Post-Earthquake Sheltering for LTC Facilities

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University of Missouri-Columbia

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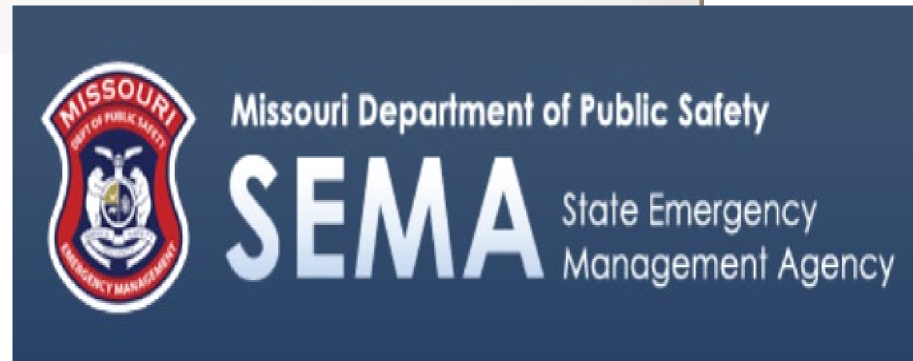
Matthews, MO 2018

Earthquake Hazard Mitigation

- Planning & Preparation
- Collaboration & Communication
- Sheltering in Place—Logistics
- Lessons Learned

Planning & Preparation-Partners



CALIFORNIA ASSOCIATION
CAHF
OF HEALTH FACILITIES

DISASTER PREPAREDNESS PROGRAM

Planning & Preparation

	OBJECTIVES
☐	Account for all residents, visitors, and staff; assess for injuries and need for transfer to acute care facility.
☐	Initiate damage assessment of facility; determine need for shelter-in-place or facility evacuation (full or partial).
☐	Initiate resident tracking if evacuation is required.
☐	Assess ability for facility self-sustainment for a minimum of 96-hours.

https://www.cahfdisasterprep.com/earthquakes

CALIFORNIA ASSOCIATION CAHF OF HEALTH FACILITIES DISASTER PREPAREDNESS PROGRAM

INCIDENT RESPONSE GUIDE
EARTHQUAKE

EARTHQUAKE

MISSION
To maintain facility operations for a minimum of 96-hours following a major earthquake that may impact the structural integrity of the facility, and to ensure the continuum of care for residents, visitors, and casualties of the event.

DIRECTIONS
Read this entire response guide and use as a checklist to ensure tasks are addressed and completed. For each response period, all activated IMT positions should refer to their Job Action Sheet for additional actions. Each IRG is intended to be a starting point and not all inclusive. Customize to your facility. *Note: Section duties and responsibilities remain the responsibility of the Incident Commander unless delegated.*

	OBJECTIVES
☐	Account for all residents, visitors, and staff; assess for injuries and need for transfer to acute care facility.
☐	Initiate damage assessment of facility; determine need for shelter-in-place or facility evacuation (full or partial).
☐	Initiate resident tracking if evacuation is required.
☐	Assess ability for facility self-sustainment for a minimum of 96-hours.

	RAPID RESPONSE CHECKLIST
☐	If you are physically able – DROP, COVER and HOLD ON • DROP to the ground. • Take COVER by getting under a sturdy desk or chair (cover your head and neck with your arms and hands). Keep away from glass, windows or anything that could fall near you. • HOLD ON to your shelter until the shaking stops. • Be prepared for aftershocks. If a resident is in a wheelchair – • Tell/assist the resident to LOCK their wheels in a safe position. • Tell the resident to COVER their head and neck with their arms. If a resident is confined to a bed – • Tell the resident to HOLD ON and PROTECT their head with a pillow.
☐	Identify the Incident Commander.
☐	Assign staff to roll call and assess residents for any injuries that require immediate attention.

RAPID RESPONSE CHECKLIST	
☐	**<u>If you are physically able</u>** – DROP, COVER and HOLD ON • DROP to the ground. • Take COVER by getting under a sturdy desk or chair (cover your head and neck with your arms and hands). Keep away from glass, windows or anything that could fall near you. • HOLD ON to your shelter until the shaking stops. • Be prepared for aftershocks. **<u>If a resident is in a wheelchair</u>** – • Tell/assist the resident to LOCK their wheels in a safe position. • Tell the resident to COVER their head and neck with their arms. **<u>If a resident is confined to a bed</u>** – • Tell the resident to HOLD ON and PROTECT their head with a pillow.

Time Line & Key Players

- Immediate response (0-2 hours)
  - Maintenance
  - Nursing supervisor (charge nurse, DON/ADON)
  - Administrator
- Intermediate response (2-12 hours)
  - Medical director
  - Corporate liaison (?)
  - Local utilities/EMS/county-city EMD
- Extended response (>12 hours)
  - Financial department
  - Structural engineers
  - Pharmaceutical
  - Medical equipment
  - Food services
- System recovery

Remember the WHO will depend on WHEN!

Train your evening, nights, and weekend charge nurses to know what to do!!

	damage and necessary repairs.
Logistics Section Chief	Obtain supplies, equipment, medications, food, and water to sustain operations.
	Assess all onsite communications equipment for operational status; activate contingency plans as needed.
	Assess the status of information technology systems; initiate repairs and downtime procedures if necessary.
Finance/ Administration Section Chief	Track all costs including those associated with personnel time, loss of revenue, repairs, acquisition of supplies and equipment, and altered operations.

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Documents and Tools

Nursing Home Emergency Operations Plan, including:

- ☐ Evacuation procedures
- ☐ Shelter-in-place procedures
- ☐ Utility failure procedures
- ☐ Business Continuity Pan
- ☐ Damage assessment procedures
- ☐ Discharge policy
- ☐ Emergency procurement policy
- ☐ Earthquake procedures
- ☐ Resident, staff, and equipment tracking procedures
- ☐ Behavioral health support procedures
- ☐ Search and rescue policy and procedure
- ☐ Security procedures
- ☐ Fatality management procedures
- ☐ Volunteer utilization procedures
- ☐ Communication plan

Go on a Hazard Hunt!

The more an object weighs, the more forcefully it moves in an earthquake. A water heater weighing 400 pounds requires much stronger restraint than a lightweight bookshelf unit.

The more slender the object, the more likely it is to tip over. Objects at least one and one-half times taller than their narrowest base dimension are the most likely to tip over in earthquakes.

https://www.cusec.org/publications/mitigation/nonstructuralnursinghomes.pdf

Nonstructural Safety Checklist

This list is not all-inclusive but it does itemize the more common hazards. Deal with the most likely or potentially serious conditions first. The following checklist has been adapted from "Checklist of Nonstructural Earthquake Hazards in Child Care Facilities, produced by The Reitherman Company for the Southern California Earthquake Preparedness Project of the California Office of Emergency Services in 1990.

EQUIPMENT AND FURNISHINGS

- ▣ **File Cabinets:** Are tall cabinets, approximately taller than desk height, secured to prevent overturning? As a second choice, cabinets should be bolted to each other to make a more stable or stocky combined shape. A stockier shape (wider footprint) makes an object less likely to overturn, and this technique could be considered partial protection. Teachers should be encouraged to place file cabinets against walls where facilities personnel could anchor them.
- ▣ **Shelving:** Are units securely attached to the wall?
- ▣ **Shelf Contents:** Heavy or sharp items are stored on shelves that have lips, elastic cords, or are sloped slightly backward.
- ▣ **Television Sets, Computers:** Are these pieces of equipment restrained so they won't fall? Sturdy brackets are available for wall mounted TVs and are often used in used in hospitals and nursing homes. In addition to attaching the bracket to the wall , the TV must be bolted to the bracket.
- ▣ **Storage Cabinets:** Are tall cabinets secured to the

OVERHEAD ELEMENTS

- ▣ **Suspended Ceiling Components:** In non-residential buildings with hung ceilings, does the ceiling have diagonal bracing wires? More importantly, are any light fixtures, air diffusers, or speakers resting on the suspended ceiling gridwork provided with the back-up support of two safety wires at diagonally opposite corners?
- ▣ **Pendant Light Fixtures:** Do light fixtures that are supported by stems (metal conduit or "pipe" about an inch in diameter) have safety wires extending up through the stem or otherwise attached to the fixture?
- ▣ **Spot Lights, Track Lights:** Are lights securely mounted so that when the fixtures shake they won't come off and fall?
- ▣ **Suspended Space Heaters:** Are these heaters, especially if supplied with natural gas, hung with vertical rods that also have diagonal bracing?
- ▣ **Hanging Plants and Displays:** If heavy, are they attached to the structure above rather than just to plaster, sheetrock, or a suspended ceiling's

CENTRAL UNITED STATES EARTHQUAKE CONSORTIUM (CUSEC)

Get the whole checklist here!

https://www.cusec.org/publications/mitigation/nonstructuralnursinghomes.pdf

Collaboration & Communication

Rules & Response

Community Introductions

Communication Systems

Rules & Response

Local Emergency Mgmt Director
Law Enforcement
Fire Department

DHSS

CMS

Federal Register

Purpose: To establish national emergency preparedness requirements, consistent across provider and supplier types.

- Outlines emergency preparedness Conditions of Participation (CoPs) & Conditions for Coverage (CfCs)
  - CoPs and CfCs are health and safety standards all participating providers must meet to receive certificate of compliance
- Applies to 17 provider and supplier types
  - Different emergency preparedness regulations for each provider type

FEDERAL REGISTER

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Part II

Department of Health and Human Services

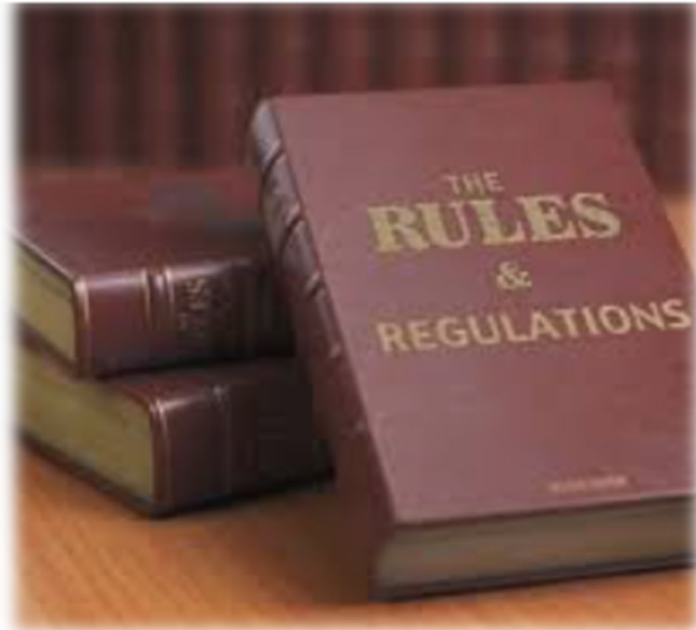
Centers for Medicare & Medicaid Services

42 CFR Parts 403, 416, 418, et al.

Medicare and Medicaid Programs: Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers: Final Rule

Bottom line: Providers and Suppliers that wish to participate in Medicare and Medicaid – i.e. the nation's largest insurer – must demonstrate they meet new emergency preparedness requirements in rule.

LTC Emergency Rule Book



State Operations Manual

Appendix Z- Emergency Preparedness for All Provider and Certified Supplier Types Interpretive Guidance

Table of Contents

(Rev.186, Issued: 03-04-19)

Emergency Plans Must Include…

In addition, the emergency plan supports, guides, and ensures a facility's ability to collaborate with local emergency preparedness officials. This approach is specific to the location of the facility and considers particular hazards most likely to occur in the surrounding area. These include, but are not limited to:

- Natural disasters
- Man-made disasters,
- Facility-based disasters that include but are not limited to:

o Care-related emergencies;
o Equipment and utility failures, including but not limited to power, water, gas, etc.;
o Interruptions in communication, including cyber-attacks;
o Loss of all or portion of a facility; and
o Interruptions to the normal supply of essential resources, such as water, food, fuel (heating, cooking, and generators), and in some cases, medications and medical supplies (including medical gases, if applicable).

Emergency Plan Must Include…

- Address resident population, including, but not limited to, persons at-risk; the type of services the LTC facility has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.
- For LTC facilities and ICF/IIDs, written plans and the procedures are required to also include missing residents and clients, respectively, within their emergency plans.

At a minimum, the policies and procedures must address the following:

(1) The provision of subsistence needs for staff and patients whether they evacuate or shelter in place, include, but are not limited to the following:

(i) Food, water, medical and pharmaceutical supplies

(ii) Alternate sources of energy to maintain the following:

(A) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions.

(B) Emergency lighting.

(C) Fire detection, extinguishing, and alarm systems.

(D) Sewage and waste disposal

Community Partner Introductions

- FEMA
- SEMA
- County level
- City level
- RCF/ALF
- SNF
- Boarding homes
- Other community clinics, hospitals, etc.
- All-hazards approach—review with community partners **annually.**

Communication Systems

Communication Systems–Coming in/Going Out

Bidirectional:

- Land lines
- Cell phone traffic/towers
- Passenger pigeon or 4-wheelers with paper

One ways:

- Social media maybes
- Personal phone calls/recordings/posts
- Take a class for Public Information Officers

Your best defense is OFFENSE—be brief, be clear, be honest

Sheltering in Place–Logistics

Stay or Go?

STAY

- Revisit emergency roles
- Address checklists per role
- Address staff
- Contacts families, etc.
- Prepare to take in from the community
- Assess what you need to shelter in place
- Communicate with local emergency management director

EVACUATE (NOW OR LATER)

- Identification—on their person
- MARS/TARS/POS's
- Code status
- Family/POA contact information
- Special needs
- Tracking system for each patient

AHCA. American Health Care Association NCAL. National Center for Assisted Living

Shelter In Place: Planning Resource Guide for Nursing Homes

Purpose of this Document

When faced with the difficult decision of having to evacuate or stay in the long term care center, many factors need to be considered. Sheltering in Place (SIP) is the preferred option, yet implementing this option calls for a complex chain of decisions and actions that requires these pre-event activities: Planning, Training, Preparation, Collaboration, Continual Vigilance, and Communication with Local Authorities. This guide will provide examples, references, and comparisons to what a care center has already built into its existing Emergency Management Program. Use of these materials is no guarantee that a care center is able to manage successfully an SIP event.

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https://www.ahcancal.org/Survey-Regulatory-Legal/Emergency-Preparedness/Documents/SIP_Guidebook_Final.pdf

Sheltering, Relocation, and Evacuation Decision Tree

NOTE: Shaded Boxes = Unit Level Decisions
Clear Boxes = IC Level

- Emergency Identified, Initial Size-Up Complete → YES → Life Threat?
- Life Threat? — NO → Incident Commander (IC) assess situation. Potential life threat over expected duration of event? — NO → Other response actions per IC
- Incident Commander assessment (YES) → Based on resources available, duration, and threat assessment determine sheltering place or relocation actions
- Life Threat? — YES → Imminent Threat?
- Imminent Threat? — NO → Based on resources available, duration, and threat assessment determine sheltering place or relocation actions → Affected units shelter in place or relocate at decision of unit Charge RN/Supervisor to adjacent closest safe area (Horizontal preferred, vertical secondary)
- Imminent Threat? — YES → Entire Facility Affected?
- Entire Facility Affected? — NO → Affected units shelter in place or relocate at decision of unit Charge RN/Supervisor to adjacent closest safe area (Horizontal preferred, vertical secondary) → Can relocated patients/residents be safely cared for over time?
- Can relocated patients/residents be safely cared for over time? — YES → Other actions per IC; — NO → Partial Evacuation
- Entire Facility Affected? → Evacuation safer for patients/residents compared to sheltering in place? (Threat duration and impact)
- Evacuation safer? — YES → Complete Evacuation
- Evacuation safer? — NO → Shelter in Place – Procative Actions

Shelter in Place – Procative Actions:

1) Weather – close drapes, move away from windows, announce to staff/visitors
2) HAZMAT – Changes to ventilation supply/exchange, access controls
3) Security (bomb, shooting, civil unrest) – access controls, doors/curtain closures, take cover actions if needed

Evacuation ***(See unit evacuation guide and facility checklist for detailed guidance) :***

1) Notifications – Internal/external (EMS, RHRC also)
2) Access controls and supplemental security
3) Staging/transport areas identified
   a) Staffing – triage, loaders
   b) Supplies – water, crash cart, food, linens
4) Unit tracking/triage for transport
5) Medical records (see unit evacuation guide)
6) Visitors and staff accountability
7) Patient/resident movement – ambulatory, step down, stable, non-ambulatory, critical in order to staging, reverse for transport
8) Clear units
9) Facility shut down / stay team

Table 6.4-1. List of Essential Functions

Functions	Water Needs Under Normal Operating Conditions (gpd)	Critical to Total Facility Operations (Yes or No)	Waterless Alternatives Possible (Yes or No)	Water Needs Under Water Restriction Situation (gpd)	Essential to Specific Operations (Yes or No)
Building					
HVAC					
Fire suppression sprinkler system					
Food service					
Sanitation					
Drinking water					
Laundry					
Laboratory					
Radiology					
Medical care					
Other					
Other					
Total minimum water needs to keep facility open and meet patients' needs					

- ❑ Assess essential functions needs
- ❑ Assess emergency power plan in the moment (also good to pull this in the PLANNING STAGE!)
- ❑ Assess medications and supply stockpile per current needs
- ❑ Assess need for/implementation of a security plan

Shelter in Place Planning Worksheet

SHELTER IN PLACE PLANNING TASK	STATUS (CHECK ONE)	PERSON(S) RESPONSIBLE	DEADLINE	RESOURCES
Shelter In Place Decision (page 7)				
Criteria for making shelter-in place vs. full or partial evacuation decision established	☐ not started ☐ in progress ☐ done			
Procedure established for consulting with local emergency management re: shelter-in-place decision	☐ not started ☐ in progress ☐ done			
Policy established re: whether staff families can shelter at Center	☐ not started ☐ in progress ☐ done			
Emergency Power Plan (page 13)				
Center has generator adequate to its specific power needs and its placement is not in a potentially problematic location (i.e., below sea level, in a basement in the event of a flood, etc.)	☐ not started ☐ in progress ☐ done			
If no generator, Center is "quick connect" ready	☐ not started ☐ in progress ☐ done			
Center has 4-5 day fuel supply for generator **(page 14)**	☐ not started ☐ in progress ☐ done			
Procedures established for regular checking and maintenance of generator	☐ not started ☐ in progress ☐ done			
Center has back-up, manual versions of important medical equipment	☐ not started ☐ in progress ☐ done			
Center leaders have met with local emergency management to discuss power needs of the facility **(page 16)**	☐ not started ☐ in progress ☐ done			
Center leaders have met with power company to discuss power needs of the facility	☐ not started ☐ in progress ☐ done			
Food and Water Supplies (page 18)				
Emergency Food & Water Supplies reviewed and updated	☐ not started ☐ in progress ☐ done			
Center increases to 5-7 day food stockpile for max number of patients and employees	☐ not started ☐ in progress ☐ done			
Center has adequate supply of potable water	☐ not started ☐ in progress ☐ done			
Emergency food supplies are inspected and rotated as needed	☐ not started ☐ in progress ☐ done			
Center has active contracts with multiple food suppliers, incl. one located out of area	☐ not started ☐ in progress ☐ done			
Medications and Supplies Stockpile (page 20)				
Center has considered increasing to 5-7 day stockpile of common medications	☐ not started ☐ in progress ☐ done			
Center has 5-7 day supply of medications for each patient	☐ not started ☐ in progress ☐ done			
Center has 5-7 stockpile of supplies needed to care for patients	☐ not started ☐ in progress ☐ done			
Center has extra supplies of IV fluids	☐ not started ☐ in progress ☐ done			
Center has reviewed pharmacy delivery with pharmacy as needed	☐ not started ☐ in progress ☐ done			
Center has reviewed deliveries from vendors of medical supplies	☐ not started ☐ in progress ☐ done			
Other Resources				
Center has access to cash in event of money supply disruption	☐ not started ☐ in progress ☐ done			
Credit and priority arrangements made with local hardware, grocer, etc.	☐ not started ☐ in progress ☐ done			
Center has on hand basic tools and materials to make emergency repairs/shore up structure	☐ not started ☐ in progress ☐ done			
Security Plan (page 21)				
Center leaders have discussed emergency security	☐ not started ☐ in progress ☐ done			
Discussions held with local law enforcement re: facility security	☐ not started ☐ in progress ☐ done			
Lockdown procedure established	☐ not started ☐ in progress ☐ done			

Source: As adapted from Emergency Preparedness Planning for Nursing Homes & Residential Care Setting in Vermont

The American Health Care Association and National Center for Assisted Living (AHCA/NCAL) represent more than 12,000 non-profit and proprietary skilled nursing and post-acute care centers, assisted living communities, and homes for individuals with intellectual and developmental disabilities. By delivering solutions for quality care, AHCA/NCAL aims to improve the lives of the millions of individuals who receive care and services in AHCA/NCAL member facilities each day.

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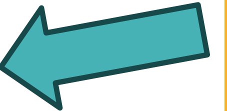
RAPID RESPONSE CHECKLIST	
☐	Activate facility's EOP and appoint a Facility Incident Commander (IC) if warranted.
☐	Identify safe and unsafe areas of the facility relative to the specific threat.
☐	Move residents from unsafe areas to safe areas. Be sure to include medications, important personal items, etc.
☐	Increase the safety of "safe areas" by reducing hazards, e.g., close, lock and move away from windows (during extreme winds), exterior doors, and other openings that may create hazards.
☐	Plan for the availability of food, water and other essential disaster supplies for residents and staff during the time period anticipated for sheltering in place. In addition to non-perishable food and water and critical medications, consider battery-powered radios, first aid supplies, extra blankets, flashlights, batteries, duct tape, plastic sheeting, garbage bags, and eating utensils.
☐	Comfort and assess residents for signs of distress.
☐	Notify appropriate state survey agency to report an unusual occurrence and activation of facility's EOP.



- https://www.cahf.org/Portals/29/DisasterPreparedness/NHICS/ShelterInPlaceIRG_2017.pdf

Other Considerations…

- Staffing—can/will they stay? How can you provide comfort for them?

  #1 communicating with *their* families
- Generators—what nonessential things can we stop temporarily? When faced with unknowns, people tend to go with routine…this may not be appropriate at this time due to limited resources (water, electricity, meds, etc).
- Incident recorder—everything needs to be documented!! What steps were taken/when/by whom, regular “check-in's” on residents, resources used—there is a high potential for state or federal reimbursement. However, this will ONLY happen if there is documentation!
- Temporary waste management—how will this be handled? Hugely important environmentally and safety-wise for infection control.
- Mental health/trauma—think ahead about having your staff take a Psychological First-Aid class.

Lessons Learned From Joplin, Mark Francis, QIPMO Coach

3 nursing homes majorly affected

1. Direct hit—13-14 dead, some residents, some staff. Residents evacuated to nearby hospitals then disbursed to area nursing homes. There was one resident sent to a home in Webb City—was 3 weeks before someone could identify her. (PTA identified as a friend of a friend). Receiving nursing home didn't know what meds to give, who her family or POA was, etc.
2. Significant damage incurred—residents evacuated as soon emergency personnel were able.
3. Some damage, sheltered in place for a few days.

All total area nursing homes had to place 300 beds.

It was 3 hours before Webb City was aware of extent of damage at Joplin and the need to take in their neighbors.

Too many towers were down to get cell calls through so it made communicating with hospitals about receiving patients very difficult. Did better via text.

Lessons Learned From Joplin, Mark Francis, QIPMO Coach

Webb City took in 17 patients the night of the tornado—they housed them in hallways, dining room, activity room—wherever they could.

This put them over bed capacity. When they talked to DHSS, DHSS basically told them, do whatever you need to do to take care of these people. Eventually "official" documentation trickled in.

Had some residents only for a few days as their family's were able to locate them. Less than half stayed for very long.

Key points to remember:

1. If you have agreements with other facilities located in the same town, remember they may be in the same shape you're in and cannot take in your residents. Consider having agreements with someone maybe 30 miles or so away.
2. Make sure you have access off-site on a **web-based electronic health records system (EHR).** If your system can only be accessed in-house, store information off-site—at least the basics.
3. Have bracelets or lanyards or something physical that you can put on each resident with their name, DOB, allergies, and the name of your nursing home. Something tangible so they can be identified.
4. Have emergency backpacks or bags for each residents that you can throw on a wheelchair with just some basics.

WHAT'S WORKING FOR US

- Better cooperation and collaboration with local emergency community partners
- More attention from all levels on emergency preparedness for long-term care
- More resources, education, exercises, technology

WHAT'S WORKING AGAINST US

- Bigger natural disasters and more frequently
- More expensive
- Cities getting bigger, rural areas getting less populated
- Red tape

What Works for ALL of Us

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Resources & Additional Information

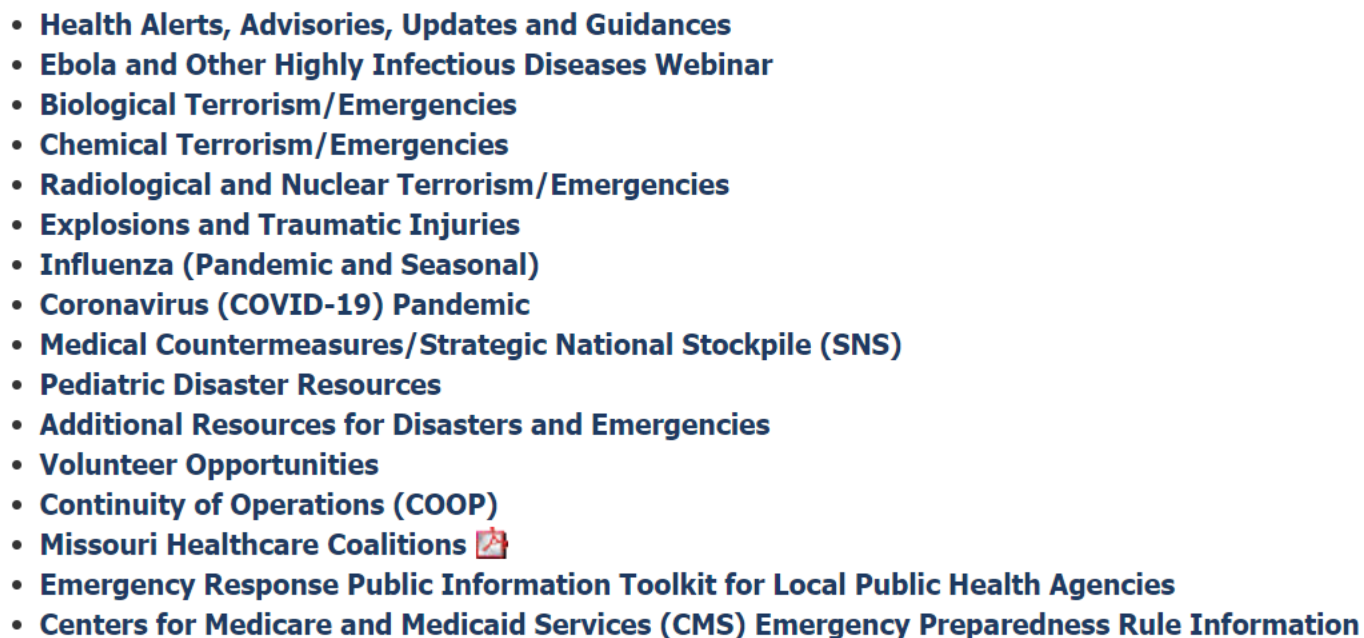
1. MO Emergency Mgmt Director Listing https://sema.dps.mo.gov/reports/EMD_Listing.php
2. MO Residential Care Homes https://www.causeiq.com/directory/residential-care-facilities-list/missouri-state/
3. MO LTC Statutes https://casetext.com/statute/missouri-revised-statutes/title-xii-public-health-and-welfare/chapter-198-convalescent-nursing-and-boarding-homes
4. LTC Emergency Preparedness Checklist https://comagine.org/sites/default/files/resources/sqi-qin-ltpac-cms-emergency-preparedness-plan-checklist.pdf
5. ASPR/TRACIE-CMS Emergency Preparedness Tools https://asprtracie.hhs.gov/cmsrule
6. CMS Emergency Preparedness Regulations and Guidelines https://www.cms.gov/medicare/health-safety-standards/quality-safety-oversight-emergency-preparedness/emergency-preparedness-rule
7. CMS After-Action Report Template for LTC https://www.cms.gov/medicare/health-safety-standards/quality-safety-oversight-emergency-preparedness/templates-checklists

Resources & Additional Information

Disaster and Emergency Planning

Disaster & Emergency Planning

Information for Medical and Public Health Professionals



Office of Emergency Coordination (OEC)
Department of Health and Senior Services
P. O. Box 570
Jefferson City, MO 65102-0570

24/7 Public Health Emergency Hotline:
800-392-0272

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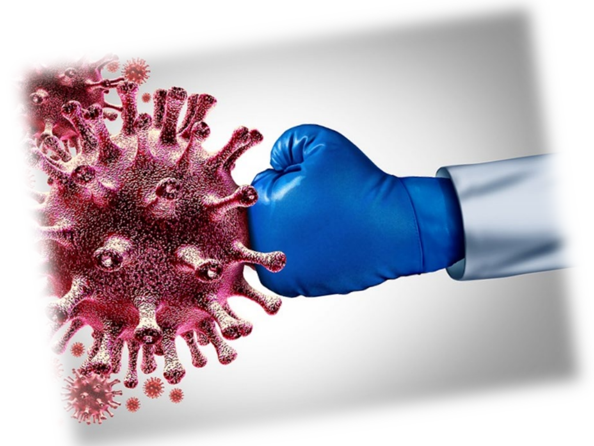

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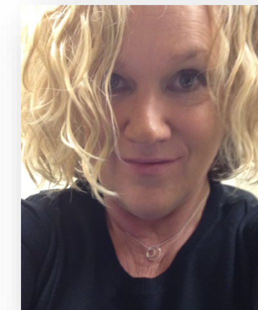

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