Program Outline

- CMS Emergency Preparedness Checklist
- How does the LTC-MAP fit in?
- Your Emergency Management Program
- Gaps in your facility’s plans?
- Where do you go from here?
- Next steps...
DATE: February 28, 2014

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group


Memorandum Summary

Revise Emergency Preparedness Checklist: The Centers for Medicare & Medicaid Services (CMS) is alerting healthcare facilities that we have revised current emergency preparedness checklist information for healthcare facility planning. These updates provide more detailed guidance about patient/resident tracking, supplies and collaboration.
Your Emergency Management Program
Assemble Your Team

- Administrator
- Nursing
- Facilities
- Safety
- Security
- Infection Control
- Training & Education

This is your Emergency Management or Safety Committee!
Hazard Vulnerability Analysis (HVA)

- Analyze ~45 threats / hazards:
  - Natural
  - Technological
  - Human
  - Hazardous Materials

- Probability x Mitigation x Preparedness = Risk
Threats / Incidents

- Natural
  - Heavy Snow, Blizzard
  - Hurricane
  - Flooding

- Technological
  - Fire in the facility
  - IT Systems Failure
  - Generator Failure
  - Loss of Heat

- Human Related
  - Pandemic
  - Outbreak in facility
  - Missing Resident
  - Workplace Violence

- Hazardous Materials
  - Radiological Incident
  - Chemical Spill
  - Biological Event
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<thead>
<tr>
<th>EVENT</th>
<th>PROBABILITY</th>
<th>HUMAN IMPACT</th>
<th>PROPERTY IMPACT</th>
<th>BUSINESS IMPACT</th>
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**AVERAGE SCORE**

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*RISK = PROBABILITY * SEVERITY*

- Hurricane: 0.14
- Tornado: 0.44
- Severe Thunderstorm: 0.33
Develop an Emergency Operations Plan

+ Command Post
+ Communications
+ Emergency Lists
+ Nursing Home Incident Command System
+ Specific Disasters
+ Recovery
+ Full Building Evacuation
+ Surge Capacity / Influx
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 to 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 receiving facilities
- Proactive communications for ALL parties to stand up as one group - core activation and stand-down algorithm for all long-term care facilities and a HEALTH LTC Group to support regional coordination (staffed by HEALTH and supported by long-term care facility responders)
- Plans meet the HEALTH and Joint Commission disaster drill/exercise requirements and allow for community participation in disaster preparedness exercises
- Training opportunities for emergency command staff, first responders and WECC personnel
- Educational opportunities for community members and first responders

2015 ANNUAL CALENDAR OF EVENTS

- 2015 Calendar of Events
- RISCON Radio Training

2015 ANNUAL EXERCISE DOCUMENTS

- Exercise Plan 2015
- Resident Accepting Facility Registration Form (2015)
- June 2015 Exercise Conference Call Information

2015 EDUCATION CONFERENCES

- RI LTC-MAP Annual Education Conference
- Annual Educational Conference Agenda (2015)
- Hazard Vulnerability Analysis Tool
- Education Handouts (2015)

Home Page Documents

- NEW - PowerPoints for Education of Leadership and Staff Orientation (Internal Tools - May 2014)
- Exercise After Action Report (AAR)
- Directions
- Exercise Preparation Information (Tabletop, Functional or Full Scale)
- Statewide Tools (e.g. Influx/Surge Guides, Transportation Surveys)
Welcome to the Rhode Island Long Term Care Mutual Aid Plan Facility.

Long Term Care Mutual Aid Plan (LTC-MAP)
This plan establishes a course of action to assist in the preparation and response to local disasters that exceed the capacity of regularly staffed facilities to stand together in a disaster.

Benefits to the participating facilities are:
- Pre-event Planning for Evacuation
- Responding to a disaster
- Pre-event planning for evacuation
- Assistance in the use of Stop Over Power
- Web-based management system
- Management of patient care
- Management of resident and patient care
- Pre-event staffing, supplies, equipment
- Electronic patient information
- Electronic patient information
- Resources for local EMS
- Resources for local EMS
- Proactive communications for alerting
- Statewide Tools (e.g. Influx/Surge Guides, Transportation Surveys)

Why is this initiative underway?
It has been identified in local, regional, and national disaster plans that all disasters start locally. It is important to function (ESF 8 - Health & Medical) to facilities to stand together in a disaster.

Home Page Documents
- NEW - PowerPoints for Education of Leadership and Staff Orientation (Internal Tools - May 2014)
- Exercise After Action Report (AAR)
- Exercise Preparation Information (Tabletop, Functional or Full Scale)
- Statewide Tools (e.g. Influx/Surge Guides, Transportation Surveys)
Collaborate with Local Emergency Management & Emergency Services

+ Plan Development
+ Education
+ Meetings
+ Drills and Exercises
+ Plan activations
+ Notification algorithms
Long-Term Care Ombudsman Program

Prior to a Disaster
- Discuss facility’s Emergency Operations Plan (EOP) with a representative from the Ombudsman Program

Responding to a Disaster
- Notify the Ombudsman Program of the incident
- Representatives may visit evacuated residents to provide assistance
Suppliers and Providers

+ Patient Accepting Facility Members
+ Stop Over Point Organizations
+ Local Emergency Services
+ Vendors
Decision Criteria for Plan Activation

- Internal EOP Activation for “All Hazards”
  - Thresholds
  - Notifications to leadership and staff
    - Phone Tree
- LTC-MAP Activation Algorithms assures external notifications are made.
- Electronic Notification Systems (Everbridge)
RI LTC-MAP: SECTION 1 ALGORITHMS
RESOURCE REQUIREMENTS – TO AVOID EVACUATION

Disaster Struck Facility:
1. Call 911 or the local Public Safety Answering Point (PSAP – non-emergency phone number - See Section 2)
2. Implement internal disaster notification. Activate your Command Center (required if requesting assistance)
3. Notify HEALTH Duty Officer (CEPR) at 401-222-6911 to activate the LTC-MAP (N and/or S Region) notification system
4. Activate Emergency Reporting at www.mutualaidplan.org/ri
5. Notify HEALTH for the reportable incident (401-222-2566) and after hours (401-272-5952)
6. Consider assigning a Liaison Officer to communicate with the local EOC (or to HEALTH) to assist in response
911: Recommend to notify the Local Emergency Management Agency

HEALTH Medical Care Branch (LTC Group):
1. Verify the Local Emergency Management Agency is aware of the incident
2. Verify the LTC-MAP Responders are en route to support communication and coordination with members working remotely, or receive a notification only with no actions required

HEALTH LTC GROUP
Work through the HEALTH LTC Group for all medical needs. This includes staff, supplies, pharmaceuticals, and medical equipment
- HEALTH LTC Group works with other organizations via phone, fax, e-mail, 800 MHz, local and state Alert Notification Systems, www.mutualaidplan.org/ri, and Basecamp to identify available resources

LOCAL EOC
Work through the local EOC for all non-medical needs. This includes generators, HVAC units, transportation (e.g., box trucks), etc.
- Directly deal with the State EOC if the Local EOC is unable to assist due to resource limitations
- If additional assistance is needed, inform the HEALTH LTC Group of the situation and seek resource coordination support

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

MAP
MutualAidPlan.org
Healthcare Mutual Aid Plan for Evacuation and Resources / Assets

RPA
RUSSELL PHILLIPS & ASSOCIATES
Communications Infrastructure

+ Redundant technologies
+ Plain Old Telephone System (POTS)
+ Cell Phones / Text Messaging
+ Portable Radios or “Walkie Talkies”
+ E-mail
+ HAM (Amateur) Radio
+ Satellite Phones
+ LTC-MAP Section 4 - Communications
Continuity of Operations (COOP) Planning

+ A separate plan
+ Business Continuity & Strategies
  + Building Operations
  + Human Resources
  + Succession Planning
+ Information Technology
Shelter-in-Place Plan

+ Engineering Assessment
+ Areas of Safe Refuge
+ Supplies for 7 days…
  + Generator Fuel
  + Potable water
  + Non-perishable food and meal plans
  + Pharmaceuticals and medical supplies
Resource & Asset Support

- Internal Stockpiles vs. Just-in-time inventory
  - Power (Generators), Fuel
  - Flashlights
  - Food, Water, Ice
  - Oxygen
  - Medications
- LTC-MAP – Section 8: Sharing, Vendors and LTC Coordinating Center support
Evacuation Plan

+ Pre-determined evacuation locations
+ “Like” facility = Categories of Care
+ 10 identified for each member in LTC-MAP
+ At least one is 50 miles away (CMS)
+ Evacuation routes, maps and times
+ Google maps links
<table>
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<tr>
<th>Region: Northern</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ballou Home For The Aged (Woonsocket)</td>
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<tr>
<td>Bannister House Inc (Providence)</td>
</tr>
<tr>
<td>Bayberry Commons (Burlington (Pascoag))</td>
</tr>
<tr>
<td>Berkshire Place (Providence)</td>
</tr>
<tr>
<td>Bethany Home Of Rhode Island (Providence)</td>
</tr>
<tr>
<td>Briarcliff Manor</td>
</tr>
<tr>
<td>Brookdale Smithfield (Smithfield)</td>
</tr>
<tr>
<td>Cedar Crest Nursing Centre Inc (Cranston)</td>
</tr>
<tr>
<td>Charlesgate Nursing Center (Providence)</td>
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<tr>
<td>Cherry Hill Manor (Johnston)</td>
</tr>
<tr>
<td>Chestnut Terrace Nursing &amp; Rehabilitation Center (East Providence (Riverside))</td>
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<tr>
<td>Cortland Place (Smithfield (Greenville))</td>
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<tr>
<td>Cra-Mar Meadows (Cranston)</td>
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<tr>
<td>Eastgate Nursing &amp; Rehabilitation Center Inc (East Providence)</td>
</tr>
<tr>
<td>Elmhurst Extended Care Facility (Providence)</td>
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**INSTRUCTIONS:** Evacuation Site(s) are healthcare facilities that would be on your “Top Ten” list to receive your patients/residents and provide care. These are different from Stop Over Points as these facilities need to be able to provide the care whether your staff are able to go with the patient or not.

**BEFORE YOU BEGIN:** Run the "Hospital Patient Care Categories" report or the "LTC Patient Care Categories" report from the REPORTS Menu and select suitable facilities that can be used as Evacuation Sites for your patient/resident population.

### Evacuation Sites

<table>
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<tr>
<th>#</th>
<th>Site Name</th>
<th>Address</th>
<th>LTC Beds</th>
<th>LTC Surge Beds</th>
<th>Hospital Beds</th>
<th>Contact Info</th>
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<tr>
<td>1</td>
<td>Golden Crest Nursing Centre</td>
<td>100 Smithfield Road North Providence, RI 02904</td>
<td>152</td>
<td>15</td>
<td></td>
<td>(401) 353-1710 (p) (401) 353-1618 (f) <a href="mailto:TRuggieri@goldencrestnursingcentre.com">TRuggieri@goldencrestnursingcentre.com</a></td>
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<td>2</td>
<td>Woonsocket Health Centre</td>
<td>262 Poplar Street Woonsocket, RI 02895</td>
<td>150</td>
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<td></td>
<td>(401) 765-2100 (p) (401) 232-7275 (f) <a href="mailto:rbrooks@woonsockethealthcentre.com">rbrooks@woonsockethealthcentre.com</a></td>
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<td>(401) 828-5010 (p) (401) 822-0952 (f) <a href="mailto:sgrzych@aol.com">sgrzych@aol.com</a></td>
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EVACUATION DECISION TREE
(when to evacuate & when to shelter)

DISASTER OCCURS:
Follow Immediate Response Procedure & Call Emergency Agencies

DECISION NEEDED:
Shelter-in-Place or Evacuate?

ASSESSMENTS OF CRITICAL ISSUES:
- Structure & Utilities
- Supplies
- Security of Residents
- Exterior Environment
- Time to disaster (impending / immediate)
- Duration & Scope
- Weather (occurring now / extended storm projected)
- Evacuation Destination (is that area impacted)
- Staffing Needs/Capabilities
- Transportation
- Resident Needs

INCIDENT COMMANDER:
- With input from Section Chiefs & Emergency Agencies, decide if facility will shelter-in-place or evacuate
- Consider future issues that will make evacuation difficult (e.g., road conditions, flood, downed trees, air contaminants)
Evacuation Plan

+ Supplies, equipment & staff - logistics
+ Medication transport – RN protection
+ Medical Records
  + Electronic Health Records vs. Paper Charts
+ Patient / Medical Record / Staff / Equipment Tracking Sheet
Evacuation Plan

- Accountability – “Closing The Loop”
- Resident tracking including personal belongings
- Resident emergencies during transport
- Mental Health counseling
- Missing resident procedures
Transportation

- Transportation Evacuation Survey
- Stretcher vs. Wheel Chair vs. Ambulatory
- LTC Coordinating Center support
- LTC-MAP Members Owned Vehicles
  - 204 vehicles, 2390 seats, 192 wheelchairs
Facility Reentry Plan

+ Reentry
  + Authority Having Jurisdiction (AHJ)
  + Facility inspection procedures
  + Engineering, Health Department, Others
+ Return travel to the facility (overlooked)
Residents & Family Members

- Communications Plan
- Personal belongings & possessions
  - Packing for evacuation
- Security
Resident Identification

+ LTC-MAP Section 6: Resident Identification & Tracking
  + Name (Photo if possible)
  + Date of Birth
  + Code Status
  + Resident Emergency Evacuation Form
  + Slow Out vs. Fast Out
Training & Education Programs

- Annual training - all staff
- Specific training - leadership
- New hire orientation programs

Topics
- Mutual Aid Plan (LTC-MAP)
- Regional opportunities
- Materials for internal training
- Facility Disaster Plan
- Fire Training and other safety programs
Training For Transportation Vendors and Volunteers

- Training programs focus on:
  - Needs of chronic, cognitively impaired and frail population
  - Transfer Trauma / Relocation Stress Syndrome

How can we accomplish this?
Drills & Exercises

+ Testing vs. Training
+ Semi-annual (minimum)
  + Quarterly Emergency Reporting Drills (Practice)
+ Annual Regional Exercises
+ After Action Reports
+ Lessons Learned
Emergency Plan Review

+ Annual review
+ Changes in standards and regulations
+ Re-prioritization by the Annual HVA
+ Improvements from drills, exercises and real world events
+ Infrastructure and building changes

A Function of the Emergency Management or Safety Committee
What's Next?

+ Form your team
+ Establish a meeting schedule
+ Work plan / Timeline
+ Conduct an HVA
+ Develop your EOP outline
+ Start with **basics & priorities**
+ Training Programs
+ Drills & Exercises

DOCUMENT! DOCUMENT! DOCUMENT!
Questions?

Andy McGuire
amcguire@phillipsllc.com

Darren Osleger
dosleger@phillipsllc.com

860-793-8600