

Disaster Preparedness: Creating an Emergency Response Plan

The hurricanes that devastated the Gulf region in 2004 and 2005 highlighted the vulnerability of aging services residents in extreme weather situations. To minimize risk, aging services administrators must prepare for large-scale disasters – including floods, wildfires and tornadoes, as well as severe storms – that affect the entire community and may require evacuation of residents and staff.

This edition of *AlertBulletin*® focuses on achieving compliance with federal and state emergency preparedness requirements.

The goal is to help organizations

- *realistically assess risk exposures*, in terms of both likelihood and potential severity
- *develop a detailed and practical response plan* that reduces staff uncertainty and expedites decision-making and evacuation, if deemed necessary
- *satisfy the special requirements of all individuals under the organization's care* in emergency situations
- *coordinate with public agencies and other organizations* in responding to resident and community needs
- *determine appropriate actions to take in an emergency* if external support agencies or services are out of commission

FEDERAL AND STATE REQUIREMENTS

As part of their obligation to protect residents' health and safety, aging services providers who participate in Medicare or Medicaid are required by law to create "detailed written plans and procedures to meet all potential emergencies and disasters." In addition, organizations must "train all employees in emergency procedures when they begin to work in the facility, periodically review procedures with existing staff and carry out unannounced staff drills using these procedures." (42 CFR §§ 483.75(m)(1 and 2)). Plans and educational activities should emphasize both specific risks associated with the geographic area and the frequently changing special needs of the resident population.

Surveys based upon these general criteria are conducted at least every 15 months, or in the aftermath of incidents or complaints. If state surveyors discover gaps in emergency preparedness, they may issue "deficiency tags" declaring that the emergency plan or staff training fails to meet federal standards. Organizations then must document the corrective measures taken in order to comply or face possible penalties, which may include fines, withheld reimbursement and/or assignment of a state monitor to the setting.

Nursing homes located in four Gulf states vulnerable to tropical storms – Florida, Louisiana, Mississippi and Texas – must satisfy additional emergency preparedness expectations, which vary from state to state. (These additional requirements are included in the publication "Nursing Home Emergency Preparedness and Response During Recent Hurricanes." See the Resources section on page 4 for citation.)

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ASSESSING EMERGENCY RESPONSE PLANS

The Department of Health and Human Services' Office of Inspector General has consolidated various guidelines and codes into a list of 25 suggested provisions for aging services emergency plans, divided into three categories: General, Sheltering in Place and Evacuation. The following questions are derived from that list and other sources. They are designed to assist aging services provid-

ers in evaluating organizational compliance and readiness, and in drafting or enhancing their disaster response plans. Consult with legal counsel about contractual liability and insurance coverage issues associated with utilizing other settings, borrowing staff and other disaster-related situations.

	PRESENT Y/N	ACTIONS NEEDED AND TAKEN
COMMAND AND CONTROL		
<i>Has an emergency coordinator been designated, as well as a spokesperson in charge of communicating with government agencies and media?</i>		
<i>Have an emergency command post and backup location been established, and are both equipped with necessary communication equipment and contact information?</i>		
COMMUNICATION		
<i>Are procedures in place for emergency communication with off-duty staff, families, police and fire departments, suppliers, contractors, utilities, public officials and others?</i>		
<i>Are there backup communication plans in case telephone service is disrupted, such as cellular telephone "trees," electronic mail and broadcast faxes?</i>		
<i>Are hard-copy lists of emergency telephone numbers posted at strategic locations throughout the setting?</i>		
<i>Does the organization possess a battery-powered weather radio, and are hazardous weather alerts monitored and conveyed to leadership?</i>		
COORDINATION		
<i>Are hosting and relocation agreements in place with other organizations?</i>		
<i>Are there written procedures for working with local emergency managers and receiving information from them, including evacuation orders and requests to serve as a community "surge" center?</i>		
<i>Has the response plan been submitted to local emergency management agencies for their review, approval, and incorporation into the overall community emergency management and disaster plan?</i>		
<i>Are there arrangements to use community emergency shelters as backup evacuation sites for residents, if other locations are unavailable?</i>		
EVACUATION DETERMINATION		
<i>Are there written criteria for deciding whether to evacuate the setting or to shelter in place – i.e., within the building?</i>		
<i>Are both external and internal factors considered – e.g., staff availability, security concerns, power outages, structural soundness, and residents' medical condition and mobility?</i>		

	PRESENT Y/N	ACTIONS NEEDED AND TAKEN
TRANSPORTATION		
<i>Have contracts been executed with local ambulance services and other transport vendors?</i>		
<i>In the event a widespread disaster creates a regional vehicle shortage, do backup plans exist involving outside service providers, families, taxicab companies, school districts and/or religious organizations?</i>		
<i>Do travel plans and estimated travel times consider a variety of factors, including fuel supplies, resupply stops and the effect of general evacuation on traffic density?</i>		
STAFFING		
<i>Does the emergency plan address the possibility of staff shortages and consider such solutions as hiring temporary staff or borrowing personnel from sister organizations?</i>		
<i>Does the emergency plan address how family offers of assistance will be managed and what functions family members may perform if other resources are not available?</i>		
<i>Is there provision for staff members' families to shelter in the facility during emergencies and to evacuate with residents, if necessary?</i>		
SUPPLIES		
<i>Do written guidelines dictate storage of a specific number of days' worth of food, potable water and essential medications, in case routine supply channels are disrupted?</i>		
<i>Are there hard-copy lists of backup supply sources, including government and charitable agencies?</i>		
POWER		
<i>Is there adequate backup generator capacity to power medical equipment, lights, computers, security systems, heating/ventilation/air conditioning and other vital functions?</i>		
<i>Is there sufficient fuel available for prolonged generator use, and are backup fuel sources identified?</i>		
RESIDENT NEEDS		
<i>Are detailed packing lists prepared ahead of time, specifying the medications, supplies, equipment, patient/resident care records and personal belongings that should accompany each evacuated resident?</i>		
<i>Is information about each resident's care needs – such as medical condition, mental status, mobility, continence and dietary restrictions – readily available and regularly updated?</i>		
RETURN		
<i>Are procedures in place for securing the building during the evacuation period, inspecting it afterward for damage, making needed repairs and arranging for return transportation?</i>		
<i>Is a designated individual authorized to make the decision to return from the evacuation site, based upon written criteria?</i>		

	PRESENT Y/N	ACTIONS NEEDED AND TAKEN
PLAN COMMUNICATION AND EDUCATION		
<i>Is every employee, contracted staff member, resident and family member made aware of the emergency plan, and is it readily available for review by all parties?</i>		
<i>Is emergency planning part of the staff orientation process, and do employed and contracted staff members review the plan at least annually?</i>		
<i>Is the plan reviewed in resident and family council meetings at least annually, and is this review documented in meeting minutes?</i>		
<i>Are staff members tested at least annually on their knowledge of the plan, including command center location, contact information, and their specific role in evacuations, searches and other emergency situations?</i>		
DISASTER DRILLS		
<i>Are drills performed at least annually, followed by evaluation and modification of procedures?</i>		
<i>Has the organization participated in at least one community-wide evacuation drill in collaboration with local emergency management agencies?</i>		

When disaster strikes, an effective and well-communicated response plan is instrumental in preventing panic and paralysis. Plans should be regularly reviewed and updated, with the questions included in this resource serving as a basis for self-assessment.

RESOURCES

- "Emergency Management Planning: Preparation Makes for Smoother Recovery in the Healthcare Industry." A 2007 publication of CNA HealthPro, available at www.cna.com.
- "Emergency Preparedness Checklist for Nursing Homes, Assisted Living Facilities, and Group Homes." Montgomery County (Maryland) Advanced Practice Center for Public Health Emergency Preparedness and Response, June 2005. Available at www.montgomerycountymd.gov/content/hhs/phs/APC/apcnursinghomeassess.pdf.
- "National Criteria for Evacuation Decision-making in Nursing Homes." Florida Health Care Education and Development Foundation and the John A. Hartford Foundation, 2008. Available at <http://www.aahsa.org/WorkArea/DownloadAsset.aspx?id=4010>.
- "New York State Department of Health Disaster Preparedness Guidelines: Nursing Home Preparedness." September, 2003. Available at www.gnyha.org/46/File.aspx.
- "Nursing Home Emergency Preparedness and Response During Recent Hurricanes." Department of Health and Human Services, Office of Inspector General, August 2006. Available at <http://oig.hhs.gov/oei/reports/oei-06-06-00020.pdf>.



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