Bureau of Health Care Services
Long Term Care Division
Investigative Protocol
LTC Facility Emergency Preparedness

Objectives:

- To determine if the facility conducted a hazard vulnerability assessment (HVA) specific to the facility's geographic area, industries in close proximity to the facility, and local infrastructure necessary for evacuation of residents.

- To identify evidence of collaboration and planning with local and/or regional emergency preparedness partners (local emergency managers, regional health care coalition coordinators, and local public health department emergency preparedness coordinators).

- To determine if the facility has a detailed, realistic emergency preparedness plan that includes an evacuation plan in response to a community-wide environmental or man-made disaster and family reunification/notification.

- To determine if nursing and non-nursing staff can implement their roles and assignments in the facility's evacuation plan.

Use this investigative protocol in the following situations:

- At each standard survey

- In abbreviated complaint surveys in which there are 1 or more allegations regarding the lack of or inadequate emergency preparedness actions.

Procedures:

- Observations and interviews conducted as part of this investigative protocol should be recorded on the CMS-807 form.

- Documentation of the review of the emergency plan should be recorded on the "Bureau of Health Care Services, Long Term Care Division: LTC Facility Emergency Preparedness Checklist for Surveyors."

- Review the facility's emergency preparedness plan for the following:

    - Evidence that the emergency plan is up-to-date and detailed, including the names and contact information of staff members and the facility's organizational chart.
    - Evidence that the emergency plan contains construction and Life Safety systems information pertinent to evacuation of residents.
    - Evidence that the facility collaborated with the local emergency management to conduct a hazard vulnerability assessment (HVA).

- Evidence of collaboration and planning with local and regional emergency planning partners on specific actions for the evacuation plan.
- Evidence of the role (person) responsible for making the decision and the decision-making criteria for executing the emergency plan.
- Evidence that the emergency preparedness plan contains specific actions in its evacuation plan that include:
    - The role (person) responsible for implementing the evacuation plan once the decision has been made to evacuate residents
    - An alternate communication system(s)
    - Multiple pre-determined evacuation locations
    - Transportation arrangements appropriate to the needs of the residents being evacuated
    - Evacuation routes and alternate routes
    - Evacuation devices
    - Supplies and equipment
    - Food supply and transportation of food
    - Water and mode of transport
    - Residents' medications
    - Residents' medical records
    - Resident identification during evacuation and at the evacuation location(s)
    - Provision of care during evacuation and at the evacuation location(s)
    - Staffing during the evacuation and at the evacuation location(s)
    - Provision for families of staff such that staff will report for duty and will remain on duty
    - Communication with residents' families and/or responsible parties

- Determine the outcome of staff training such that staff are aware of and able to carry out their roles and assignments during implementation of the evacuation plan:

    - Interview facility administrative personnel to verify contracts or letters of agreement between the facility and vendors in the event of an evacuation of residents. Include questions about transportation arrangements for residents and modes of transport for additional food, water, supplies and equipment, and medications.
    - Interview administrative and maintenance staff to determine if pre-determined, multiple evacuation locations include at least 1 location more than 50 miles and 1 location less than 50 miles away from the facility with suitable space, utilities, security, and sanitary facilities. Ask about evacuation routes and alternate routes.
    - Interview at least 2 non-supervisory/non-management staff (such as a certified nurse aide, housekeeper, activity aide, etc.) separately regarding their roles in an evacuation and any emergency preparedness training they have received.
    - Interview a charge nurse about how the evacuation plan is implemented and emergency preparedness training pertinent to their role.
    - Interview the role (persons) responsible for communication with residents' families regarding how and what will be communicated about their resident's evacuation.
    - Observe direct care staff separately on all shifts demonstrate how to use evacuation devices.

- If the facility is using staff and/or resident go-kits, observe at least 1 staff and 1 resident go-kit to determine if they contain the items specified in the evacuation plan. Check the expiration dates on the items in the go-kits, if applicable.
- If staff members are unable to provide responses consistent with the evacuation plan, ask the in-service director to provide evidence of emergency preparedness training for new employees at the time they begin to work in the facility and for existing employees on all shifts for 1 year preceding the current survey.
- If staff members are unable to provide responses consistent with the emergency plan and/or evacuation plan, ask administrative staff to provide evidence of emergency preparedness drills during the year preceding the current survey. Drills may include facility-focused table top exercises with staff, scenarios for specific residents (without actual evacuation), demonstration by staff on all 3 shifts of evacuation equipment, or staff participation in community-wide drills specific to the facility's role. *(This is not an all-inclusive list of types of drills.*

  NOTE: Emergency preparedness drills are directed at the responsiveness of staff, and care should be taken not to disturb, frighten, or excite residents. Residents should not be evacuated during a drill.

Task 6: Determination of Compliance:

- Compliance with §483.75(m)(1) Disaster and Emergency Preparedness, F517, Detailed Plans and Procedures

  - The facility is compliant with this requirement if they
    - Conducted a Hazard Vulnerability Assessment (HVA) in collaboration with emergency preparedness partners. AND
    - Created an emergency preparedness plan that includes a detailed evacuation plan based on the HVA and the needs of its residents. AND
    - Maintained contracts/letters of agreement and specific actions that are consistent with the emergency/evacuation plans.

    If not, cite at F517.

- Compliance with §483.75(m)(2) Disaster and Emergency Preparedness, F518, Training Employees and Emergency Preparedness Drills

  - The facility is compliant with this requirement if they
    - Trained all employees in emergency preparedness procedures when they began work in the facility. AND
    - Periodically reviewed the procedures with existing staff. AND
    - Carried out unannounced emergency preparedness drills using procedures specified in the facility's emergency preparedness plan.
    - Identified and addressed opportunities for improvement after emergency preparedness drills.

    If not, cite at F518.