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Hurricane Katrina & Rita – Lessons Learned

- Highlighted the consequences of not integrating long term care (LTC) facilities into community emergency response plans.
- Even LTC facilities with solid plans were challenged by the loss of community infrastructure.
- Many struggled with the fact they would not receive outside support for the first 72 hours or longer.

Source: County of Dane, Emergency Management

Hurricane Katrina & Rita – Lessons Learned

- The elderly population only accounted for 15% of the New Orleans population, but 70% of the deaths from Hurricane Katrina.

Source: County of Dane, Emergency Management
Hurricanes Katrina, Rita, Wilma

- 7 weeks after Katrina, 45% suffered from PTSD
- Rita relocated many Katrina evacuees from Houston
- Only 44 of 130 Nursing Homes in Greater Houston area had evacuation plans
- Of the 44, five used school buses w/o Air Conditioning (many planned to use the same bus companies).
- Some pre-established shelters were closed
- 41 died during Rita evacuation, 23 on one bus

OIG Report 2012

- Most nursing homes nationwide met Federal requirements for written emergency plans and preparedness training. However, many of the same gaps in nursing home preparedness and response were found in the 2006 report.
- Emergency plans lacked relevant information – including only about half of the tasks on the CMS checklist.
- Nursing homes faced challenges with unreliable transportation contracts, lack of collaboration with local emergency management, and residents who develop health problems.


Findings: Nursing Homes

- Pre–disaster planning occurs with little input from outside agencies, such as emergency management officials, fire departments, public health, etc.
- Communication with other area nursing homes about disaster preparedness is hampered by competition and lack of opportunity to collaborate. Communication improved post–disaster (wildfire, hurricanes).
- Staff members are expected to report for duty during emergencies/disasters but their own family/personal responsibilities or overall lack of availability during these events may prevent it.
State of Michigan
Emergency Preparedness

Office of Public Health Preparedness
Developed in 2002 to coordinate development and implementation of public and medical health management services for preparedness and response to acts of bioterrorism, infectious disease outbreak and other public health or medical emergencies.

Michigan’s 8 Regional Healthcare Coalitions
- Regional Coordinators (8)
- Regional Assistant Coordinators (8)
- Regional Medical Directors (8)
- District Emergency Manager (8)
- Local Health Department Emergency Preparedness Coordinators (EPCs) (45)
- Local Emergency Manager (110)
Regional Healthcare Coalitions

- Monthly Meeting with emergency preparedness partners within a geographical region
- Projects specific to LTC facilities: Go Kits for staff and residents, evacuation equipment, resident identification and resident tracking, exercises, trainings, etc.

Evacuation Equipment

Do 1 Thing
Family & Staff Preparedness

- Visit the Website: http://do1thing.com
- The mission of Do 1 Thing is to move individuals, families, businesses and communities to prepare for all hazards and become disaster resilient.
Contact Information & Websites

Long Term Care Disaster Planning Resources
www.michigan.gov/ltcprepare

Local Emergency Managers

Local Public Health, Emergency Preparedness Coordinators (EPCs)
http://www.malphp.org

Michigan LTC Prepare Website

- Regulations and Waivers
- Regional and Local Contact Information
- Upcoming Trainings
- Developing Emergency Plans for Your Facility
- Evacuation Planning Tools & Checklists
- Hazard Vulnerability Assessment Templates
- Communications and Response Systems
- Memoranda of Understanding (MOU) or Mutual Aid Agreements (MOA)
- Incident Command System (ICS) Training Modules
- Exercise Templates
- LTC Staff Resources

Michigan Health Alert Network (MI–HAN)

https://michiganhan.org

Registering for an account involves:
- Entering your user name, password and secret question
- Agreeing to the Terms of Service and Privacy Policy
- Entering in your work information, organization, and title
- Adding direct points of contact you would like to be alerted
- Selecting your role and organization
All Michigan hospitals report at least monthly. LTC Facilities vary around the state, some regions test weekly others test monthly.

Contact your Local Emergency Manager

Find out what specific vulnerabilities exist based on the geographical location of your facility.

Tools & Resources
www.michigan.gov/ltcprepare
Questions?

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The Survey Protocol for Emergency Preparedness in Long Term Care

Becoming Engaged & Being Prepared for ALL Emergencies

Diane Whiton RN, MSN, Nurse Consultant Licensing & Regulatory Affairs Bureau of Health Care Services Healthcare Information & Training Unit

Centers for Medicare & Medicaid Services Survey & Certification Emergency Preparedness Initiative

Historical Perspective

2006
- CMS convened internal workgroups and stakeholder forums;
- State Agencies were surveyed to obtain baseline Emergency Preparedness data;
- Defined roles/responsibilities of Central Office, Regional offices and State Agencies during an emergency;
- Established an Emergency Preparedness website for Providers:
Centers for Medicare & Medicaid Services
Survey & Certification
Emergency Preparedness Initiative

Historical Perspective

2008
- Emergency Preparedness Guidance Manual was drafted;
- An Emergency Preparedness Checklist for Healthcare Facility Planning was developed in 2007 (revised in 2009);

Michigan Disaster Preparedness Guidelines

Historical Perspective

2012
- The MI Disaster Preparedness Guidelines were sent to all Long Term Care Providers in Michigan directing facilities to:
  - Establish an active disaster response committee;
  - Ensure that a written disaster plan is in place with measure to respond to all emergencies;
  - The Disaster Plan should include the following elements:

Current Federal Regulations

F 517 - 483.75 (m)(1)
- The facility must have detailed written plans and procedures to meet all potential emergencies and disasters, such as fire, severe weather, and missing residents.

F518 - 483.75 (m)(2)
- The facilities must train all employees in emergency procedures when they begin to work in the facility, periodically review the procedures with existing staff, and carry out unannounced staff drills using those procedures.
Current State Regulations
R 325.2011 - Disaster Plans
Rule 117
• (1) A home shall have a written plan or procedure to be followed in case of fire, explosion, or other emergency.
• (2) A disaster plan shall be posted and shall specify all of the following:
  o (a) Persons to be notified;
  o (b) Locations of alarm signals & fire extinguishers;
  o (c) Evacuation routes;
  o (d) Procedures for evacuating patients;
  o (e) Frequency of fire drills;
  o (f) Assignment of specific tasks & responsibilities to the personnel of each shift.

Current State Regulations
R 325.2011 - Disaster Plans (cont.)
Rule 117
• (3) Personnel shall be trained to perform assigned tasks before such assignment;
• (4) A disaster plan shall meet with the approval of the state fire marshal;
• (5) A disaster plan shall be posted throughout the home in places accessible to employees, patients, & visitors;
• (6) A regular simulated drill shall be held for each shift not less than 3 x/yr.

Bureau of Health Care Services & Office of Public Health Preparedness
May through August 2013
❖ Statewide Emergency Preparedness Trainings
* Wayne County * Saginaw
* Lansing * Muskegon
* Clinton Twp. * Gaylord
* Kalamazoo * Marquette
❖ >50% of LTC facilities throughout Michigan attended the trainings.
Purpose & Intended Outcome of Trainings

- Assist LTC facilities to achieve a better level of emergency preparedness;
- Provide information, resources, tools & strategies for achieving this goal;
- Opportunity to network with local & regional Emergency Preparedness Partners;

Emergency Preparedness in Action

- http://www.youtube.com/watch?v=Q8Dvb4fo7Bw

Michigan LTC Facility Emergency Preparedness Checklist

- Checklist will be used on all standard surveys & abbreviated (complaint) surveys with 1 or more allegation regarding inadequate emergency preparedness actions.

- 4 categories of Emergency Preparedness tasks:
  * Emergency Preparedness Plan
  * Evacuation Plan
  * Facility Hazard Assessment
  * Staff Training

- Status: “Not Started”, “In Progress” or “Completed”.
**Michigan LTC Facility Emergency Preparedness Checklist**

**Emergency Preparedness Plan**

a. Identify a person responsible for maintaining the emergency preparedness plan;

b. Up-to-date staff contact information;

c. Contact information for Local Emergency Managers, Local Health Department, Emergency Preparedness Coordinator & Regional Coordinator;

d. Evidence of collaboration with local/regional partners;

e. Organizational chart with chain of command;

f. Building Construction & Life Safety systems information;

g. Mechanism to receive alerts – MI-HAN;

h. Participation in EMResource;

i. Number & type of staff to assist with facility evacuation;

j. Provisions for families of staff that will need to remain at facility during emergency.

**Facility Hazard Assessment**

a. Analysis of geographical & industry hazards in 50 mile radius;

b. Collaboration on Hazard Vulnerability Assessment with local emergency managers;

c. Specific actions for each hazard (evacuate/shelter-in-place);

d. Decision criteria;
**Michigan LTC Facility Emergency Preparedness Checklist**

**Evacuation Plan**
- a. Person responsible for executing the evacuation plan;
- b. Alternative communication systems;
- c. Evacuation locations;
- d. Transportation arrangements;
- e. Evacuation routes & alternative routes;
- f. Evacuation devices;
- g. Supplies & equipment;
- h. Food supply & transport of food;
- i. Water & mode of transport;
- j. Medications;
- k. Medical records;
- l. Resident identification;
- m. Provision of care during evacuation;
- n. Communication with residents/families.

**Staff Training**
- 1. Safe use of evacuation devices;
- 2. Staff training on part or all of the evacuation plan;
Investigative Protocol for Emergency Preparedness

Observations, Interviews & Record Review
To Determine:
- The status of tasks on the Emergency Preparedness Checklist;
- The outcome of staff training & the knowledge of staff regarding their roles & associated procedures during an evacuation;

Task 6
Determining Compliance

The facility is compliant with F517 if they:
- Conduct a Hazard Vulnerability Assessment in collaboration with Emergency Preparedness Partners, AND;
- Create a detailed Emergency Preparedness Plan that addresses the needs of all residents, AND;
- Develop contracts/agreements to implement their Emergency Preparedness plan.

Task 6
Determining Compliance

The facility is compliant with F518 if they:
- Train all employees in Emergency Preparedness procedures;
- Periodically review the procedures with staff;
- Conduct unannounced Emergency Preparedness drills using procedures in the Emergency Preparedness plan;
- Identify and address opportunities for improvement after each Emergency Preparedness drill.
Protecting Michigan’s Most Vulnerable Citizens