

HANDOUT #4

LONG TERM CARE - EMERGENCY PREPAREDNESS CHECKLIST

RECOMMENDED TOOL FOR EFFECTIVE HEALTH CARE FACILITY PLANNING

Status Key: L = Limited Evidence E = Evident

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<p>Develop Emergency Plan Gather all available relevant information when developing the emergency plan. This information includes, but is not limited to:</p> <ul style="list-style-type: none"> + Copies of any state and local emergency planning regulations or requirements + Facility personnel names and contact information + Contact information of local and state emergency managers + A facility organization chart + Building construction and Life Safety systems information + Specific information about the characteristics and needs of the individuals for whom care is provided 	<p>L E L</p>	<p>Plan Development</p> <ul style="list-style-type: none"> + Plan is written + Plan is comprehensive and contains approaches that address the following components <ul style="list-style-type: none"> ▪ Hazard analysis ▪ Hazard mitigation ▪ Preparedness ▪ Response ▪ Recovery + Plan addresses: <ul style="list-style-type: none"> ▪ Building security (access, crowd control, traffic control, etc.) ▪ Processes & persons to be notified (staff, external authorities) ▪ Locations of alarm signals 	<p>3-7 key contacts identified Attachment B</p> <p>Aggregate Resident Categories of Care Attachment A</p>	<p>MassMAP MassMAP MassMAP</p>
<p>All Hazards Continuity of Operations (COOP) Plan Develop a continuity of operations business plan using an all-hazards approach (e.g., hurricanes, floods, tornadoes, fire, bioterrorism, pandemic, etc.) that could potentially affect the facility directly and indirectly within the particular area of location. Indirect hazards could affect the community but not the facility and as a result interrupt necessary utilities, supplies or staffing. Determine all essential functions and critical personnel.</p>	<p>L</p>	<p>Continuity of Operations Plan (COOP)</p> <ul style="list-style-type: none"> + Continuity of Operations Plan (COOP) is in place. + Identifies all essential functions necessary for facility continuity of operations. + Identifies order of succession for each essential function, with each individual's contact information. + Assigns specific tasks & responsibilities to personnel of each shift. + Ensures personnel are trained to perform assigned tasks. + Specifies delegation of authority for each essential function. + Includes "Information Technology" (IT) as an essential function. 	<p>COOP is an internal plan. Essential functions involving regional and facility integration and support are in MassMAP.</p>	<p>MassMAP</p>

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<p>Collaborate with Local Emergency Management Agency Collaborate with local emergency management agencies to ensure the development of an effective emergency plan.</p>	L	<p>+ Plan developed with assistance of local & state fire and safety experts</p>	<p>Local EM's are invited to MassMAP educations, meetings and exercises, and during plan activation, information is provided through the state EM agency (situation reports). Local EM's are listed in algorithms for notification in a disaster involving facilities in their jurisdiction.</p>	MassMAP
<p>Analyze Each Hazard Analyze the specific vulnerabilities of the facility and determine the following actions for each identified hazard:</p> <ul style="list-style-type: none"> + Specific actions to be taken for the hazard + Identified key staff responsible for executing plan + Staffing requirements and defined staff responsibilities + Identification and maintenance of sufficient supplies and equipment to sustain operations and deliver care and services for 3-10 days, based on each facility's assessment of their hazard vulnerabilities. (Following experiences from Hurricane Katrina, it is generally felt that previous recommendations of 72 hours may no longer be sufficient during some wide-scale disasters. However, this recommendation can be achieved by maintaining 72-hours of supplies on hand, and holding agreements with suppliers for the remaining days.). + Communication procedures to receive emergency warning/alerts, and for communication with staff, families, individuals 	<p>L</p> <p>L</p>	<p>Hazards</p> <p>+ The plan addresses procedures for mitigation , preparedness , response and recovery strategies, for each of the following hazards, at a minimum:</p> <ul style="list-style-type: none"> ▪ Fire in the facility ▪ Fire in the community ▪ Power outage in facility ▪ Power outage – regional ▪ Missing residents ▪ Hurricane ▪ Tornado ▪ Earthquake ▪ Flooding ▪ Epidemic in facility ▪ Epidemic/pandemic in community ▪ Heavy snow/blizzard <p>+ Hazard Vulnerability Analysis (HVA): Facility conducted a HVA to identify emergencies which are potential threats to this specific facility and has developed relevant plans.</p>	<p>MassMAP assists each member with supplies and equipment through the overall plan, sharing with other plan members, the vendor resource section of the plan and the LTC Coordinating Center to support centralized identification and support for resource needs during plan activations.</p> <p>Regional MassMAP notification via HHAN system to key facility contacts.</p>	<p>MassMAP</p> <p>MassMAP Sec. 4</p>

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<p>receiving care, before, during and after the emergency</p> <p>+ Designate critical staff, providing for other staff and volunteer coverage and meeting staff needs, including transportation and sheltering critical staff members' family</p>				
<p>Collaborate with Suppliers/Providers Collaborate with suppliers and/or providers who have been identified as part of a community emergency plan or agreement with the health care facility, to receive and care for individuals. A surge capability assessment should be included in the development of the emergency plan. Similarly, evidence of a surge capacity assessment should be included if the supplier or provider, as part of its emergency planning, anticipates the need to make housing and sustenance provisions for the staff and or the family of staff.</p>	L		<p>Several components of MassMAP cover this section. This is the whole premise of the plan. Regional MassMAP integrates the plan members and suppliers. The full tool for Influx of Residents / Surge Capacity Guidelines should be completed by each facility. This would ensure full compliance.</p>	MassMAP
<p>Decision Criteria for Executing Plan Include factors to consider when deciding to evacuate or shelter in place. Determine who at the facility level will be in authority to make the decision to execute the plan to evacuate or shelter in place (even if no outside evacuation order is given) and what will be the chain of command.</p>	L		<p>Decision-making algorithms incorporated into the plan which speaks to MAP activation and assure Facility EOP activation as well. Should be included in Facility EOP.</p>	MassMAP Sec. 1
<p>Communication Infrastructure Contingency Establish contingencies for the facility communication infrastructure in the event of telephone failures (e.g., walkie-talkies, ham radios, text messaging systems, etc.).</p>	L		<p>Limited reference in MassMAP.</p>	MassMAP Sec. 4

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<p>Develop Shelter-in-Place Plan Due to the risks in transporting vulnerable patients and residents, evacuation should only be undertaken if sheltering-in-place results in greater risk. Develop an effective plan for sheltering-in-place, by ensuring provisions for the following are specified:</p> <ul style="list-style-type: none"> + Procedures to assess whether the facility is strong enough to withstand strong winds, flooding, etc. + Measures to secure the building against damage (plywood for windows, sandbags and plastic for flooding, safest areas of the facility identified. + Procedures for collaborating with local emergency management agency, fire, police and EMS agencies regarding the decision to shelter-in-place. + Sufficient resources are in supply for sheltering-in-place for at least 7 days, including: <ul style="list-style-type: none"> ▪ Ensuring emergency power, including back-up generators and accounts for maintaining a supply of fuel ▪ An adequate supply of potable water (recommended amounts vary by population and location) ▪ A description of the amounts and types of food in supply ▪ Maintaining extra pharmacy stocks of common medications ▪ Maintaining extra medical supplies and equipment (e.g., oxygen, linens, vital equipment) + Identifying and assigning staff who are responsible for each task + Description of hosting procedures, with details 	<p>L</p> <p>L</p> <p>L</p>	<p>Sheltering-In-Place Plan for sheltering-in-place is developed. Disaster Feeding Plan: Facility has a written Disaster Feeding Plan which addresses:</p> <ul style="list-style-type: none"> + Alternate methods for: <ul style="list-style-type: none"> ▪ when equipment is not operable ▪ sanitation of dishes and utensils ▪ hand washing + Ability of supplier(s) to meet needs in a regional emergency + Cooperation/resource sharing with area facilities/agencies + Facility has supplies of : <ul style="list-style-type: none"> ▪ staple foods for minimum 1-week period ▪ perishable foods for a minimum of 48 hours <p>Water Supply: Plan ensures water is available to essential areas when loss of water occurs. Plan Addresses:</p> <ul style="list-style-type: none"> + Source of emergency water + Storage of emergency water (potable/non-potable) + Method for estimating volume of water required (potable/non-potable) (generally 1 gal per person per day potable) + Ability of supplier(s) to meet needs in a regional emergency + Cooperation/resource sharing with area facilities/agencies <p>Essential Medical/Nursing Supplies Oxygen:</p> <ul style="list-style-type: none"> + Plan addresses O2 use/needs during emergency or evacuation and O2 is properly stored on-site. 	<p>Working within the plan with all local agencies (part of MassMAP). Meetings still need to take place locally with the emergency response partners.</p> <p>Generator info on Facility page of MassMAP website.</p> <p>Facility must complete the Influx of Residents / Surge Capacity Guidelines for use of space and resources. MassMAP has multiple vendors in each support category and the MOU</p>	<p>MassMAP</p> <p>MassMAP</p> <p>MassMAP</p> <p>MassMAP</p>

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<p>ensuring 24-hour operations for minimum of 7 days</p> <ul style="list-style-type: none"> + Contract established with multiple vendors for supplies and transportation + Develop a plan for addressing emergency financial needs and providing security 	<p>E</p>	<p>Medications:</p> <ul style="list-style-type: none"> + Plan addresses managing medications during an emergency or evacuation, including: <ul style="list-style-type: none"> ▪ Transferring medications during an evacuation ▪ Obtaining medications when sheltering-in-place ▪ Ability of supplier(s) to meet medication needs in an emergency <p>Other Supplies:</p> <ul style="list-style-type: none"> + Resident supplies (incontinent briefs, medical/nursing supplies, etc.) + Personal protective equipment (special clothing barriers, gowns, masks, gloves, breathing/respiratory devices, etc.) + Reserve supply of linen <p>Generator</p> <p>If facility has a generator, plan addresses:</p> <ul style="list-style-type: none"> + Systems the generator will power + use of emergency outlets in resident rooms and critical common areas + generator fuel + maintaining system to start in ≤ 10 sec + Staff know what systems & outlets the generator powers <p>If facility does not have a generator, plan addresses:</p> <ul style="list-style-type: none"> + Illumination in resident rooms/critical common areas + Essential backup equipment to be on-hand and maintained in working order in event of power failure (e.g., flashlights, batteries, radio, cell phones, blankets, means to stay warm/cool, etc.) 	<p>with all other plan members will access them through direct contact or through the LTC Coordinating Center, Attachment E and Vendor MOA.</p>	

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<p>Develop Evacuation Plan: Develop an effective plan for evacuation, by ensuring provisions for the following are specified:</p> <ul style="list-style-type: none"> + Identification of person responsible for implementing the facility evacuation plan (even if no outside evacuation order is given) + Multiple pre-determined evacuation locations (contract or agreement) with a “like” facility have been established, with suitable space, utilities, security and sanitary facilities for individuals receiving care, staff and others using the location, with at least one facility being 50 miles away. A back-up may be necessary if the first one is unable to accept evacuees. + Evacuation routes and alternative routes have been identified, and the proper authorities have been notified Maps are available and specified travel time has been established + Adequate food supply and logistical support for transporting food is described. + The amounts of water to be transported and logistical support is described. (1 gallon/person). + The logistics to transport medications is described, including ensuring their protection under the control of a registered nurse. + Procedures for protecting and transporting resident/patient medical records. + The list of items to accompany residents/patients is described. + Identify how persons receiving care, their families, staff and others will be notified of the evacuation and communication methods that will be used during and after the evacuation. 	<p>L</p> <p>E</p> <p>E</p> <p>E</p> <p>E</p> <p>E</p> <p>E</p>	<p>Evacuation Procedures</p> <p>Evacuation procedures address relocating residents and staff:</p> <ul style="list-style-type: none"> + within the building + outside the community + outside the facility but within the community <p>Evacuation procedures address:</p> <ul style="list-style-type: none"> + Evacuation routes <p>Transportation: Planning for transportation of residents, staff, equipment includes:</p> <ul style="list-style-type: none"> + Transferring necessities between sites (food, water, meds, medical records) <p>Inter-facility communications between facility and alternate care site</p> <ul style="list-style-type: none"> + Tracking residents 	<p>Person in charge of the Facility. Must be called out in the EOP.</p> <p>Identified evacuation routes also includes Google maps link with travel routes.</p> <p>Medical record and MAR accompanies patient and is tracked with Patient/Medical Record Tracking Sheet. Actions of the Disaster Struck Facility. Transportation of Patients</p>	<p>MassMAP Sec. 3</p> <p>MassMAP Sec. 3</p> <p>MassMAP website</p> <p>MassMAP Sec. 6</p> <p>MassMAP Sec. 6</p> <p>MassMAP Sec. 6</p> <p>MassMAP Sec. 3</p> <p>MassMAP Sec. 3 & Sec. 5</p>

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<p>+ 64Identify staff responsibilities and how individuals will be cared for during evacuation, and the back-up plan if there isn't sufficient staff.</p> <p>+ Develop Evacuation Plan (continued)</p> <p>+ Develop an effective plan for evacuation, by ensuring provisions for the following are specified:</p> <p>+ Procedures are described to ensure residents/patients dependent on wheelchairs and/or other assistive devices are transported so their equipment will be protected and their personal needs met during transit (e.g., incontinent supplies for long periods, transfer boards and other assistive devices).</p> <p>+ A description of how other critical supplies and equipment will be transported is included.</p> <p>+ Determine a method to account for all individuals during and after the evacuation</p> <p>+ Procedures are described to ensure staff accompanies evacuating residents.</p> <p>+ Procedures are described if a patient/resident becomes ill or dies in route.</p> <p>+ Mental health and grief counselors are available at reception points to talk with and counsel evacuees.</p> <p>+ It is described whether staff family can shelter at the facility and evacuate.</p> <p>+ Procedures are described if a patient/resident turns up missing during an evacuation:</p> <ul style="list-style-type: none"> ▪ Notify the patient/resident's family ▪ Notify local law enforcement ▪ Notify Nursing Home Administration and staff 	<p>E</p> <p>E</p> <p>E</p>		<p>Staff, Rx, Supplies & Equipment</p> <p>Patient Identification & Tracking forms</p> <p>Transportation of Patients</p>	<p>MassMAP Sec. 8</p> <p>MassMAP Sec. 6</p> <p>MassMAP Sec. 5</p>

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<p>Transportation & Other Vendors Establish transportation arrangements adequate for the type of individuals being served. Obtain assurances from transportation vendors and other suppliers/contractors identified in the facility emergency plan that they have the ability to fulfill their commitments in case of disaster affecting an entire area (e.g., their staff, vehicles and other vital equipment are not “overbooked,” and vehicles/equipment are kept in good operating condition and with ample fuel). Ensure the right type of transportation has been obtained (e.g., ambulances, buses, helicopters, etc.).</p>	E		This is the essence of MassMAP for evacuating facility. The Transportation Evacuation Survey calls out the specific types of transportation needed. The LTC Coordinating Center in concert with local emergency services, emergency management and the Disaster Struck Facility secure needed transportation.	MassMAP
<p>Train Transportation Vendors/Volunteers Ensure that the vendors or volunteers who will help transport residents and those who receive them at shelters and other facilities are trained on the needs of the chronic, cognitively impaired and frail population and are knowledgeable on the methods to help minimize transfer trauma. *</p>				
<p>Facility Reentry Plan Describe who will authorize reentry to the facility after an evacuation, the procedures for inspecting the facility and how it will be determined when it is safe to return to the facility after an evacuation. The plan should also describe the appropriate considerations for return travel back to the facility.</p>				
<p>Residents & Family Members Determine how residents and their families/guardians will be informed of the evacuation, helped to pack, have their possessions protected and be kept informed during and following the emergency, including information on where they will be/go, for how long and how they can contact each other.</p>				

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<p>Resident Identification Determine how residents will be identified in an evacuation; and ensure the following identifying information will be transferred with each resident:</p> <ul style="list-style-type: none"> + Name + Social security number + Photograph + Medicaid or other health insurer number + Date of birth, diagnosis + Current drug/prescription and diet regimens + Name and contact information for next of kin/responsible person/Power of Attorney) <p>Determine how this information will be secured (e.g., laminated documents, water proof pouch around resident's neck, water proof wrist tag, etc.) and how medical records and medications will be transported so they can be matched with the resident to whom they belong.</p>	E		Patient Identification & Tracking	MassMAP Sec. 6
<p>Trained Facility Staff Members Ensure that each facility staff member on each shift is trained to be knowledgeable and follow all details of the plan. Training also needs to address psychological and emotional aspects on caregivers, families, residents, and the community at large. Hold periodic reviews and appropriate drills and other demonstrations with sufficient frequency to ensure new members are fully trained.</p>	L	<p>Training Personnel trained to perform assigned tasks</p> <ul style="list-style-type: none"> + New employees trained in emergency procedures when begin work in facility. + Emergency procedures periodically reviewed with existing staff. + Unannounced, simulated drills are conducted at least twice a year. + At least once a year, employees are instructed by head of local fire department in their duties in case of fire, and training is noted in facility's records. + Staff are familiar with the Disaster Feeding Plan. + Training provided to assist staff in developing a personal (family) emergency preparedness plan. 	MassMAP provides regional education and training opportunities and materials for internal training. Initiative must be carried out internally to assure all three shifts receive training on the MAP.	MassMAP
Informed Residents & Patients				

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<p>Ensure residents, patients and family members are aware of and knowledgeable about the facility plan, including:</p> <ul style="list-style-type: none"> + Families know how and when they will be notified about evacuation plans, how they can be helpful in an emergency (example, should they come to the facility to assist?) and how/where they can plan to meet their loved ones. + Out-of-town family members are given a number they can call for information. Residents who are able to participate in their own evacuation are aware of their roles and responsibilities in the event of a disaster. 				
<p>Needed Provisions Check if provisions need to be delivered to the facility/residents -- power, flashlights, food, water, ice, oxygen, medications -- and if urgent action is needed to obtain the necessary resources and assistance.</p>	L	<p>Backup Equipment Plan identifies backup equipment and tools and a system to maintain these in working condition (e.g., flashlights, batteries, (NOAA radios, etc.)</p>	Resources & assets, supplies and support.	
<p>Location of Evacuated Residents Determine the location of evacuated residents, document and report this information to the clearing house established by the state or partnering agency.</p>	E		Patient Identification & Tracking	MassMAP Sec. 6
<p>Helping Residents in the Relocation Suggested principles of care for the relocated residents include:</p> <ul style="list-style-type: none"> + Encourage the resident to talk about expectations, anger, and/or disappointment + Work to develop a level of trust + Present an optimistic, favorable attitude about the relocation + Anticipate that anxiety will occur + Do not argue with the resident + Do not give orders 				

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<ul style="list-style-type: none"> + Do not take the residents behavior personally + Use praise liberally + Include the resident in assessing problems + Encourage staff to introduce themselves to residents + Encourage family participation 				
<p>Review Emergency Plan Complete an internal review of the emergency plan on an annual basis to ensure the plan reflects the most accurate and up-to-date information. Updates may be warranted under the following conditions:</p> <ul style="list-style-type: none"> + Regulatory change + New hazards are identified or existing hazards change + After tests, drills, or exercises when problems have been identified + After actual disasters/emergency responses + Infrastructure changes + Funding or budget-level changes 				
<p>Communication with the Long-Term Care Ombudsman Program Prior to any disaster, discuss the facility's emergency plan with a representative of the ombudsman program serving the area where the facility is located and provide a copy of the plan to the ombudsman program. When responding to an emergency, notify the local ombudsman program of how, when and where residents will be sheltered so the program can assign representatives to visit them and provide assistance to them and their families.</p>				

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<p>Conduct Exercises & Drills</p> <ul style="list-style-type: none"> + Conduct exercises that are designed to test individual essential elements, interrelated elements, or the entire plan: + Exercises or drills must be conducted at least semi-annually + Corrective actions should be taken on any deficiency identified 	<p>E</p> <p>L</p> <p>E</p>		<p>Emergency Reporting drills are conducted quarterly in each Region. A Functional Exercise is conducted annually in each Region. AAR's for the Functional Exercise include an Improvement Plan (IP).</p>	<p>MassMAP</p> <p>MassMAP</p> <p>MassMAP</p>
<p>Loss of Resident's Personal Effects</p> <p>Establish a process for the emergency management agency representative (FEMA or other agency) to visit the facility to which residents have been evacuated, so residents can report loss of personal effects.</p>				
		<p>Access to Plans</p> <p>The Emergency/All Hazards Plan is posted at nurses'/attendants' stations and other conspicuous locations.</p> <ul style="list-style-type: none"> + The Disaster Feeding Plan is posted in the kitchen. 		
		<p>Environment, Equipment and Supplies</p> <p>Plan addresses:</p> <ul style="list-style-type: none"> + Management of ventilation system in event of emergency that compromises air quality (e.g., fire, chemical cloud, etc.) + At least one staff person on each shift trained to shut-down or modify ventilation system if necessary + Management of trash, soiled linen and waste material + Alternative means for hand washing + Fire extinguishers and location of alarms 		
		<p>Physical Plant</p> <p>There is a written preventative maintenance program in effect for maintaining, testing, and inspecting the following physical Plant</p>		

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		systems in reliable operating condition: + fire alarm system + emergency electrical system (generator) + elevators + medical gas system + portable fire extinguishers + heating system + battery powered emergency lights (if provided) + air conditioning system + cooking equipment + automatic sprinkler system		