Purpose

- Demonstrate the software application for a facility’s Disaster Preparedness plan development.
- Explore the multiple uses of the All-Hazards Planning Guide.
- Delineate the capacity building opportunities within a region/state/nation for improved disaster preparedness planning, response, and recovery.
- Identify the critical factors for sheltering in place during a pandemic.
The John A. Hartford Foundation
Support for Disaster Preparedness in Long Term Care

- Amy Berman
  The John A. Hartford Foundation

- LuMarie Polivka-West
  Florida Health Care Association
LTC Areas of Vulnerability

Florida Nursing Facility Locations
The John A. Hartford Foundation
Support for Disaster Preparedness in Long Term Care

- Build partnerships across networks
- Create new tools for LTC facilities across the nation
  - Software to create facility-specific disaster plans
  - New EM Guide for Nursing Homes
  - LTC Incident Command System
- Training and exercise templates for nursing homes

Expected Outcome:
Increased Capacity to Care for Elders During Disasters
Older Adults Most Vulnerable in Disasters

- More than 70% of deaths following Katrina ages 65+
- Contributing Factors:
  - Poor Integration of LTC in most disaster planning efforts
  - Examples:
    - Evacuation
    - Utility Restoration
We had to Rethink the BIG PICTURE
Two Different Worlds Coming Together

- LTC transitioning to EM “All Hazards” thinking
  - Formerly just “hurricane planning” in FL
  - Major culture change in LTC

- EM Community often not aware of LTC’s role as a health care partner

Considerable progress has been made.
Long Term Care’s Unique Situation

- Residents (patients) in nursing homes tend to have higher acuities and/or suffer from dementias or other mental ailments.
- Residents of nursing homes cannot evacuate without assistance.
- Sheltering-in-place is preferred.
- Evacuations are based upon nature of threat, time until impact of threat, and acuity of residents (patients).
- Clearly NHs are healthcare 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?
- Have you discussed payment arrangements?
- Does your facility business plan include contracts with:
  - communication and transportation providers
  - generator support
  - fuel deliveries
  - supplies
  - laundry cleaning, etc.?
Key Considerations

Decision: Evacuate or Shelter-in-Place

- Time
- Nature of Event
- Location of Facility
- External Factors
- Destination
- Transportation
- Supplies
- Staff
- Resident Acuity
- Physical Structure
- Rural
- Urban
- Metropolitan
- Hurricane Evacuation Zone
- Storm Surge Zone
- Flood Zone
- In the Zone
- Internal Factors
- Supplies
- Staff
- Resident Acuity
- Physical Structure
What Have We Learned So Far?

- NH’s must become a fully integrated part of the community emergency response
- NHs are both a resource and a liability to a community
- Planning must include all partners
  - Local EM and ESF8
  - Utilities (electric, gas, water, sewer, telecommunications)
  - Public Health (hospitals, NHs, health departments)
  - First Responders, Law Enforcement
  - Regulatory Officials
  - Volunteer Groups (Red Cross, Amateur Radio Operators)
  - Private sector vendors and contractors
  - Media
EM Capacity Building for LTC: What is Needed?

Utilize the Best Tools

Increase capacity of LTC to respond to emergencies

Build Partnerships Across Networks

Strengthen and Test Relationships
Capacity Building: Build Partnerships Across Networks

- ESF 8 – EM Office – Nursing Homes
- Comprehensive Community Planning from the Ground Up
- Identify the overuse or over commitment of resources
  - Example: Transportation
- Unique Resource: The State Association
  - FHCA has a seat in State ESF8
  - Disaster Committee members volunteer in local EOC
  - Liaison between NH and EM officials
Capacity Building:
Strengthen Local Relationships

- NHs Identify local partners
  - Begin with local EM and ESF8 representatives
- Open lines of communication
- Increase inter-agency and inter-industry cooperation
- Be strategic in developing and *persistent* in maintaining partnerships and relationships
Capacity Building:
Utilize the Best Tools

- Planning Software for Nursing Homes
- EM Guide for Nursing Homes
- Exercise and Train Staff
  - Tabletop Exercises; Drills; Education Courses (FEMA, University); In-Service Training
- Share Experiences and Disseminate Knowledge
CEMP Software

- FHCA-USF-Hartford Comprehensive Emergency Management Planning (CEMP) Software Application for Nursing Homes

- Benefits: a uniform facility emergency plan
  - Based on the National Incident Management System
  - Creates a customized plan aligned with state and federal laws
  - Generates hardcopy reports for review/approval
  - Provides checklists for compliance and completeness
Comprehensive Emergency Management Plan

Generator Details

Person with primary responsibility for maintaining the facility's generator before and during an emergency event:

First name: [ ]
Last name: [ ]

Title: [ ]

Generator vendor company:
Company name: [ ]
Company phone number: [ ]

Generator size (in KWs): [ ]
Phase: [ ] Voltage: [ ]

On Site Fuel Capacity (gallons or pressure): [ ]

On Site Fuel Duration (hours): [ ]

Tank Location:
- Above ground
- Below ground

Fuel type: [ ]
Emergency Coordination

Describe how the facility interacts with the local EOC pre-emergency event, during an event, and post-event:

The “Storm’s Sigh Nursing Home” will coordinate with our county’s local emergency operations center once a year for a review of the facility’s emergency management plan. The administrator will invite feedback with the county planners during this review process and department heads may be called upon to provide additional input during this review. Our local EOC has agreed to work with us to improve the effectiveness of our disaster training activities and the facility is investigating opportunities to host an evacuation drill with the local EOC.

Local police department telephone number:

Fire department telephone number:
Emergency Management Guide for Nursing Homes

- Companion to the Planning Software
  (but can also be used independently)
- Designed to provide comprehensive guidance
- Incorporates the All Hazards planning approach
- Provides checklists and sample policies
- Emphasizes close partnerships with local EOC and ESF8 partners
- Provides a “LTC equivalent” to the National Incident Command System
# Anatomy of a Job Action Sheet

## Function

<table>
<thead>
<tr>
<th>POSITION ASSIGNED TO:</th>
<th>Name of person assigned to this function.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting to:</td>
<td>Name of the person to whom this position reports.</td>
</tr>
<tr>
<td>Command Center Location:</td>
<td>Location in facility for meetings related to the group’s function where other members of the group will check in.</td>
</tr>
</tbody>
</table>

## Mission

The mission of this function in an emergency. This mission is written to support the concept of the Incident Command System. This mission is not going to be the same as an individual’s routine job description.
Hurricane & Disaster Preparedness for Long-Term Care Facilities

A Grant Project Funded by
The John A. Hartford Foundation

Implementation Partners:
Florida Health Care Association Education & Development Foundation
The University of South Florida, the Florida Department of Health

Grant Products:

- National Criteria for Evacuation Decision-Making in Nursing Homes
- Software Application for Designing LTC Facility-Specific Disaster Plans
- Comprehensive Emergency Management Guide for Nursing Homes (includes the NH Incident Command System and LTC Tabletop Exercise Template)
HERE WE GO AGAIN.... STAY SAFE!

I survived Charley T-shirt
I survived Frances T-shirt
Tools
Canned food
First aid kit
Ice cooler and bottled water
Plywood
Radio
Battery T.V.
Flashlight
Duct tape
Extra keys
Good book
Lucky horseshoe
Lucky rabbit's foot
Rosary
Important papers & photos
Prescription drugs
Change of clothes
Florida’s Pilot Project
Automated Disaster Emergency Planning Tool (ADEPT)

• CDC Requested Pilot Project
• Experienced in US Public Health & Medical (PH&M) Emergency Management
• Florida ESF 8 and FHCA working on different parts of the Tool (Annexes vs. Base Plan)
Data Collection: Key Scenarios

- **NOTICE EVENT:** Hurricane [-120 hours to 2 weeks post impact]
- **NO NOTICE EVENT:** Tornado, earthquake (Reg IV focus)
- **EMERGING EVENT:** Pandemic influenza
- **BASE EOP:** Core activities for all hazards
Overarching Planning Process

- Provide Basic Planning Framework (command & coordination, roles & responsibilities)
- Capture Operational Activities
- Functionally Group Activities According to Plan Framework Elements
- Summarize Activities Into Plan Element Language

Results in Plan that is Validated by Operational Activities
ADEPT: Potential Benefits

• Allow for Collaborative Integration and Synchronization of Florida’s Complex Emergency Plans
  – facility
  – local
  – state
  – interstate
  – federal

• Create User Friendly Versatile Plan Template
Data Collection: Successes

- Consistent, Intuitive Process Developed and Tested in FL

- Multidisciplinary Catastrophic Planning Discussions/Documentation

- HHS Region IV Discussions/Documentation
  - Current focus: HHS Patient Movement Plan
Software Development: Successes

**Project Credibility Enhanced by:**
- State piloting
- CDC & HHS support

**Florida Health Care Association (FHCA)**
- Planning tool based on ADEPT model
  - October: Currently released at AHCA

**Having Access to:**
- International emergency management public health & medical subject matter experts
- Planning software that has been operationally tested (and provided free to Florida)
Current Plan Details

CEMP Plan Version: Plan Version 1

Plan Initiated: 6/2/2008 2:21:00 PM

Last Accessed: 7/1/2008 2:45:00 PM

CEMP Plan Description:
Dialysis Management
Residents with end-stage renal disease are vulnerable to power outages, transportation delays, and closure of dialysis sites. This population requires acute management of their renal condition.
- Identification of alternate sites and transportation venues.
- Pharmacy will work with the facility to secure a 7 day supply of related medications and an expanded EDK kit that is adequate to address elevated potassium levels.
- Dietary will coordinate a renal diet.
- The Medical Director will assist in the development of alternative protocols for management of ESRD (Kaoxylate, etc.)

Respiratory Management
This includes, but is not limited to, Residents with respiratory conditions such as COPD, Chronic and acute CHF, Pneumonia, respiratory infections, asthma, and related disease state and problem conditions. They are oxygen dependent, or require respiratory management via vents, suction machines, nebulizers, bi-pap machines, or related respiratory equipment that requires electricity. Power outages could influence the ability to sustain an open airway and/or effective airway clearance and breathing capacity. This population is also more vulnerable to the effects of smoke inhalation or impaired air quality that occur secondary to a disaster.
Next Steps: Data Collection

July – December 2008

• Continue Gathering, Validating Key Activity Information in Consistent Fashion
  – Scenario-based discussions
  – Data gathered from all local, state, regional & federal PH partners
    • Coastal and inland; different sized counties; small but diverse participants

• Continue Monitoring Progress of Other Florida “ADEPT” Pilots
  – FHCA
  – FL Region VII (South Florida, most populous region)

Hospital template
Next Steps: Software Development

July – December 2008
• Conduct Comprehensive Business Analysis (with experienced IT staff) to Determine FL Software Needs
  – Phased project objectives
  – Enhance current data dictionary
  – Diagram key relationships
  – Document and prioritize key system requirements (in alignment with project objectives)

October 2008
• Return to Multidisciplinary Stakeholder Group to Determine Next Steps

Foreseeable Future
• Validate Activity Sequence During Real-Event Activities
Closing Thoughts

Traditional EM Plans
- Based on Top-Down Planning
- OftenDisconnected from Operational Realities
- Untested Plans can Lead to Artificial Outcomes

Proactive Planning System
- Intuitive (based on a series of ‘what if’ and ‘what next’ questions)
- Effective Activity Sequence
- Plan the Way We Work; Utilize the Plan/Equip/Train/Exercise/Evaluate Cycle
Questions?

For additional information, contact
Raymond_Runo@doh.state.fl.us
Presenter:
Joseph Donchess
Executive Director
Louisiana Nursing Home Association
Goals of Receiving Facilities

During The Onset (or Aftermath) of an Emergency Event
Goals of Receiving Facilities

1. Mobilize staff to care for incoming evacuees
   - Staff from evacuating facility will, likely, be few and exhausted.
   - Cross Train employees – Housekeepers, laundry, dietary personnel.

2. Organize community volunteers to ‘welcome’ evacuee residents.

3. Provide a home away from home.

4. Reduce transfer trauma where possible.
Goals of Receiving Facilities

5. Minimize disruption to residents of receiving facility
   - Maintain their daily regimens and routines as much as possible

6. Notify local Office Of Emergency Preparedness that nursing home evacuees will be arriving - may be a good resource for finding volunteers or responders to help with “offloading”.

7. Local Fire and Emergency Departments will more than likely help to offload residents, if they have the available manpower.
Immediate Challenges of Receiving Facilities

1. Communication
   - During evacuation trip, communication between receiving facility and evacuating staff will be sporadic at best (Blackberries are good for emailing).

2. Paperwork of Evacuee Residents
   - Medication Administration Record
   - Health and Physical
   - Admission documentation
     - If evacuated facility is damaged, receiving facility may have to admit evacuee residents.
       - State Medicaid Agency should be helpful in this process.
Immediate Challenges of Receiving Facilities

3. Physical Plant Preparations
   • Bedding, supplies, equipment

4. Staff Housing
   • Children usually accompany evacuating staff members

5. Verify licenses of incoming staff.
Ongoing Concerns

1. Communications with families, responsible parties (who are likely displaced too).
2. Reconstructing medical records if they were left behind or lost.
3. Cultural and religious differences (Catholic communities moving to Baptist communities)
4. Return transportation – false starts.
Ongoing Concerns

5. Publicity

6. Adequate Staffing
   a. Agency staffing
   b. Overtime
   c. Burnout
   d. Crisis counselors for staff and residents
   e. Morale
Advance Planning

1. Review and update, if necessary, facility emergency preparedness plan at least once a year before hurricane season.

2. Meet with staff and make assignments of responsibilities.

3. Review emergency preparedness plan with vendors, pharmacist, medical director and physicians.

4. Make a list of supplies needed.

5. Categorizing residents as Category I (medically complex) or Category II.
6. Verify agreement with sheltering site(s).
7. Verify agreement with transportation service(s).
8. Plan for needs of evacuating staff and accompanying families.
Goals Of Evacuating Facilities
Evacuation

Go or Stay ???

1. Wait for ‘mandatory’ evacuation or leave early? Leaving early means less traffic, shorter period of time to deal with incontinent patients; more reliable cell phone usage.

2. You may want to evacuate your heavier care patients early when resources are still available, and in adequate numbers.
3. Activate Plan

- Notify staff, and local OEPs (yours and receiving parish).
- Notify families of decision; order extra meds.
- Determine which residents can be discharged to the care of their family...Notify families for pick up.
- Prepare emergency kits and resident baggies.
- Place ID bands on residents.
- Designate staff member as ‘first to arrive’ at shelter to direct set up and activities.
- Designate staffer (maintenance worker) to stay at or near facility in order to assess damage after storm passes and to determine when it can be re-occupied.
3. **Activate Plan, continued**

- Triage residents for bus trip. Load most ambulatory patients first. They will be on bus for longest time.
- Each bus should have at least two nursing staff, ice chest or refrigerator, emergency medical supplies.
- Do a ‘walk-through’ of facility before leaving.
- Each bus must have enough supplies – wet wipes, diapers, towels, water, Gatorade, sipper cups.
- Patients needing oxygen should be transported by ambulance.
Tips for lining up transportation in advance of a disaster

- Know your residents. Identify their acuity levels. That will help determine the type of transportation you will need.
- Be a partner with the local emergency preparedness department. Once you establish contracts with transportation providers, run those contracts by the department for review. Establish a relationship with a local transportation association.
- Keep costs in mind. Decide what you are willing to spend for an evacuation contract with a transportation company. Talk to state transportation association about reasonable amounts.
- Consider talking to local churches or schools about using their means of transportation if necessary.

Source: McKnight’s interviews with transportation and long-term care experts, 2007
Sheltering In Place
Sheltering In Place

1. When all other forms of communication were inoperable, Ham Radios worked. Contact local groups or organizations of Ham Radio Operators to see if they will help.

2. Have Security at facility. If law enforcement or National Guard is not available, hire private security.

3. Make sure emergency generators are operable. Have adequate supply of fuel. Air conditioning is a must in the South. Heat killed most elderly after Hurricane Katrina.

4. Will sheltering facility accept new admissions? Families of elderly living at home will scurry to admit them to a nursing home rather than take them on their own evacuation journey.
California Screamin’
Northridge, California 1994
Marysville, 1997
Merced, California 2006
OCTOBER, 2007 “Fire Storm”
Largest Evacuation (CA History)

- Approximately 515,000 people evacuated
- Over 2,200 medical patients evacuated
- 14 Skilled Nursing Facilities
- 5 Intermediate Care Facilities (MR)
- 1 Acute Psychiatric Facility
- 3 General Acute Care Hospitals
How Did LTC Do?

- No structures lost
- No facilities reported disaster-related deaths
- Displace residents received excellent care at other facilities and shelters
- Staff reported to work - Many not knowing whether or not their house were standing
Southern California 2003
Lessons Learned During FireStorm

NEED:

- Centralized coordination of the response operations,
- patient transport and bed tracking for long term care.

- Each Facility to effectively plan for evacuation,
- receiving of residents and shelter in place
PANDEMIC
Different From Other Disasters

- Broad impact over geographies, ages, workforces
- Prolonged over weeks/months
- Resources will be decreased while demand for services will be increased
Defining a Pandemic

- Worldwide outbreak of disease
- Rapid spread among humans
- VERY dangerous: major morbidity, mortality
- Potential to overwhelm society

- Origin is likely to be influenza type H5N1, spread from a mutated form of avian (bird) flu
Pandemic Plans

- Build on the existing plans:
  - Business Continuity
  - Infectious Disease Outbreaks
  - Disaster Plan/ Emergency Operation Plan

- Add sustainability over weeks/ months
- Creative staffing strategies
- Higher acuity residents and inability to transfer
Pandemic Shelter in Place?

- Closing to new admissions
- Limiting visitors
- Controlling access to facility
- Screening staff, residents, visitors before allowing admittance
- Preparing for disruptions to normal services
Means ensuring that essential business functions can survive a natural disaster, technological failure, human error, or other disruption.
Continue Critical Function

Providing care to the people that live in there is the critical function of every long term care facility.
Identify Essential Resources and Services

What must I have to carry out the critical function of resident care?

- Finances
- Infrastructure
- Supplies
- Security
- Staff
Your Staff: Preserve Them

- Infection Control
- Advocate for priority for Immunization, & Antiviral therapy
- Liberalize absentee policies
- Training on personal preparedness
- Communication as an antidote to fear
Occupational Health Policies

- PPE - who gets/what type/how much?
- Work from home
- Self assess before reporting to work
- Symptomatic employees at work
- High risk employees
- “Fit to Work” standards
Occupational Health Procedures

Influenza-Like Illness Screening Form

Ask the ill person if they have any of the following symptoms:

- Fever (feels feverish and hot)
- Headache
- Fatigue or weakness
- Sore throat, cough, or difficulty breathing
- Muscle or joint aches or pains

During a pandemic, ill persons with any of the above symptoms should be considered a suspect case of pandemic influenza.
Cover Your Cough or Sneeze

1. Cover your mouth and nose when you cough, sneeze or blow your nose.

2. Put used tissue in the garbage.

3. If you don’t have a tissue, cough or sneeze into your sleeve, not in your hands.

4. Wash hands with soap and water or hand sanitizer (minimum 60% alcohol-based).
General Donning Instructions for N-95 Respirators

The following instructions must be followed each time the respirator is worn. Before donning, wash your hands and inspect the respirator to ensure the integrity of the components, including the shell, straps and metal nose clip.

1. Cup the nosepiece in your hand with the nosepiece at fingertips, allowing the headbands to hang freely below hands.

2. Position the respirator under your chin. The nosepiece should be over the bridge of your nose.

3. Pull the top strap over your head so it rests high on the back of the head.

4. Pull the bottom strap over your head and position it around neck below ears.
General Donning Instructions for Personal Protective Equipment

The type of PPE used will vary based on the level of precaution required (i.e. standard and contact, droplet or airborne infection. Ensure that you correctly wash your hands before donning PPE.

USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

1. Remove any eyewear or jewelry that could affect the respirator fit

2. Don respirator. Prescription eye-wear can be re-donned after fit-testing. See Worksheet X for how to correctly don an N-95.
Emergency Staffing Strategies

Prepare for “worst case” 50% absenteeism

Cross Training in internal essential services
- Resident Care
- Food Service
- Housekeeping
- Laundry
- Essential Administrative Procedures
Emergency Staffing Strategies

- Most experience supervise newly recruited or recently reassigned
- Consistent assignments
- Checklists of duties with “just in time” training plans
- Manage staff burn-out
- Staff who have recovered or been vaccinated work with sick whenever possible
Expanded Staffing

- Can only do under special orders or permissions
- May be able to use:
  - volunteers
  - newly recruited staff from other assignments
  - and/or families to help provide critical services during an emergency
- Consider policies for the use of these resources
- “Credentialed” vs. “competent”
PI Resources

- [www.cahf.org/public/dpp/cahf_dpp.php](http://www.cahf.org/public/dpp/cahf_dpp.php) - Download a copy of The “Pandemic Influenza Workbook for Long Term Care” and other disaster planning resources

- ahrqpubs@ahrq.hhs.gov - Order a copy of the Emergency Preparedness Atlas for US Nursing Homes and Hospital Facilities (a CD available through the Agency for Health Research and Quality).

- [www.who.int](http://www.who.int) - Updates on H5N1 and other

- [www.pandemicflu.gov](http://www.pandemicflu.gov) - LTC Checklist for PI and more
QUESTIONS

THANK YOU!

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