RHODE ISLAND LONG TERM CARE MUTUAL AID PLAN ANNUAL EDUCATION
AGENDA

HEALTHCARE COALITION UPDATE

SENIOR RESILIENCY PROJECT

CMS TOP 10 WHAT ARE THE SURVEYORS ASKING ABOUT EMERGENCY MANAGEMENT

BREAK

LESSONS LEARNED FROM THE FLORIDA HURRICANES

LUNCH

TABLETOP EXERCISE

2018 ANNUAL EXERCISES INFORMATION & CLOSING REMARKS
HCRI

Organizational
Chart

Core Members
- Hospitals
- Public Health
- EMS
- EMA

HCRI

HCPPC

Health Centers

LTC-MAP

- Nursing Homes
- Assisted Living Communities

Additional Members
Federal Project Period Focus

1. Bioterrorism equipment
   • Station Nightclub Fire/HSPD-5
2. Data collection and voice systems
3. Exercises, trainings, and local relationships
4. Coalitions and regional relationships
1. Education Day
2. LTC MAP Exercise
3. LTC MAP Software
4. Plans
5. Suspicious Activity Reports
6. Radios
7. Everbridge
Other Members

Supplies:
  • Burn Carts/Evacuation

Training
  • ICS/Ebola/Active Shooter

Capabilities
  • Decon Alliance/Critical Infrastructure Assessments

Education
  • Heroin Response/LEAP/Stop the Bleed
Enjoy the Day!
Senior Resiliency Project: Preparing Senior Living Facilities for Extreme Weather Events

May 24, 2018
LTC-MAP Education Day
Participating Sites

- Southbay Manor
- Grand Islander Manville Manor
- Oxford Place
- Dominica Manor
- Hartford Ave.
- Royal Middletown
- Steere House
- Tockwotton on the Waterfront
- Donovan Manor
- Pemberton Apartments
- 99 Hancock St.
- Forest Farms Assisted Living
- Coventry Skilled Nursing & Rehabilitation
- Lincoln Manor
Project Resources

- Facility Self-Assessment Template
- Gap Assessment Process
- Shelter-in-Place Plan Template
- Staff Training Presentation Template
- Technical Assistance Webinar Series
- Quick Reference Guides
### Food and Nutrition

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>74 Food and beverage supplies are sufficient to support all occupants with:</td>
<td>3 meals per day for 24 hours, 3 meals per day for 48 hours, 3 meals per day for 72 hours, 3 meals per day for 96 hours or longer</td>
</tr>
<tr>
<td>75 The volume of potable water stored in cases, cooler bottles and other containers:</td>
<td>Is not readily known, Is readily known</td>
</tr>
<tr>
<td>76 The facility’s kitchen:</td>
<td>Is located at or below grade and not protected from flooding, no alternative kitchen space is available, Is located at or below grade, an alternate space is available (select if the facility has no kitchen), Is above grade and not vulnerable to flooding, There is no centralized kitchen at this facility</td>
</tr>
<tr>
<td>77 Plans to conserve food supplies during an emergency:</td>
<td>Have not been developed, Have been developed</td>
</tr>
<tr>
<td>78 For patients/residents utilizing enteral feedings:</td>
<td>Have not been developed, Have been developed, There are no patients/residents utilizing enteral feedings</td>
</tr>
<tr>
<td>79 With regard to planning for pre-cooked meal sources:</td>
<td>No plans exist for other sources for meals that are ready to eat (pre-cooked or does not require cooking), If needed, sufficient volumes of ready to eat meals can be obtained from an outside source</td>
</tr>
</tbody>
</table>
Project Resources

- Facility Self-Assessment Template
- Gap Assessment Process
- Shelter-in-Place Plan Template
- Staff Training Presentation Template
- Technical Assistance Webinar Series
- Quick Reference Guides
Plan Sections
1– Plan Overview
2 – Authorities & Responsibilities
3 – Facility Information
4 – Utilities & Resources
5 – Food & Nutrition
6 – Clinical & Staffing Concerns
7 – Evacuation & Patient Movement
Project Resources

- Facility Self-Assessment Template
- Gap Assessment Process
- Shelter-in-Place Plan Template
- Staff Training Presentation Template
- Technical Assistance Webinar Series
- Quick Reference Guides
Online Materials

Available at:

www.health.ri.gov/programs/climatechangeandhealth

And click on “Senior Resiliency Project”
Laura Bozzi
Climate Change Program Manager
Environmental Health
Rhode Island Department of Health
Laura.bozzi@health.ri.gov
What are Surveyors asking regarding the New Emergency Preparedness (EP) Rule?
What are Surveyors asking Assisted Living Communities regarding your Emergency Management Plan?
<table>
<thead>
<tr>
<th>Tag #</th>
<th>Tag Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>E0035</td>
<td>LTC and ICF/IID sharing plan with patients</td>
</tr>
<tr>
<td>E0001</td>
<td>Establishment of the Emergency Program (EP)</td>
</tr>
<tr>
<td>E0039</td>
<td>Emergency Prep Testing Requirements</td>
</tr>
<tr>
<td>E0024</td>
<td>Policies/Procedures-Volunteers and staffing</td>
</tr>
<tr>
<td>E0026</td>
<td>Roles under a Waiver Declared by Secretary</td>
</tr>
<tr>
<td>E0009</td>
<td>Local, State, Tribal Collaboration Process</td>
</tr>
<tr>
<td>E0018</td>
<td>Procedures for Tracking of Staff and Patients</td>
</tr>
<tr>
<td>E0037</td>
<td>Emergency Prep Training Program</td>
</tr>
<tr>
<td>E0029</td>
<td>Development of Communication Plan</td>
</tr>
<tr>
<td>E0013</td>
<td>Development of EP Policies and Procedures</td>
</tr>
<tr>
<td>E0015</td>
<td>Subsistence needs for staff and patients</td>
</tr>
<tr>
<td>E0031</td>
<td>Emergency Officials Contact Information</td>
</tr>
</tbody>
</table>
Top National E-Tag Citation E0035:

- Sharing Emergency Preparedness Plan with Residents:
  - Emergency Communications Plan that details how:
    - You will communicate with residents and families during a disaster or emergency event
    - Provide details about your Emergency Operations Plan
    - How you will address a disaster internally
Top National E-Tag Citation E0035:

- Sharing Emergency Preparedness Plan with Residents:
  - How you will address specific disasters:
    - Establishing Incident Command
    - Sheltering in place
    - If forced to evacuate the building. How you will evacuate
    - Fire procedures
  - Template
Four Core Elements of Emergency Preparedness

Based off the Four Core Elements of Emergency Preparedness:

- Risk Assessment and Emergency Planning
- Communication Plan
- Policies and Procedures
- Training and Testing
Four Core Elements of Emergency Preparedness:

- Risk Assessment and Emergency Planning:
  - Hazards likely in Geographic area
  - Care Related
  - Equipment and Power Failures
  - Interruption of Communications
  - Loss of all / portion of supplies
  - Plan is to be reviewed and updated annually
Hazard Vulnerability Assessment (HVA):

Hazard vulnerability analysis (HVA) and risk assessment are systematic approaches to identifying hazards or risks that are most likely to have an impact on a healthcare facility and the surrounding community.
### Hazard Vulnerability Assessment:

<table>
<thead>
<tr>
<th>Natural Disasters</th>
<th>TOP 10 HVA</th>
<th>RANK</th>
<th>Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tornado</td>
<td>1</td>
<td>1</td>
<td>47%</td>
</tr>
<tr>
<td>Damaging Winds</td>
<td>2</td>
<td>2</td>
<td>38%</td>
</tr>
<tr>
<td>Blizzard</td>
<td>3</td>
<td>3</td>
<td>33%</td>
</tr>
<tr>
<td>Hurricane</td>
<td>4</td>
<td>4</td>
<td>31%</td>
</tr>
<tr>
<td>Hail Storm</td>
<td>5</td>
<td>5</td>
<td>25%</td>
</tr>
<tr>
<td>Severe Thunderstorm</td>
<td>6</td>
<td>6</td>
<td>25%</td>
</tr>
<tr>
<td>Snow / Ice Storm</td>
<td>7</td>
<td>7</td>
<td>25%</td>
</tr>
<tr>
<td>Temperature Extremes</td>
<td>8</td>
<td>8</td>
<td>16%</td>
</tr>
<tr>
<td>Flooding (External)</td>
<td>9</td>
<td>9</td>
<td>13%</td>
</tr>
<tr>
<td>Drought</td>
<td>10</td>
<td>10</td>
<td>7%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Technological Disasters</th>
<th>TOP 10 HVA</th>
<th>RANK</th>
<th>Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial Power Failure</td>
<td>1</td>
<td>1</td>
<td>28%</td>
</tr>
<tr>
<td>EHR/Information Systems Disruption</td>
<td>2</td>
<td>2</td>
<td>28%</td>
</tr>
<tr>
<td>Communications Systems Failure</td>
<td>3</td>
<td>3</td>
<td>21%</td>
</tr>
<tr>
<td>Natural Gas Odor/Leak</td>
<td>4</td>
<td>4</td>
<td>21%</td>
</tr>
<tr>
<td>Cyber Attack</td>
<td>5</td>
<td>5</td>
<td>17%</td>
</tr>
<tr>
<td>Vendors: Inability to deliver supplies</td>
<td>6</td>
<td>6</td>
<td>17%</td>
</tr>
<tr>
<td>Vendors: Inability to respond for repairs</td>
<td>7</td>
<td>7</td>
<td>17%</td>
</tr>
<tr>
<td>Water Supply Disruption (Potable)</td>
<td>8</td>
<td>8</td>
<td>17%</td>
</tr>
<tr>
<td>Public Transportation Disruption</td>
<td>9</td>
<td>9</td>
<td>16%</td>
</tr>
<tr>
<td>HVAC Failure</td>
<td>10</td>
<td>10</td>
<td>15%</td>
</tr>
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</table>
## Risk Assessment:

### Hazard Vulnerability Assessment:

<table>
<thead>
<tr>
<th>TOP 10 HVA</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Labor Dispute/Strike</td>
<td>1</td>
<td>46%</td>
</tr>
<tr>
<td>Workplace Violence</td>
<td>2</td>
<td>29%</td>
</tr>
<tr>
<td>Bomb Threat (Called in)</td>
<td>3</td>
<td>27%</td>
</tr>
<tr>
<td>Community or Regional Terrorism (CBRN)</td>
<td>4</td>
<td>27%</td>
</tr>
<tr>
<td>Missing Patient (NH Resident)</td>
<td>5</td>
<td>21%</td>
</tr>
<tr>
<td>VIP Admission</td>
<td>6</td>
<td>21%</td>
</tr>
<tr>
<td>Sheltering in Place (Staff, Staff Families, Pets)</td>
<td>7</td>
<td>19%</td>
</tr>
<tr>
<td>Community Surge</td>
<td>8</td>
<td>17%</td>
</tr>
<tr>
<td>Active Shooter / Person with a Weapon</td>
<td>9</td>
<td>15%</td>
</tr>
<tr>
<td>Surge or Influx or Patients (NH Residents)</td>
<td>10</td>
<td>13%</td>
</tr>
</tbody>
</table>
Plans are needed based off your Hazard Vulnerability Assessment:

### Risk Assessment:

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<td>10</td>
<td>27%</td>
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E-Tag 0006 - Plans Based upon All Hazards Risk Assessment
Tornado Ranked #1 at 47%

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

TORNADO / HIGH WINDS

OVERVIEW
The National Weather Service may issue a Tornado Watch or Warning or a High Wind Warning. High Wind Warning is announced when winds are 86 mph or greater. When this happens, follow Tornado Warning Procedures.

TORNADO WATCH
If a TORNADO WATCH is received, this would be an indication that there is a possibility that a tornado may strike, and the facility may have several hours to prepare.

GENERAL ACTIONS APPLICABLE TO ALL STAFF
- All departments should prepare emergency supplies for possible use (i.e. linens, food, emergency water and food supplies, medical and first aid supplies, flashlights).
- Identify safe areas (inside hallways and windowless rooms) within the building where staff and residents should be brought, if time allows.
- Turn off all electrical, gas and water appliances not considered essential for resident care and treatment. Leave lights on.

ADMINISTRATOR / INCIDENT COMMANDER
- Assess potential impact on facility operations and resident care. Develop an action plan and determine need to activate Incident Command to manage the incident.
- Weather websites, a weather radio, or local radio and/or television stations should be
E-Tags being issued for:

- Not completing an HVA **annually**
- HVA was not recent. (One facility left the date of review on it “January 2014”)
- You Need to DOCUMENT!!!
### HAZARD VULNERABILITY ASSESSMENT - ANNUAL ANALYSIS AND REVIEW

<table>
<thead>
<tr>
<th>#</th>
<th>STAFF OR AGENCY NAME INVOLVED IN REVIEW</th>
<th>TITLE</th>
<th>DATE CONTACTED</th>
<th>PERSON CONTACTED</th>
<th>OUTCOME (ATTENDED, UNABLE TO ATTEND, ETC.)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Once community and facility risks are assessed an updated HVA should be placed in the EPP binder with the date of the assessment.
Communications Plan:

- System to Contact Staff, Resident’s Physicians and Families
- Well-coordinated within the facility, across health care providers, with state and local public health departments and emergency management agencies
- To be reviewed and updated at least annually
  - Document your review!!!
The Communications Plan MUST provide:

- Names and Contact Information for:
  - Staff
  - Entities providing services under agreements
  - Residents physicians
  - Residents families
  - Other healthcare facilities (MAP)
  - Additionally, local, regional, state and federal emergency response and emergency management agencies and health partners
Components of your Communication Plan:

Internal Communications:

- Depending on the disaster and situation, internal communication to key areas should be ensured. Key internal areas to ensure communications with would include:
  - Command Center and assigned Incident Command Staff
  - Labor Pool, if established
  - Area directly involved in emergency
  - All resident care areas
Communications Plan:

Components of your Communication Plan:

Internal Communications:

- Detail the devices that would be used (Primary and Alternate):
  - Normal Telephones
  - Cell Phones
  - Power Fail / Emergency Phones
  - Website – Real Time Updates
  - Specific Phone Number for Prerecorded Messages
External Communications Plan:

- External communication to key areas should be ensured. Key external areas to ensure communications with would include:
  - City / Town Command Center
  - Sister or System facilities, if still operational
  - Rhode Island Department of Health (RIDOH)
  - Healthcare Coalition of Rhode Island (HCRI)
  - Mutual aid plans
  - Federal Partners (FBI)
Sharing of Medical Information in the event of an evacuation:

- You need to detail how you will share your Medical Records
- Electronic Health Records (EHR)?
  - How would you access your EHR from another nursing home?
- Paper Medical Records:
  - Copy and transport with the resident?
External Communications Plan:

▶ Mutual Aid Plan Notifications:
  ▶ Does your building receive the Rhode Island Health Notification System?
  ▶ If not, it all starts with being a contact in your building

▶ State Alert Emergency Notification:
  ▶ RI: CodeRed Alerts
You need to develop and implement Policies and Procedures based on your Emergency Plan Risk Assessment.

Must address:

- Full Building Evacuation Plan
- Procedures for tracking residents and staff during an emergency. What tools do you have through the MAP?

Review and Update annually
RESIDENT/MEDICAL RECORD/STAFF/EQUIPMENT TRACKING SHEET

THIS PORTION TO BE COMPLETED BY EVACUATING/SENDING FACILITY

<table>
<thead>
<tr>
<th>Sending Facility:</th>
<th>Contact Person:</th>
<th>Fax (____)</th>
<th>Tel (____)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Receiving Facility:</th>
<th>Contact Person:</th>
<th>Date/Time Called:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tel (____)</td>
<td>Fax (____)</td>
<td>Tel (____)</td>
</tr>
</tbody>
</table>

Resident

<table>
<thead>
<tr>
<th>Name:</th>
<th>MR or Tracking #:</th>
<th>Sex: □ M □ F</th>
<th>DOB: / /</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Contact:</td>
<td>Tel (____)</td>
<td>Date/Time:</td>
<td></td>
</tr>
<tr>
<td>Physician:</td>
<td>Tel (____)</td>
<td>Date/Time:</td>
<td></td>
</tr>
</tbody>
</table>

Sent with Resident (Check all that apply)

- □ Chart
- □ Meds
- □ MAR
- □ Equipment
- □ Staff (Name): 

EMS or Bus Company Name & Vehicle ID

Time Vehicle Departed

Time Arrived/Left Stop Over Point

Time/Date Received RECEIVING FACILITY TO COMPLETE

THIS PORTION TO BE COMPLETED BY RECEIVING FACILITY

INSTRUCTIONS: COMPLETE THIS BOX, THE FINAL COLUMN ABOVE, AND THE INFLUX OF RESIDENTS LOG.

Receiving Facility Name: ____________________________

City: ____________________________ State: __________

Person Completing Form: ____________________________

Did you communicate receipt of resident with the LTC Coordinating Center or Disaster Struck (Sending) Facility? □ Yes □ No (If no, please do so now)

Print Name of Primary Contact: ____________________________

Phone: ____________________________ Fax: ____________________________
Policy & Procedures Plan Gaps:

Full Building Evacuation Plan Components:

- Action Plan:
  - Labor Pool
  - Holding Areas
  - Staff & Emergency Services Internal Routes

Management of Residents:

- Medications
- Medical Records
- Personal Belongings
Policy & Procedures Plan Gaps:

- Full Building Evacuation Plan Components:
  - Identifying Receiving Facilities
  - Categories of Care “Right Resident in the Right Place”
  - Tracking of all Resident and Staff movement
    - What tools do we have to accomplish this?
Policies and Procedures:

Policy & Procedures Plan:

► 1135 Waiver and how does it effect you?

National Emergencies Act

- 1976.
- A president must notify Congress when intending to declare a national emergency.
- Cannot be longer than one year.
- Majority vote of Congress can override provisions of emergency declarations.

Presidential Declaration: Stafford Act or National Emergencies Act

HHS Secretary: Public Health Emergency Declaration
### Examples of 1135 Waiver Authorities

<table>
<thead>
<tr>
<th>Conditions of Participation</th>
<th>Licensure for Physicians or others to provide services in affected state</th>
<th>Emergency Medical Treatment and Labor Act (EMTALA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stark Self-Referral Sanctions</td>
<td>Medicare Advantage out of network providers</td>
<td>HIPAA</td>
</tr>
</tbody>
</table>
Policies and Procedures:

1135 Waiver Highlights:
Who are we Training?

All staff, including individuals providing onsite services under arrangement and volunteers consistent with their expected roles, will be provided initial training in the Emergency Preparedness Program, specifically the Emergency Operations Plan.
Who are we Testing?

The facility will test staff competence in their knowledge of the Emergency Preparedness Program through the use of a post training quiz and evaluations during drills and exercises.
You must **IDENTIFY** someone who will be responsible for the review and updating of the Training & Testing Program

Who has this responsibility in your facility?
Testing:

You need to conduct annual testing of your Emergency Preparedness Program through exercising as follows:
Testing Requirements:

- You must conduct at least two (2) exercises to test your emergency plan annually.
- Activations – if documented properly, can count as one (1) exercise.
Exercise #1

► Participate in a “Full Scale Exercise” that is Community Based (MAP)
  ► If a Community Based Exercise is not available, conduct a facility based one

► Document attempts to engage your community partners. You must try!!
Exercise #2

- Conduct an additional exercise that may include, but is not limited to:
  - A second “full-scale exercise” that is community-based, or individual facility-based
  - A tabletop (TJC wont accept) exercise that includes a group discussion, a narrated clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan
Types of Exercises:

- **Full-Scale Exercise (FSE)**

  Full-scale exercise is defined and accepted as any operations-based exercise (drill, functional, or full-scale exercise) that assesses a facility’s functional capabilities by simulating a response to an emergency that would impact the facility’s operations and their given community.

- “Boots on the Ground” type of response e.g., EMS assisting in your Full Building Evacuation Exercise
Types of Exercises:

▶ Facility Based Exercise

Option if a FSE is not available.

Facility-based includes, but is not limited to, hazards specific to a facility based on the geographic location; resident population; facility type and potential surrounding community assets (i.e. rural area versus a large metropolitan area).
Types of Exercises:

- **Tabletop Exercise (TTX)**

A tabletop exercise is a group discussion led by a facilitator, using narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.

**FYI – The Joint Commission does not accept TTX Exercises**
Types of Exercises:

- Drill – If you activate your Command Center, etc.
Training and Testing Summary:

- Initial training for new and existing staff, individuals providing services under arrangement, and volunteers consistent with their expected role.
- Provide training at least annually, include unannounced drills.
- Demonstrate staff knowledge of emergency procedures.
Have ready for your Surveyors:

- For Each Exercise:
  - After Action Report
  - Improvement Plan
  - LTC MAP Regional Participation Report

- Maintain Documentation of Every Exercises
Assisted Living Communities “Best Practice”
An evacuation strategy for both immediate and delayed evacuations

Be part of an Established Mutual Aid Plan that addresses essential issues such as supplies, equipment and staffing
Establish a relationship with local public safety officials and local Emergency Management officials.
Assisted Living Communities “Best Practice”

- Conduct Annual simulated evacuation drills and rehearsals for All shifts
- Provide every resident:
  - Training on their actions in a disaster
The Residence shall ensure disaster and emergency preparedness by orienting new employees at the time of employment to the Communities Emergency Preparedness Plan.

Periodically reviewing the plan with employees, and making certain that all personnel are trained to perform the tasks assigned to them.
Your Disaster and Emergency Preparedness Training:

- More than just Fire Training
- Must be comprehensive and included your Policy & Procedures for “Responding to any Emergency”
- Missing Resident
- Weather Emergency
I Need A Break...
Weathering the Storm: The Survival Guide for Long Term Care Providers in Florida

By

Bob Asztalos
Florida Health Care Association
Long Term Care (LTC) in Florida

- 683 licensed Nursing Homes consisting of approximately 83,587 beds
- 3,109 licensed Assisted Living Facilities (ALFs) with approximately 92,000 beds
- Florida Health Care Association (FHCA) represents over 550 of the 683 Nursing Homes and approximately 100 ALFs
- Most Florida LTC facilities located close to water and in flood/evacuation zones
685 Nursing Homes
83,925 Patient Beds

(AHCA – 4.23.18)
Florida Emergency Management (EM) Structure

- State Emergency Operations Center (SEOC) located in Tallahassee

- Each of the 67 counties has an EOC: Many have coastlines
How Florida EM Grew Up

- Hurricane Andrew, August 24, 1992
- Hurricane Season of 2004 and 2005
  - Hurricane Charley, August 13, 2004
  - Hurricane Frances, September 4, 2004
  - Hurricane Ivan, September 16, 2004
  - Hurricane Jeanne, September 26, 2004
  - Hurricane Katrina, August 25, 2005
  - Hurricane Wilma, October 24, 2005

Remember 2004
- 5 storms
- 4 w/in 44 days
How Florida EM Continues to Learn

• Hurricane Matthew, October 7, 2016

• Hurricane Irma, September 10, 2017
Challenges: Pre-Storm Impact

Should we stay or go?
- Have a solid Comprehensive Emergency Plan and follow it.
- Evacuation/Transfer Trauma/Conflict with Local Emergency Management
- Communicate, Communicate, Communicate! Families, friends and regulators want to know

Preparation for sheltering in place
- Transfer most vulnerable population/those that can be with family
- 3-7 Days of food, water, supplies and ICE
- Staff and family bunk up and a work rotation schedule
- Dialyze as close to storm as possible
- Ice and fuel replenishment and service for the generator
Challenges: Pre-Storm Impact

Should we stay or go (continued)?

• Preparing to evacuate
  • Pick the most appropriate facility/facilities looking at geography and
distance and ability to house residents
  • Transportation assets arranged and have a backup plan
  • Plan to transport records, staff and supplies together with residents
  • Avoid the temptation to wait until last minute when the roads are jammed
and the storm is bearing down on your residents’ in transit.
  • Be flexible and prepared. Plans will fall through and residents may end up
in a place not contemplated.
From the View of the Operator

• Consulate Health Care- 76 SNF’s and 6 ALF’s in Florida
• Largest Operator in Florida with 12% of Beds
• 8 Regions
• 9,000 Patients
• 12,000 Employees
• Corporate and Regional Team highly experienced in Emergency Management
• Work extremely closely with Florida Health Care Association
Pre-Storm Preparation

All Centers fall in one of two categories:

- HIDING FROM WIND

- RUNNING FROM WATER
Pre-Storm Preparation

• This is the time Leaders should be organized and calm.

• Duck on the Water Management Style.

• Set-up command center.
  • Review your Disaster Checklists
  • Assign Duties
  • Assign a “Secretary “ to take notes and keep track of all events

• Reschedule appointments and non-essential meetings.

• Set-up regular communication schedule for Conference Calls.

• Set up protocol for centralizing ALL hurricane emails.

• Communicate with local centers in your area.

• Review your insurance policy with your agent. Do you have evacuation insurance or Business Interruption.
Command Center and Communication

• Ensure all key players have access to information at all times

• Set up regular communication

• Prepare for Contingencies
Hiding From Wind

- Ensure you have proper supplies
- Generator Fuel topped off
- Know your O2 situation
- Prepare for overnights by staff and family members
- Census likely to increase as hospitals empty beds
- Know what your facility can handle related to unexpected visitors
- Have your B team in place for post storm staffing
Running from Water

• Know your evacuation situation well in advance.

• If the county EOC says go...you go.

• Not always clear if evacuation is mandated.

• High likelihood that some patients will expire due to stress of evacuation.

• Control the evacuation... don’t let it control you.
Stay With A Sister Facility If At All Possible

Southwest Region

Evacuating Facilities
1. Naples (A) - 83
2. Heritage Fort Myers (B) - 98
3. N.F.M. (B) - 93
4. Coral Trace (B) - 108
5. Englewood (B) - 110
6. P.S. Charlotte (B) - 114
7. Bay Breeze (B) - 112
8. Evans (C)

Receiving Facilities
- Sarasota Area
  - Winter Haven
  - Lakeland
  - Oakbridge
  - Wedgewood
  - Lake Park
  - 60 each

Overflow:
- Spring Hill: Heron Pt. Osprey
Accommodations and Transportation

- Assign individuals to these tasks
- Increase their credit card limit
- Prepare individuals that they will be sharing rooms in shift style.
- Pay for 24/7 transport if possible.
- Keep track diligent tracking of:
  - Fuel needs
  - Origin of rental
  - Location of rental each evening
  - Location of keys each evening
Prepare Relief Teams

• Preparing and riding out the storm is sort of a party. Everyone wants to help.
• After the storm, individuals who may have been on for 48-72 hrs. will need to be relieved.
• In hard hit areas, staff need to tend to their own homes and families.
• Prepare teams of individuals to assess damage. DO NOT LEAVE SOLELY TO THOSE ON SITE.
Challenges: Storm Impact

• Generator and fuel ready
• Radio and satellite phone to stay in contact for storm updates: Don’t just depend on cell phone
• Stay in communication with local Emergency Management and be ready when things go wrong
  • May have to evacuate or evacuate up, or to an area of refuge in the facility
  • Staff for any acute episode that may occur
• Activities for residents, staff, family members and event pets
From the View of the Operator-Riding Out the Storm

• Step up conference calls to receive updates on power outages, known damage and other issues.
• Keep diligent notes.
• Keep in contact with your Association and let them know your situation.
• Let those who worked hardest during preparation get some rest if at all possible.
Challenges: Post-Storm Impact

- Once winds die down, assess situation, notify local EM/regulators and prepare to be on your own
- Is the building safe or is evacuation necessary?
- No major structural damage or flooding
- No Power? Generator working and plan to refuel
- Maintain a safe temperature
- Sanitation, lift station down may cause evacuation
- Access to water and ice/supplies/trash storage/laundry/
- Cash works when credit cards don’t
- Don’t allow staff to burn out
- Rotate and rest staff
- Allow them to visit their homes
- Think fuel and transportation to allow them to commute from home

This Photo by Unknown Author is licensed under CC BY.
Challenges: Post-Storm Impact

- Caring for residents while on generator power
  - Monitor temperatures and hydrate/lots of ice
  - Dialysis, three days comes fast
  - May transfer ventilator residents if on a generator
  - Hospitals want to send residents back and you will want to transfer residents in distress
  - EM looking to transfer in as special needs shelters close
From the View of the Operator-Post Storm Impact

• Roll out your relief teams.
• Send out Damage Assessment teams as soon as travel is safe. Create spreadsheet with initial damages.
• Send Management to buildings with goodies to shake hands and thank the staff.
• Monitor staffing closely.
• Inform State Agency of your situation.
• Work with those in your state who can help return power to your building ASAP.
Post Storm Clean Up

- Narrow down your open issues.
- Send our final communications.
- Officially close your command center and return to clean up and normal operations.
• Disaster preparation prior to storm
  • Emergency Preparedness Committee, (Volunteer FHCA members, Associate Members and EM personnel at state and local levels) mobilize efforts to support local nursing homes
  • In the 18 months prior to Hurricane Irma, nearly 1,500 LTC and EM professionals participated in 35 FHCA-sponsored joint trainings/educational seminars across Florida, many with table top exercises.
  • A recent survey by Emory University reported that 94% of Florida nursing centers have regular communications with local emergency management agencies to discuss emergency preparedness ... 88% discuss emergency preparedness with their residents ... 85% share emergency preparedness policies with residents’ families.
  • Host daily call with state regulators and EM personnel for LTC providers same time each day (11:00 AM) from one week prior to event until all power restored
• Born out of a workout in the gym
• Activate with the State EOC prior to and through event
  • Along with Agency and partners, man the ESF-8 LTC facility desk (Augment government partners)
• Operate desk 12 to 24 hours per day depending on need
• Other partners include the Florida Hospital Association. Other associations consulted as needed.
• All hands-on-deck for FHCA staff who work from FHCA office
FHCA and the State EOC

• Activate with the EOC prior to and through event (continued)
  • Assist the Agency for Health Care Administration (licensing agency)
    • Assist all facilities, whether member or not
    • Can have better dialogue with facilities
    • Can access private resources in addition to Government provided

• Provide accurate intelligence to Agency/EM
• FHCA members staff select county EOCs
• Train with State EM and Agency Personnel all year.
How Did Florida Facilities Weather Irma

• During Hurricane Irma:
  • 350 nursing homes/1,677 ALFs lost power (1/2 in excess of 2 days), and continued to successfully care for 68,000 residents throughout the storm.
  • 862 total healthcare facilities (including 88 nursing homes/635 ALFs) successfully evacuated
  • More than 500 nursing homes and 2,000 ALFs successfully sheltered their residents in place.
  • 90 LTC providers returned post-evacuation before full power was restored
Hollywood Hills Nursing and Rehabilitation

- What happened?
- Will the new laws prevent another Hollywood Hills?
Nursing Home/ALF Emergency Power Rules

• Nursing Homes
  • AHCA Rule 59A-4.1265/HB 7099
  http://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/Long_Term_Care/docs/Nursing_Homes/59A-4.1265_EmergencyEnvironmentalControlForNursingHomes.pdf

• ALFs
  • DOEA Rule 58A-5.036/SB 7028
Nursing Home/ALF Emergency Power Rules

• Safe temperatures at all times for residents for minimum 96 hours
  • Must support area of refuge with internal temperatures of maximum 81 degrees and no less than 30 square feet per resident

• Emergency power source maintained at the facility when residents on premises

• Piped gas or 72 hours onsite fuel with additional 24 hours of fuel brought onsite (to achieve 96 hours) upon Declaration of an Emergency

• If fuel storage is restricted by regulations and piped gas is not available, must replenish 24 hours prior to depletion
ALF Emergency Power Rules

- Same as Nursing Home rule except:
  - Must support area of refuge with internal temperatures of a maximum of 81 degrees for no less than 20 square feet per resident, may use 80% of licensed capacity to calculate/resident choice/monitor
- 72 hours onsite fuel or piped gas for 17+ beds
- 48 hours onsite fuel or piped gas for 16 or less beds
- Bring additional fuel onsite (to achieve 96 hours) upon Declaration of an Emergency
- Carbon monoxide detectors are required
Emergency Power Source Guidelines for LTC Facilities

• Implement plans by June 1, 2018
• Extend until January 1, 2019 for certain delays
  • Must still arrange for safe temperatures
  • Have an alternative power source onsite or contract for delivery within 24 hours of state of emergency
  • May evacuate if in an evacuation zone
• Additional extensions by Rule Variance after January 1, 2019
Lessons Learned

• 682 Nursing Homes and over 3,000 ALFs got it right
  • Participate in training
  • Solid Comprehensive Emergency Plan and followed it
  • Have alternative plans and be flexible if it does not work
  • Know your Emergency Management Personnel before the disaster
  • Keep staff, families and EM informed
  • You are not wrong if you do what is in the best interest of your residents
  • Do what it takes to keep your residents safe
  • You are not alone, if you need help reach out and if you don’t get an answer keep reaching out.
Lessons Learned from the Florida Hurricanes

QUESTIONS?
2018 Annual Regional
“Full-Scale” Exercises Overview
All LTC-MAP members will be DSFs. Strong focus on:

- Command Centers
- Holding Areas
- Movement of Residents
- Placement of Residents
- Community Partners
- Documentation
- Inject Responses
2018 Full-Scale Exercises: 
All Members Exercised as Disaster Struck Facilities (DSFs) 
Exercise Plan 

Southern Region – June 20, 2018 
Northern Region – June 21, 2018
2018 Annual Regional “Full-Scale” Exercises

Message to Disaster Struck Facilities (DSFs)

Disaster Struck Facility (DSF) Conference Calls:

Dates: May 29, 2018 or June 11, 2018

Times: 10:00 AM - 11:00 AM (Morning Session)  
or 1:00 PM - 2:00 PM (Afternoon Session)

Dial-In # 1-641-715-3865    Access Code 164616#

Conference Call Agenda:

imating Timeline

Exercise Objectives

Review of Disaster Struck Facility Expectations

Communication Responsibilities

Verify Tools and Resources that will be used
Do You Want Onsite Visit?

First come first serve!

- RIDOH CEPR / HARI / RPA
- Onsite observer
- Bounce ideas off of
- Review MAP components
- No right or wrong!

Let's work together.

We can do it.
Welcome to the Rhode Island Long Term Care Mutual Aid Plan Facility Information Website

Long Term Care Mutual Aid Plan (LTC-MAP) for Evacuation and Resource / Asset Support

This plan establishes a course of action and an agreed commitment among participating nursing homes and assisted living residences to assist each other as needed in the time of a disaster.

Assistance may come in the form of:
- Providing pre-designated evacuation locations for residents during a disaster; and/or
- Providing or sharing supplies, equipment, transportation, staff or pharmaceuticals with a facility when a disaster overwhelms their own community or exceeds the capability of internal emergency operations plans.

Why is this initiative underway?

It has been identified in local, regional and national disasters that each community must have a proactive disaster plan - all disasters start locally. To supplement the State of Rhode Island Emergency Support Function 8 (ESF 8 - Health & Medical) operations, this unique plan will work to prepare all of the healthcare facilities to stand together in a disaster with pre-event planning for resources and assets.

Benefits to the participating facilities and their local responders include:
- Pre-event Planning for Evacuation Strategy - fast evacuation (e.g., fire/gas leak) with the potential need for the use of Stop Over Points; and delayed evacuation (e.g., hurricane/loss of emergency power)
- Web-based management system and emergency reporting system for real-time updates on bed capacity, operational status and resources/assets
- Pre-event staffing, supplies, equipment and pharmaceutical support when a facility is isolated or receiving an influx of residents from another evacuating healthcare facility
- Easy on-site and on-line access to user-friendly plans for local public safety incident commanders, including contact information for evacuation resources and key personnel
- Resources for local EMS commanders to efficiently identify, transfer and track residents to pre-designated
QUESTIONS

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