Healthcare

CAREFULLY SPEAKING®

A Risk Management Resource for Aging Services | 2019 Issue 2

Emergency Preparedness: Crafting a Sound Disaster Response Plan

Images of aging services residents trapped in waist-deep flood waters capture the frightening and potentially tragic consequences of disaster, especially when the facility lacks a sound and comprehensive emergency response plan. Unfortunately, statistics indicate that many aging services organizations do not adequately prepare for the unexpected. According to data reported between 2011 and 2018 on the Nursing Home Compare website, more than 1,850 deficiencies were cited against facilities for failure to have a written emergency evacuation plan. An additional 3,770 violations were registered for failure to inspect and test backup generator systems, as mandated by Centers for Medicare & Medicaid Services (CMS) regulations.

In 2016, CMS expanded its emergency preparedness requirements for 17 types of participating healthcare providers, including aging services organizations. (See "A Look at the CMS Emergency Preparedness Rule" on page 2.) The guidelines are designed to strengthen response measures and better safeguard residents during catastrophic events, both natural and man-made. However, evolving challenges – including climate change, which elevates flood, fire and storm risks for many settings – call for ongoing internal review and updating of disaster response protocols. As weather-related exposures increase, emergency preparedness planning becomes an ever more significant aspect of the organization's overall risk management program.

In this issue…

This edition of *CareFully Speaking*® focuses on six common missteps in the emergency management process, including failure to …

- **Update the existing plan** and test its effectiveness.
- **Communicate effectively** to both internal and external audiences.
- **Consider the sheltering-in-place needs of residents** with various levels of acuity.
- **Anticipate surge conditions** and make appropriate arrangements to shelter displaced residents.
- **Draft sound evacuation plans** that support continuity of care.
- **Take measures to prevent post-disaster disruption of services,** including stockpiling of essential supplies.

The sections that follow suggest strategies to identify hazards, enhance planning and preparation, promote communication and coordination among staff, and minimize interruption of clinical and business operations. In addition, the gap analysis tool on page 8 is intended to aid administrators in evaluating overall readiness and identifying potential deficits in the emergency preparedness plan.

A Look at the CMS Emergency Preparedness Rule

In 2016, the Centers for Medicare & Medicaid Services (CMS) expanded its guidelines for emergency and disaster readiness. Known as the Emergency Preparedness Rule, these guidelines require aging services organizations to prepare for emergency and hazardous conditions using protocols and requirements promulgated by nationally recognized authorities, including the Federal Emergency Management Agency's National Incident Management System and Incident Command System.

CMS guidelines require that preparedness plans reflect an "all-hazards" approach to emergency management, focusing on the spectrum of potential disasters and hazardous conditions. These include, but are not limited to, the following:

Natural events:

- floods
- tornadoes
- wildfires
- earthquakes
- hurricanes/cyclones

Man-made events:

- active shooters
- chemical spills
- explosions
- acts of terrorism
- smog/air pollution alerts

Once potential exposures are identified, the emergency preparedness team can prioritize risks and implement counter-measures, using a variety of hazard analysis tools. The following resources are designed to help measure the likelihood and impact of adverse occurrences in terms of potential harm to residents and consequent financial loss:

- Hazard Mitigation Planning
- Hazard Vulnerability Assessments for Healthcare Facilities
- Hazard Vulnerability Assessment Template

The emergency preparedness plan should focus on hazards with the highest frequency and/or severity. It is leadership's responsibility to ensure that necessary resources are available to manage these critical risks, and to implement appropriate preparatory measures.

In order to participate in Medicare and Medicaid, healthcare organizations must have in place the following four basic components of emergency readiness:

1. An emergency plan, which should …

- Begin with a risk assessment.
- Address every phase of the planning process, i.e., risk identification, analysis, response, recovery.
- Be updated annually.

2. Policies and procedures, which should …

- Reflect the findings of the risk assessment and the provisions of the emergency plan.
- Minimally address the following topics:
  - safety of staff and residents
  - resident evacuation
  - resident and staff tracking system
  - sheltering in place
  - resident care documentation requirements
  - coordination of volunteers and emergency personnel
  - arrangements with other providers and external suppliers

3. A communication plan, which should …

- Coordinate essential communication regarding resident care within the facility, with families, across providers, with the media, and with state and local public health and emergency management personnel.
- Comply with federal and state laws.

4. A training program, which should …

- Educate staff on disaster-related policies and procedures upon hire and annually thereafter.
- Include simulation exercises that take place at least twice per year.

1. Outdated and Untested Plans

Notwithstanding the CMS guidelines, many organizations lack a formal emergency plan review and testing process, which may lead to substandard staff performance in the event of a disaster. The following strategies can help ensure that response protocols remain relevant, up-to-date and ready to implement:

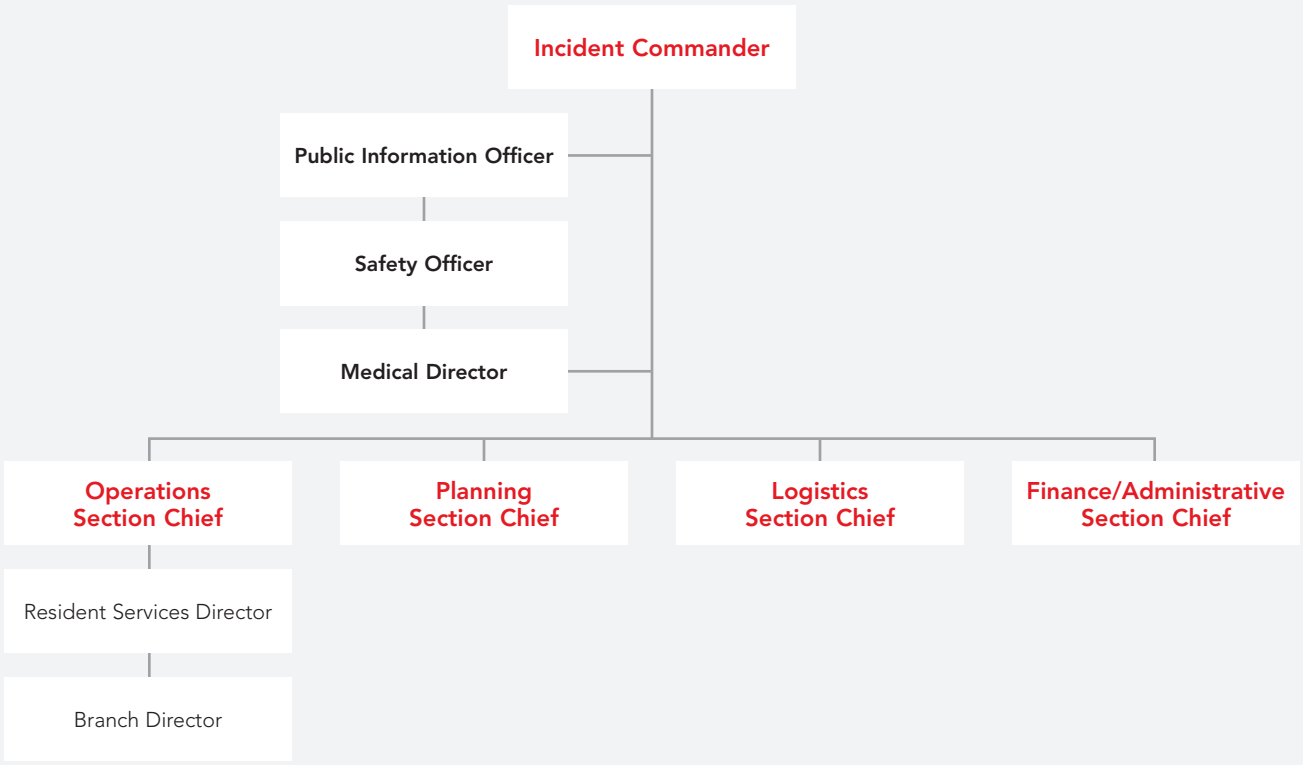
Keep emergency-related information current. The following documents and databases, at a minimum, should be reviewed annually and updated as needed:

- **Names and contact information of employees and volunteers,** as well as residents' responsible parties.
- **Comprehensive listings of local first responders and vital service providers,** including, among others, police/sheriff and fire departments, regional emergency management agencies, Red Cross chapters, utilities and transit agencies.
- **Agreements for mutual aid and/or reciprocal host facility arrangements,** as well as vendor service contracts. (See page 6 and page 7.)
- **Detailed maps of preferred and alternative evacuation routes,** including the names of receiving facilities and directions for transporters.
- **Facility fire safety plan,** which should be vetted and approved by the local fire department.

Appoint an incident management team (IMT). Staffed with personnel from various departments, IMTs oversee essential functions, such as coordinating on-scene operations, mobilizing employees and volunteers, and serving as liaisons to local and regional authorities. They provide an organizational framework for staff, volunteers and outside agencies, reinforcing the chain of command and creating clear channels of communication. (For a summary of tasks commonly assigned to IMT members, see the *Nursing Home Incident Command System Guidebook 2017*, scrolling down to pages 3-7.)

The chart below depicts a sample command configuration and identifies the core members of an IMT. Written descriptions of team member responsibilities should be reviewed annually.

Sample Incident Command Structure



Source: The Nursing Home Incident Command System Guidebook 2017.

Train personnel in disaster policies, procedures and command structures. The CMS guidelines list training and testing requirements for employees and volunteers. Training should be offered on an ongoing basis, address all relevant emergency procedures and include basic first aid. To comply with the testing component, organizations must participate in two qualifying events: a full-scale, community-based exercise, and a tabletop exercise or second full-scale drill. Exercises should be conducted at different times of the day and night, and should include local first responders, in order to increase residents' and staff members' familiarity and decrease anxiety in the event of an actual disaster.

All training events, drills and tabletop exercises should be documented, including dates and names of attendees. By the end of the session, participants should understand the following:

- **Types of emergency situations** most likely to be encountered by the facility.
- **Location of the emergency plan** and its basic provisions.
- **Protocol for reporting an emergency** and activating the response plan.
- **Individual roles during emergencies** and associated tasks and duties.

For more information on emergency preparedness training and testing requirements, see Davis, C. "Emergency Preparedness Training/Testing Requirements: What You Need to Know," which may be accessed on the website of the American Association of Directors of Nursing Services.

2. Communication Lapses

Every facility should draft a comprehensive communication plan that includes both a primary and alternate means of contacting and conveying information to residents, families, employees, volunteers and media, as well as federal, state and local emergency management personnel. Options include telephone, text messaging, email, online portals, and two-way radios. Contact information and preferred means of communication should be listed in a roster format that is stored both electronically and as hard copy. (Scroll down to pages 28-32 of the link for sample rosters.)

The following recommendations can help ensure timely and accurate emergency communication to key internal and external audiences, while safeguarding resident privacy:

Explain emergency care provisions in advance. Residents and family members should be informed about emergency procedures upon admission and annually thereafter, or more frequently in the event of significant policy changes. Using brochures, fact sheets, videos and/or a dedicated website, clearly describe evacuation and sheltering-in-place protocols, as well as ways to contact the facility during an emergency.

Be cognizant of privacy rules and requirements when releasing resident information. During an emergency, it may be necessary to share resident data and medical documentation with outside parties. Such disclosures must comply with the HIPAA Privacy Rule, which permits certain protected health information (PHI) to be shared in the context of a public health emergency. For information about disaster-related PHI disclosure rules and limitations, see the "At a Glance" disclosure decision flowchart from CMS.

Develop a media strategy. Poor communication during a disaster can jeopardize residents and alienate family members. Afterward, organizational leadership is likely to be judged in part by its transparency with the media and broader public. (See "'They Let People Die': Searching for Justice After Florida's Nursing Home Tragedy." *The Guardian*, November 7, 2017.)

The following strategies can help strengthen the effectiveness of the organization's multi-audience emergency communications plan:

- **Compile a comprehensive list of broadcast, print and online media outlets,** including full contact information.
- **Identify at least two knowledgeable and articulate staff members to serve as primary and substitute spokespersons,** and designate one person to have final approval of all official statements and news releases.
- **Ensure that spokespersons are familiar with basic information and statistics about the organization** (and its parent company, if applicable), including current census data, number of employees and location of corporate headquarters.
- **Pre-draft statements to be used in emergency situations,** incorporating relevant language from the emergency plan and key concepts from the mission statement, such as the facility's abiding commitment to resident safety.
- **Host media representatives in a designated area** apart from family members.
- **Coordinate statements with first responders** in the event of an emergency.
- **Promptly post information on social media platforms** and organizational websites.

For additional recommendations, see "Emergency Preparedness Requires a Communications Plan" from the American Health Care Association (AHCA) and the National Center for Assisted Living (NCAL).

3. Inattention to Residents' Sheltering-in-place Needs

A research study conducted by the University of South Florida Center on Aging found that evacuated residents are 3 to 5 percent more likely to die within 90 days and 8 percent more likely to be hospitalized than those who shelter in place, depending upon the nature and magnitude of the disaster. However, failure to anticipate and provide for the full range of needs of sheltered residents can compromise their safety and lead to costly, reputation-damaging lawsuits.

The following measures can help reduce some of the risks associated with sheltering in place during a crisis:

Identify areas of higher and lower risk within the premises and move residents to safer zones, such as higher floors within a building threatened by rising floodwaters or the basement during a tornado alert.

Reduce hazards in designated safe areas by moving residents away from windows and exterior doors during extreme wind conditions, locking windows, closing gates and storm shutters, etc.

Arrange for additional security personnel, which may include bolstering internal capabilities, as well as requesting support from local, county and state law enforcement agencies and the state National Guard.

Stockpile water, durable food and medications for potential emergencies, as well as basic supplies, including portable radios, first aid kits, eating utensils, mattresses, extra blankets, towels, flashlights, batteries, duct tape, plastic sheeting, toilet paper and garbage bags.

Anticipate waste management issues and needs, including disposal of sewage, recyclables, run-off water, and chemical and biomedical waste.

Consider emergency power requirements. Backup generator capacity should be sufficient to maintain ventilation and cooling systems, as well as emergency lighting, medical devices, electronics, refrigerators, fire alarms/sprinklers and other vital equipment. Consult with local emergency management personnel and utility company officials to discuss emergency electrical needs, and conduct regular, documented tests of on-site generators.

Periodically reassess the safety of sheltering in place and be prepared to order an evacuation if it becomes the safer option. Notify the appropriate state agency of any change in status.

Develop an emergency documentation template. Electronic health records may become inaccessible during a power loss or other emergency situation. To ensure consistent notation of residents' condition and treatment, maintain a hard-copy record of basic resident data, including the following:

- current photo
- height and weight
- date of birth
- emergency contact information
- pertinent medical conditions
- medications taken and dosages
- known drug allergies
- medical devices utilized
- treatments rendered
- insurance information

For a planning worksheet and other helpful resources, see "Shelter In Place: Planning Resource Guide for Nursing Homes" from AHCA and NCAL. Also, a shelter-in-place response checklist is available from the Nursing Home Incident Command System.

Quick Links

- *Emergency Preparedness Guide for Assisted Living Communities*. National Center for Assisted Living in collaboration with the Florida Health Care Association, 2015.
- "Emergency Preparedness Rule Toolkit, Long-Term Care: Nursing/Skilled Nursing Facilities." Wisconsin Department of Health Services, updated September 2017.
- "Planning Resources by Setting: Long-term, Acute, and Chronic Care." Centers for Disease Control, last reviewed October 15, 2018.
- Wild Fires and Fires General. CMS, last modified January 5, 2018.

4. Failure to Anticipate Surge Conditions

In an emergency, healthcare organizations may be expected to take in large numbers of residents evacuated from other distressed facilities. The following strategies can help aging services settings maintain safe, livable conditions during a surge situation:

Consult in advance with local officials and facilities to plan a community-wide response and ensure continuity of care during surge conditions.

Establish mutual relationships with local surge facilities to facilitate transfer of residents in the event of an emergency.

Know current resident census levels, as well as the number and type of beds available (e.g., assisted living, rehabilitation, memory care, skilled care).

Calculate the number and types of employees needed to safely care for residents during a surge, including RNs, LPNs, CNAs and support staff.

Request the names of the staff members who will be coming from the evacuated facility, and confirm their identity upon arrival by cross-checking their name badges with a government-issued photo ID.

Make prior arrangements to add ancillary employees on a temporary basis during surge periods, including food service, housekeeping, security and maintenance staff.

Establish a triage area and document the arrival of residents using a standard intake form. (Scroll down to Attachment A, "Influx of Residents Log.")

Offer privacy dividers and call devices to residents in makeshift surge areas, and provide storage options for their belongings and personal needs equipment.

Review placement of temporary residents, ensuring that bed locations do not block escape routes or otherwise compromise safety.

Evacuations should be initiated only when **no safer alternative exists** and in conformity with a sound, detailed **evacuation plan**.

5. Lack of Detailed Evacuation Procedures

As previously noted, evacuation of frail residents, especially those suffering from dementia or other chronic physical and/or mental conditions, is associated with negative outcomes, including high mortality rates. Evacuations should be initiated only when no safer alternative exists and in conformity with a sound, detailed evacuation plan. The following measures can help minimize stress and confusion and enhance continuity of care during an evacuation:

Enter into written transfer agreements with at least two other facilities that can provide an equivalent level of care to evacuated residents. Because a hurricane, wildfire, earthquake or other natural disaster can affect a very large area, one of the transfer facilities should be located at least 50 miles away.

Draft an emergency transfer protocol, emphasizing the need to properly monitor residents en route, whatever mode of transportation is used.

Assign responsibility in advance for verifying transporters, monitoring residents while in transit and identifying the individual who will receive them at the accepting facility.

Prior to transport, print out the resident baseline history and medication administration record, and include these documents with residents.

Evacuate the highest priority residents first, one wing or floor at a time.

Provide evacuated residents with sufficient quantities of medications and supplies, keeping in mind that time spent in the transfer facility may exceed estimates.

Promptly inform family members of the decision to evacuate the facility, and provide them with the address and telephone number of the transfer setting.

Meticulously track the location of residents. In a large-scale disaster, it may be necessary to evacuate residents to multiple, widely dispersed sites. It is essential to know at all times where residents and employees are located. By using a resident evacuation tracking form, staff can collate a wide range of evacuation-related information, including resident ID band numbers, destination, mode of transport and time of arrival, as well as track care records, orders, equipment and medications accompanying the resident. In addition to helping organize a complex, high-risk process, tracking forms facilitate communication with family members about resident whereabouts and condition during and after emergencies.

Thoroughly document the handoff process and resident condition in the resident healthcare information record.

6. Inadequate Recovery and Continuity Planning

Recovery and continuity planning covers a wide range of activities, including stockpiling and securing food, medications and emergency supplies; locating alternate supply sources; backing up data; maintaining proper staffing levels; and ensuring availability of backup power. The first priority is to secure the safety of residents by minimizing disruption of care.

The following guidelines can help enhance clinical and operational continuity even in the most adverse circumstances:

Contract with employment agencies and other service providers to fill potential staffing gaps in the wake of a disaster.

Conduct a baseline inventory, in order to track quantities and expiration dates of food, water, medications, medical supplies and equipment, portable oxygen and other essentials.

Locate multiple suppliers of key medicines, equipment and services to increase flexibility in the event that customary supply channels are disrupted.

Investigate potential substitutes for medications likely to experience a surge in demand following a disaster, such as IV fluids, inhalers, topical ointments and life-sustaining medications, and explain to staff the process of obtaining medical approval for emergency use of these alternative drugs.

Identify at least two sources of electricity from different substations, and arrange with local utilities for the use of special generators and transformers during an emergency.

Ensure that the facility's backup generator is reliable and fully fueled, and know how to switch to backup power quickly.

Make arrangements for emergency refueling in case of a prolonged power outage.

Maintain an up-to-date list of local sources of heavy equipment, including boilers, heaters, compressors and pumps. These essentials are often available on trailers and can be brought to sites quickly when needed.

Retain the daily census in hard-copy format for documentation, notification and payment purposes, in case computer data are lost.

Draft guidelines for safeguarding vital clinical and business data against potential disruption of the information processing system. (See "Protecting Electronic Data" at right.)

Protecting Electronic Data

- **If servers are present on site, place them in their own controlled-access room,** which should be equipped with smoke and heat detectors. Note that computer rooms never should be situated in a basement or other vulnerable area.
- **Install and regularly update protective devices and software for computers,** including anti-virus software, electronic firewalls and surge protectors.
- **Consistently back up data** – including resident lists, financial and payroll records, employee files, policies and procedures, supplier accounts and inventory – on a daily, hourly or continuous basis.
- **Retain off site a copy of the computer's operating system, boot files and essential software,** as well as computer-related invoices, shipping lists and other documents that can facilitate system repair or replacement.
- **Identify electronic data processing firms** and sources of new and rental computer equipment outside of the potentially affected area, and arrange for services on a contingency basis. Such vendors often can provide and install multiple computers with necessary software within 24 hours.

As natural and man-made disasters become more frequent, so do media reports of resident deaths and serious injuries due to disaster mismanagement. By evaluating current emergency preparedness policies and procedures in view of the six common lapses presented herein, aging services leaders can significantly enhance their organization's degree of readiness. Now is the time to test and update emergency response and recovery plans and protocols, before disaster strikes.

Gap Analysis Tool: Basics of Emergency Preparedness Planning

Component	Present Yes/No	Comments
Facility Information: ***Does the emergency preparedness plan (EPP)…***		
Name the facility owner and provide full contact information?		
Note bed capacity and licensure, as well as other significant facts about the facility?		
Describe the facility's ability to care for residents with critical health issues, such as those who need dialysis support or suffer from dementia or brain injuries?		
Indicate the year the facility was built, in order to identify applicable building ordinances and regulations?		
Refer to facility blueprints and zoning maps, as well as other materials used in developing the plan?		
Cite relevant federal, state and local laws that form the legal basis for the plan?		
Direction and Command: ***Does the EPP…***		
Include an organizational chart, identifying key emergency personnel?		
Designate one individual with decision-making authority, as well as an alternate in his/her absence?		
Establish an emergency command structure and associated activation procedures?		
Reflect ongoing consultation with local police/sheriff and fire departments, as well as emergency management agencies?		
Undergo annual review, including updates of leadership and stakeholder contact information?		
Hazard Analysis: ***Does the EPP…***		
Incorporate the findings of a facility-wide disaster vulnerability assessment, including severe weather hazards, flood zones, and other natural and man-made risks?		
Note the location of nuclear power plants within a 50-mile radius, if applicable?		
Identify rail lines, major highways and pipelines that could potentially be the site of hazardous material spills?		
Include decision-making criteria for evacuating residents and staff or sheltering in place in the event of a disaster?		
Map out primary evacuation routes, as well as alternatives if main roads are blocked?		
Estimate the time required to successfully evacuate residents and staff during a potentially road-clogging emergency?		

Component	Present Yes/No	Comments
Training and Drills: *Does the EPP…*		
Require that newly hired staff learn basic emergency management principles as part of the employee orientation process?		
Establish annual training schedules for employees and volunteers on disaster-related policies and procedures?		
Schedule facility-wide disaster drills and other simulation exercises?		
Mandate that emergency exercises be coordinated with local law enforcement and emergency management personnel?		
Contain documentation protocols pertaining to training and drill activities?		
Include a process for reviewing and analyzing exercise results, in order to make necessary improvements?		
Communication and Notification: *Does the EPP…*		
Designate an emergency coordinator responsible for communicating and collaborating with authorities?		
Define procedures for alerting staff and residents of disaster warnings and potentially hazardous conditions?		
Specify methods for notifying family members of emergencies, as well as decisions made concerning evacuating residents or sheltering in place?		
List full contact information for local first responders and regional emergency preparedness agencies?		
Note the primary means of communicating with resident transporters in the event of evacuation, as well as an alternative method if necessary?		
Include measures to protect residents' privacy and prevent inappropriate disclosure of protected health information?		
Incorporate a media strategy, including designation of a spokesperson to manage inquiries and monitor news reports?		
Staff and Resource Management: *Does the EPP…*		
Vest authority in one person to direct staff and coordinate scheduling in emergency conditions?		
Define the operational and supporting roles of employees, as well as volunteers and emergency personnel?		
Emphasize the need to locate and contact off-duty staff during an emergency?		
Make provision for 24-hour staffing during an emergency?		
Describe on-site sleeping arrangements for staff and consider other basic employee needs?		
Address the need to stockpile food, water and medical supplies for residents in case of emergency?		
Identify alternate and backup power sources and establish a testing and maintenance schedule for the emergency generator?		

Component	Present Yes/No	Comments
Sheltering in Place and Surge Arrangements: *Does the EPP…*		
Define criteria for sheltering in place, based upon the magnitude of the disaster and the condition of residents?		
Describe emergency admission and tracking procedures for residents from other facilities who arrive at the facility under surge conditions?		
Evacuation and Transportation: *Does the EPP…*		
Include evacuation criteria that factor in both the nature of the emergency and the acuity of affected residents?		
Designate evacuation locations for residents based upon previously negotiated mutual transfer arrangements?		
Note who is responsible for coordinating resident transport, including selection of primary and backup transportation methods and services?		
Require that evacuated residents be accompanied by staff, and specify associated procedures?		
Describe tracking procedures utilized to account for evacuated residents?		
Address the logistics of transporting and tracking the healthcare records, **medications and supplies** that accompany evacuated residents?		
Post-disaster Restoration and Recovery: *Does the EPP…*		
Address how evacuated residents will be transported from host locations back to the facility and reassessed upon arrival?		
Contain policies and procedures for safeguarding resident healthcare records during an emergency and ensuring that they remain accessible to providers?		
Outline procedures for inspecting the facility to determine structural soundness and level of damage prior to re-entry?		
Identify the individual(s) responsible for authorizing re-entry to the facility in the aftermath of a disaster?		
Include a comprehensive plan for post-disaster continuity of operations, including protection of clinical and financial data?		

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