.2 CHECKLISTS

Table 2 illustrates a checklist approach to the evacuation/sheltering decision. The first column lists various decision attributes. The second and third columns list the attribute values that favor either shelter or evacuation.

Table 2. Protective action checklist

Attribute	Shelter	Evacuation
Infiltration	Tight housing	Leaky housing
Plume duration	Short	Long
Time of day	Night	Day
Population density	High	Low
Road Geometry	Closed	Open
Road conditions	Poor	Good
Population mobility	Immobile	Mobile
Traffic flow	Constrained	Unconstrained
Public perception of shelter effectiveness	High	Low
Toxic load	High	Low

Decision Trees will differ depending on the goals and objectives of protective action plans, which may have different, but not necessarily mutually exclusive, goals:

1. Avoid fatalities vs. minimize fatalities
2. Minimize:
    a. Number of people exposed
    b. Total population exposure
    c. Expected population risk
3. Reduce exposure:
    a. Below a threshold level (i.e. no deaths exposure)
    b. To "As Low As Reasonably Achievable" (ALARA)

Citation: National Technical Information Service --Environmental Sciences Division; **Date Published: June 2002 (ORNL/TM-2002/144); Prepared for FEMA;** http://www.ntis.gov/support/ordernowabout.htm

Regarding Levels and Depth of Training

- **Awareness** (*ALL Staff*)
    - A basic level of "competency mastery", able to identify the concept or skill, but relatively limited ability to perform skills without direction & guidance
- **Knowledge** (*Charge nurses, supervisors, manager ED*)
    - Intermediate level of mastery of competency, able to apply and describe the skills
- **Proficiency** (*Command staff*)
    - Advanced level of mastery of the competencies, in which individuals are able to synthesize, critiques or teach skill

Citation: Healthcare Facility Training Matrix for Sheltering, Relocation, and Evacuation
www.health.state.mn.us/oep/**healthcare**/sip**matrix**.ppt

Hospital SIP Planning Checklist

Plan Component		
Overview	**Reference/Location**	**Status**
1. Mitigation	**Reference/Location**	**Status**
2. Preparedness	**Reference/Location**	**Status**
A. Response plans incorporate SIP option, as appropriate		
B. Communication Plans		
C. SIP Training records (such as, new employee orientation, SIP codes, SIP plans)		
D. Drills/Exercises Incorporate SIP Decision-Making and Plans		
3. Response (SIP)	**Reference/Location**	**Status**
A. Initiation and Termination of Shelter In Place activities/plan		
B. Issuance of Alert for Hospital Emergency Code for SIP Activation(s)		
C. Activation of the Hospital Command Center (HCC) for SIP		
D. Initiate/Maintain communication and coordination		
E. Identify relevant HICS Forms and Documentation		
F. Initiate and Maintain Internal Communication (all facilities on grounds)		
G. Event-Specific Planning Guides and Response Plans [2]		
H. Identification of SIP Patient Care and Non-Patient Care Locations		
I. Document operational response procedures (what, who, where, how)		
J. Assess Available Resources and Assets (Capabilities)		
K. Management of Resources and Assets		
L. Monitor, conservation and alternatives for utilities, fuel, gases, water, etc.		
M. Management of Safety and Security		
N. Management of Clinical and Support Activities		
4. Recovery	**Reference/Location**	**Status**
A. Initiation of recovery activities initiated during Response Phase		
B. Secure and initiate clean-up and decontamination of contaminated facilities and grounds in coordination with Fire and Safety		
C. Return to normal operations (phased, approvals, priorities, checklists)		
D. Event Evaluation (Debriefing, Evaluation/Reports, Corrective Action)		

Citation: California Hospital Association, http://www.calhospitalprepare.org/cha-tools

Hospital Evacuation and SIP Decision Tree

Event

- Event requiring facility to consider whether evacuation or Shelter in Place (SIP) plans should be activated
- External and internal intelligence regarding event

Must Shelter-In-Place

- The external environment would pose a greater danger to patients, staff and visitors than evacuation (e.g., chemical/ biological agent release, nuclear incident plume)
- Adequate and timely facility and/or mutual aid resources are not available or accessible (e.g., earthquake)

Must Evacuate

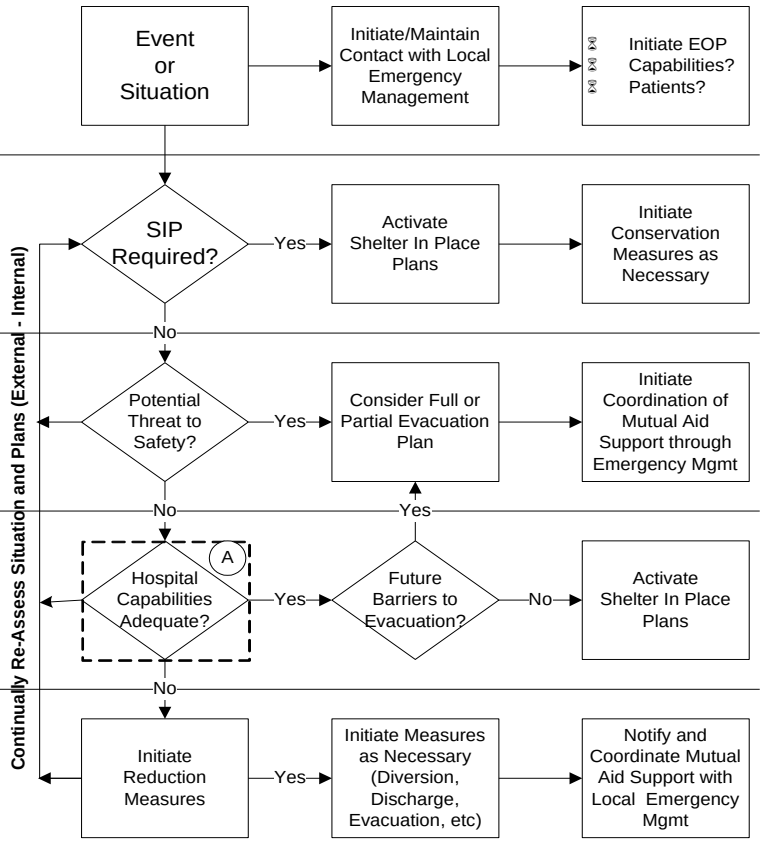
- The proximity, scope and/or expected duration of event poses an immediate threat to patient and staff safety
- Adequate and timely facility and/or mutual aid resources are available and accessible to support Full or Partial evacuation

Shelter In Place or Evacuation Decision

- Duration and scope of threat to hospital clear but may evolve
- Hospital capabilities adequate to care for patients and staff with available support for estimated event duration
- May or may not be barriers mutual aid resources should evacuation become necessary

Need to Implement Reduction Measures

- Hospital capabilities not adequate to maintain full operations for estimated duration of event
- Determination made that reduction measures necessary (for example, conservation of resources, curtailment of services and/or partial hospital evacuation)
- No identified barriers to mutual aid resources



(A) Hospital Capabilities may include communication, resources (medical/non-medical supplies and equipment), utilities, staff, food, water, safety and security (including safety of facilities).

Citation: California Hospital Association, http://www.calhospitalprepare.org/evacuation

Emergency Power Plan

Does the Center have a generator adequate to its specific power needs?

Status: □ not started □ in progress □ done

Current generator: _____

Provides power to: _____

Updated review

How to determine the proper size of generator needed

1. Generators are rated by their kilowatt (kW) output.
2. Review your state regulatory requirements for the capacity of generators (i.e. must be able to power essential lighting and life support functions vs. all heating and cooling systems).
3. Determine if your location has decided to have additional generator power beyond state requirements.
4. To estimate the kilowatts desired in an emergency, make a list of the appliances needed during a power outage, and add up the amount of electricity required to start the motors. (Ex. a typical refrigerator, such as found in a medication room for the storage of medications, uses 700 watts when it is running but needs 2,800 watts to start up.) Most generator manufacturers' websites provide an online calculator to estimate the wattage needed.
5. However, it is highly recommended that a licensed electrician do an on-site inspection to properly "size" the generator.

Also, review the location of your generator or proposed generator. If you are in a flood prone area, alternative placement from a basement should be considered.

If no generator, is the care center's "quick connect" ready?

Status:* □ *not started* □ *in progress* □ *done

If your care center does not have a permanent generator, a quick connect for generators is a proactive way to be prepared for a power outage. A quick connect set-up allows a fast and simple hook-up of a generator.

1. Contact electricians/and or generator suppliers to do an on-site visit to your Center under normal/non-emergency circumstances to determine what your needs are.
2. Review bids and determine what system will best work for your Center.
3. Installation of a quick connect system will provide you with a permanent connection for emergency power, not a temporary connection.
4. Establish an agreement to be a preferred customer for generators in emergencies with the vendor/company.
5. Being proactive, the quick connect can be installed under normal circumstances, not during a power outage or when labor/parts may be scarce and higher priced due to the emergency.
6. The quick connect can be tested as part of the installation and any facility- specific steps documented so that in the event of an emergency everyone is prepared.
7. The quick connect will eliminate the safety hazard of generator cables running thru the halls, doorways and stairwell. Building doors and/or windows can remained closed for security and safety reasons.

Does the care center have a 4 to 5 day fuel supply for the generator?

Status: □ not started □ in progress □ done

Calculate fuel use for continuation of basic and essential power per 24 hours for 4 to 5 days.

Current fuel delivery system/storage capacity: _____

Current fuel type: _____

Need additional storage: _____

Review current contract for the fuel supplier. Are you on their priority list for service and fuel replacement if an emergency occurs? What are the procedures for notification to the supplier during an emergency? Do you have cell phone numbers in case the supplier's phone lines are also disabled? Have you provided the fuel supplier with cell phone numbers for key personnel at the facility?

Also, review the location of your fuel tank. If you are in a flood prone area, alternative placement/access to the fuel source should be reviewed.

Does the care center have a fuel contract?

□ yes □ no

Are there procedures to regularly check the generator and to perform maintenance?

Status: □ not started □ in progress □ done

Always refer to the manufacturer guidelines for your generator and the testing requirements specific for your location.

Sample: Generator Monthly Inspection/Test Procedures

The state will inspect the facility at least annually. Provide them with all necessary information on the generator, repair, service visits, and test.

BATTERY ELECTROLYTE SPECIFIC GRAVITY TEST:

1. Using a hydrometer, draw enough fluid from the battery cell to allow indicator to float freely
2. Read indicator with your eye approximately level with fluid and record your readings. NOTE: Readings taken while looking at indicator from a sharp angle are very inaccurate.
3. Test all cells of battery and record readings.
4. High to low difference shall be 0.030 points maximum at 80°F electrolyte temperature, each cell of a fully charged battery should read 1.280 maximum. A battery discharges at 80° F if it reads less than 1.120 temperature affects specific gravity. Each 10° F variation from 80° F will change specific gravity 0.004. Add .004 to readings for every 10° F above 80° F and subtract .004 for every 10° F below 80° F.

Standards

1. Have the generator professionally serviced following manufacturers and state recommendations/requirements
2. Replace fuel filters
3. Replace engine oil and filter
4. Have a sample of engine oil and diesel fuel sent to lab for analysis
5. Replace intake air filter
6. Test system safety shut down devices -- oil pressure, coolant temp, over speed, over crank, coolant level
7. Inspect radiator coolant level, coolant condition, and air flow
8. Inspect starting system- battery(s), cables, charger, and alternator
9. Inspect exhaust system-silencer, piping, manifolds, insulation, etc.

10. Inspect/adjust governor- linkage, electrical connection, pickup, stability, etc.
11. Inspect fuel system, ignition system, and interment/control panel
12. Inspect generator- stator, rotor, circuit breaker, and exciter.
13. Inspect / adjust voltage regulator
14. Inspect automatic transfer switch
15. Diesel generator sets exercised monthly at less than 30% of the nameplate KW rating require annual load bank testing Per NFPA 110 8.4.2.3 2005 edition 8.4.2.3 Diesel-powered EPS installations that do not meet the requirements of 8.4.2 (less than 30% KW rating) shall be exercised monthly with the available EPSS load and exercised annually with supplemental loads at 25% of nameplate rating for 30 minutes, followed by 50% for 30 minutes, followed by 75% for 60 minutes, for a total of two (2) continuous hours.

After all service has been completed:

16. Alert staff that the generator will be tested
17. Run generator (see local requirements for minutes) under full load
18. Verify generator starts and transfers load within ten seconds maximum
19. Check for unusual noise or vibration
20. Verify transfer switch operation
21. Check and record gauge readings
22. Record start and stop times
23. Record hour meter start and stop readings
24. Record voltage and amperage
25. Check operation of remote annunciator panel
26. Record any unsatisfactory condition and the corrective action taken, including parts replaced

(Note: The above procedures are provided as general information, as with any equipment, follow the manufacturer's manual for the specific preventative maintenance procedures.)

Have care center leaders met with local emergency management personnel to discuss power needs of the care center?

Status: □ not started □ in progress □ done

Annually contact your local emergency management department to remind them of the location/purpose of your facility. Discuss the power needs of your facility and the current ability to SIP; record and verify both their and your contact information. If they have not toured your facility, please set up a meeting and invite them to your facility. Actions/on-site visits are always best.

Do not assume that they are aware of your facility. Personnel and documentation requirements may have changed. Likewise, any time the senior leadership of your care center changes, contact with your local emergency management department should be made again.

Have care center leaders met with the power company personnel to discuss the power needs of the facility?

Status: □ not started □ in progress □ done

Annually contact your local power company to remind them of the location/purpose of your facility. Discuss the power needs of your facility and the current ability you have to SIP, document and verify both their and your contact information

Do not assume that they are aware of your facility as personnel and documentation at the power company may have changed. Likewise, any time the senior leadership of your facility changes, the above contact to your local power company should be made again.

(Example: A local power company relied on the billing information to determine priority locations; in this case, the billing was to a corporate office not the location. The power company could not identify the SNF based on the billing name. No one discovered this oversight until an LPN called a local radio station during a disaster to let the local power official know that the SNF was still without power.)

Food and Water Supply Planning

Red Cross: Food and Water in an Emergency

Provides Information on ways to treat water, emergency water sources, preparing containers and filling water containers.
https://www.redcross.org/images/MEDIA_CustomProductCatalog/m4440181_Food_and_Water-English.revised_7-09.pdf

WHO: Food and Nutritional Needs in Emergencies

Information on food options for individuals for special dietary and nutritional needs. (Page 23).
http://www.who.int/nutrition/publications/en/nut_needs_emergencies_text.pdf

CDC: Emergency Water Supplies

Provides information regarding water containers and how to properly clean and store. A link to tips and methods for making water safe during an emergency.
http://www.cdc.gov/healthywater/emergency/

Emergency Water Supply Panning Guide for Hospitals and Health Care Facilities

Document outlines how to create a plan, items to consider, how to conduct a water audit and emergency water alternatives.
http://www.cdc.gov/healthywater/pdf/emergency/emergency-water-supply-planning-guide.pdf

Table 6.3-1. Some Typical Water Usage Functions/Services (not all inclusive; functions/services vary depending on the individual facility)

Type of Usage	Function/Service
Facility Usage	Air-conditioning Boilers Dishwashing Laundry Autoclaves Medical equipment Outdoor irrigation systems Fire suppression sprinkler system Vacuum pumps Water system flushing Water-cooled air compressors
Staff and Patient Usage	Drinking fountains Dietary Dialysis services Eye-wash stations Ice machines Laboratory Patient decontamination/hazmat Patient floors Pharmacy Surgery Radiology Toilets, washrooms, showers

Table 6.4-1. List of Essential Functions

Functions	Water Needs Under Normal Operating Conditions (gpd)	Critical to Total Facility Operations (Yes or No)	Waterless Alternatives Possible (Yes or No)	Water Needs Under Water Restriction Situation (gpd)	Essential to Specific Operations (Yes or No)
Building					
HVAC					
Fire suppression sprinkler system					
Food service					
Sanitation					
Drinking water					
Laundry					
Laboratory					
Radiology					
Medical care					
Other					
Other					
Total minimum water needs to keep facility open and meet patients' needs					

CDC: Emergency Food Supplies
Tips for storing and planning for emergency food supplies. List of when to replace stored food items.
http://emergency.cdc.gov/preparedness/kit/food/index.asp

Hospital Emergency Food Supply Planning Guidance and Toolkit
A toolkit from the California Hospital Association for guidance in planning for and documenting emergency food supplies.
http://www.calhospitalprepare.org/foodplanning
http://www.calhospitalprepare.org/sites/main/files/file-attachments/chaemergencyfoodguidaanceandtool.pdf

Medications and Supplies Stockpile

Has the care center considered increasing its inventory of common medications from 5 to 7 day?

Status: □ not started □ in progress □ done

SIP: Medication and Supplies Stock

The care center should have an emergency stockpile of medications, [inclusive of oxygen as this is considered a medication] and supplies adequate to support patients in the Center for at least 72 hours and ideally up to one week. Plan to extend the volume of supplies based on the projected event cycle. If you are considering SIP, consider speaking with your pharmacy provider for an extended supply of medication.

Understanding the difficulty with keeping medications current, and also insurance company requirements, it is recommended to plan with your designated pharmacy and back-up pharmacy to provide needed medications upon request, with emphasis on narcotics, insulin, Coumadin, albuterol, etc. Plan in advance with back up pharmacy that physician orders will most likely not be available immediately and discuss how that pharmacy will send needed medications. In addition, discussion with the oxygen provider will need to include the same planning.

Have care center leaders reviewed pharmacy delivery with pharmacy personnel?

Discussion with your designated pharmacy rep should include identifying an off site location for medication delivery. Also discuss the types of emergencies common to your environment.

In reviewing IV supplies, consider increasing stock of IV fluids available as well as IV start supplies and IVAC pumps with back-up battery packs. When SIP, total patient care will be provided by the nursing care center including treatment of any acute conditions. This may increase the need for IV support. When reviewing supplies, consider specific patient needs. If a patient has a specific need that requires medications/supplies that may be difficult to obtain or stock during an emergency, consider a partial evacuation for that patient. As an example, you may wish to evacuate a patient receiving TPN as interruption of TPN or stockpiling of TPN may not be a desirable option.

While oxygen concentrators may be available within the care center and the plan may be to continue to provide oxygen via concentrators using generated back-up power, a back-up plan should be developed. At a minimum, the center should ensure that available oxygen cylinders are full and that there is an adequate supply of oxygen regulators. Consideration should be given to increasing the supply of oxygen cylinders, regulators, tubing, masks, and nasal cannula's in anticipation of increased patient need and in anticipation of power failure. Another consideration to keep in mind is the use of nebulizers, and having extra spacers, tubing and masks available.

In the case of both food and medications/supplies, center leaders should give some thought to supply chains during an emergency, and speak with your distributors and/or major vendors. Be aware that in a widespread emergency, however, all vendors will be serving multiple facilities. Delivery may be difficult or impossible, and supplies may be scarce-this is another reason to have adequate stockpiles. If conditions allow, consider ordering the next shipment of supplies early. This is a worthy option in cases of expected snow/ice storms or severe weather with anticipated extensive power outages may be expected.

Citation: As adapted from Emergency Preparedness Planning for Nursing Homes & Residential Care Settings in Vermont

Security Plan

Sample Lockdown Policy

Policy: The ability to lockdown the center in the event of an emergency, which threatens the safety of residents, employees, staff and visitors and/or health facility operations, is of paramount importance. While it is the policy and intent of this facility to be an aid to the community during an emergency event, our residents are our first responsibility. If the rendering of aid and/or the provision of shelter to convergent victims would degrade our ability to preserve the safety and wellbeing of our residents, we cannot provide that aid. Procedures: Locking down the care center is the process by which pedestrian and vehicular traffic is channeled to specific entry/exit points and entrance into the facility is controlled by the safety officer or his/her designee.

Directing a lockdown

The safety officer has the authority to defer and/or deny access based upon his/her assessment of the situation. It is preferable that the determination be made with consultation of members of the executive management group. However, in the event of a true emergency that requires

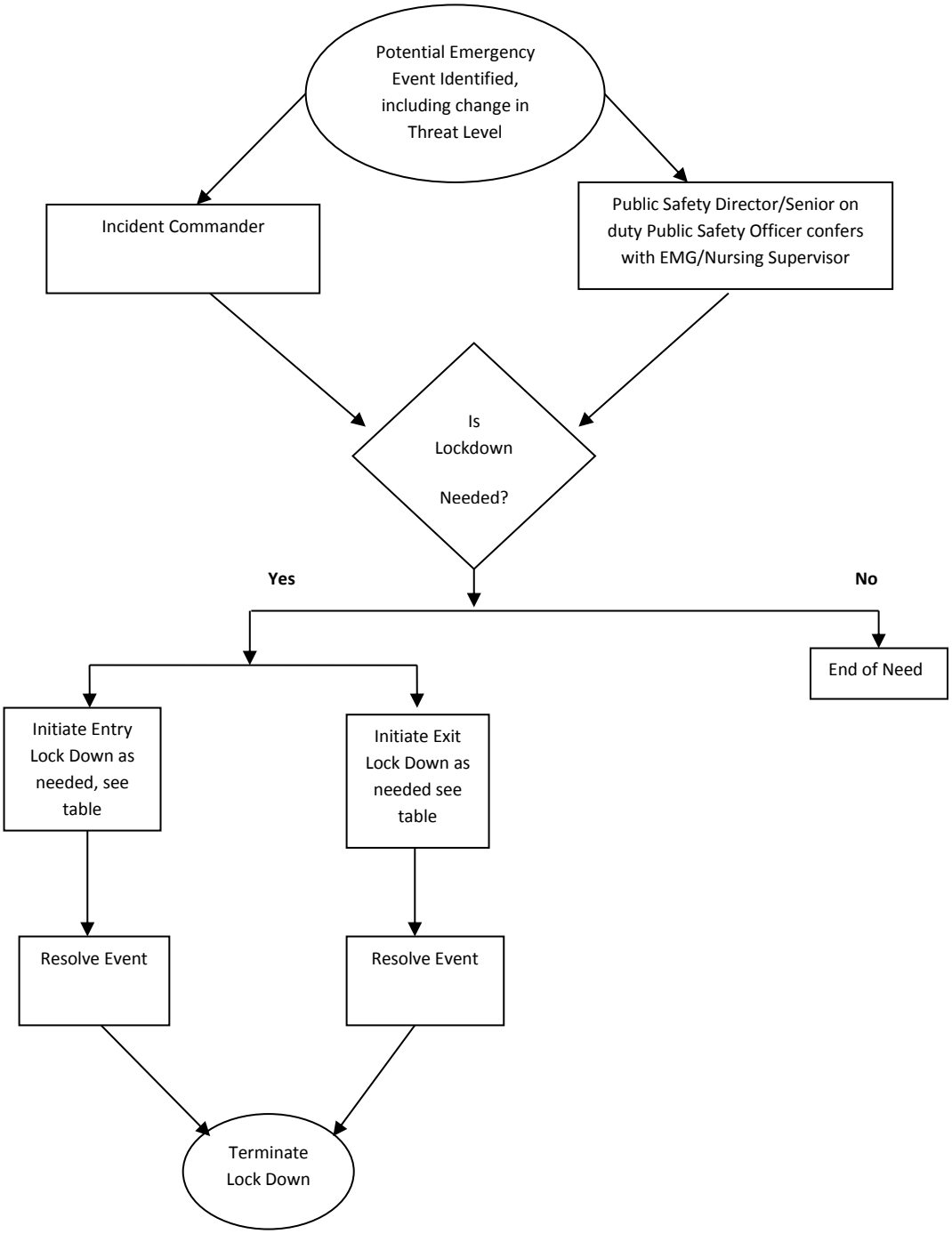
immediate intervention, such as a Code Red or active shooter, this action may be undertaken independently by the senior safety officer on duty. In this event, the public officer will review the situation and his/her assessment with a member of the executive management group. During off hours this collaboration will be with the nursing supervisor.

During a “Code Red”, the lockdown decision rests with the incident commander (IC).

Occasions for Lockdown*:*

Event	Prevent Entry	Prevent Exit
Power failure	X	
Earthquake	X	
Flooding	X	
Fire	X	
Bomb threat	X	
External Contamination	X	X
Civil disturbance	X	X
Hostage event	X	
Active Shooter	X	
Resident abduction	X	X
Convergent victims	X	

Decision Tree



Procedures

Exit lockdown is for the propose of preventing individuals from leaving due to an existing hazard outside, whether it be a civil disturbance, possible exposure to a hazardous substance, or the need to screen those leaving due to a missing resident.

Entry lockdown is for the purpose of preserving the care center's ability to operate and respond to a possible emergency event such as a fire, flood, or keeping contaminated individuals from entering. It is also used to control the flow of convergent victims, who may be seeking aid, and to stop them from entering if the facility is unable to provide assistance without degrading their ability to care for their residents.

The Safety Officer will be responsible for the closing and locking of required doors and gates. Additional staff may be required to control non-entry doors, such as fire exits.