Michigan Disaster Preparedness Guidelines

Effective: February 28, 2012

NURSING HOME PREPAREDNESS

Each Skilled Nursing Facility should establish an active, functional disaster response committee or team with an incident command or management system. The team should:

- Consist of members who can add specific expertise to each type of disaster event. Nursing, medical staff, infection prevention, pharmacy, engineering, dietary, laundry, housekeeping, and security as well as key administrative staff are vital to the overall plan.

- Ensure the facility has a written disaster plan that would include:
    - A defined Incident or Disaster Command Center and;

    - Measures to respond to biological, chemical, nuclear, radiological events and public health or medical emergencies.

In addition, the facility should work in partnership with emergency medical services (EMS) agencies, local health departments, local emergency management, and the Regional Healthcare Coalition or other health care systems in the immediate or surrounding community to develop the disaster plan for both internal and external disasters.

- Define pre-determined roles, lines of authority, chain of command and communication. An alternate/ backup for each role should also be assigned.

- Identify physicians available for immediate response to the facility, including the Medical Director, attending physicians, and those consulting physicians that will commit.

- Establish a protocol for the education of staff regarding the disaster response plan, including the primary and potential backup roles.

- Establish a 24 hour/7 days a week /365 days a year communication network with an alternate communication system if the original network becomes disabled.

- Ensure the facility has back up generator power and fuel to respond when power failure occur. The generator should be tested every month.

- Establish a protocol for contacting staff, emergency resources and /or outside agencies in the event of a disaster.

- Maintain up-to-date contact lists of staff and key agency contacts such as local health department, local emergency management, emergency medical services (EMS), local law enforcement, and the Regional Healthcare Coalition.

- Develop a system to rapidly notify and disseminate information to staff, (telephone trees, broadcast fax, email, community bulletin boards, etc.).

- Develop a plan to determine potential partner agencies/facilities, organizations, volunteers that are available.

- Include disaster preparedness drills or exercises to test the efficacy of the plan in conjunction with the local partners included in the plan.

The overall plan should focus on the following elements:

- SURVEILLANCE
- RESPONSE
- COMMUNICATIONS
- SECURITY
- EDUCATION

SURVEILLANCE

- Identify key signs and symptoms that may activate further investigation, reporting, notification or activation of the disaster plan.

- Ensure all staff is educated on the signs and symptoms, the chain of command, the reporting protocol and the legal responsibility to report.

RESPONSE

- Define the circumstances under which the plan is activated.

- Develop or enhance a plan for emergency environmental controls to be activated in case of potential threat to the facility area itself (e.g. smoke, dust or fumes in the vicinity of the facility entering air intake portals).

- Develop or enhance a protocol for mobilizing necessary emergency staff.

- Establish a designated assembly point for staff to report.

- The disaster plan should address the needs of staff, visitors, and families. A designated area should be considered with provision of support services, counseling, information updates and referrals.

- Ensure the availability of appropriate personal protective equipment (PPE) based on potential risks is identified.

- Ensure the education of all staff on appropriate infection prevention measures for each type of event and the proper use of appropriate PPE or isolation protocols.

- Establish a plan for residents, staff, and environmental decontamination in conjunction with community partners that includes the area, facility or portable device to be used, a protocol for the decontamination and who is responsible for performing the function.

- Develop a system for the identification, tracking, admission and discharge of residents.

- Determine the number, type and availability of beds, including airborne infection isolation rooms, if the facility has such space.

- Determine needs for specialized equipment and supplies (ventilators, PPE, pharmaceuticals) based on each type of event and current inventory. The plan should include methods to access additional supplies if needed, such as emergency vendor contracts or the local emergency operations center (EOC).

- Develop a contingency plan when reaching surge capacity for admissions in partnership with local emergency management, local health department, EMS and the Regional Healthcare Coalition or other health care systems. The plan should describe methods to increase admission capacity in non-traditional patient care areas by identifying areas and capacities ahead of time by implementing diversion plans and identifying additional staffing as needed. Please note this provision would only be implemented in an emergent situation were all available traditional patient care areas have been exhausted.

- Develop protocols for placement of residents, type of precautions and or isolation (if required) and other infection prevention measures for each type of event and a plan to educate staff.

- Develop a plan for the safe handling, storage, tracking and preparation of bodies post mortem. This may include arrangements with local emergency management or other fatality management organizations to appropriate sites, space and/or additional supplies and resources needed for infection prevention purposes if the hospital exceeds its mortuary capacity.

COMMUNICATIONS

- The 24/7/365 communication network should include internal and external components.

Internal:

A notification protocol to ensure that all relevant staff is rapidly notified in the event of a disaster. This requires 24-hour contact information for all key staff, including home telephone, pager, cell phone and email as well as, a telephone tree system or emergency notification software to ensure the ability to rapidly contact staff to mobilize for duty.

External:
Notification plans to ensure all outside agencies are notified. This requires the maintenance and distribution of an up-to-date list of all key agencies (e.g. the Bureau of Health Systems, Licensing and Regulatory Affairs office, if applicable EMS, local emergency management, local public health, Regional Healthcare Coalition or other health care systems, etc).

- Develop a plan to ensure connectivity to the Michigan Department of Community Health, Office of Public Health Preparedness Health Alert Network (MIHAN) which can be accessed through http://www.michigan.gov/mdch/0,1607,7-132-54783_54826_56166_56167---,00.html or your Regional Healthcare Coalition Coordinator.

SECURITY

- Develop a plan to minimize points of access and egress to the physical plant during a disaster (i.e. a lock-down approach).
- Develop or enhance a plan for rapid identification of staff and emergency workers responding to a disaster.
- Develop a plan for the vehicular "flow of traffic" prioritizing emergency vehicle access, supply delivery needs and law enforcement access.
- Describe the procedure for ensuring security staff is apprised of the plan.
- Include drill schedules and exercises to test the plan's efficacy.

EDUCATION

- Develop a plan for disaster education for all staff. Roles for all staff should be defined. Staff education should occur periodically but at least annually.
- Education regarding specific biological, chemical, nuclear exposure symptoms, and specific PPE for each type of disaster situation.
- Plan and conduct exercises and drills to practice and evaluate the effectiveness of the facility's disaster plan (e.g., the telephone tree can be practiced to determine if all staff can be contacted and if they are available for immediate duty when reached).
- Work with community partners to participate in community-wide exercises and drills.
- Participation and exercise with Regional Healthcare Coalition, i.e. bed tracking.

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