

Emergency Preparedness in Long-Term Care

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Disclosure

- None of the planners for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, reselling, or distributing healthcare products used by or on patients.

Objectives

- Upon completion, the participant will be able to discuss the CMS 4 Core Elements of an emergency preparedness program.
- Upon completion, the participant will be able to describe the steps to create an effective emergency preparedness program.
- Upon completion, the participant will be able to understand the organization and functions of an Incident Command Center.
- Upon completion, the participant will be able to discuss the CMS requirements for an emergency preparedness communication plan.
- Upon completion, the participant will be able to discuss the importance of Exercise to validate plans.

National Preparedness Goal

“A secure and resilient nation with the capabilities required across the whole community to prevent, protect against, mitigate, respond to, and recover from the threats and hazards that pose the greatest risk.”

(FEMA)

Emergency Preparedness

The steps taken to stay safe before, during, and after an emergency or disaster.



(FEMA)

Disaster Types

Man-made:

- Active Shooters
- Biohazards
- Epidemics
- Chemical Emergencies
- Hazardous Materials Emergencies
- Cybersecurity

Natural:

- Earthquakes
- Pandemics
- Flooding
- Hurricanes
- Tornadoes
- Volcanoes
- Wildfires
- Winter Storms

(FEMA)

Four Phases of Emergency Management

- Mitigation
- Preparedness
- Response
- Recovery

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

Survey & Certification
Emergency Preparedness for Every Emergency

EMERGENCY PLANNING CHECKLIST
RECOMMENDED TOOL FOR PERSONS IN LONG-TERM CARE FACILITIES & THEIR FAMILY MEMBERS, FRIENDS, PERSONAL CAREGIVERS, GUARDIANS & LONG-TERM CARE OMBUDSMEN

Part I: For Long-Term Care Residents, Their Family Members, Friends, Personal Caregivers, & Guardians

Target Date	Date Completed	
		<ul style="list-style-type: none"> • Emergency Plan: Prior to any emergency, ask about and become familiar with the facility's emergency plan, including: <ul style="list-style-type: none"> ✓ Location of emergency exits ✓ How alarm system works and modifications for individuals who are hearing and/or visually impaired ✓ Plans for evacuation, including: <ul style="list-style-type: none"> • How residents/visitors requiring assistance will be evacuated, if necessary • How the facility will ensure each resident can be identified during evacuation (e.g., attach identification information to each resident prior to evacuation) • Facility's evacuation strategy • Where they will go • How their medical charts will be transferred • How families will be notified of evacuation ✓ Will families be able to bring their loved one home rather than evacuating, which is often less traumatic than a move to a new facility? ✓ How family members can keep the facility apprised of their location and contact information (e.g., address, phone number, e-mail address), so the facility will be able to contact them, and family members will be able to check with the facility to meet their loved one following an emergency ✓ How residents and the medicines and supplies they require will be prepared for the emergency, have their possessions protected and be kept informed during and following the emergency ✓ How residents (if able) and family members can be helpful (for example, should family members come to the facility to assist?) ✓ How residents, who are able, may be involved during the emergency, including their roles and responsibilities. Note: It is important for staff to know each resident personally, and whether involving him/her in the emergency plan will increase a sense of security or cause anxiety. For example, residents may have prior work or personal experience that could be of value (health care, emergency services, military, amateur ham radio operators, etc.) Provide the opportunity for residents to discuss any fears and what actions may help to relieve their anxiety (e.g., a flashlight on the bed, water beside the bed, etc.).

Note: Some of the recommended tasks may exceed the long-term care facility's Federal regulatory requirements.

Page 1 September 2007

CMS Final Rule §483.73 Requirement for Long-Term Care (LTC) Facilities

The CMS rule has 4 core elements:



Emergency
Plan



Policies and
Procedures



Communication
Plan



Training
and Testing

Emergency Plan

- All hazards risk assessment
- Evaluate potential internal and external hazards
- Risk assessment is the basis for the Emergency Preparedness Plan
- Risk assessment is done annually, and with changes
- Plan is reviewed and updated at least annually

(CMS)

Policies and Procedures

- Based on risk assessment, communication plan, and emergency plan
- Comply with Federal and State laws
- System to contact staff, including residents' physicians, other necessary persons
- Well-coordinated within the facility, and across the health care continuum, including state and local public health departments and emergency management agencies

(CMS)

Communication Plan

- Comprehensive plan
- Comply with federal, state, and local laws
- Includes contact information for relevant partners
- Details processes for the exchange of resident information
- Identifies primary and alternate means of communication

(CMS)

Training and Testing

- Initial and annual education and training required
- Conduct at least two exercises annually to test the emergency plan:
 - One full-scale exercise
 - One additional exercise of the facility's choice

(CMS)

Steps to Creating an Effective Program

- Assemble a team
- Conduct an all-hazards risk assessment
- Establish performance objectives
- Create a written plan
- Educate and provide training
- Conduct exercises to evaluate the plan

(CDC, CMS)

Emergency Preparedness Team

- Mix of healthcare professionals, administration, staff, and volunteers
- Responsible for performing all-hazard risk assessment, developing and implementing the emergency plan, conducting drills, and making sure all staff receive training and education
- Involved in planning exercises
- Ensure facility is prepared for various emergencies
- Collaborate with local emergency preparedness officials

(HHS)

What is an All-Hazards Risk Assessment?

- Threat/hazard identification process
- Collect information about threats and hazards
- Assign values to risk for the purposes of determining priorities
- Develop or compare courses of action
- Informs decision-making

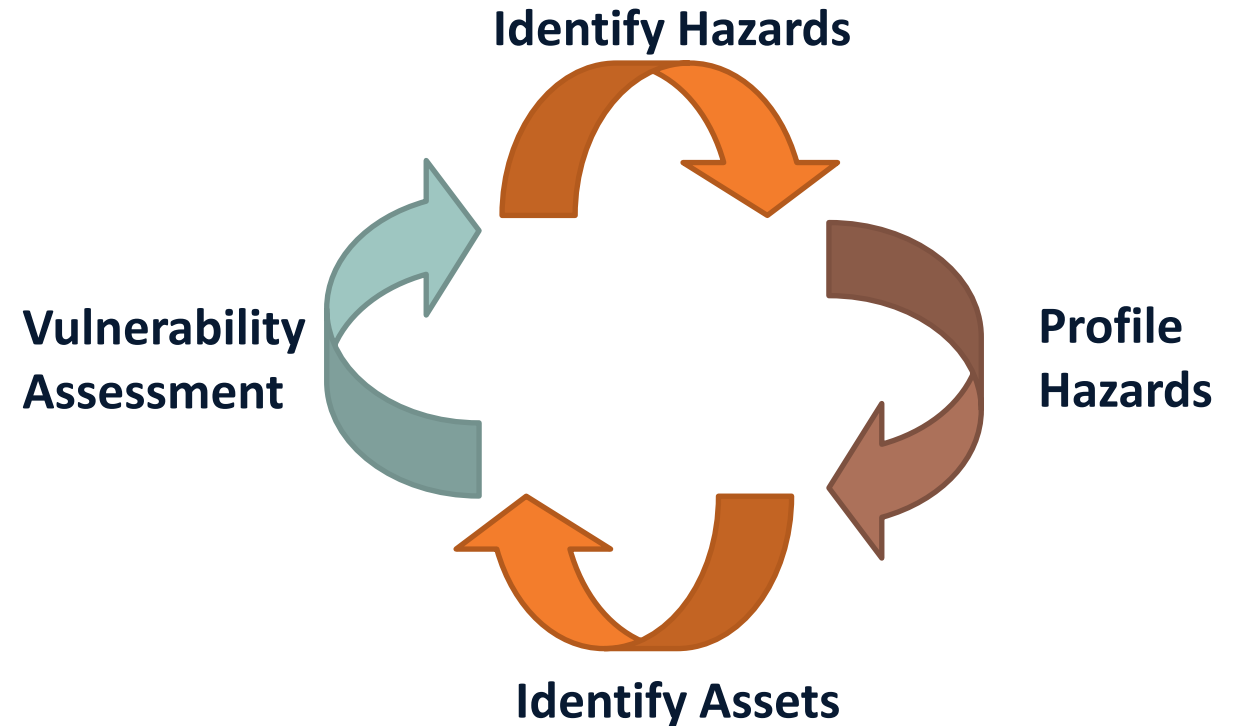


(FEMA)

Risk Assessment Process

4 Basic Components of a Risk Assessment:

1. Hazard identification
2. Profiling of hazard events
3. Inventory of assets
4. Estimation of potential human and economic losses based on the exposure and vulnerability of people, buildings, and infrastructure



(FEMA)

Risk Assessment Example

Hazard Type	Probability	Human Impact	Property Impact	Business Impact	Preparedness	Internal Response	External Response	Risk
	Likelihood this will occur	Possibility of death or injury	Physical losses and damages	Interruption of services	Preplanning	Time, effectiveness, resources	Community/ Mutual Aid staff and supplies	
Score	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	
Active Shooter	1	3	1	2	2	3	3	0.7
Fire, Internal	1	2	3	3	3	2	3	1.0
Hurricane	2	1	2	2	2	3	2	1.3
Patient Surge	2	2	0	2	3	3	1	1.1

Emergency Preparedness Plan

- Based on the all-hazards risk assessment
- Action plan to be followed in an emergency situation
- Includes:
 - Strategies for addressing the risks
 - Communication plan
 - Resident population
 - Continuity of operations
 - Collaboration with local, state, and federal agencies

(FEMA)

Importance of Effective Communication

In an emergency, communication is as critical as food and water.

- FEMA

(FEMA)

CMS Regulation §483.73 Communication Plan

- Communication plan must be updated at least annually
- Plan must include all of the following:
 - Names and contact information for staff and other care providers
 - Contact information for external agencies and other sources of assistance
 - Primary and alternate means of communicating with staff; and federal, state, tribal, regional, or local emergency management agencies
 - Method for sharing information and medical documentation with other health care providers
 - Means to release information about the general condition and location of residents as permitted under 45 CFR 164.510(b)(4)
 - Means of providing information about the facility's occupancy, needs, and ability to provide assistance
 - Method for sharing information with residents and their families or representatives

(CMS)

Effective Communication

- Minimize barriers
- Timely
- Relay appropriate information

(FEMA)

General Principles of Emergency Communications

- Present in sequence.
- Make every word count.
- Use common terminology
- Omit unnecessary details.
- Keep messages consistent.

(FEMA)

Required Information to Maintain

- Organizational Information
- Emergency Contact Roster:
 - Internal
 - External
- Facility specific information

Needs to be maintained and updated periodically!

(FEMA)

Evaluate and Exercise





Exercise Types

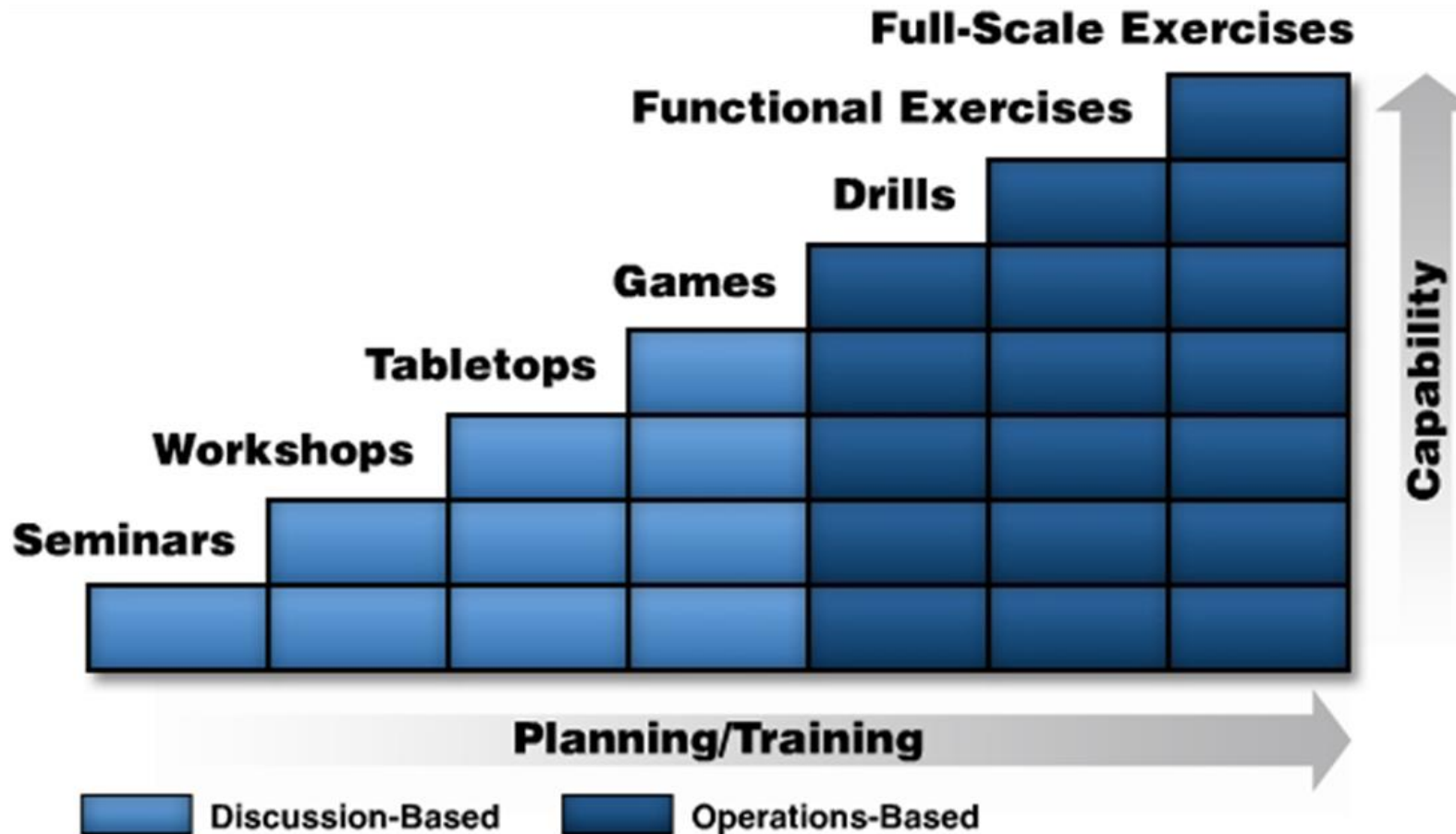
Discussion-based:

- Seminar
- Workshop
- Game
- Tabletop Exercise

Operations-based:

- Drill
- Functional Exercise
- Full-Scale Exercise

Building Block Approach



Create Smart Objectives

- **Specific**
- **Measurable**
- **Achievable**
- **Relevant**
- **Time-Bound**



Scenario

- Brief overview of the exercise scenario
- Keep it grounded
- Consider similar real-life events
- Ensure that it drives objectives

Exercise Evaluation Guides

- Exercise Evaluation Guides (EEGs) provide a consistent tool to guide exercise observation and data collection
- EEGs should be developed to be specific to the applicable policies, plans, procedures, and protocols that should be followed during the exercise
- EEGs should contain four elements:
 - Exercise Objectives
 - Capabilities associated with the Objectives
 - Capability Target
 - Critical Tasks/Impact/Timeframe

Incident Command



Key Benefits

- Establishes chain of command
- Provides a manageable span of control
- Clearly defines roles and responsibilities
- Uses standard or common terminology
- Manages all communications at a scene

(FEMA, MN)

Facility Incident Command

- Standardized approach for dealing with emergencies
- Uses a common
- Is flexible and scalable
- Optimizes your facility's response

(FEMA, MN)

Objectives and the Incident Action Plan

- Incident Commander sets the overall objectives
- Mission of the response is defined for all team members
- Clearly defined objectives allow staff to focus on the roles in the response
- These objectives are documented in the Incident Action Plan:
 - Provides direction for taking actions
 - Reflects overall strategy
 - Provides measurable strategic operations

(FEMA, MN)

Who's at the Table

Basic Incident Management Team:

- Incident Commander:
 - Command Staff:
 - Public Information Officer/Liaison Officer
 - Safety Officer
 - Medical Director/Specialist
 - General Staff:
 - Operations Section Chief
 - Planning Section Chief
 - Logistics Section Chief
 - Finance and Administration Section Chief

(FEMA, MN)

Incident Commander

- The “Leader”:
 - Activates and directs the response
 - Establishes priorities and objectives
 - Determines the size of the Incident Management Team (IMT) and assigns roles
 - Coordinates with other response partners

(FEMA, MN)

Command Staff

- Liaison/Public Information Officer (PIO):
 - Communicates with external partners
 - Provides information to residents, staff, family/guardians
 - Develops public information/messages
- Safety Officer:
 - Ensures the safety of residents, staff, family/guardians
 - Identifies risks to the facility
 - Advises about unsafe conditions and recommends corrective actions
- Medical Director/Specialist:
 - Oversees medical services and assists with medical management of residents and injured staff
 - Advises Incident Commander and staff regarding medical, biological/infectious, ethics, or hazmat implications

(FEMA, MN)

General Staff

- Operations Section Chief:
 - The “Doers”
 - Coordinate tactical activities consistent with the objectives
- Planning Section Chief:
 - The “Planners”
 - Collect and report status information
 - Prepare the Incident Action Plan and other necessary forms and reports
 - Support the incident objectives
- Logistics Section Chief:
 - The “Getters”
 - Acquire necessary staff, items, and space, and ensure preservation of essential services
 - Maintain facility supplies, equipment, transportation, and labor pool
- Finance and Administration Section Chief:
 - The “Supporters”
 - Track response cost and expenditures, purchase supplies and equipment, and perform payroll
 - Maintain detailed records

(FEMA, MN)

Incident Action Planning

- Six essential steps:
 - Understand the facilities policies and directions
 - Assess the situation
 - Establish incident objectives
 - Determine appropriate strategies
 - Give direction
 - Provide necessary backup

(FEMA, MN)

Incident Action Planning

Action	Who	What	Example
Establish incident objectives	Incident Commander (IC)	Major priorities for incident response	Ensure safety of residents, staff, and visitors
Establish strategies to meet objectives	Section Chiefs	Major approaches undertaken by each section to achieve incident objectives established by IC and contained in Incident Action Plan	Assess building for structural damage due to the tornado
Determine and implement tactics to meet objectives	Section Chiefs	Specific actions taken by each section to achieve objectives in Incident Action Plan	Equip assessment team with appropriate PPE and tools to conduct assessment

Incident Command Center (ICC)

Location:

- Safe, secure area equipped with adequate technology
- Easily accessible to food and restrooms

Contain or accessibility to:

- Basic office supplies and whiteboard
- Incident Command documentation (electronic and hard copy)
- Facility maps and floor plans
- Facility Emergency Operations Plan
- Emergency Resource Directory

(FEMA, MN)

Incident Command System

- Establishes who has authority
- Details the responsibilities of the members
- Coordinates communication
- Works to stabilize the emergency and coordinate the response

(FEMA, MN)

Tools

- PSA IP contact info
- PSA Long-Term Care Emergency Preparedness Toolkit
- PA Healthcare Coalitions Map
- PSA resource document
- Examples of Organization Charts
- FEMA Incident Action Planning Guide
- Examples of All-Hazards Risk Assessments
- FEMA Developing and Maintaining Emergency Operations Plans
- Examples of organizational Information forms and rosters
- FEMA Safe Exercise Best Practice



PSA Infection Preventionists



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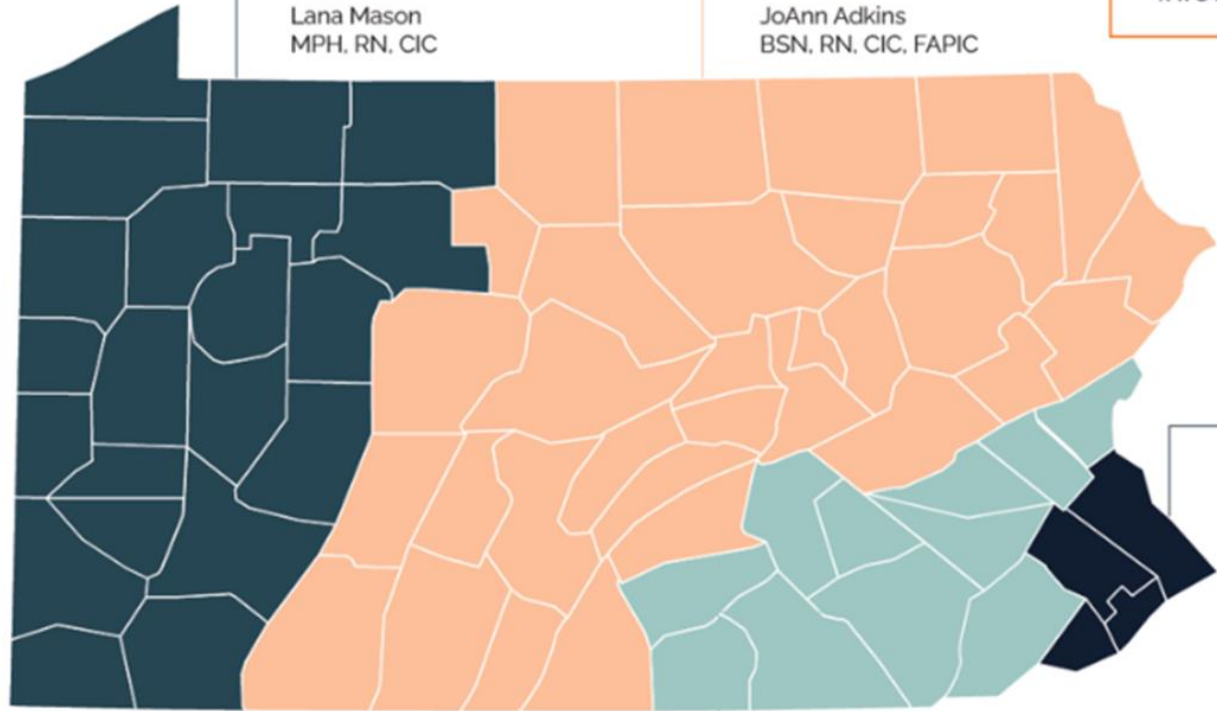
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Meet the
Infection Prevention
Advisors



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Denise Cutting
MSN, MHS, RN, CNL, CIC





Long-Term Care Emergency Preparedness Plan



<https://patientsafety.pa.gov/pst/Documents/Emergency%20Preparedness/Emergency%20Preparedness%20Toolkit.pdf>

Northern Tier Healthcare Coalition: Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Forest, Jefferson, McKean, Venango, Warren
Contact: PHMC-Melinda Carbaugh-mcarbaugh@phmc.org
Regional website: <https://nwhcc.groupsite.com>

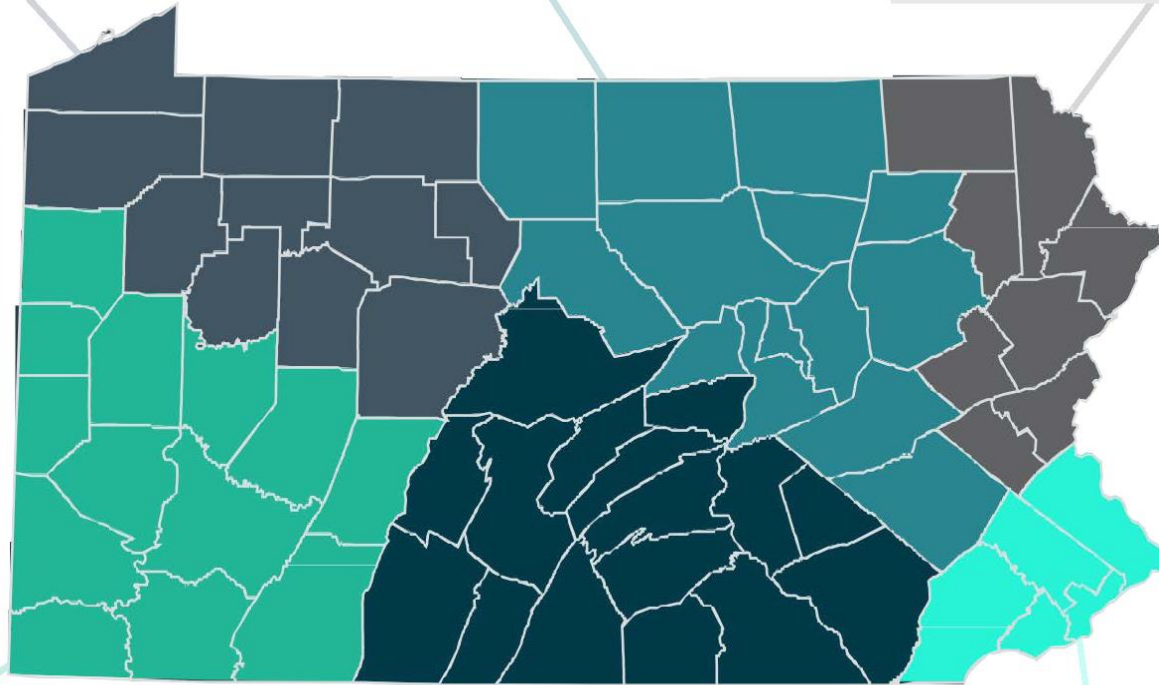
Central Region Healthcare Coalition: Berks, Bradford, Clinton, Columbia, Luzerne, Lycoming, Montour, Northumberland, Potter, Schuylkill, Sullivan, Tioga, Union, Wyoming
Contact: PHMC-Shawn Toboz-stoboz@phmc.org
Regional Website: <https://nchcc.groupsite.com>

North East Healthcare Coalition: Carbon, Lackawanna, Lehigh, Monroe, Northampton, Pike, Susquehanna, Wayne
Contact: PHMC-David Stofanak-dstofanak@phmc.org
Regional website: <http://nehcc.groupsite.com>

Pennsylvania's Regional Healthcare Coalitions

Hospitals with information requests or who need support from The Hospital and Healthsystem Association of Pennsylvania (HAP) emergency management team, please call (717) 561-5258 (24-Hr) or email inquiries to: hapem@haponline.org

Please visit the regional website listed for your county for additional information about regional meetings and other resources.

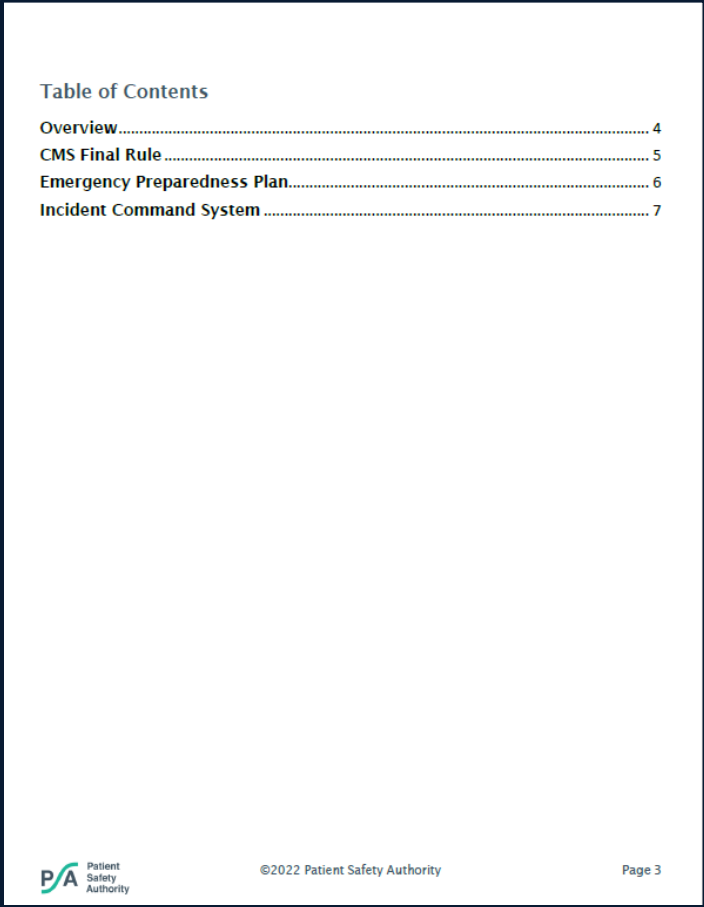
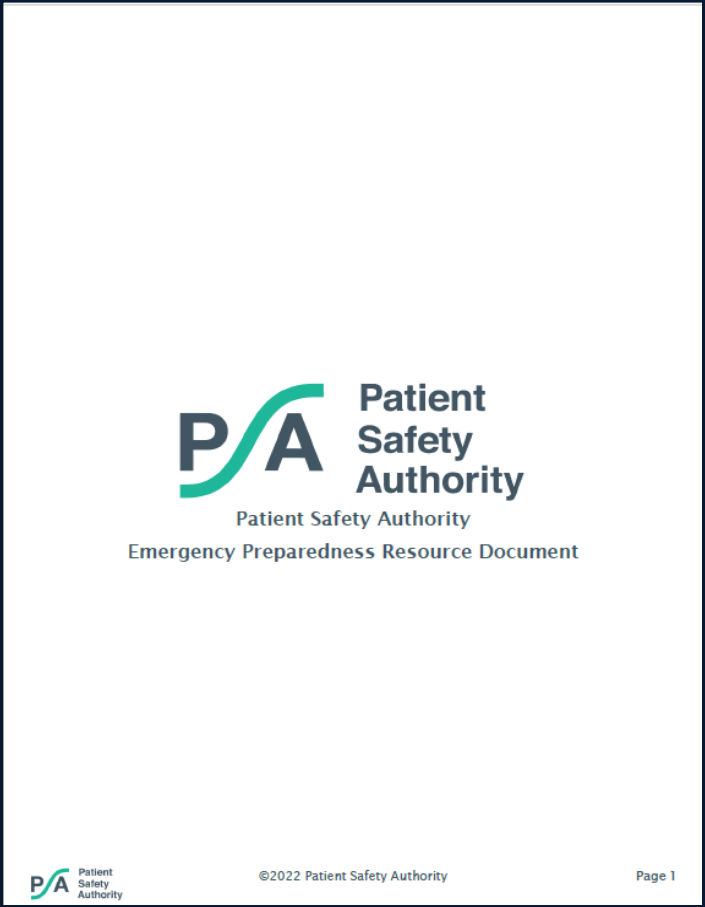


Healthcare Coalition of Southwestern Pennsylvania: Allegheny, Armstrong, Beaver, Butler, Cambria, Fayette, Greene, Indiana, Lawrence, Mercer, Somerset, Washington, Westmoreland
Contact: PHMC-Rick Lippert-rlippert@phmc.org
Regional website: <https://hcswpagroupsite.com>

Keystone Healthcare Coalition: Adams, Bedford, Blair, Centre, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lancaster, Lebanon, Mifflin, Perry, Snyder, York
Contact: PHMC-Adam Frymoyer-afrymoyer@phmc.org
Regional website: <https://khcc.groupsite.com>

Southeastern Pennsylvania Healthcare Coalition: Bucks, Chester, Delaware, Montgomery, Philadelphia
Contact: PHMC-Douglas Wo-dwo@phmc.org
Regional website: <http://sehcc.groupsite.com>

Emergency Preparedness Resource Document



<https://files.constantcontact.com/6d4c737e001/19cff006-d6f1-47a5-b60b-04fbae5bc4ab.pdf>

Kaiser Permanente

Emergency Management

Hazards - SITE & ADDRESS
 Hazard Vulnerability Assessment Tool

Alert Type	PROBABILITY	ALERTS	ACTIVATIONS	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
				HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
				Likelihood this will occur			Possibility of death or injury	Physical losses and damages	Interruption of services	
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	Number of Alerts	Number of Activations	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low	0 = N/A 1 = High 2 = Moderate 3 = Low	0 = N/A 1 = High 2 = Moderate 3 = Low	0 - 100%
Incllement Weather										
Infectious Disease Outbreak										
IT System Outage										
Landslide										
Mass Casualty Incident - Hazmat										
Mass Casualty Incident - Medical										
Mass Casualty Incident - Trauma										
Medical Gas Disruption										
Natural Gas Disruption										
Pandemic										
Patient Elopement										
Patient Surge										
Picketing										
Planned Power Outage										
Power Outage										
Radiation Exposure										
Seasonal Influenza										
Sewage Failure										
Shelter in Place										
Strikes / Labor Action / Work Stoppage										
Suicide										
Supply Chain Shortage / Failure										
Suspicious Package / Substance										

<https://www.calhospitalprepare.org/post/updated-hva-tool-kaiser-permanente>



Developing and Maintaining Emergency Operations Plans

Comprehensive Preparedness Guide (CPG) 101

Version 2.0

November 2010



https://www.fema.gov/sites/default/files/2020-05/CPG_101_V2_30NOV2010_FINAL_508.pdf

Organizational Information

Appendix D: Facility Contact Lists

Appendix D: Facility Contact Lists

Organizational Information

Organization: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone Number: () _____ Fax: () _____

Owner of LTC Community/Organization

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone Number: () _____ Fax: _____ ()

Cell Phone Number: () _____

E-mail: _____

Administrator/Executive Director

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

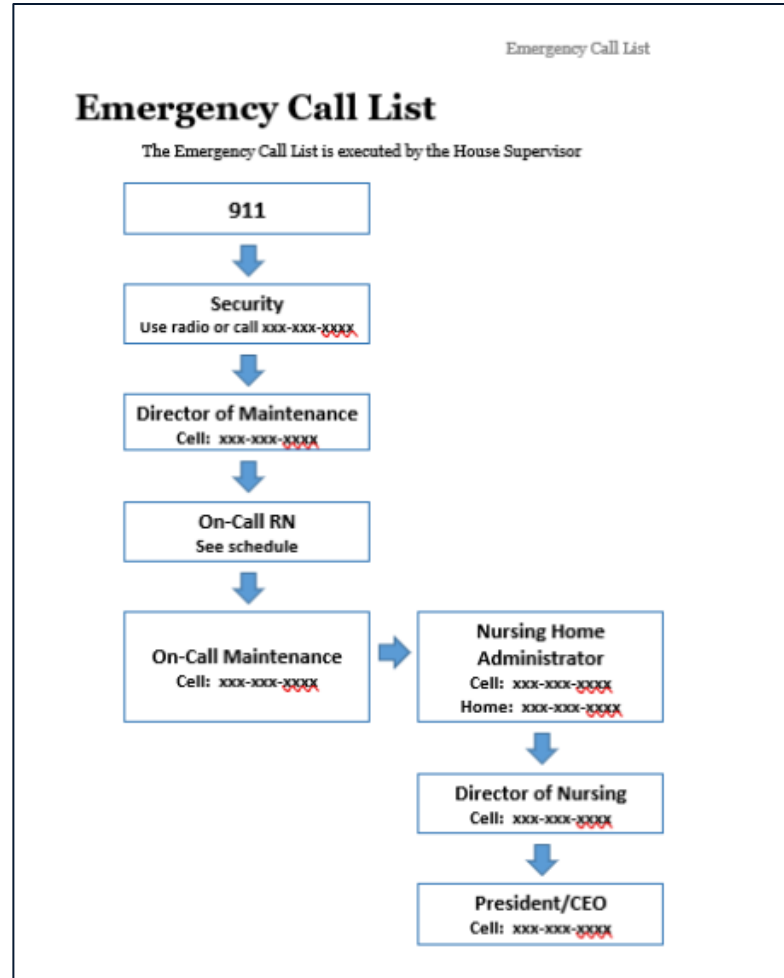
Phone Number: () _____ Fax: _____ ()

Cell Phone Number: () _____

E-mail: _____

<https://www.anha.org/uploads/ANHALTCPrepToolkit.pdf>

Emergency Call List



(Used with permission of Moravian Manor Communities, Lititz, PA)

External Emergency Contact Roster

Appendix D: Facility Contact Lists

Emergency Contact Roster - External

Organization	Point of Contact
Fire	
Law Enforcement	
Emergency Medical Services	
City Emergency Manager (If applicable)	
County Emergency Management	
Local Emergency Room or Hospital	
Regional Hospital Resource Center	
Local Public Health Office	
Alabama Department of Public Health – Health Provider Standards	
Alabama Department of Health – Office of Emergency Preparedness	
Alabama Department of Senior Services	
Alabama Nursing Home Association	

Physicians

Name	Office #	Cell	Pager

<https://www.anha.org/uploads/ANHALTCPrepToolkit.pdf>

Facility Specific Information

Appendix E: Facility Specific Information

Appendix E: Facility Specific Information

Building Information

Facility Name and Address: _____

Number of Floors: _____

Water Source: _____

Sewer and Septic: _____

Location of Sprinkler: _____

System Control Panel: _____

Location of Power Shutoff: _____

Location of Generator: _____

Closest Major Highway/Road: _____

Closest Railroad: _____

Other Modes of Potential Transportation i.e. Harbor: _____

Any Known Hazards
(i.e. propane tanks, high voltage concerns): _____

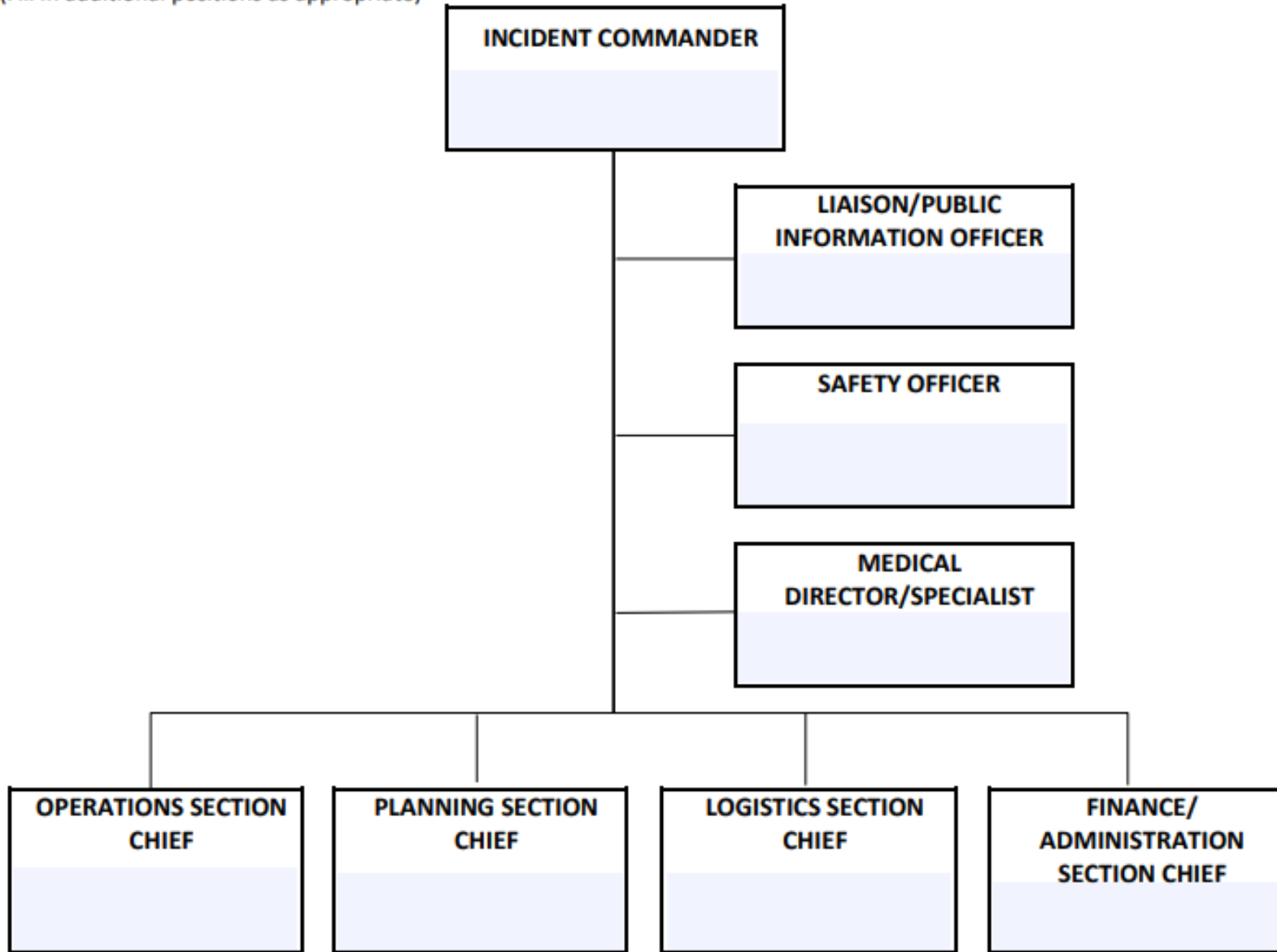
Are you within 10 miles of a nuclear facility: YES NO _____

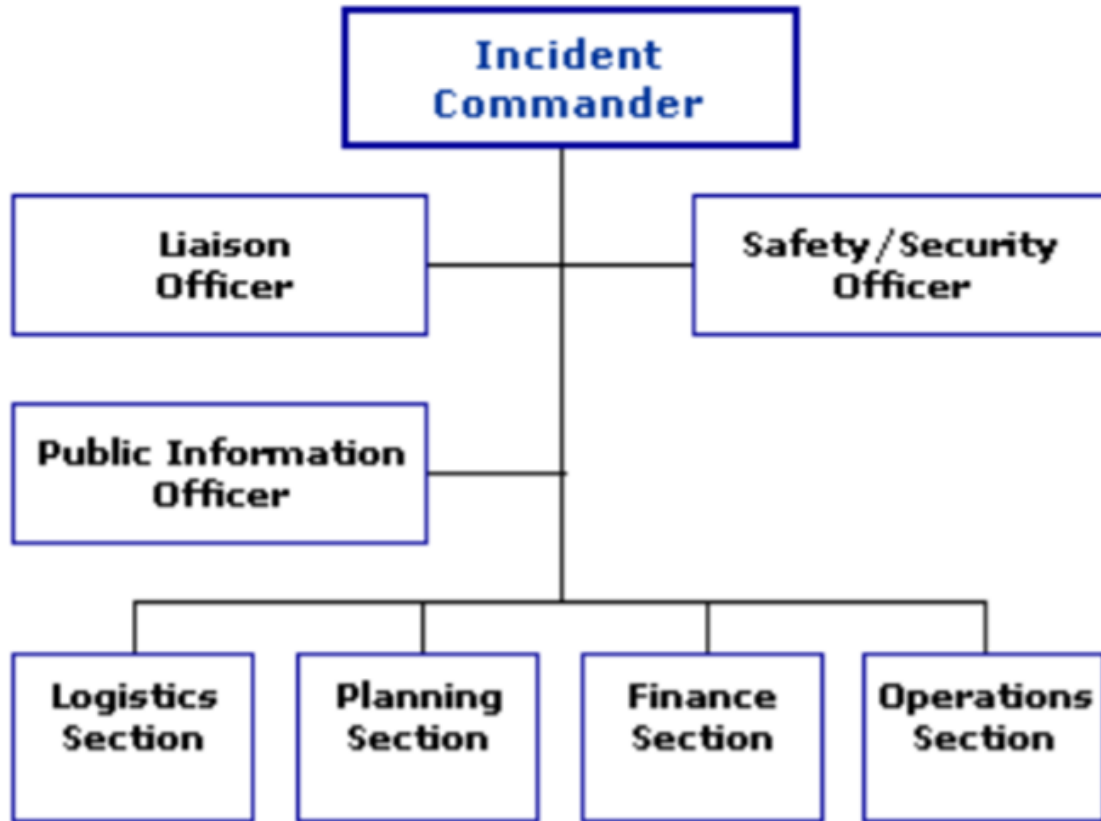
Are you within 50 miles of a nuclear facility: YES NO _____

Do you have any locked units: YES NO _____

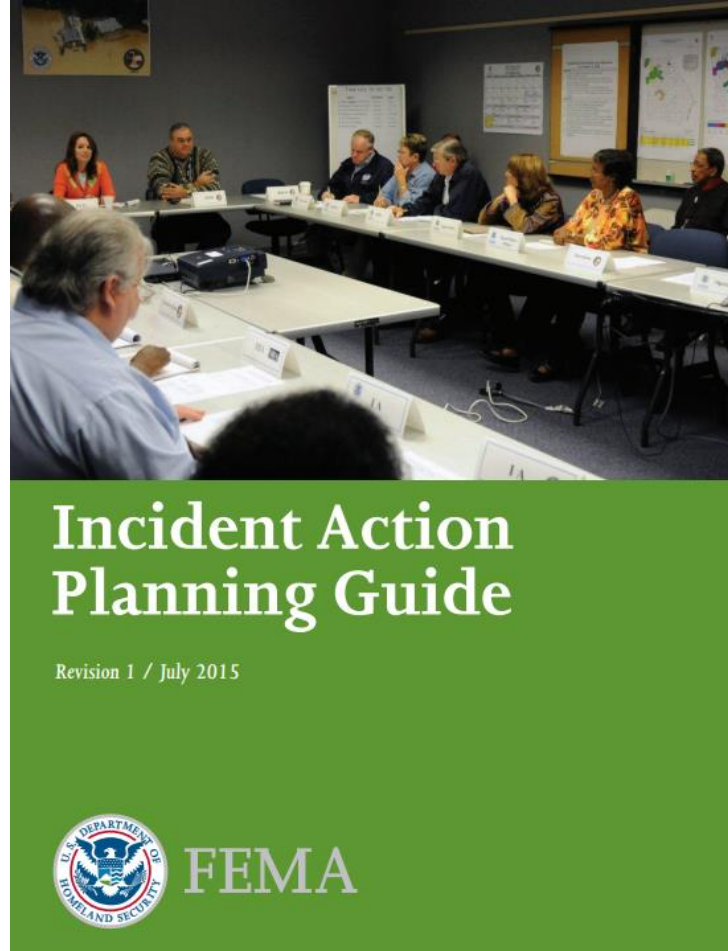
ATTACH A FLOOR PLAN OF THE BUILDING IF POSSIBLE

(Fill in additional positions as appropriate)





FEMA Incident Action Planning Guide



https://www.fema.gov/sites/default/files/2020-07/Incident_Action_Planning_Guide_Revision1_august2015.pdf

FEMA Safe Exercise Best Practice



https://www.fema.gov/sites/default/files/documents/fema_safe-exercise-best-practice_06072021.pdf



Resources

FEMA Exercise and Preparedness Tools <https://www.fema.gov/emergency-managers/national-preparedness/exercises/tools#Starter>

Minnesota Department of Health CMS Emergency Preparedness Checklist
<https://www.health.state.mn.us/communities/ep/ltc/appendixa.pdf>

PSA EP Webinar Series https://www.youtube.com/watch?v=zPw8dp8_cvg&list=PLwJn-tgLXAJJ7B_IE_GQWn9dIYdraSEVE

PSA EP Resource Document

<https://files.constantcontact.com/6d4c737e001/19cff006-d6f1-47a5-b60b-04fbae5bc4ab.pdf>

Pennsylvania Healthcare Coalition

<https://www.health.pa.gov/topcs/prep/Pages/HCC.aspx>

What questions do you have?

References

- Centers for Disease Control and Prevention. Emergency Preparedness and Response. CDC website. <https://emergency.cdc.gov/>.
- Centers for Medicare & Medicaid Services. CMS Emergency Preparedness Rule. CMS website. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule>.
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- Department of Homeland Security. Plan and Prepare for Disasters. DHS website. <https://www.dhs.gov/plan-and-prepare-disasters>.
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- Rebmann T, 2008 APIC Emergency Preparedness Committee. APIC State-of-the- Art Report: The Role of the Infection Preventionist in Emergency Management. Am J Infect Control. 2009;37(4):271-281. doi:10.1016/j.ajic.2008.12.002. http://www.apic.org/Resource_/TinyMceFileManager/Practice_Guidance/Emergency_Preparedness/Role_of_IP_in_Emergency_Management.pdf.
- U.S. Department of Health and Human Services. TRACIE Healthcare Information Preparedness Gateway. HHS Assistant Secretary for Preparedness and Response website. <https://files.asprtracie.hhs.gov/documents/aspr-tracie-cms-ep-rule-long-term-care.pdf>.
- World Health Organization (WHO), Communicate in Emergencies. <https://www.who.int/about/communications/actionable/emergencies>.

Thank You!



Pennsylvania Patient
Safety Authority



@PAPatientSafety



Patient Safety Authority



Patient Safety Authority



@PatientSafetyAuthority

Contact Us



(717) 346-0469



patientsafetyauthority@pa.gov



patientsafety.pa.gov