

A dramatic photograph of a massive, dark, swirling storm cloud formation, likely a supercell or the beginning of a large-scale tornado. The cloud is a deep, ominous grey-black, with bright, golden-yellow light breaking through from behind, creating a stark contrast. The base of the cloud is turbulent and billowing. In the foreground, a flat, green rural landscape is visible, with a line of trees and a few small buildings on the horizon under a heavy, overcast sky.

Disaster Preparedness: An Overview

“ Nearly 2 million Americans reside in 18,000 nursing homes in the U.S. Many are cognitively impaired. Residents of nursing homes are among the most vulnerable people in our society. Many nursing homes are located in high exposure areas at risk of hurricanes or floods. Many are also located adjacent to highways or railroad lines putting them at risk for chemical exposures in the event of an accident. All nursing homes are vulnerable to fire, loss of electrical power, severe illness outbreak, or other misadventures.”

Ready or Not: A Case Study of Emergency Preparedness in Nursing Homes in South Carolina – November 2005

“ All nursing homes are required to develop disaster plans and conduct drills. Yet, relatively few know how plans will work when faced with a real disaster. One major challenge is for staff to recall the specifics of their preparedness training. This challenge is exacerbated by frequent turnover, particularly of certified nursing aides.”

**In the past three years...
40% of nursing homes experienced a disaster**

Of that 40%:

- 35% a loss of power
- 34% an ice storm
- 12% a hurricane
- 9% a tornado
- 7% experienced a fire at their facility
- 3% some type of chemical spill.

Ready or Not: A Case Study of Emergency Preparedness in Nursing Homes in South Carolina – November 2005

When... *Not If*



Are we really prepared for an emergency?

Emergency Management Program

- **A comprehensive and effective Emergency Management Program addresses the four phases of emergency management:**
 - **Mitigation**
 - **Preparedness**
 - **Response**
 - **Recovery**



4 Phases of Emergency Management

- **Mitigation Phase:** efforts attempt to prevent hazards from developing into disasters altogether and to reduce the effects of disasters *when* they do occur. Focus is on long-term measures for reducing or eliminating risk.
- **Preparedness Phase:** develop an “All Hazards” plan of action for when a disaster strikes. Focus is on training the staff, preparing equipment and developing procedures to use *when* a disaster occurs.
- **Response Phase:** taking ACTION, making the decision to either shelter-in-place or evacuate based on conditions.
- **Recovery Phase:** restoring the facility to its previous capability. Recovery efforts are concerned with issues and decisions that must be made after immediate needs are addressed. Primarily focused on actions that involve rebuilding destroyed property, re-employment, and the repair of other essential infrastructure.

Disaster Phases





**“The time to repair the roof
is when the sun is shining.”**

- John F. Kennedy

EMP: 8 Step Process

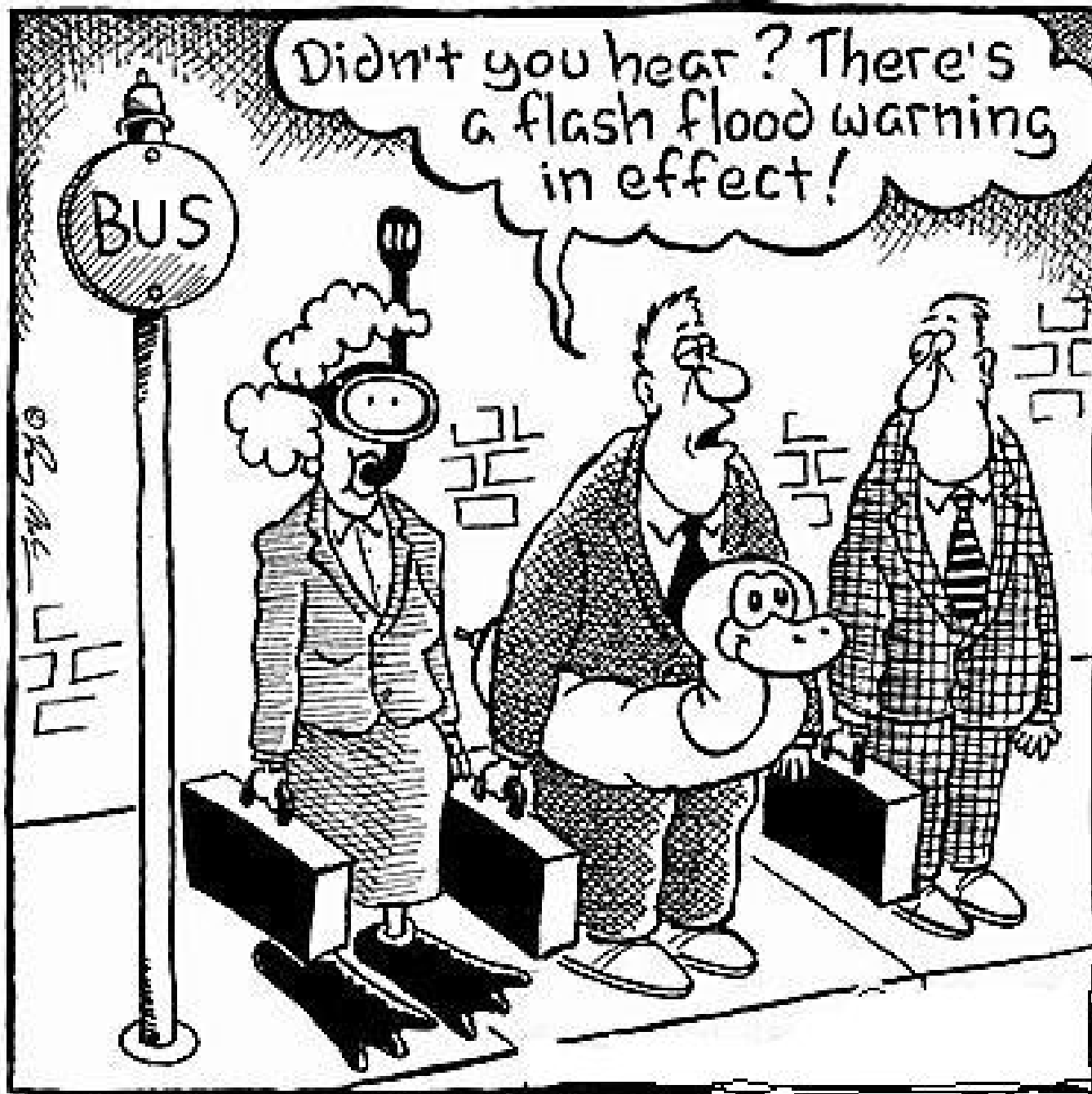
- 1. Designate an Emergency Program Manager**
- 2. Establish the Emergency Management Committee**
- 3. Conduct a Hazards Vulnerability Analysis**
- 4. Develop an “All Hazards” Emergency Operations Plan**

EMP: 8 Step Process cont'd

- 5. Coordinate with external entities**
- 6. Train staff, transportation providers and vendors**
- 7. Exercise the Emergency Operations Plan**
 - * Tabletop Exercises**
 - * Full Scale Drills**
- 8. Conduct program review and evaluation; plan for improvement**

Emergency Program Manager

- **Role and Responsibilities:**
 - **Responsible for all preparedness efforts**
 - Develop needed procedures
 - Coordinate production or revision of the Emergency Operations Plan
 - Planning and execution of training and exercises
 - Writing After Action Reports
 - **Represent the facility at preparedness meetings in the local area and coordinate with County Emergency Manager.**



Emergency Management Committee

- **Should be comprised of multidisciplinary representatives (every department needs to understand their roles and responsibilities)**
 - Clinical
 - Non-clinical
- **Should include external response partners:**
 - County Emergency Manager
 - Fire and Emergency Medical Services (EMS)
 - Law Enforcement
 - Public Health
 - Other key response partners



Emergency Management Committee

- **Key focused activities include:**
 - Developing and annually updating a comprehensive Emergency Management Program
 - Conducting an annual Hazards Vulnerability Analysis
 - Developing an “all hazards” Emergency Operations Plan for identified hazards

Emergency Management Committee

- **Additional activities include:**
 - Developing facility continuity of operations plans
 - Conducting training for all employees and medical staff in their roles and responsibilities during emergency response and recovery



The All-Hazards Model

All-Hazards Model: focuses on commonalities that occur in many kinds of disasters that may be addressed in a general plan.

- **Advantages:**
 - **Cost Effective**
 - **Builds capacity to deal with most events**
 - **Encourages Emergency Manager, Emergency Management Committee and staff to think with a broader perspective**

“All Hazards”

Emergency Operations Plan (EOP)

- The EOP outlines the facility’s strategy for:
 - Response
 - Recovery
- The EOP provides overall direction and coordination of:
 - The response structure
 - The processes and procedures used
 - Implementation of the Incident Command System (Separate Presentation)
 - Communication and coordination

Hazard Vulnerability Analysis

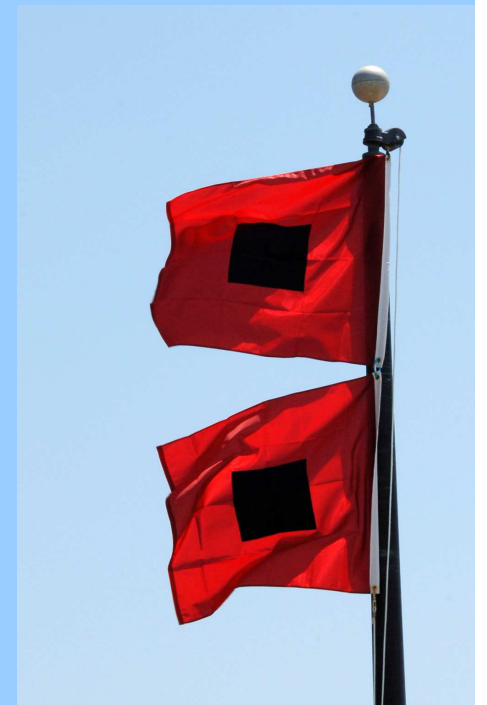
- **Drives incident specific/threat planning:**
 - Identifies, prioritizes and defines threats that may impact facility operations
 - Guides specific steps to reduce the impact of threat occurrence
 - Assesses the ability of internal and external resources to respond
 - Consider each potential emergency/disaster from beginning to end and each resource that would be needed to respond. For each hazard ask these questions:
 - Do we have the needed resources and capabilities to respond?
 - Will external resources be able to respond to the adult care facility as quickly as we need them?

Hazard Vulnerability Analysis

- **Develop the HVA in conjunction with community responders:**
 - Improves preparedness and response activities
 - Enhances multidisciplinary and agency coordination
 - Maximizes use and effectiveness of limited resources
- **The facility is encouraged to participate in Local Emergency Planning Committee meetings and develop a working relationship with the County Emergency Manager**

“All Hazards” Emergency Operations Plan

- **Critical EOP elements:**
 - Management and planning
 - Departmental/organizational roles and responsibilities before, during, and after emergencies
 - Communication (internal & external)
 - Logistics
 - Finance



“All Hazards” Emergency Operations Plan

- **Critical EOP elements:**

- Staff Assignments
- Equipment
- Patient tracking
- Fatality management
- Decontamination
- Plant, facility and utility operations
- Safety and security
- Coordination with external agencies





"YOU SHOULD ALL GET ALONG BEAUTIFULLY. FRED HANDLES TOXIC WASTES, DORIS WORKS AT A NUCLEAR REACTOR AND WALTER JUST ISN'T TAKING ANY CHANCES."

Hazard Vulnerability Analysis

❖ Probability

- The likelihood of an event occurrence
- Calculated by retrospective assessment of event frequency
- Predicted by estimation of risk factors

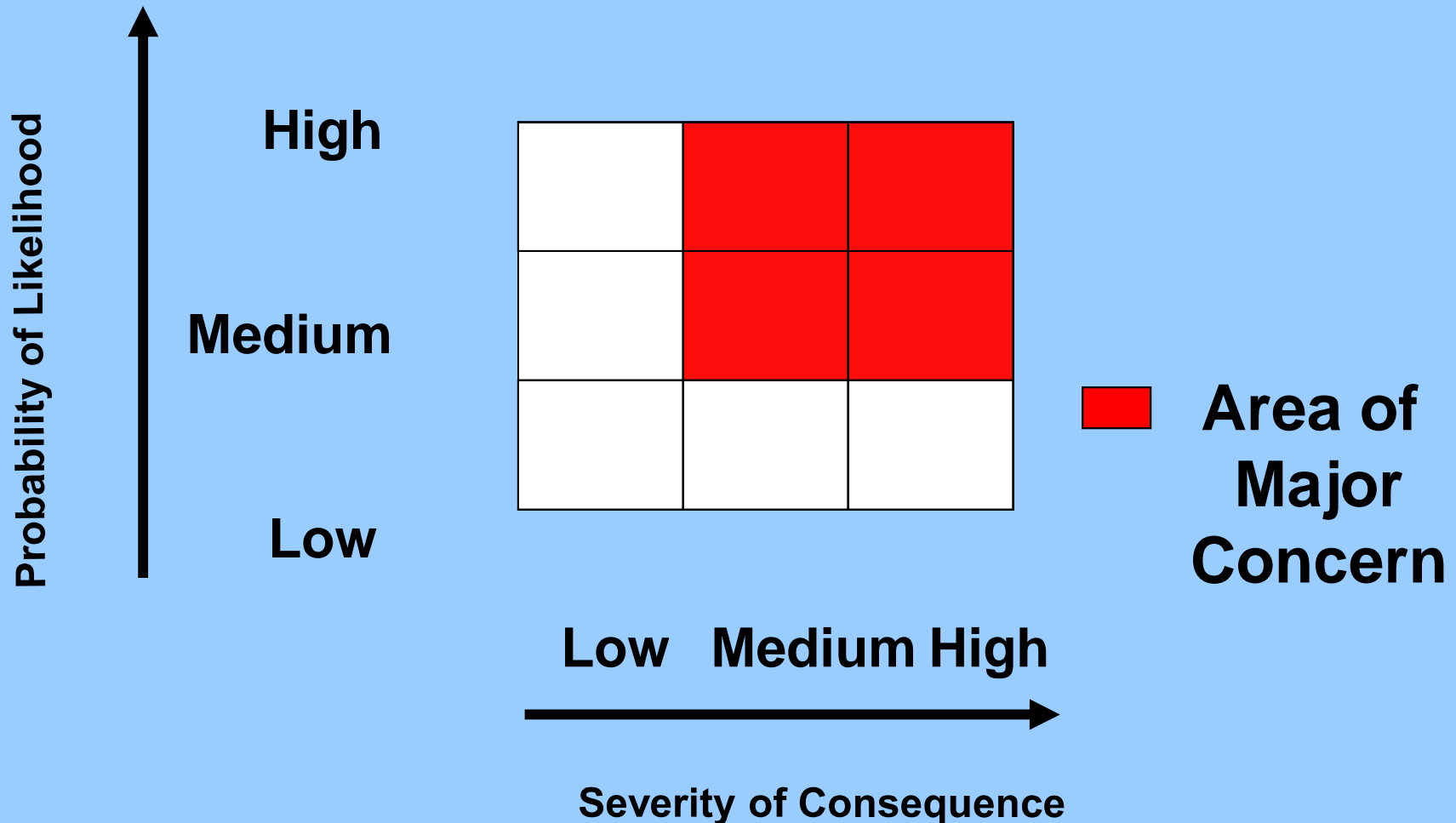
❖ Impact

- The severity or damage caused by a threat and the effect on:
 - **Human lives**
 - **Business operations and infrastructure**
 - **Environmental conditions**

❖ Risk

- The calculated score of the interactions between probability and impact for each threat
- Can be reduced by threat-mitigation activities

Risk Analysis Matrix



Hazard Vulnerability Analysis

- **Review and update the Hazard Vulnerability Analysis**
 - Annually
 - When a new threat emerges
- **Revise the EOP to reflect the changing or emerging threat**



Emergency Operations Center

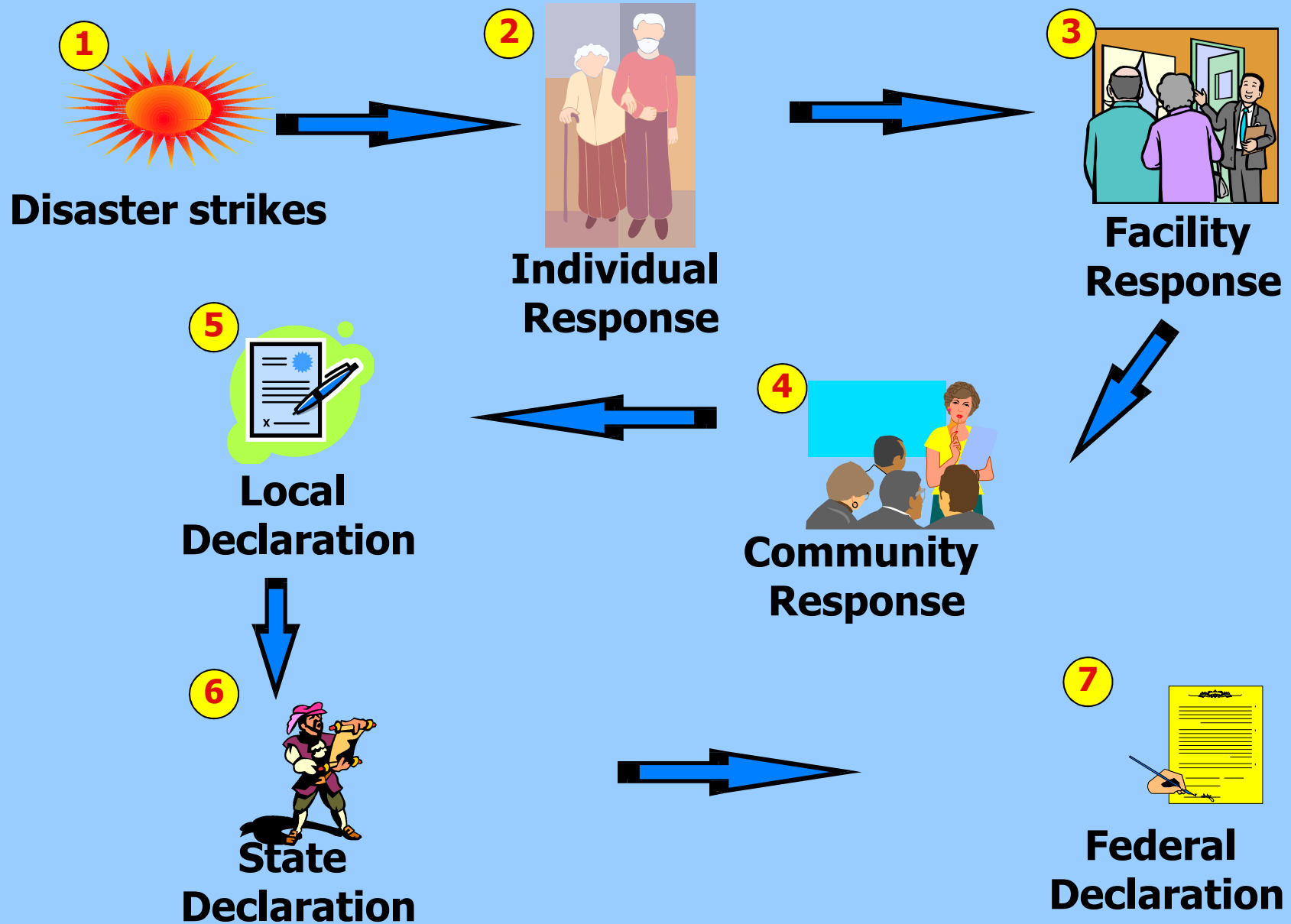
- Know the phone numbers to your county's Emergency Operations Center
- Report your situation and needs
- Get to know the contacts personally

How Will You Operate?

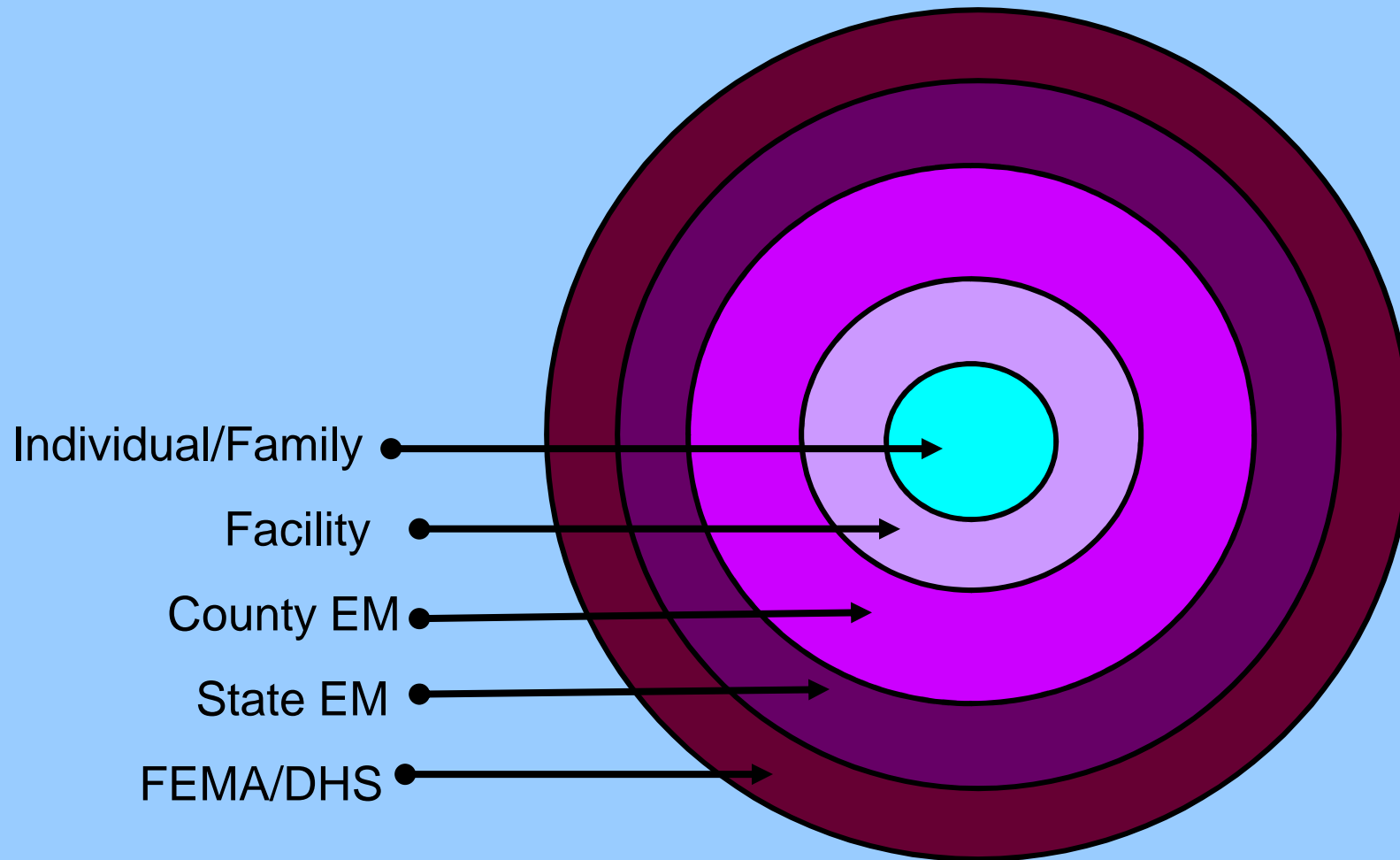
- Who will perform the task?
- What should happen?
- When should it happen?
- Where should it happen?
- How should it happen?
- At whose direction?



Response



Disaster Responsibility



Personal and Family Preparedness

- Every employee needs to have a plan
- To include:
 - Home supplies (food, water, batteries, medications, etc.)
 - Family Rendezvous Point & Evacuation Routes
 - Long Distance Point of Contact
 - Important Papers and Documents
 - Emergency Car Kit
 - Pet Plan



Staffing

- Employees and/or their families may be victims of the event
- May have fear of responding
- May need to alter duties
- Staff may be needed from resources outside the facility

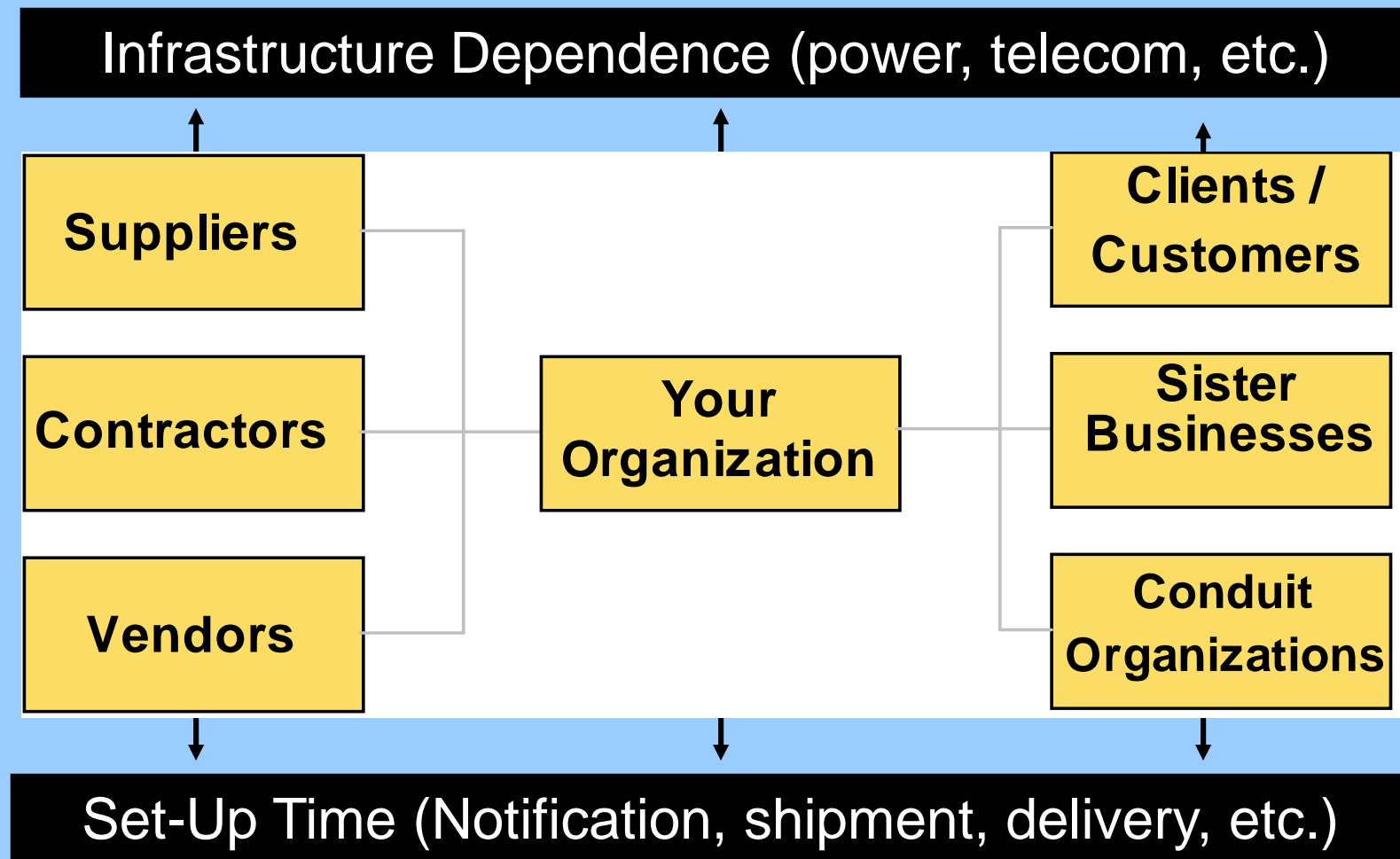


Worst Case Scenario

Plan for the worst possible event and then deescalate your strategies and procedures based on the impact of the threat.



Review External Dependencies



Availability of Vendors/Contractors

- Multiple agencies may have agreements with the same vendors
- Vendor contact may need to be 24/7



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Transportation

- Transportation contractors
- Contracts for mass evacuations
- Commandeered buses and ambulances
- Local emergency Management



COMMUNITY REACTIONS

At first:

- “We’re all in this together”,
- “Thanks to all the heroes!”

Later:

- “Where’s all the help that was promised?”
- “Why does everything take so long?”

The need to place blame surfaces



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It's Not Enough Just to Plan



- Plans must be exercised
 - ✓ Train staff for action during emergencies
 - ✓ Hold table top exercises for disasters
 - ✓ Conduct exercises & drills of plans

US Senate Special Committee on Aging Concerning Hurricane Katrina/Rita

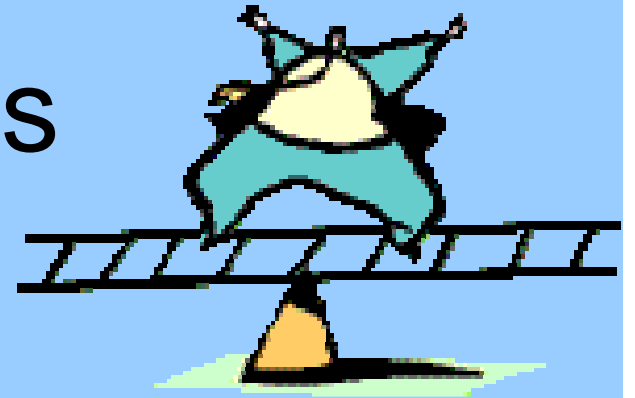
“The level of civil preparedness did not come close to matching the level of destruction.”



Use of Scenarios

- To assist facilities in reviewing or developing their Emergency Operations Plan (EOP)
 - In conjunction with Community Emergency Manager
 - Revise EOP as needed
- To use as a framework to pose questions or provide additional detail
 - During a facilitated discussion
 - For a table top exercise
 - As a basis for planning functional exercises

Develop Scenarios



- How bad will the “big one” be?
 - Loss of Lifelines?
 - Supply Chain Disruptions?
 - Civil unrest?
- Develop various scenarios and pick which ones to plan for.

Who Should Be Involved?

- Local Emergency Manager
- Fire and Emergency Medical Services (EMS)
- Law Enforcement
- Local service agency personnel
- Senior Leadership
 - Administrator, DON, Maintenance Director, etc.
- Transportation Coordinator
- Vendors

Education, Training and Exercises

- **Other emergency management training resources:**
 - **Federal Emergency Management Agency**
 - Independent Study Courses
 - **ICS 100: Introduction to ICS**
 - **ICS 200: Basic Incident Command**
 - **IS 700: NIMS**
 - **IS 800: NRP**
 - Community, state and federal trainings
 - **Classroom training**
 - **Web-based training**
 - **Independent study**



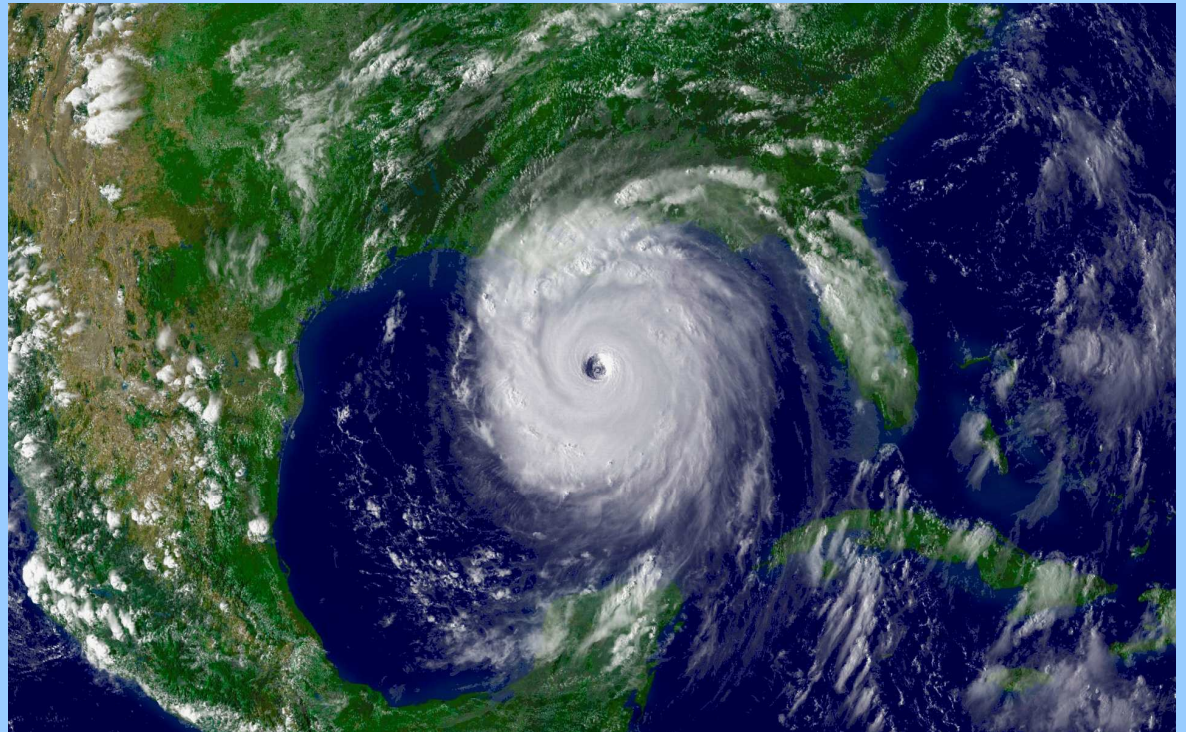
HERE WE GO AGAIN... STAY SAFE!



THE NEWS-POSTS
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MacFygon

Some Events Do Not Have Boundaries

- Events may or may not be contained within one geographic location
- Events can easily cross over county and/or state lines



Short Term vs. Long Term

Event may last from hours to months



Internal vs. External Events

Three potential scenarios:

- Facility Only
- Community Only
- Facility AND the Community



Internal Scenarios

1. Fire
2. Bomb Threat
3. Evacuation, Complete or Partial Facility
4. Hostage/Barricade
5. Elopement
6. Internal Flooding
7. Loss of Heating/Ventilation/Air Conditioning
8. Loss of Power
9. Loss of Water
10. Severe Illness Outbreak



External Scenarios

1. Flood
2. Tornado
3. Highway Accident with Chemical Leak
4. Plane Crash or Train Derailment
5. Out of control wildfire
6. Industrial or Chemical Plant Explosion
7. Pandemic Influenza Outbreak
8. Major Winter Storm
9. Gasoline Shortage
10. Earthquake



Evacuation Plan

Plan for:

- ✓ Evacuating your facility-complete or partial
 - ✓ Evacuating before an event with warning
 - ✓ Evacuating after an event has occurred
- ✓ Receiving evacuees from another facility
- ✓ Receiving those that need a facility that were not previously in a facility

Evacuation or Shelter in Place

- Considerations
 - Safety
 - Stress
 - Medication
 - Disorientation
 - Increased Staff to Evacuate
 - Transportation



Sheltering or Long Term Housing

- How long could you be relocated?
 - 3 days
 - A Week
 - A Month
 - A Year
- Care in a shelter
- Space in another facility
- Staffing in another facility
- Your staff's ability to relocate to a long term shelter or another facility



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SUMMARY

- Scenarios
- Internal vs. External Events
- Evacuation or Shelter-in-Place
- Short Term or Long Term Planning



??? Questions ???



Thank You!



Critical Issues in Disaster Preparedness Planning

- Backup communication system
- Continuation of essential services
- Older adults who are cognitively impaired or cannot communicate
- Mutual Aid agreements
- Mobility issues, proper modes of transportation
- Mental healthcare services

Direction and Control

1. Define duties of personnel
2. Establish procedures and checklists for each position
3. Determine equipment and supply needs

Communication Planning

- Determine back-up communications
- System of warning personnel
- System of contacting resident's family
- System of contacting family of staff

Lessons from Katrina

- 1,464 people died
- 53% African American
- 45% over age 74
- 23% ages 60-74
- 215 died in nursing homes
- 78% of long-term care facilities failed to evacuate

Are we truly prepared?

- Emergency Program Manager Identified
- Emergency Management Committee established
- Hazards Vulnerability Assessment completed
- All Hazards Emergency Operations Plan developed
- Shelter-in-Place Plan
- Evacuation Plan
- ALL Staff trained and aware of roles/responsibilities
- Staff & Resident Family Notification Plan in place
- Training conducted for vendors, transportation providers & volunteers
- Collaboration with local Emergency Manger established
- Table-top drills, walk-through's and exercises conducted
- Policy, procedures and plans reviewed yearly and "lessons learned" reviews conducted

Table Top Exercises

Testing your Emergency Operations Plan

- What is a Table Top Exercise?
 - A facilitated analysis of an emergency situation in an informal, stress-free environment
 - It is designed to elicit constructive discussion as participants:
 - Examine a hypothetical situation
 - Resolve problems based on existing plans
 - Identify where those plans need to be refined

Emergency Recall Phone List

- *Policy:* To alert off duty staff of an emergency situation and the need for possible assistance
- *Procedure:* This is a listing of every employee along with their contact number(s) & physical address, should additional employees be needed to report to work. In the event of a disaster, this list will be activated and employees instructed to report for duty

Capabilities Assessment for Readiness Benefits

- Identify existing strengths and weaknesses
- Evaluate the current state of readiness
- Develop strategic plans to improve identified weaknesses for terrorism and other threats
- Demonstrate need for additional program development resources, e.g. staff, budget, support from other community agencies, etc

Types of Casualties



For every one physical casualty, you can expect between four and twenty mental health casualties

Communications



- All communication systems that you use on a daily basis will rapidly become overloaded and/or will fail
- Communications are a fatal weakness. Every plan assumes that there will be communications. Planning for the failure of communications is vital.
- During Katrina, when all other forms of communication failed, HAM radios worked! Contact your local association of Operators for assistance.

Regulatory Agencies

- Regulatory standards apply during emergency and disaster events. Recognize in catastrophic event life saving measures will be a priority.
 - Division of Facility Services
 - Occupational Safety and Health Administration (OSHA)
 - Emergency Medical Treatment and Active Labor Act (EMTALA)
 - Fire Marshall Having Jurisdiction
 - Environmental Protection Agency
 - Health Insurance Portability and Accountability Act (HIPAA)
 - Medical and Nursing and Allied Health Practice Boards

Key Considerations: Documentation

- Documentation of response to event is often uncoordinated and is generally the weakest link
- Many decisions may go undocumented



Planning in Five Tiers

- Personal
- Department
- Organizational
- Participate in regional planning
- Participate in state and other organizations planning efforts

Department Plans

- Every department is essential
- Each department needs to understand their preassigned role

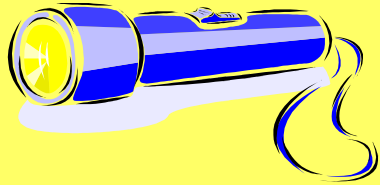
Business Continuity Planning

- Continued access to services
- Record preservation
- Business relocation plans

Preparedness is key!



- Being prepared is the key to ensuring that older individuals and persons with disabilities feel as safe as possible during emergency situations
- Teamwork and communication are critical in emergency situations. When seconds count, coordination between responders and caregivers can mean the difference between life and death, especially for the long-term care resident.



Emergency Kit



- Be prepared for 4-7 days
 - 1 gallon of water per person per day
 - Non-perishable food
 - Warm Clothes/Bedding
 - Flashlight, battery operated radio, batteries
 - First Aid Kit
 - Sanitation Supplies
 - Tools/Supplies
 - Special Items



Taking Care of Our Residents

- In preparing for a disaster, people with special medical needs have extra concerns.
- Try to picture those you provide care for during a disaster and during the three days immediately following it.
- What might be some of your residents' special medical needs?

GAO Report

- Who is responsible for deciding to evacuate hospitals & nursing homes?
- What issues administrators consider in deciding to evacuate?
- What federal response capabilities support the evacuation?

- **Who?**
- Government can order evacuation of the population or segments but health care facilities may be exempt from these orders
- Administrators can make the decision
- **What federal response?**
- National Disaster Medical System can provide assistance with transportation
- Can help with evacuation of hospitals, but not homes

- Availability of adequate resources to shelter in place
- Availability of emergency services
- Risks to patients in deciding when to evacuate
 - move & no disaster
 - traffic congestion
 - not arriving before the disaster
- Ivan 2004-deaths of elderly due to heat and stress of traffic jams because of poorly planned evacuations
- Katrina 2005-deaths of elderly in homes from asthma, diabetes, high blood pressure, etc due to lack of medication and routine care
- Availability of transportation
- Receiving facilities to accept patients, short term or long term-generally only locally no out of area
- Destruction of the facility's or community's infrastructure
 - Loss of communication-admin unable to receive directions and information
- Residents have no other home
- Residents cannot care for themselves
- Are there enough medication available for the time the residents will be away from the facility?
- For residents with Alzheimer's, dementia, etc. they will become more disoriented, are you prepared to handle that?
- Where will you locate extra staff to help residents?
- Partial evacuation of patients can help. Have family take those that can be removed allowing fewer to the care of the staff.

Be on the Alert for Signs of Stress

- **Common Physical/Behavioral Reactions:** fatigue, loss of appetite, difficulty falling asleep, restlessness, headaches, changes in sleeping, increased blood pressure, changes in eating habits, increased susceptibility to colds, flu, infection, change in libido, changes in smoking habits, changes in alcohol and drug consumption.
- **Common Emotional Reactions:** feeling helpless, overwhelmed, inadequate, fragile, vulnerable, unable to cope or go on, increased mood swings, decreased motivation, feeling burned out, crying more frequently and easily, isolation, changes in communication patterns and other relationship dynamics, withdrawal.
- **Common Cognitive Reactions:** confusion, difficulty making decisions, difficulty problem solving, memory blanks, having ambiguous feelings, questioning why this happened in a world that is supposed to be safe, difficulty concentrating or paying attention.

Evacuation Plan

Plan for:

- ✓ Evacuating your facility-complete or partial
 - ✓ Evacuating before an event with warning
 - ✓ Evacuating after an event has occurred

- ✓ Receiving evacuees from another facility
- ✓ Receiving those that need a facility that were not previously in a facility

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- Where will you locate extra staff to help residents?
- Partial evacuation of patients can help. Have family take those that can be removed allowing fewer to the care of the staff.

- Katrina/Rita-transportation contractors unable to evacuate all the residents they had contracts to move.
- Facility plans may have not had contracts for mass evacuation.

- Have you contracted with ambulance services, facility owned transportation, bus companies?
- Does the company that your facility contracted with have more than one contract?
- This may be okay if it is just your facility to be evacuated, but what if it is a widespread event and all of the facilities are calling on that company?
- How will they prioritize?
- Do they have enough buses and drivers to accomplish complete evacuation?
- Is there a plan if vehicles cannot get to the facility?

- Is your facility working with the local emergency manager to be prepared together in case of an evacuation or other emergency?
 - Have a working relationship with your county emergency manager.
 - Understand their job before, during and after a disaster.
 - Help them to understand your needs.
 - Keep that communication open to avoid problems with your transportation disappearing.

The massive effort put forth by caregivers in response to the psychosocial effects of catastrophic events is a critical contribution to their community's recovery. However, caregivers sometimes need to be reminded that a sustained response can also lead to physical and emotional wear and tear.

Common Sources of Stress for Caregivers

- Trying to live up to their clients' high expectations and/or their own
- Intensive caring for others at the expense of self-care or their family's care
- Inability to set appropriate boundaries
- Pushing themselves too hard
- Mental and physical demands
- Heavy workloads
- Long hours on the job
- Time pressures
- Limited resources
- Competing priorities
- Media requests
- Political and organizational pressures

Caregivers are usually alert to the stresses of people they help. They are not, however, always as alert to the stress and fatigue that can slowly surface in their own lives, and need to be reminded of normal stresses that may affect them.

- Emergency ops are quite different from normal day to day ops
- Not business as usual

Two Different Worlds Coming Together

- Long Term Care transitioning to Emergency Management's "All Hazards" way of thinking
 - Formally just Hurricane Planning – FL
 - Major culture change
- Emergency Management Community often not aware of long term care's role as a health care partner

Long Term Care's Unique Situation

- Residents' in SNFs tend to have higher acuities and/or suffer from dementia or other mental ailments
- Residents in SNFs cannot evacuate without assistance
- Shelter-in-place is preferred
- Evacuations are based upon the nature of the threat, time until impact and physical acuity of the residents
- Clearly SNFs are health care facilities, yet they are often overlooked

Evacuate or Shelter-in-Place?

- Who is responsible for the decision?
- What are the decision parameters?
- Do you have contracts with potential receiving facilities?
- Does your facility's business plan include contracts with:
 - Communication and transportation providers
 - Generator support
 - Fuel deliveries
 - Re-supply

What have we learned so far?

- SNFs must become fully integrated parts of the community's emergency responses
- SNFs are both a resource and a liability to a community
- Planning must include all partners:
 - Local EMS
 - Utility providers (electrical, water, gas, etc.)
 - Public Health
 - Law Enforcement
 - Volunteers
 - Private sector vendors
 - Media

Goals for Receiving Facilities

- Mobilize staff to care for incoming evacuees
 - Staff from the evacuating facility will likely be few and exhausted
 - Cross-train employees: housekeepers, laundry, dietary personnel
- Organize the arrival to welcome evacuees
- Reduce transfer trauma where possible

Goals of Receiving Facilities cont'd

- Minimize disruption to residents of receiving facility
 - Maintain daily regimens and routines as much as possible
- Notify local County Emergency Manager, DHS/DSS that evacuees will be arriving
 - They may be able to provide volunteers to help
- Local volunteer fire department personnel may volunteer to help offload residents

Immediate Challenges of Receiving Facilities

- Communication
 - During the evacuation transit, communication between the receiving facility and evacuating staff will be sporadic at best
- Paperwork of Evacuated Residents
 - Medication Administration Record (MAR)
 - Treatment Administration Record (TAR)
 - Health and Physical condition
 - Admission Documentation
 - If evacuated facility is damaged, receiving facility may have to admit evacuated residents

Immediate Challenges of Receiving Facilities cont'd...

- Facility Preparations
 - Bedding, supplies, food, equipment, etc.
- Housing for evacuated staff
 - Children and pets may have accompanied the evacuating staff members
- Verify licenses of incoming staff

Ongoing Concerns

- Communications with families & responsible parties
 - These people may be displaced also
- Reconstructing medical records if left behind, destroyed or lost
- Cultural & Religious differences
- Return Transportation
 - False starts

Ongoing Concerns cont'd...

- **Publicity**
 - Media interest may be high
 - Determine message beforehand
 - Identify spokesperson
- **Adequate Staffing**
 - Overtime
 - Burnout
 - Agency Staffing
 - Crisis counselors for residents and staff
 - Morale

Evacuation

- Go or Stay???
 - Wait for “mandatory” evacuation or leave early?
 - Leaving early means less traffic, shorter transit time, more reliable cell phone capabilities, etc.
 - Consider evacuating higher acuity residents early when resources are still available and in adequate numbers
 - Know your residents and their current conditions

Evacuation cont'd...

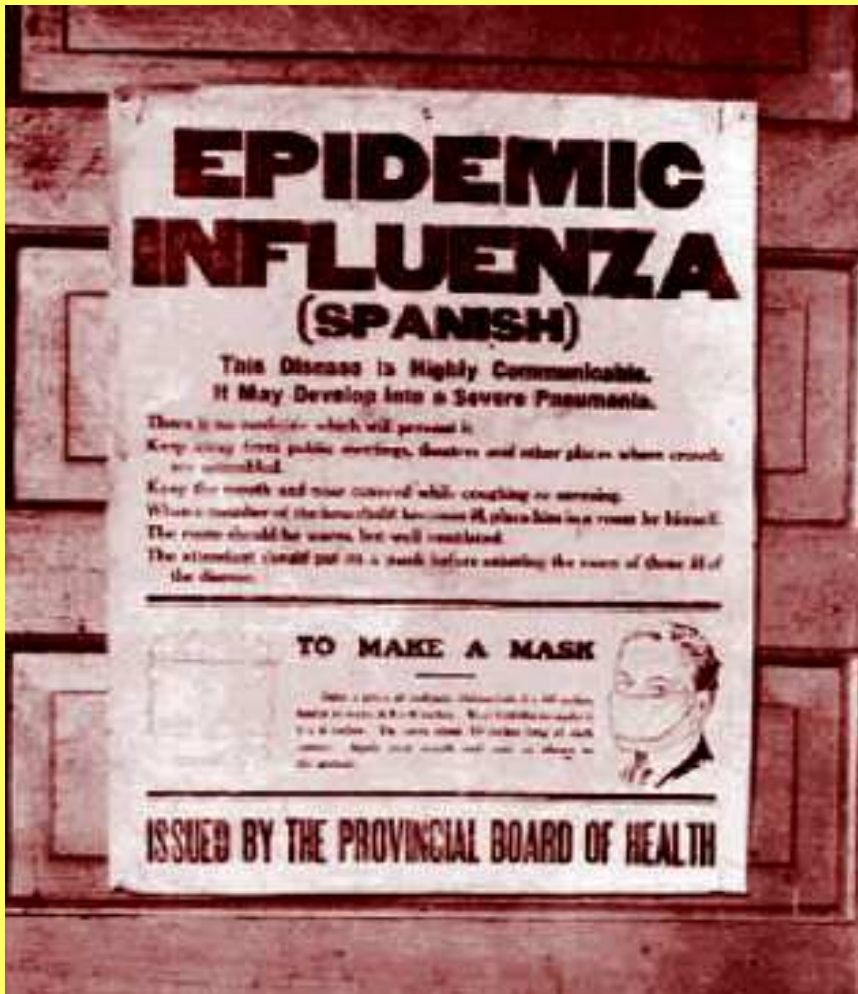
- Activate Plan
 - Notify & recall necessary staff
 - Notify County Emergency Managers (local & receiving)
 - Notify families and responsible parties of decision
 - Determine which residents can be discharged to the care of their family
 - Prepare medical & business records, medications, resident “go-bags” and emergency kits
 - Place ID bands on residents and record name on a muster sheet/log

Evacuation cont'd...

- Designate staff member as “first to arrive” to brief receiving facility and direct set-up
- Designate a maintenance staff member to stay at or near the facility in order to assess damage as soon as it is safe to do so
- Triage residents for transport
 - Load residents most ambulatory first, they will be on the vehicle for the longest time
- Each vehicle should have at least two nurses, an ice chest, diapers, hydrating liquids, & emergency medical supplies
- Residents requiring oxygen should be transported by ambulance and well ahead of the rest of the facility



PANDEMIC: *Different From Other Disasters*



- Broad impact over geographies, age groups, social classes
- Prolonged over weeks/months
- Decreasing resources as demand for services increase

the next pandemic



1918 Influenza: 20,000,000 died

Defining a Pandemic

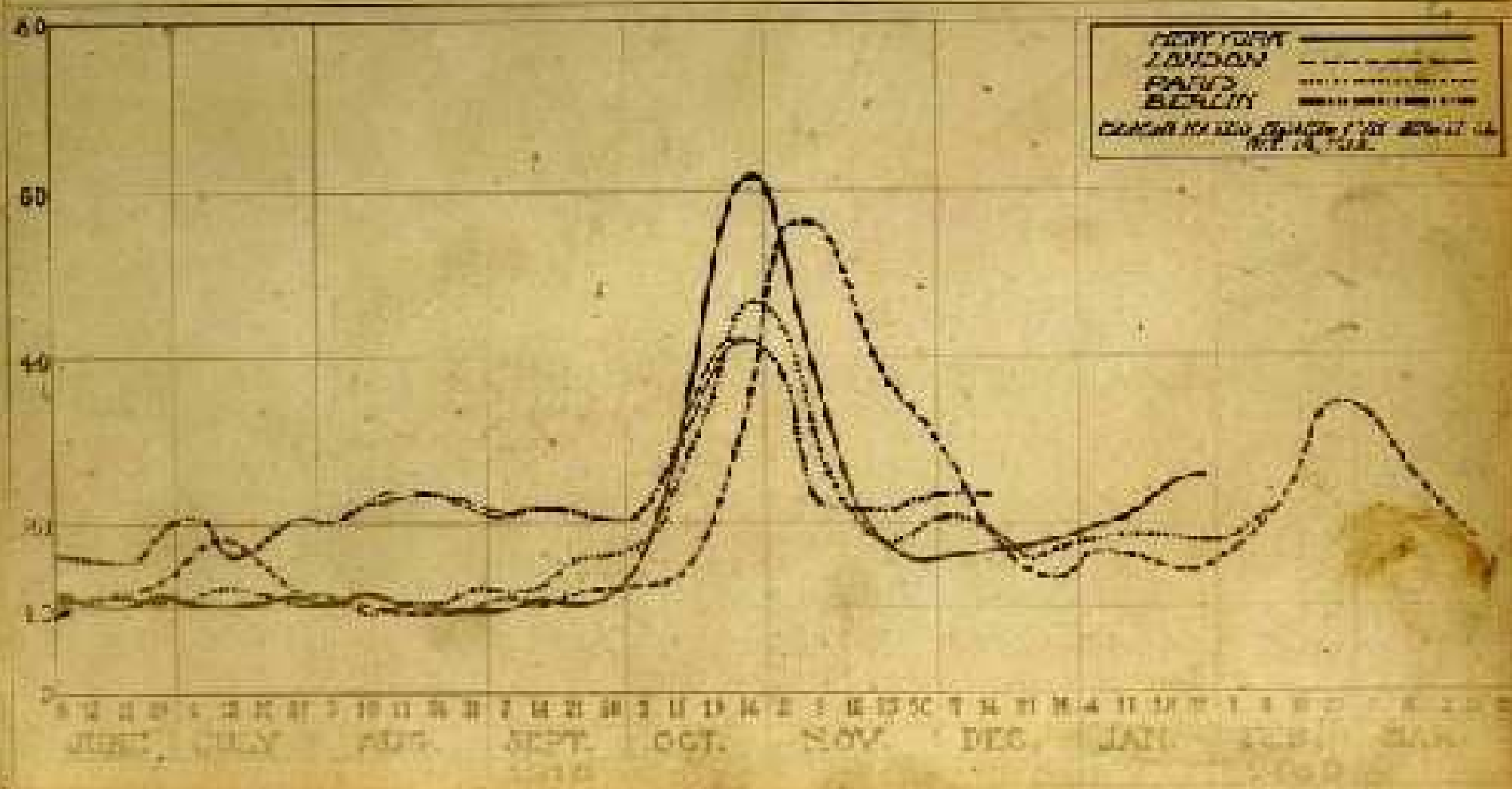
- Worldwide outbreak of disease
 - Origin likely to be influenza type, possibly spread from a mutated form of avian flu
- Rapid spread among humans
- VERY dangerous: major morbidity, mortality
- Potential to overwhelm society



INFLUENZA PANDEMIC

MORTALITY IN AMERICA AND EUROPE DURING 1918 AND 1919

DEATHS FROM ALL CAUSES EACH WEEK
EXPRESSED AS AN ANNUAL RATE PER 1000



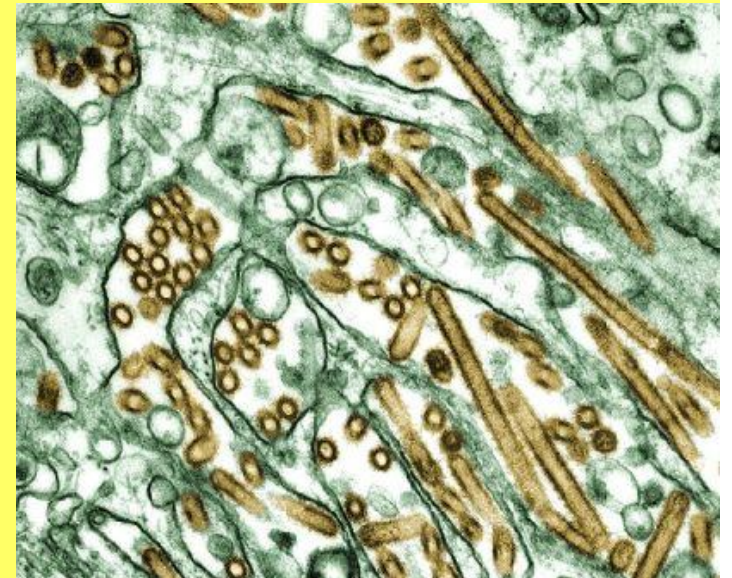
Pandemic Shelter-in-Place?

- Screening staff, residents, visitors before allowing admittance
- Preparing for disruptions to normal services
- Closing to new admissions
- Limiting or banning visitors
- Controlling access to facility

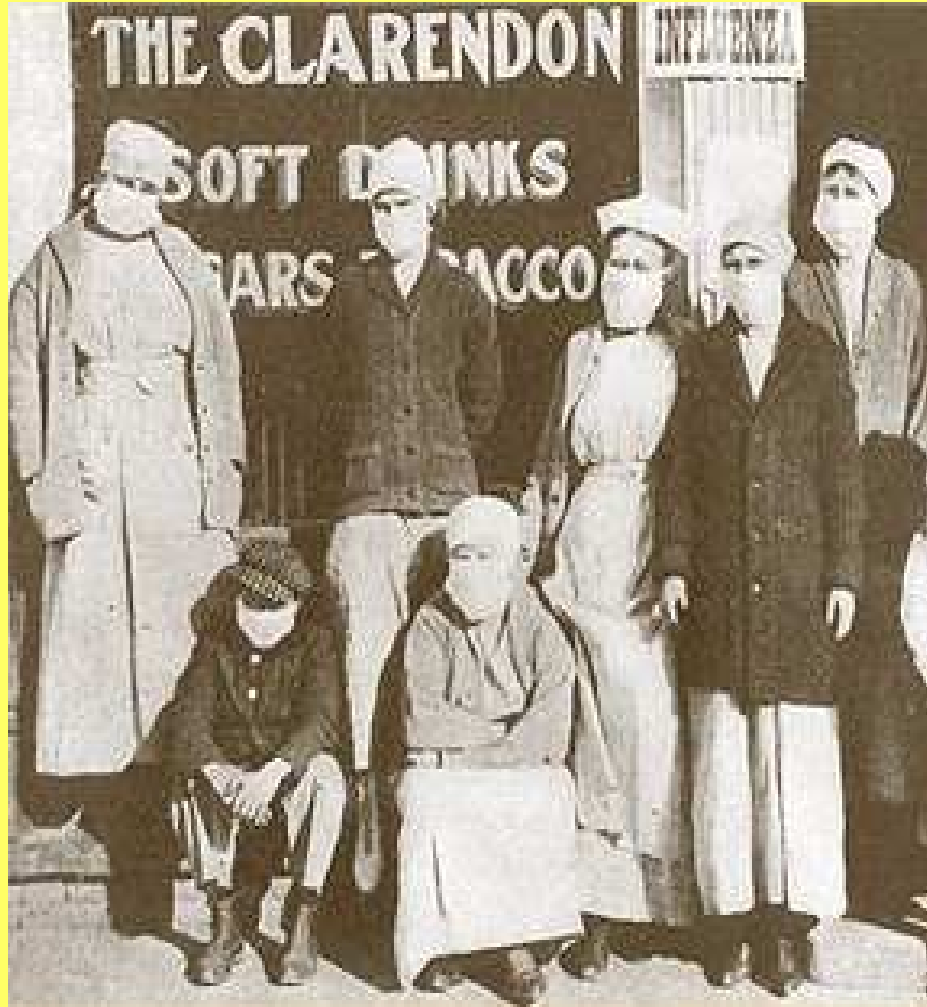


Occupational Health Policies

- PPE – who gets / what type / how much?
- Work from Home?
- Staff required to self-assess before reporting to work
- Symptomatic employees at work?
- High risk employees
- “Fit to Work” standards



Staffing Shortages

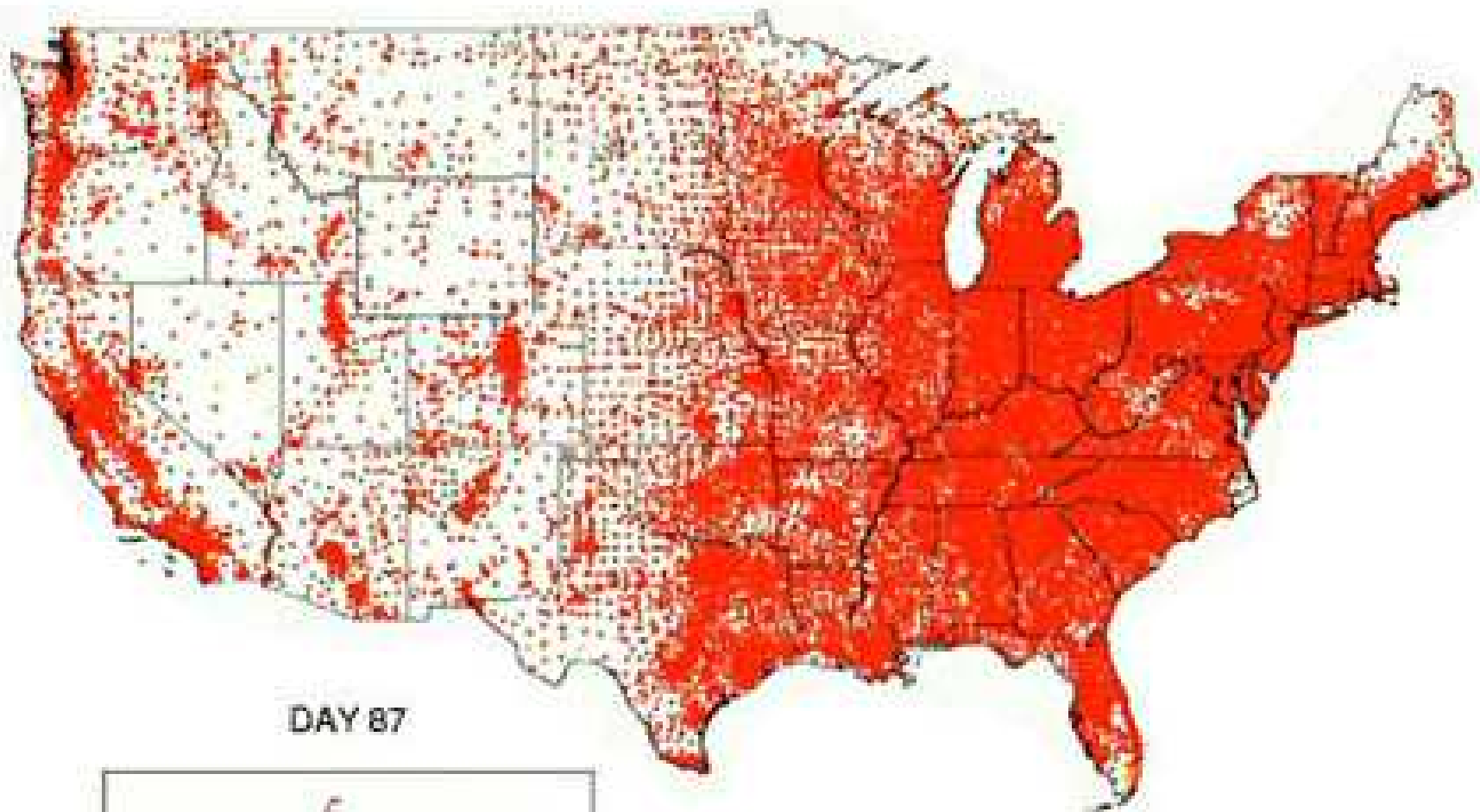


- Prepare for “worst case” 50% absenteeism
- Cross-training in essential services:
 - Resident Care
 - Food Service
 - Laundry
 - Housekeeping
 - Essential Administrative Procedures

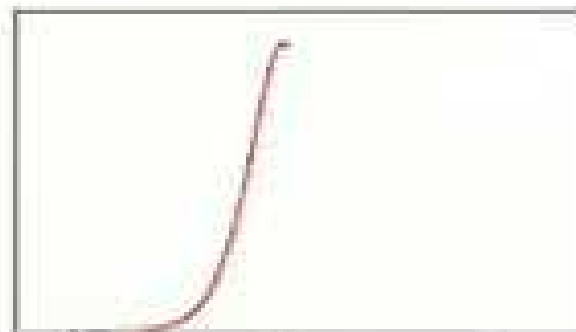
Emergency Staffing Strategies

- Most experienced supervise newly recruited or recently assigned
- Consistent assignments
- Checklists of duties with “just-in-time” training plans
- Manage staff burn-out
- Staff who have been vaccinated or recovered should work directly with the sick whenever possible





DAY 87



Time

THE FIRST TIME
ONE OF THEM
SNEEZES,
CUT THE
ROPE ...

