

EMERGENCY PREPAREDNESS

THE FLOOD OF 2013

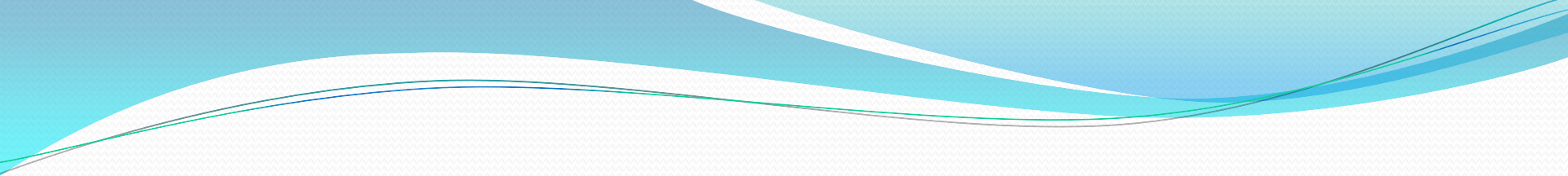
SISTER MARGARET MARY TURNER, RSM, LNHA, MSA

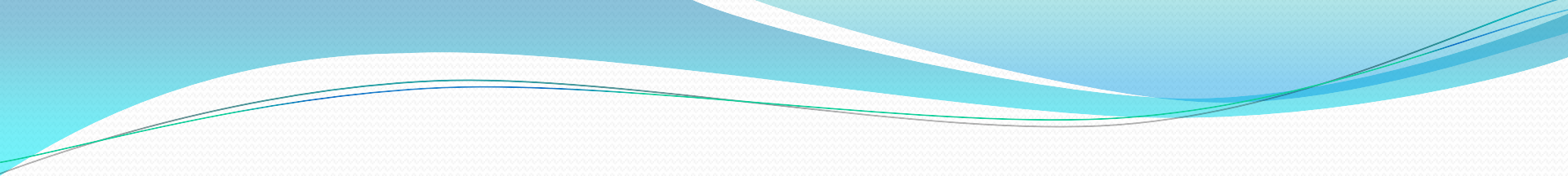
OBJECTIVES:

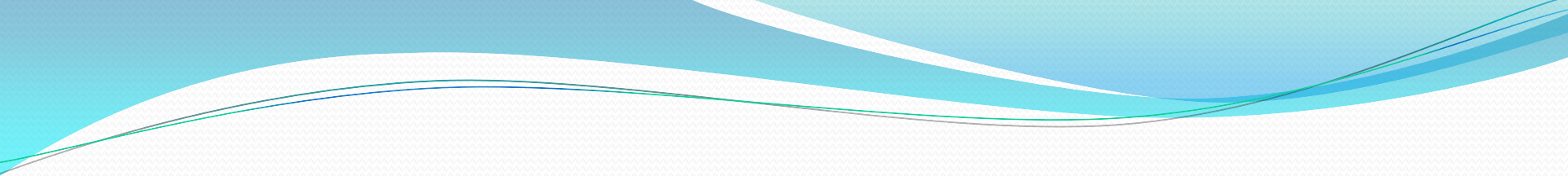
- *Decision process and its components*
- *Goal: safeguard and reduce potential trauma to residents and staff*
- *Financial issues of emergency evacuation options*

Objective 1

- *Decision process: official weather through an emergency official*
 - *Dire weather prediction*
 - *Evacuate today or 2 am at night*
 - *Options: discharge vs. providing care in an alternate location*

- 
- *1- How will I know when and if we really need to evacuate?*
 - *2- How does the fire department plan to evacuate us?*

- 
- *Would 10' higher flood waters spread across town to the gym and cause a second evacuation?*
 - *What if the storm goes south?*

- 
- *By making the decision to evacuate early, we had:*
 - *our pick of transportation*
 - *our pick of health facilities for our residents to stay*
 - *all the volunteers we needed.*
 - *daylight*
 - *time to be creative and gentle with the move*
 - *no skin tears, or bruises.*

- By making the decision to evacuate early,
 - *Fire Marshall told us later he might not have been able to send sufficient emergency responders because his people would be involved in caring for the entire area.*
 - *MMR's emergency coordinators would have been involved throughout the area.*
 - *By evacuating early we avoided many sources of trauma and injury.*

OBJECTIVE 2

- **Reduce trauma to residents, staff and families during the evacuation:**

Resident Centered Components

- Held a quick Resident Council meeting before leaving our building and informed the residents of what was happening and where they were going.
- While residents waited to be transported, they were triaged and got a treat and a beverage.
- The DON and Administrator with nursing called the POA's or family of every resident to reassure them and to give them the evacuation location of their family member

Resident Centered Components

- Residents were assessed for who would be appropriate to go home with family if family wanted to take them. Only 7 families took residents home.
- We asked for resident input and their ideas throughout the evacuation

Resident Centered Components

- We called the evacuation “camping out” and made it as fun as possible
- We gave the residents the option to pick out a new menu each day; movies and activities were all chosen
- Asked anxious residents to take care of other anxious residents. This worked very well.
- As residents arrived at the new building our staff greeted them and brought them to their room with their furniture and possessions in place

Resident Centered Components

- We pulled out the stops for residents and staff. (Culvers Ice cream cups daily for all; brought in entertainment for sing-alongs)
- Increased resident and staff hydration and made it into a social moment

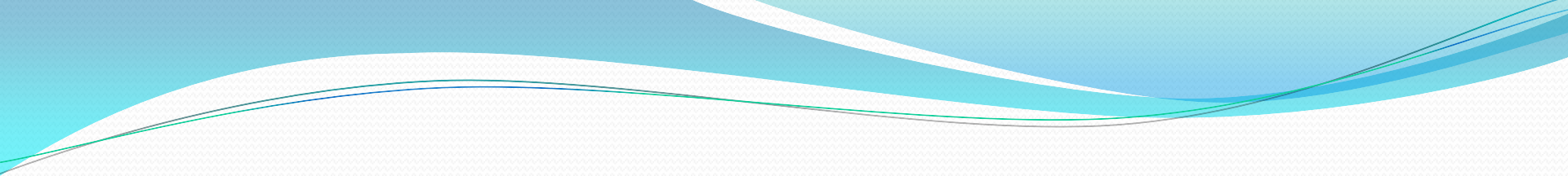
Use of Consistent Staffing meant:

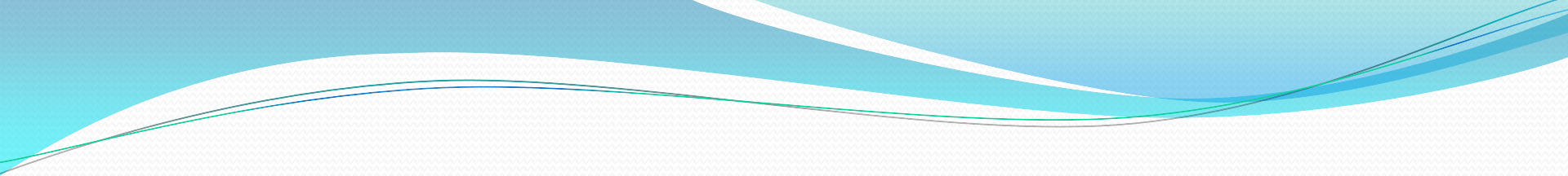
- Staff knew the residents needs and preferences
- Therefore, residents were not frustrated because of lacking personal daily routine.
- Staff knew and greeted the residents' family members which was assuring to residents and family
- Staff were treated with gratitude by family members and bonds increased

#1 Task was to normalize on arrival

- Schedules & routines of residents and staff.
- Our chaplain provided daily Mass, prayers and spiritual care to any who desired it
- Social service meetings with residents and family members
- Physical therapy continued the entire time with all its equipment and programming.
- Normal meal and snack schedules

- 
- Contacted hospitals and doctors to follow up on missing labs, orders, procedure results

- 
- Not everyone of our health associates got the message that we had evacuated even though all were called. We had to work to keep the health information component going because of shift changes at the hospitals and lack of that same information being communicated to the incoming staff.
 - Added early bed time and later rising as wanted
 - Added extended naps during the day – in their private rooms

- 
- Added Nursing and social service keeping family members informed
 - Added invitation to visitors to bring in home cooked items and treats

- 
- STAFFING WAS NOT ITS OWN EMERGENCY DURING THE FLOOD:
 - Normalizing was possible because THE RIGHT staff was available and prepared.

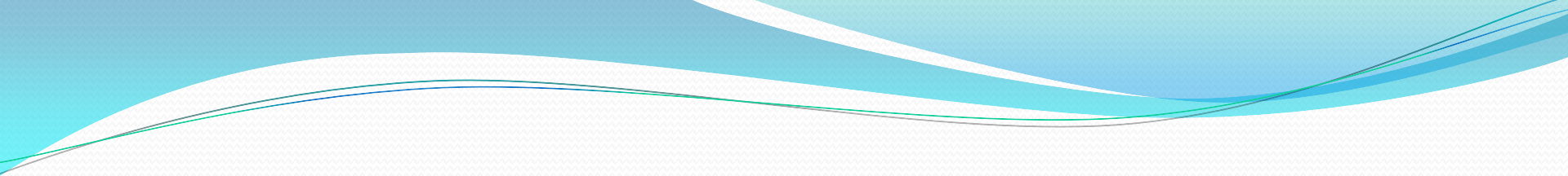
THE RIGHT staff was available and prepared.

- If planning to care for your residents, is your staff available? *Annual Survey.*
- Can they get to work thru the flood? 1986
Emergency routes pre-planned
- Staff within *2 miles accommodations* + *RV's* + *Hotel/motel arrangements* for families

Objective 3: Financial implications of our emergency options

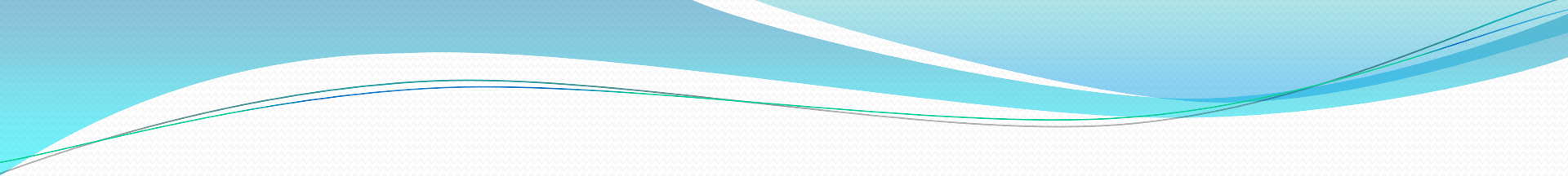
- **Consider the Financial Impact of
Sending out 100% of Residents to
LTC Partners**

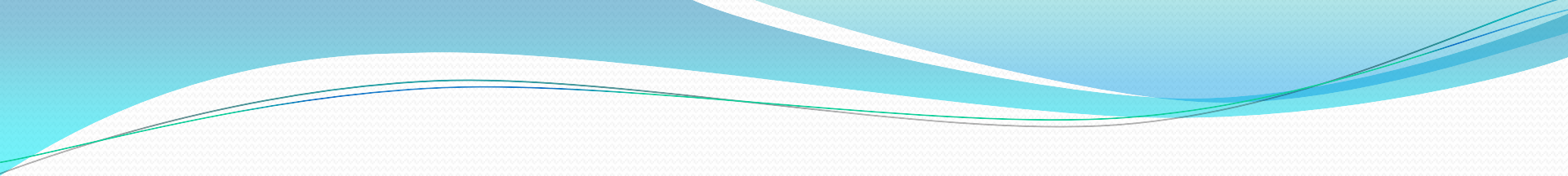
<u>SFH COSTS OF EVACUATION</u>	<u>YES</u>	<u>COST ISSUES</u>	<u>Flood Insurance</u>	<u>FEMA</u>
<u>RESIDENT COSTS: NO RESIDENT REVENUES</u>	<u>x</u>	<u>Biggest cost</u>		
Transportation: of residents	<u>BUS</u>	<u>AVAILA BLE?</u>		<u>X</u>
“ residents needing ambulance	<u>X</u>	<u>AVAILA BLE?</u>		<u>X</u>
Transportation: of equipment/suppl.	<u>X</u>	<u>SPEED/ ABLE?</u>		<u>X</u>
Transportation of furniture	<u>X</u>	<u>SPEED/ ABLE?</u>		<u>X</u>
Mileage reimbursements/staff	<u>X</u>			<u>X</u>
Medications x 4 days	<u>X</u>	<u>SPEED/ OTHER?</u>		
Special supplies sent x 4 days	<u>X</u>	<u>SPEED/ OTHER?</u>		
Loss of residents to partners				
Costs to obtain new residents				

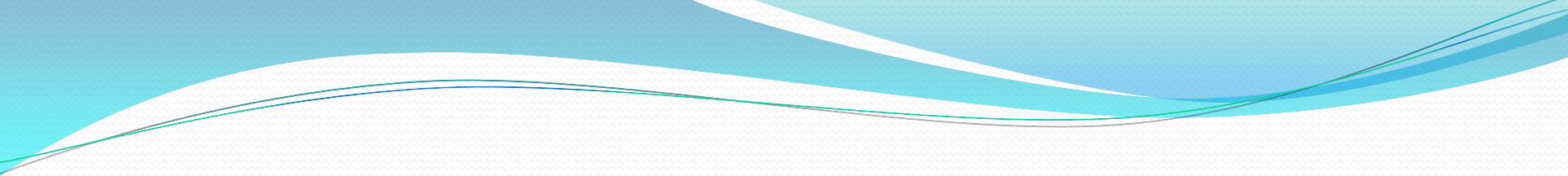
- 
- Financial Impact of Taking the Majority of Residents with you and providing full care (Assess for illnesses and conditions that require too much nursing care – discharge and transfer to a health facility)

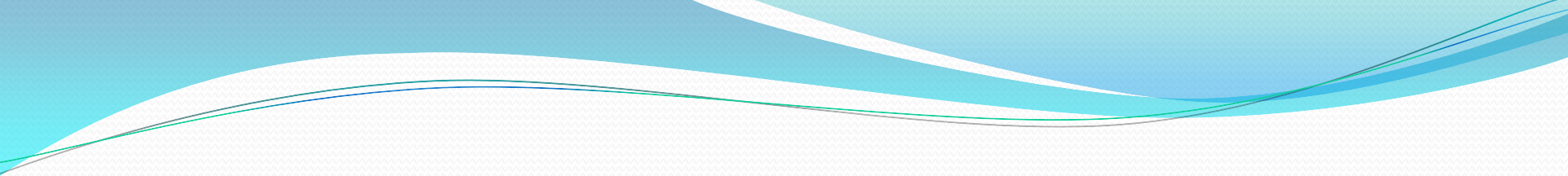
Financial Planning Points

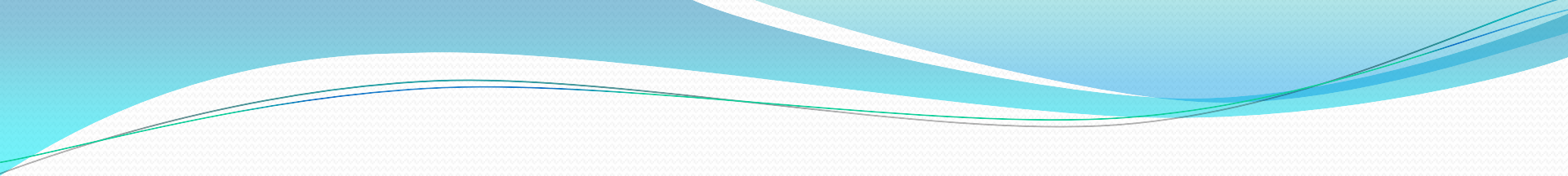
- FEMA funding is only available if the event is declared a disaster by federal government. This is usually at the request of the Governor of one's State and the declaration happens 3-4 weeks after the event.
- FEMA funding does not cover anything otherwise covered by your insurance policies, or otherwise paid for by State or Federal funding, e.g. Medicaid or Medicare.

- 
- Read your flood insurance policy. Though expensive, it may not cover any damages from a flood, depending on what your damages are.

- 
- Calculate daily costs of being out of your building (NO RESIDENT CARE/NO REVENUE) FOR 3-5 DAYS. Do you have that much in savings to carry you through something like this?

- 
- Does your emergency plan include how much cash you should have on hand to carry you for 3-5 days if providing care to residents in another location?

- 
- If no electricity, no use of bank, ATMs or credit cards.
 - Have you included cash to make emergency loans to your staff, thus allowing them to take care of family, housing emergency, or transportation, etc. so that they are free to come to work?

- 
- Have you arranged for credit from restaurants or fast food for delivery to your site so you don't have to use cash on hand?
 - Did you include in your MOU's with suppliers that they agree to charge the same rate as the day before the emergency?

St. Francis Home
Annual Emergency Staffing Survey
(Rev. January 9, 2014)

Policy: In order for St. Francis Home to maintain sufficient staff during an emergency/evacuation, the preparedness of our staffs' families is a crucial planning step we all need to complete ahead of time. It is important for everyone to have a plan for family and/or pets, so that, with peace of mind, we can do our job in the event of an emergency or during an evacuation, e.g. 1986 and 2013 floods.

So that managers and staff are available to work during an extended emergency, St. Francis Home annually has its managers and staff complete the following emergency survey:

Please answer these questions, sign the survey and return this form to HR by January 16, 2014:

- 1- **All employees of St. Francis Home are responsible for our frail elders. We are each required to report to work during an emergency and if needed, to remain at work until the emergency resolves or until we can be replaced by someone else.**
- 2- Please take the time now to ask yourself, who is dependent on me? (children, pets, etc.). Do you have a plan in place for them in case you have to work unusual hours at a time of emergency that may also affect your family or pets?
- 3- Make a TO DO list for yourself as you consider:
- 4- Within your family, friends or local businesses (childcare, etc), who is able to take care of your dependents? Do you carry their phone number? Do they have keys to your home? Do they know which doctor, dentist, veterinarian, pharmacy, etc. to call in case of emergency for each dependent? Do they know how to contact you? IF NOT, PREPARE & get/share that information.
- 5- Do your dependents have special needs that have to be planned for, e.g. medications, food supplements, extra bag of dog food, etc.? If so, what are the needs and how much money do you estimate it will take to purchase these items ahead of time?
- 6- St. Francis Home allows its' staff to request a no interest loan during times of emergency. Do you need a loan at this time so you can purchase and/or store up items to care for your family or pets?
___Yes ___No If yes, for how much? _____

Payroll info during an emergency: *Hours worked over 40/week during an emergency will receive shift differentials and time and a half reimbursement. Staff who legitimately cannot come to work because of illness will be able to use PLT. Staff is to follow our normal policies for calling in, for requesting PLT and for obtaining a physician's return to work slip.*

Why in some emergencies you cannot be with family: *Staff caring for residents during a flu outbreak cannot come into contact with persons outside of St. Francis Home. We have to avoid contact with the flu. For this reason, St. Francis Home is prepared to feed you, to provide areas where you can rest, bathe, recreate and wash your clothing. In an emergency, and if approved by the administrator, we may be able to help with your family needs during the emergency. Let us know as quickly as possible what those needs are.*

Housing: *It is our hope that staff, or your family, or friends who own RV's, campers, tents, etc. would bring that equipment to St. Francis Home during an extended emergency. Based on the size of the vehicle, a designated area to park at St. Francis Home or Holy Spirit Church or evacuation location will be provided.*

7- Do you own or know someone who would allow you to use their RV or camper during an emergency?

Number it will sleep?: _____ Length & width of vehicle: _____

8- Would you allow other staff to share use of your vehicle/equipment? _____

9- How far away from St. Francis Home do you live? _____

10- If you live alone, would you allow our staff to share your home during an emergency? _____

11- If you answered yes, how many 'beds', are available? _____ (bed/sofa/cot, futon, etc.)

To prepare yourself for an extended emergency work period, we recommend:

- Make a packet of your medications and have enough on hand for 1 week if you are called in to work.
- Pack a suitcase with seasonal work clothing, a second pair of comfortable shoes, personal hygiene supplies and toiletries. Keep these in the trunk of your vehicle or in your locker.
- Bring an alarm clock, reading or games, a phone card or cell phone charger so you can remain in touch with your family when not working, etc.
- Prepare a list of important phone numbers to keep with you allowing you to handle personal business, finance and social contacts during the emergency time.
- Bring your checkbook, envelopes and postage stamps. Make arrangements to have important bills sent to you wherever you are working for St. Francis Home.
- Inform your family members of what you are doing and where you are staying.
- If you have some complex issues you want to discuss with your supervisor or with the administrator, we welcome your communication with us.

Thank you for completing this survey.

Please sign: _____, I have received, completed & returned this survey.

Print name: _____ - Date completed: _____

For Office Use Only:

Loan needed: _____	Amount: \$ _____	Authorized by: _____	Date: _____
RV available: _____	Use for self: _____	Use by others: _____	Parking space _____
Home available: _____	Use for self: _____	Use by others: _____	# of beds _____

PLEASE RETURN BY January 16, 2014 TO HUMAN RESOURCES

Financial implications of our emergency options

Consider the Financial Impact of Sending out 100% of Residents to LTC Partners

<u>SFH COSTS OF EVACUATION</u>	<u>YES</u>	<u>COST ISSUES</u>	<u>Flood Insurance</u>	<u>FEMA</u>
<u>RESIDENT COSTS: NO RESIDENT REVENUES</u>	<u>x</u>	<u>Biggest cost</u>		
Transportation: of residents	<u>BUS</u>	<u>AVAILABLE?</u>		<u>X</u>
“ residents needing ambulance	<u>X</u>	<u>AVAILABLE?</u>		<u>X</u>
Transportation: of equipment/suppl.	<u>X</u>	<u>SPEED/ABLE?</u>		<u>X</u>
Transportation of furniture	<u>X</u>	<u>SPEED/ABLE?</u>		<u>X</u>
Mileage reimbursements/staff	<u>X</u>			<u>X</u>
Medications x 4 days	<u>X</u>	<u>SPEED/OTHER?</u>		
Special supplies sent x 4 days	<u>X</u>	<u>SPEED/OTHER?</u>		
<i>Loss of residents to partners</i>				
<i>Costs to obtain new residents</i>				
<u>STAFF COSTS</u>				
Salaried Cost x 4 days	<u>X</u>			
Salaried benefits x 4 days	<u>X</u>			
Overtime costs x 4 days	<u>X</u>			<u>X</u>
Employees Payroll x 40%? OR >	<u>X</u>	<u>Use PLT?</u>		
Employee benefits x 4 days	<u>X</u>			
<i>Loss of employees</i>				
Advertising costs				
Pre-employment costs				
Orientation costs				
.....Reduced census till enough staff?				
Business contracts – (Ads/copy machines; rentals, etc.)	<u>X</u>			
Staff food	<u>X</u>			
Staff housing	<u>X</u>			<u>X</u>
Staff family food, housing	<u>X</u>			<u>X</u>
<u>VOLUNTEER COSTS:</u>				
Food	<u>X</u>			<u>X</u>
Mileage	<u>X</u>			<u>X</u>
Insurance Rider/Emerg Volun	<u>X</u>			
<u>OPERATIONS COSTS:</u>				
Offsite Rentals: (lifts, generator, etc.)	<u>X</u>			<u>X</u>
Emergency Communication Equip.	<u>X</u>			<u>X</u>
Costs to protect building from flood	<u>X</u>			<u>X</u>
Lost or broken items	<u>X</u>			
Damage to building/grounds (mud/trees) /driveway	<u>X</u>			<u>X</u>
Loss of building	<u>X</u>			<u>X</u>
<u>TOTAL COSTS:</u>				
<u>LOST REVENUES</u>				
# ___ Resident revenues x 4 days_	<u>X</u>			
# ___ MED A PT/OT revenues	<u>X</u>			
# ___ Hospice revenues	<u>X</u>			
# ___ Beauty Shop revenues	<u>X</u>			
<u>TOTAL LOST REVENUE</u>	<u>X</u>			

Financial Impact of Taking the Majority of Residents with you and providing full care (Assess for illnesses and conditions that require too much nursing care – discharge and transfer to a health facility)

SFH COSTS OF EVACUATION	YES	ISSUES		FEMA	Flood Ins.
RESIDENT COSTS					
Transportation: of residents	<u>X</u>			<u>X</u>	
Transportation: of equipment/suppl.	<u>X</u>			<u>X</u>	
Transportation of furniture	<u>X</u>			<u>X</u>	
Mileage reimbursements/staff	<u>X</u>			<u>X</u>	
Medications x 4 days	<u>X</u>				
Special supplies sent x 4 days	<u>X</u>				
<i>Loss of residents to partners</i>			<u>Not an Issue</u>		
<i>Costs to obtain new residents</i>			<u>Not an Issue</u>		
STAFF COSTS					
Salaried Cost x 4 days	<u>X</u>				
Salaried benefits x 4 days	<u>X</u>				
Overtime costs x 4 days	<u>X</u>			<u>X</u>	
Employees Payroll x 40%? OR >	<u>X</u>				
Employee benefits x days	<u>X</u>				
<i>Loss of employees</i>			<u>Not an Issue</u>		
Advertising costs			<u>Not an Issue</u>		
Pre-employment costs			<u>Not an Issue</u>		
Orientation costs			<u>Not an Issue</u>		
Use of Agency x ____ x ____ days					
Business contracts – (Ads, copiers, rentals, etc.)	<u>X</u>				
Staff food					
Staff housing	<u>X</u>			<u>X</u>	
Staff family food, housing	<u>X</u>			<u>X</u>	
VOLUNTEER COSTS:					
Food	<u>X</u>			<u>X</u>	
Mileage	<u>X</u>			<u>X</u>	
.....Housing					
OPERATIONS COSTS:					
Offsite Rentals: (lifts, generator, etc.)	<u>X</u>			<u>X</u>	
Emergency Communication Equip.	<u>X</u>			<u>X</u>	
Costs to protect building from flood	<u>X</u>			<u>X</u>	
Lost or broken items	<u>X</u>			<u>X</u>	
Damage to building/grounds (mud/trees) /driveway	<u>X</u>			<u>X</u>	
Loss of building/driveway	<u>X</u>			<u>X</u>	
TOTAL COSTS:					
LOST REVENUES					
# ____ Resident revenues x 4 days_	<u>X</u>				
# ____ MED A PT/OT revenues					
# ____ Hospice revenues					
# ____ Beauty Shop revenues	<u>X</u>				
TOTAL LOST REVENUE					

“DETERMINATION OF COMPLIANCE”

By: John Reed RN/MSN

Surveyor, Lansing North

FEMA Certificate of Achievement, ICS 100, IS-000700

Gaps Continue To Exist in Nursing Home Preparedness

Michigan Deficiencies in Emergency Planning 2009 -2010 *

Number of Nursing Homes Surveyed...431*

Total of Tags F517 and K48...86 (20%)...National Average 7.6%*

Total of Tags F518 and K50...164 (38.1%)...National Average 27.9%*

* According to the report "Gaps Continue to Exist in Nursing Home Emergency Preparedness and Response During Disasters: 2007 – 2010" ...*Department of Health and Human Services, Office of Inspector General...April 1012 OEI-06-06-00270*

Surveyor Checklist Tasks Most Often Overlooked

Collaboration with local Emergency Management Agencies.

A description of the amounts and types of food in supply.

Maintaining extra pharmacy stock medications.

Maintaining extra medical supplies and equipment.

A plan for addressing emergency financial needs and providing security.

At least one evacuation location over 50 miles away.

Adequate food and water supplies to be transported.

A list of items to accompany the Residents.

Procedures to ensure assistive devices are transported.

Procedures that describe what to do should a Resident become ill or die in route.

Training for all transportation vendors and volunteers.

A facility reentry plan.

How Residents will be identified (name, photo, SS#, Medicaid # etc.)

How will Resident information be secured (water proof pouch or wrist tags).

Communication with the LTC Ombudsman.

Conducting exercises and drills.

Loss of the Resident's personal effects.

Looking Back This Last Year...



Disaster and Emergency Preparedness remains to be a hot topic.

An eye opener into risk management.

And that the deadline for compliance is right around the corner (10/01/2014).

What Really Changed in F-517

“The LTC facility must provide evidence of an emergency preparedness plan that includes a plan for evacuating residents.”

The plan should include...

Evacuation procedures for a community wide event.

Should be an all hazards plan.

Based on a HVA (Hazard Vulnerability Analysis)

Guidance For Compliance

Key Points To Remember

Community wide event (local resources may not be available).

Based on your geographical area...

Major pipelines, energy plants?

Major thoroughfares? Trucks with chemicals?

Railroads, prisons? Local crime rate?

Your HVA should include ALL HAZARDS with the potential to directly or indirectly affect your facility.

Areas Often Overlooked

Shelter in place

Multiple evacuation locations
(must be a like facility)

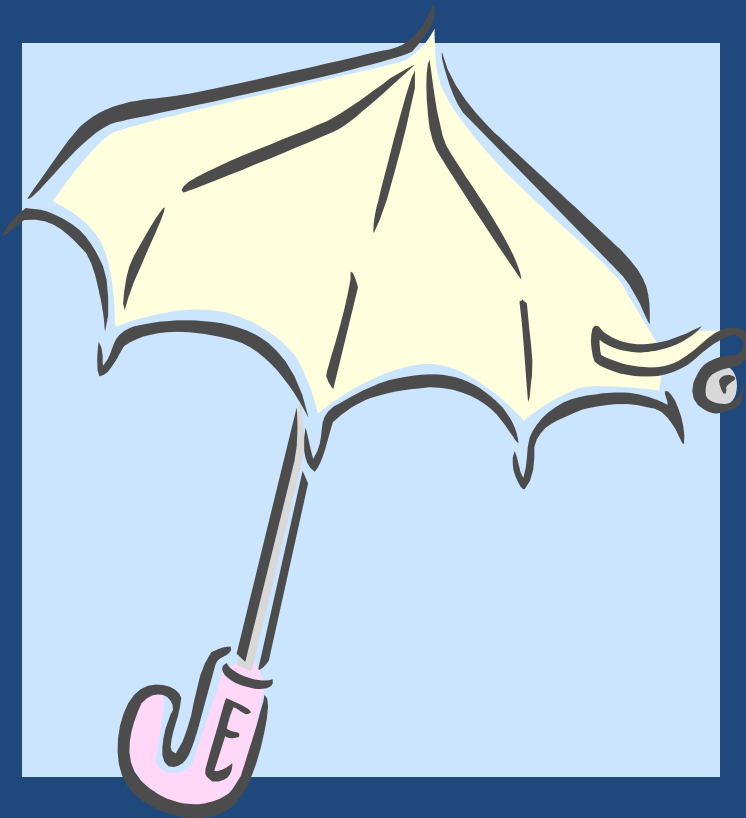
WITH

...suitable space

...utilities

...security

...sanitary



What If?

The area high school gymnasium was not available?

The church next door was no longer available?

Some schools and churches' do not have generators.

The roads were blocked, and your drivers couldn't locate alternative maps to transport Residents over 50 miles away?

What if your emergency transportation company wasn't able to honor their contract related to the community wide event?

Does Transportation Include..?



Employee vehicles?

Volunteers?

Preventing elopement during transportation?

Security/Medical Records?

Emergency Equipment and Supplies

Based on average census, develop a list of evacuation supplies, where they are kept, and identify the process for the evacuation of those supplies.

Is this list realistic? How is it inventoried?

Water and mode of transportation?

For a 3 to 10 day period! (72 hrs. may not be sufficient).

Evacuation devices, sleds, blankets, mattress, etc.

Kitchen Supplies

3 to 10 day food supply?

Menu's for 3 to 10 days?

Current contracts?

Address special diets?

Preparing a final meal before
evacuation? Ice?

Paper supplies, forks knives
spoons, plates, cups etc.

Where is it stored? How quickly
can the inventory be moved?

Nursing and Medical Records

Securing medication and treatment supplies?

Address back-up medications, crash cart etc?

Use a local pharmacy?

Nursing supplies, gloves, nasal cannulas, etc...or ?

Is your facility still mostly paper, what are the provisions of transporting the medical record ?



Putting it all together

TRAINING

Keep it simple.

Make your plan accessible.

Table top exercises.

Incorporate evacuation or shelter in place exercises
into every drill.

Get the stuff out of the box...

Remember To Train...

Everyone to your emergency policy, including

All staff including contractual and agency help.

All volunteers.

Ombudsman.

Training should include care of the elderly and the
Resident with dementia

Re-evaluate...

Analyze your plan for specifics, details.

Ask yourself
does my plan protect and provide for
the best possible care of my residents
during an evacuation?

Resources

<http://training.fema.gov/IS/crslist.aspx> (FEMA Training)

http://www.michigan.gov/documents/mdch/Michigan_Emergency_Preparedness_Survey_Checklist_427754_7.pdf (LTC Facility Emergency preparedness Checklist for Surveyors)

http://www.michigan.gov/mdch/0,4612,7-132-54783_54826_64377_64378-297773--,00.html (LTC Disaster Planning Resources)

http://www.michigan.gov/documents/mdch/Michigan_Emergency_Preparedness_Investigative_Protocol_for_LTC_4-22-13_428915_7.pdf (Investigative Protocol for LTC Facility Emergency Preparedness)



Center for Clinical Standards and Quality/Survey & Certification Group

Ref: S&C-14-12-ALL

DATE: February 28, 2014

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Survey and Certification Emergency Preparedness Initiative: S&C Emergency Preparedness Checklist Revision

Memorandum Summary

Revised Emergency Preparedness Checklist: The Centers for Medicare & Medicaid Services (CMS) is alerting healthcare facilities that we have revised current emergency preparedness checklist information for health care facility planning. These updates provide more detailed guidance about patient/resident tracking, supplies and collaboration.

The CMS has previously provided information to facilities concerning emergency preparedness in Survey and Certification letter S&C-08-01, issued on October 24, 2007. That memo provided a frequently ask questions (FAQ) document to provide direction on allowable deviations from provider survey and certification requirements during a declared public health emergency. It also provided information concerning emergency preparedness tools such as checklists and reports, to help State Agencies (SA) and healthcare providers achieve an improved level of preparedness.

CMS has updated the S&C Emergency Preparedness Checklist – Recommended Tool for Effective Health Care Facility Planning. This updated checklist can be found at our S&C Emergency Preparedness Website <http://www.cms.hhs.gov/SurveyCertEmergPrep/>.

Updates and new documents will be posted to the website as they become available.

Effective Date: The information contained in this memorandum is current policy and is in effect for all healthcare facilities. The State Agency (SA) should disseminate this information within 30 days of the date of this memorandum.

Page 2 – State Survey Agency Directors

Training: This information should be shared with all survey and certification staff, fire authorities, surveyors, their managers, and the State/regional office (RO) training coordinator within 30 days of this memorandum.

/s/

Thomas E. Hamilton

Attachment

cc: Survey and Certification Regional Office Management

Survey & Certification
Emergency Preparedness for Every Emergency

EMERGENCY PREPAREDNESS CHECKLIST			
RECOMMENDED TOOL FOR EFFECTIVE HEALTH CARE FACILITY PLANNING			
Not Started	In Progress	Completed	Tasks
			<ul style="list-style-type: none"> • Develop Emergency Plan: Gather all available relevant information when developing the emergency plan. This information includes, but is not limited to: <ul style="list-style-type: none"> - Copies of any state and local emergency planning regulations or requirements - Facility personnel names and contact information - Contact information of local and state emergency managers - A facility organization chart - Building construction and Life Safety systems information - Specific information about the characteristics and needs of the individuals for whom care is provided
			<ul style="list-style-type: none"> • All Hazards Continuity of Operations (COOP) Plan: Develop a continuity of operations business plan using an all-hazards approach (e.g., hurricanes, floods, tornadoes, fire, bioterrorism, pandemic, etc.) that could potentially affect the facility directly and indirectly within the particular area of location. Indirect hazards could affect the community but not the facility and as a result interrupt necessary utilities, supplies or staffing. Determine all essential functions and critical personnel.
			<ul style="list-style-type: none"> • Collaborate with Local Emergency Management Agency: Collaborate with local emergency management agencies to ensure the development of an effective emergency plan.
			<ul style="list-style-type: none"> • Analyze Each Hazard: Analyze the specific vulnerabilities of the facility and determine the following actions for each identified hazard: <ul style="list-style-type: none"> - Specific actions to be taken for the hazard - Identified key staff responsible for executing plan - Staffing requirements and defined staff responsibilities - Identification and maintenance of sufficient supplies and equipment to sustain operations and deliver care and services for 3-10 days, based on each facility's assessment of their hazard vulnerabilities. (Following experiences from Hurricane Katrina, it is generally felt that previous recommendations of 72 hours may no longer be sufficient during some wide-scale disasters. However, this recommendation can be achieved by maintaining 72-hours of supplies on hand, and holding agreements with suppliers for the remaining days.) - Communication procedures to receive emergency warning/alerts, and for communication with staff, families, individuals receiving care, before, during and after the emergency - Designate critical staff, providing for other staff and volunteer coverage and meeting staff needs, including transportation and sheltering critical staff members' family
			<ul style="list-style-type: none"> • Collaborate with Suppliers/Providers: Collaborate with suppliers and/or providers who have been identified as part of a community emergency plan or agreement with the health care facility, to receive and care for individuals. A surge capability assessment should be included in the development of the emergency plan. Similarly, evidence of a surge capacity assessment should be included if the supplier or provider, as part of its emergency planning, anticipates the need to make housing and sustenance provisions for the staff and or the family of staff.

Note: Some of the recommended tasks may exceed the facility's minimum Federal regulatory requirements

* Task may not be applicable to agencies that provide services to clients in their own homes

Survey & Certification
Emergency Preparedness for Every Emergency

EMERGENCY PREPAREDNESS CHECKLIST			
RECOMMENDED TOOL FOR EFFECTIVE HEALTH CARE FACILITY PLANNING			
Not Started	In Progress	Completed	Tasks
			<ul style="list-style-type: none"> • Decision Criteria for Executing Plan: Include factors to consider when deciding to evacuate or shelter in place. Determine who at the facility level will be in authority to make the decision to execute the plan to evacuate or shelter in place (even if no outside evacuation order is given) and what will be the chain of command.
			<ul style="list-style-type: none"> • Communication Infrastructure Contingency: Establish contingencies for the facility communication infrastructure in the event of telephone failures (e.g., walkie-talkies, ham radios, text messaging systems, etc.).
			<ul style="list-style-type: none"> • Develop Shelter-in-Place Plan: Due to the risks in transporting vulnerable patients and residents, evacuation should only be undertaken if sheltering-in-place results in greater risk. Develop an effective plan for sheltering-in-place, by ensuring provisions for the following are specified: * <ul style="list-style-type: none"> - Procedures to assess whether the facility is strong enough to withstand strong winds, flooding, etc. - Measures to secure the building against damage (plywood for windows, sandbags and plastic for flooding, safest areas of the facility identified. - Procedures for collaborating with local emergency management agency, fire, police and EMS agencies regarding the decision to shelter-in-place. - Sufficient resources are in supply for sheltering-in-place for at least 7 days, including: <ul style="list-style-type: none"> - Ensuring emergency power, including back-up generators and accounts for maintaining a supply of fuel - An adequate supply of potable water (recommended amounts vary by population and location) - A description of the amounts and types of food in supply - Maintaining extra pharmacy stocks of common medications - Maintaining extra medical supplies and equipment (e.g., oxygen, linens, vital equipment) - Identifying and assigning staff who are responsible for each task - Description of hosting procedures, with details ensuring 24-hour operations for minimum of 7 days - Contract established with multiple vendors for supplies and transportation - Develop a plan for addressing emergency financial needs and providing security
			<ul style="list-style-type: none"> • Develop Evacuation Plan: Develop an effective plan for evacuation, by ensuring provisions for the following are specified: * <ul style="list-style-type: none"> - Identification of person responsible for implementing the facility evacuation plan (even if no outside evacuation order is given) - Multiple pre-determined evacuation locations (contract or agreement) with a "like" facility have been established, with suitable space, utilities, security and sanitary facilities for individuals receiving care, staff and others using the location, with at least one facility being 50 miles away. A back-up may be necessary if the first one is unable to accept evacuees. - Evacuation routes and alternative routes have been identified, and the proper authorities have been notified Maps are available and specified travel time has been established - Adequate food supply and logistical support for transporting food is described.

Note: Some of the recommended tasks may exceed the facility's minimum Federal regulatory requirements

* Task may not be applicable to agencies that provide services to clients in their own homes

Survey & Certification
Emergency Preparedness for Every Emergency

EMERGENCY PREPAREDNESS CHECKLIST RECOMMENDED TOOL FOR EFFECTIVE HEALTH CARE FACILITY PLANNING			
Not Started	In Progress	Completed	Tasks
			<ul style="list-style-type: none"> - The amounts of water to be transported and logistical support is described (1 gal/person). - The logistics to transport medications is described, including ensuring their protection under the control of a registered nurse. - Procedures for protecting and transporting resident/patient medical records. - The list of items to accompany residents/patients is described. - Identify how persons receiving care, their families, staff and others will be notified of the evacuation and communication methods that will be used during and after the evacuation - Identify staff responsibilities and how individuals will be cared for during evacuation and the back-up plan if there isn't sufficient staff. - Procedures are described to ensure residents/patients dependent on wheelchairs and/or other assistive devices are transported so their equipment will be protected and their personal needs met during transit (e.g., incontinent supplies for long periods, transfer boards and other assistive devices). - A description of how other critical supplies and equipment will be transported is included. - Determine a method to account for all individuals during and after the evacuation - Procedures are described to ensure staff accompany evacuating residents. - Procedures are described if a patient/resident becomes ill or dies in route. - Mental health and grief counselors are available at reception points to talk with and counsel evacuees. - Procedures are described if a patient/resident turns up missing during an evacuation: <ul style="list-style-type: none"> • Notify the patient/resident's family • Notify local law enforcement • Notify Nursing Home Administration and staff - Ensure that patient/resident identification wristband (or equivalent identification) must be intact on all residents. - Describe the process to be utilized to track the arrival of each resident at the destination. - It is described whether staff's family can shelter at the facility and evacuate.
			<ul style="list-style-type: none"> • Transportation & Other Vendors: Establish transportation arrangements that are adequate for the type of individuals being served. Obtain assurances from transportation vendors and other suppliers/contractors identified in the facility emergency plan that they have the ability to fulfill their commitments in case of disaster affecting an entire area (e.g., their staff, vehicles and other vital equipment are not "overbooked," and vehicles/equipment are kept in good operating condition and with ample fuel.). Ensure the right type of transportation has been obtained (e.g., ambulances, buses, helicopters, etc.). *

Note: Some of the recommended tasks may exceed the facility's minimum Federal regulatory requirements

* Task may not be applicable to agencies that provide services to clients in their own homes

Survey & Certification
Emergency Preparedness for Every Emergency

EMERGENCY PREPAREDNESS CHECKLIST			
RECOMMENDED TOOL FOR EFFECTIVE HEALTH CARE FACILITY PLANNING			
Not Started	In Progress	Completed	Tasks
			<ul style="list-style-type: none"> • Train Transportation Vendors/Volunteers: Ensure that the vendors or volunteers who will help transport residents and those who receive them at shelters and other facilities are trained on the needs of the chronic, cognitively impaired and frail population and are knowledgeable on the methods to help minimize transfer trauma. *
			<ul style="list-style-type: none"> • Facility Reentry Plan: Describe who will authorize reentry to the facility after an evacuation, the procedures for inspecting the facility, and how it will be determined when it is safe to return to the facility after an evacuation. The plan should also describe the appropriate considerations for return travel back to the facility. *
			<ul style="list-style-type: none"> • Residents & Family Members: Determine how residents and their families/guardians will be informed of the evacuation, helped to pack, have their possessions protected and be kept informed during and following the emergency, including information on where they will be/go, for how long and how they can contact each other.
			<ul style="list-style-type: none"> • Resident Identification: Determine how residents will be identified in an evacuation; and ensure the following identifying information will be transferred with each resident: <ul style="list-style-type: none"> - Name - Social security number - Photograph - Medicaid or other health insurer number - Date of birth, diagnosis - Current drug/prescription and diet regimens - Name and contact information for next of kin/responsible person/Power of Attorney) <p>Determine how this information will be secured (e.g., laminated documents, water proof pouch around resident's neck, water proof wrist tag, etc.) and how medical records and medications will be transported so they can be matched with the resident to whom they belong.</p>
			<ul style="list-style-type: none"> • Trained Facility Staff Members: Ensure that each facility staff member on each shift is trained to be knowledgeable and follow all details of the plan. Training also needs to address psychological and emotional aspects on caregivers, families, residents, and the community at large. Hold periodic reviews and appropriate drills and other demonstrations with sufficient frequency to ensure new members are fully trained.
			<ul style="list-style-type: none"> • Informed Residents & Patients: Ensure residents, patients and family members are aware of and knowledgeable about the facility plan, including: <ul style="list-style-type: none"> - Families know how and when they will be notified about evacuation plans, how they can be helpful in an emergency (example, should they come to the facility to assist?) and how/where they can plan to meet their loved ones. - Out-of-town family members are given a number they can call for information. Residents who are able to participate in their own evacuation are aware of their roles and responsibilities in the event of a disaster.

Note: Some of the recommended tasks may exceed the facility's minimum Federal regulatory requirements

* Task may not be applicable to agencies that provide services to clients in their own homes

Survey & Certification
Emergency Preparedness for Every Emergency

EMERGENCY PREPAREDNESS CHECKLIST RECOMMENDED TOOL FOR EFFECTIVE HEALTH CARE FACILITY PLANNING			
Not Started	In Progress	Completed	Tasks
			<ul style="list-style-type: none"> • Needed Provisions: Check if provisions need to be delivered to the facility/residents -- power, flashlights, food, water, ice, oxygen, medications -- and if urgent action is needed to obtain the necessary resources and assistance.
			<ul style="list-style-type: none"> • Location of Evacuated Residents: Determine the location of evacuated residents, document and report this information to the clearing house established by the state or partnering agency.
			<ul style="list-style-type: none"> • Helping Residents in the Relocation: Suggested principles of care for the relocated residents include: <ul style="list-style-type: none"> - Encourage the resident to talk about expectations, anger, and/or disappointment - Work to develop a level of trust - Present an optimistic, favorable attitude about the relocation - Anticipate that anxiety will occur - Do not argue with the resident - Do not give orders - Do not take the resident's behavior personally - Use praise liberally - Include the resident in assessing problems - Encourage staff to introduce themselves to residents - Encourage family participation
			<ul style="list-style-type: none"> • Review Emergency Plan: Complete an internal review of the emergency plan on an annual basis to ensure the plan reflects the most accurate and up-to-date information. Updates may be warranted under the following conditions: <ul style="list-style-type: none"> - Regulatory change - New hazards are identified or existing hazards change - After tests, drills, or exercises when problems have been identified - After actual disasters/emergency responses - Infrastructure changes - Funding or budget-level changes <p>Refer to FEMA (Federal Emergency Management) to assist with updating existing emergency plans.</p> <p>Review FEMA's new information and updates for best practices and guidance, at each updating of the emergency plans.</p>
			<ul style="list-style-type: none"> • Emergency Planning Templates: Healthcare facilities should appropriately complete emergency planning templates and tailor them to their specific needs and geographical locations.
			<ul style="list-style-type: none"> • Collaboration with Local Emergency Management Agencies and Healthcare Coalitions: Establish collaboration with different types of healthcare providers (e.g. hospitals, nursing homes, hospices, home care, dialysis centers etc.) at the State and local level to integrate plans of and activities of healthcare systems into State and local response plans to increase medical response capabilities. *

Note: Some of the recommended tasks may exceed the facility's minimum Federal regulatory requirements

* Task may not be applicable to agencies that provide services to clients in their own homes

Survey & Certification
Emergency Preparedness for Every Emergency

EMERGENCY PREPAREDNESS CHECKLIST RECOMMENDED TOOL FOR EFFECTIVE HEALTH CARE FACILITY PLANNING			
Not Started	In Progress	Completed	Tasks
			<ul style="list-style-type: none"> • Communication with the Long-Term Care Ombudsman Program: Prior to any disaster, discuss the facility's emergency plan with a representative of the ombudsman program serving the area where the facility is located and provide a copy of the plan to the ombudsman program. When responding to an emergency, notify the local ombudsman program of how, when and where residents will be sheltered so the program can assign representatives to visit them and provide assistance to them and their families.
			<ul style="list-style-type: none"> • Conduct Exercises & Drills: Conduct exercises that are designed to test individual essential elements, interrelated elements, or the entire plan: <ul style="list-style-type: none"> - Exercises or drills must be conducted at least semi-annually - Corrective actions should be taken on any deficiency identified.
			<ul style="list-style-type: none"> • Loss of Resident's Personal Effects: Establish a process for the emergency management agency representative (FEMA or other agency) to visit the facility to which residents have been evacuated, so residents can report loss of personal effects. *

Note: Some of the recommended tasks may exceed the facility's minimum Federal regulatory requirements

* Task may not be applicable to agencies that provide services to clients in their own homes