

American Health Care Association October 6, 2008

R-1 Wildfires, Chemical Spills, Hurricanes, Ice Storms, Pandemic: Evacuate or Shelter in Place?

PRESENTERS

- Amy Berman, The John A. Hartford Foundation
- LuMarie Polivka-West, Florida Health Care Association
- Ray Runo, Florida Department of Health, Emergency Operations
- Joe Donchess, Louisiana Nursing Home Association
- Jocelyn Montgomery, California Association of Health Care Facilities

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



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.

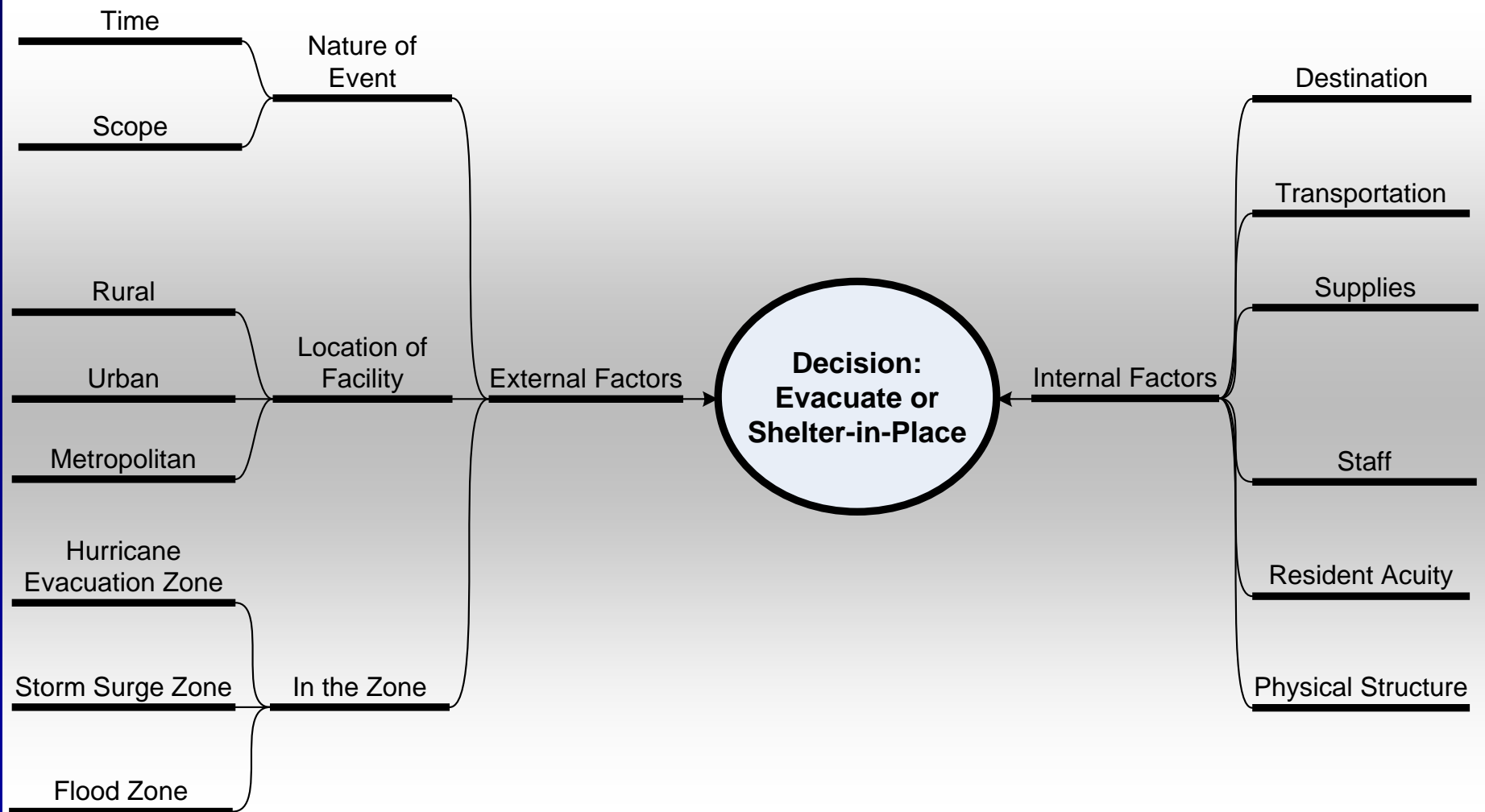
Long Term Care's Unique Situation

- 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.?

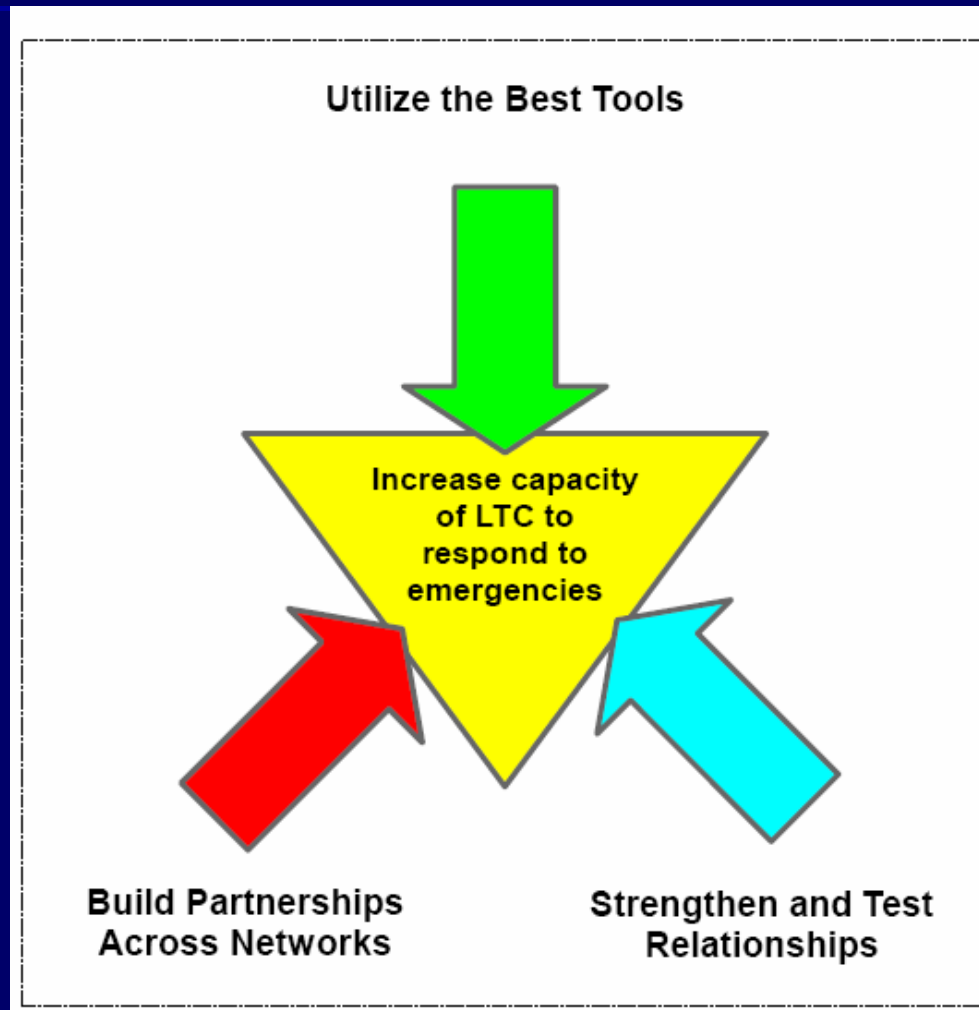
Key Considerations



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?



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

John A. Hartford Foundation
FHCA Education and Development Foundation
University of South Florida

CEMP

REPORTS

manage resources

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- Alerting Family
- Host Receiving Facilit
- [-] Command & Coordinatio
 - Command Structure
 - Local EOC
 - Local EOC Interactio
 - Shared Resources
 - Public Health Informa
 - State's Tracking Syst
- [-] Communications
 - Risk Communication
 - Interagency
 - Residents & Family
- [-] Roles/Responsibilities
 - [-] Preparedness
 - [-] Evacuation
 - Transportatio
 - Mutual Aid Ag
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 - Generator Det**
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 - Utilities

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:

Comprehensive Emergency Management Plan



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- Purpose
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 - Risk Assessment
 - Zones & Local Points of I
 - Vulnerability
 - Planning Assumption
- [-] Concept Of Operations
 - [-] Alert,Notification,Activatio
 - Persons-in-Charge
 - Threat Confirmation
 - Alerting Staff
 - Alerting Residents
 - Alerting Family
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 - Shared Resources
 - Public Health Informa
 - State's Tracking Syst
 - [-] Communications
 - Risk Communication
 - Interagency
 - Residents & Familv

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:

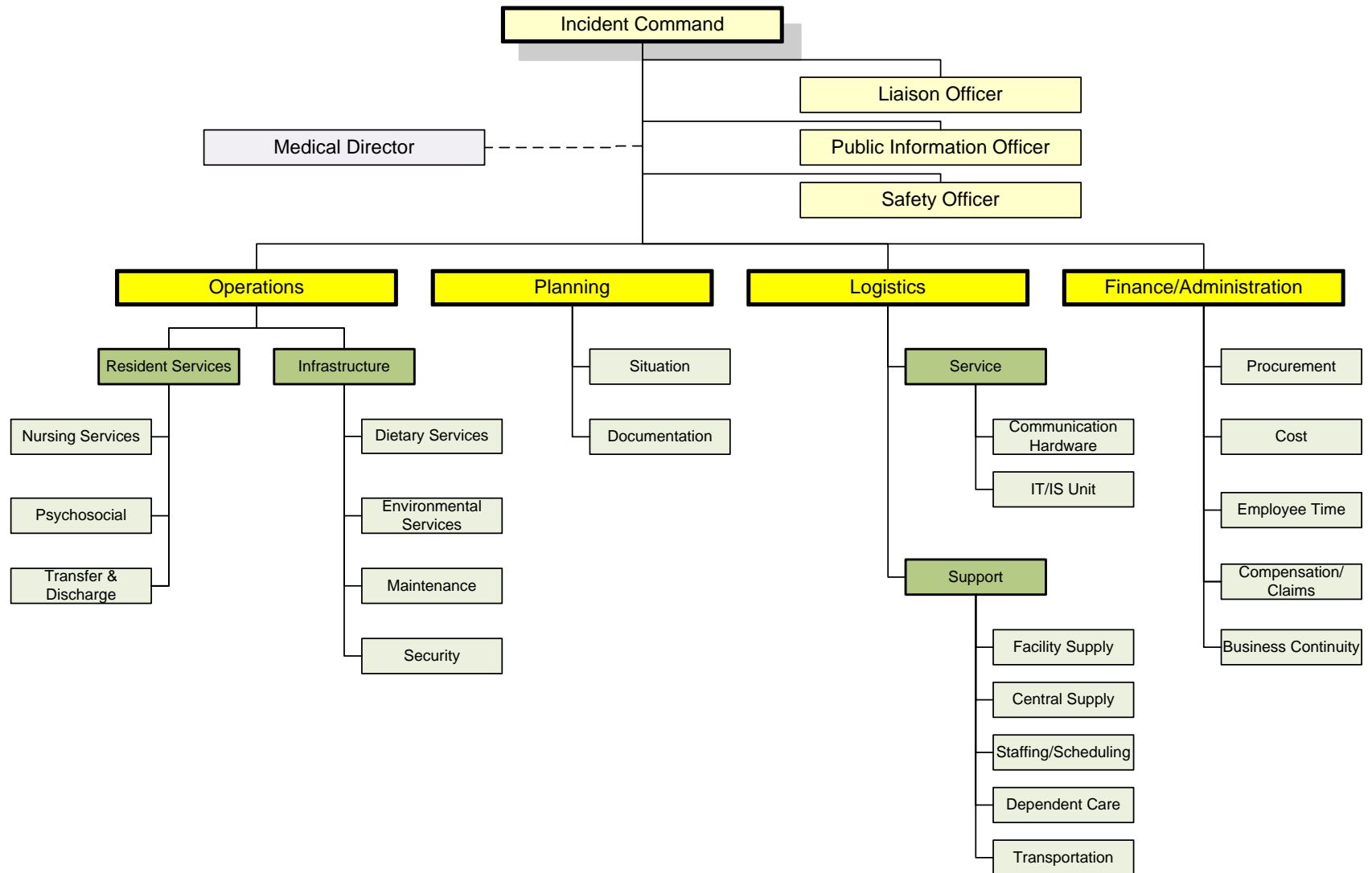
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Emergency Management Guide for Nursing Homes

- 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

Nursing Home Incident Command System

9/8/2008



Key:

Command Team Officers

Consultant

Sections led by Chiefs

Branches led by Directors

Units led by Leaders

2008, Created by Florida Health Care Association through the Florida Department of Health



Anatomy of a Job Action Sheet

Function

Job Title

Who & Where

POSITION ASSIGNED TO:	Name of person assigned to this function.	
Reporting to:	Name of the person to whom this position reports.	
Command Center Location:	Location in facility for meetings related to the group's function where other members of the group will check in.	Telephone:

Mission

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**

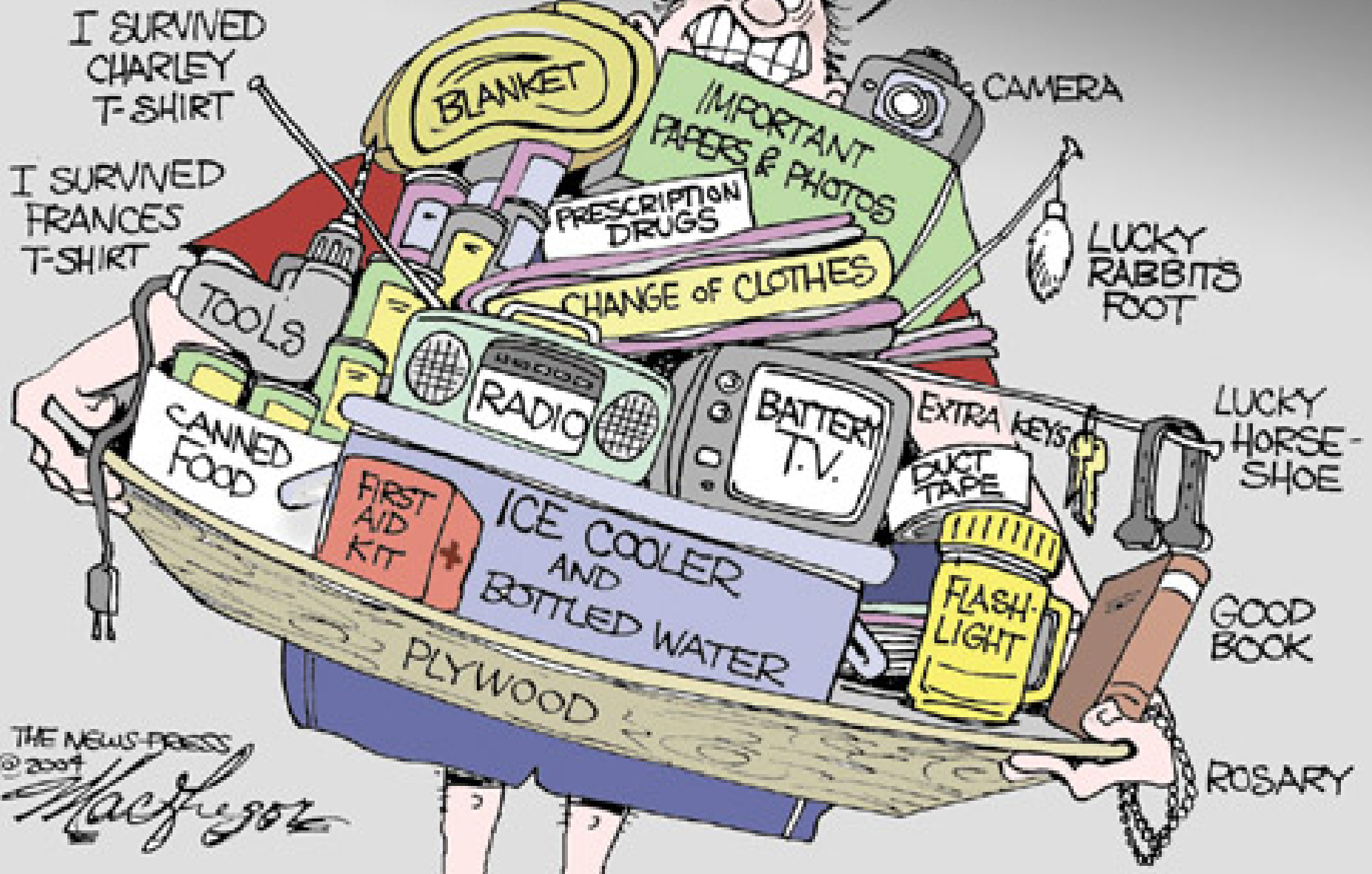
Implementation Partners:

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!



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Florida's Public Health & Medical Planning Tool - ADEPT

Ray Runo

**Director, Office of Emergency Operations
Florida Department of Health
State ESF8 Emergency Coordinating Officer
October 6, 2008**



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)



Comprehensive Emergency Management Plan

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CEMP

REPORTS

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Getting Started

- Administration
- Introduction
- Situation
- Concept Of Operations
- Addenda

Current Plan Details

CEMP Plan Version:

Plan Initiated:

Last Accessed:

CEMP Plan Description:

Comprehensive Emergency Management Plan

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CEMP REPORTS manage tutorials

Expand All Collapse All Read About

- Getting Started
- Administration
 - Executive Summary
 - Plan Review & Maintena
 - Plan Review
 - Plan Update
 - Development & Subm
 - Authorities and Referenc
- Introduction
 - Profile
 - Facility
 - Owner
 - Admin
 - Residents
 - Purpose
 - Scope
- Situation
 - Risk Assessment
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 - Vulnerability
 - Planning Assumption
- Concept Of Operations
 - Alert,Notification,Activatio
 - Persons-in-Charge
 - Threat Confirmation
 - Alerting Staff

Vulnerability

Facility administration conducts a vulnerability assessment by evaluating the clinical conditions represented in the facility and how the conditions aggravate vulnerabilities in an emergency. Begin your facility's vulnerability assessment by selecting from the list below clinical conditions which are treated in your facility. Open the Read About above, scroll through the corresponding helper text, and copy into the text box below. Once added to the text box below, the helper text is modifiable, allowing for further customization of your vulnerability assessment. Save the assessment and it will be generated in your facility's final report where it may be further modified as it is shared with staff.

Check	Vulnerability
<input checked="" type="checkbox"/>	Dialysis Management
<input checked="" type="checkbox"/>	Respiratory Management
<input type="checkbox"/>	Pain Management

CEMP Help Center

Residents with conditions requiring these clinical management programs are frequently cared for in nursing homes. Examples follow:

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 (Kaoexylate, 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
- Often Disconnected 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
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Presenter:

Joseph Donchess

Executive Director

Louisiana Nursing Home Association

AHCA
Convention
October 2008





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Goals of Receiving Facilities

During The Onset (or Aftermath) of an
Emergency Event

Goals of Receiving Facilities



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- 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



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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



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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



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3. Physical Plant Preparations

- Bedding, supplies, equipment

4. Staff Housing

- Children usually accompany evacuating staff members

5. Verify licenses of incoming staff.

Ongoing Concerns



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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



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5. Publicity

6. Adequate Staffing

- a. Agency staffing
- b. Overtime
- c. Burnout
- d. Crisis counselors for staff and residents
- e. Morale

Advance Planning



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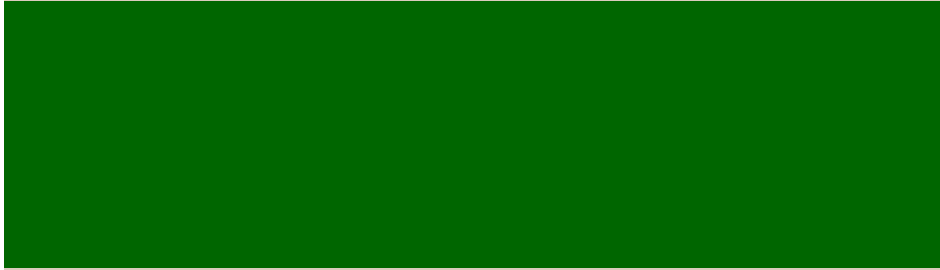
1. Review and update, if necessary, facility emergency preparedness plan at least once a year before hurricane season.
2. Meet with staff and make assignments of responsibilities.
3. Review emergency preparedness plan with vendors, pharmacist, medical director and physicians.
4. Make a list of supplies needed.
5. Categorizing residents as Category I (medically complex) or Category II.

Advance Planning



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6. Verify agreement with sheltering site(s).
7. Verify agreement with transportation service(s).
8. Plan for needs of evacuating staff and accompanying families.
9. Attend meetings with local Office of Emergency Preparedness. Develop a personal, professional relationship with the local director, Police Chief and Fire Chief.
10. Business Interruption Insurance.



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Goals Of Evacuating Facilities

Evacuation



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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.

Evacuation



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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.

Evacuation



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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



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- 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



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Sheltering In Place

Sheltering In Place



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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)



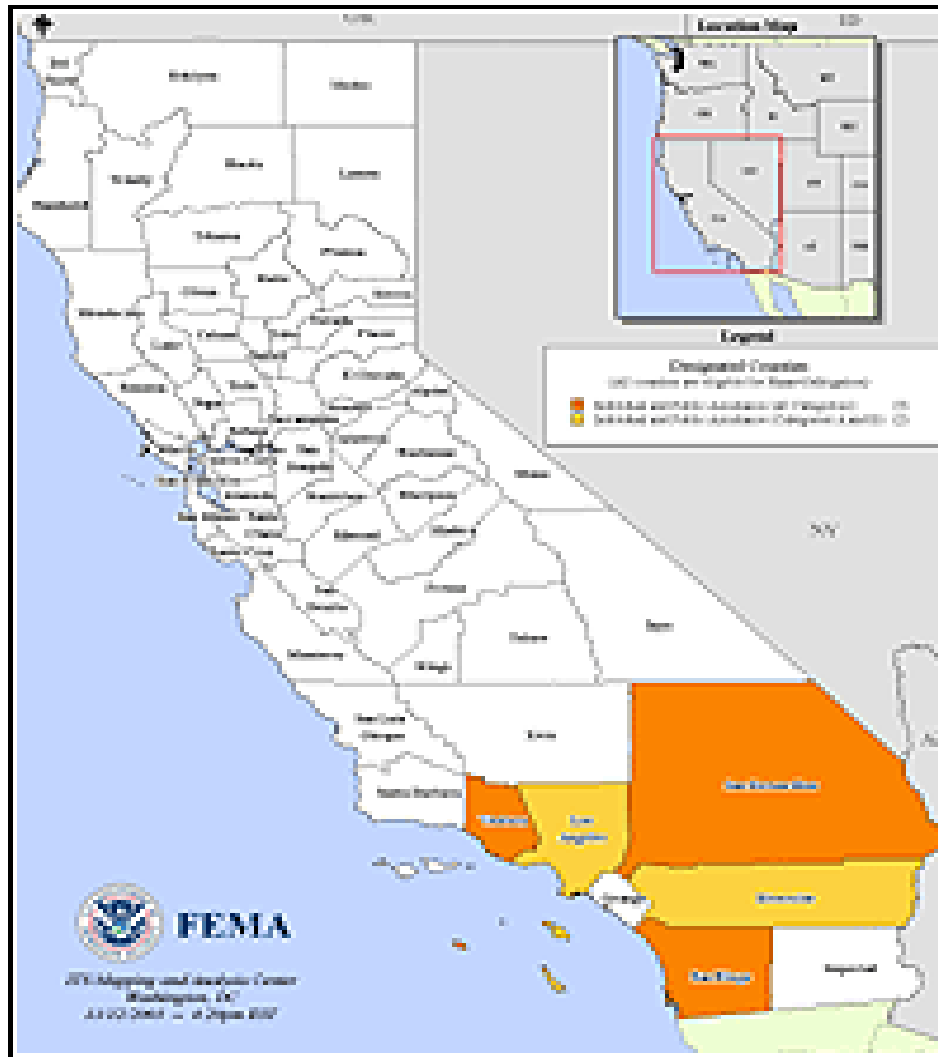
- **Approximately 515, 000 people evacuated**
- **Over 2,200 medical patients evacuated**
- **14 Skilled Nursing Facilities**
- **5 Intermediate Care Facilities (MR)**
- **1 Acute Psychiatric Facility**
- **3 General Acute Care Hospitals**

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

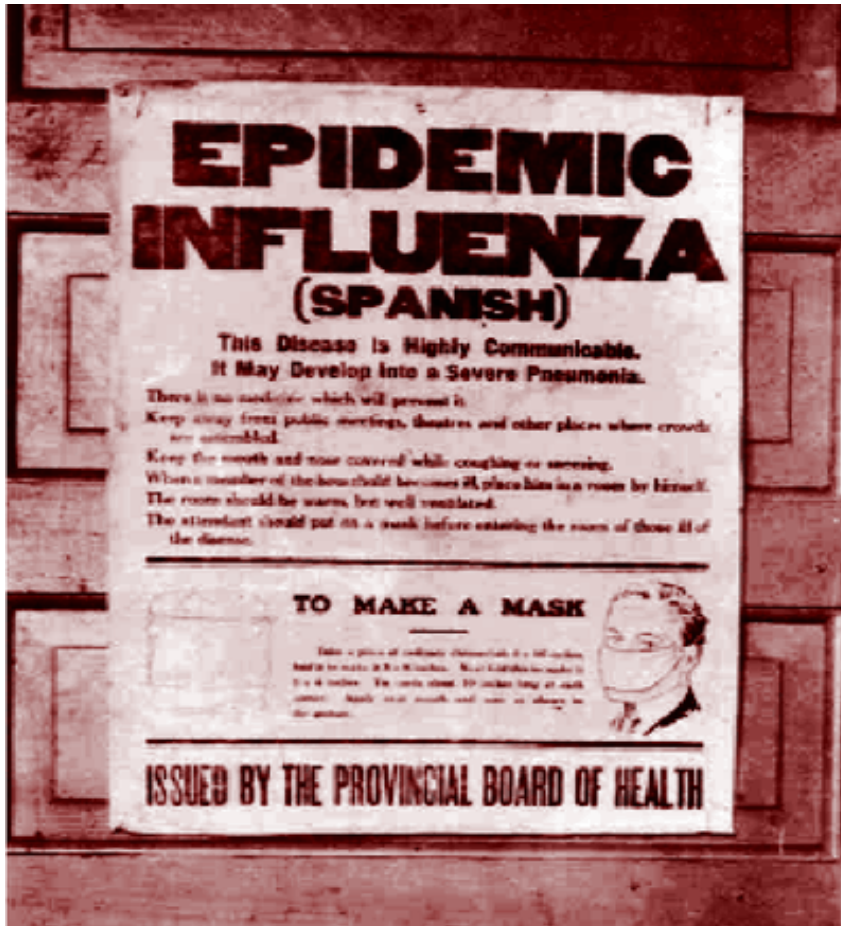
NEED:

- **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**

Business Continuity

**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.



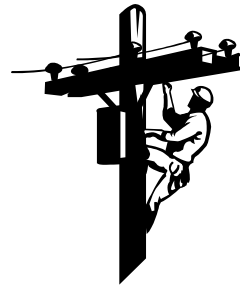
Identify Essential Resources and Services

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

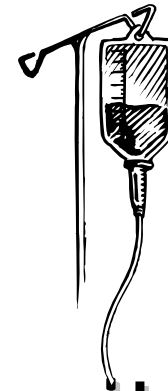
Finances



Infrastructure



Supplies



Security



Staff

Staffing



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.

**WORKSHEET VI: SAMPLE RESPIRATORY ETIQUETTE
POSTER**

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).

WORKSHEET X: SAMPLE POSTER ON HOW TO CORRECTLY DON AN N-95 RESPIRATOR

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.



WORKSHEET XI: SAMPLE POSTER ON HOW TO CORRECTLY DON PERSONAL PROTECTIVE EQUIPMENT

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 when ever 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 - 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 – Updates on H5N1 and other
- www.pandemicflu.gov – LTC Checklist for PI and more

QUESTIONS



THANK YOU!

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