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## Prepare for disaster before disaster strikes

December 4, 2012 by Vivian A. Marinelli, PsyD

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Vivian A. Marinelli

Hurricane Sandy was yet another wake-up call to hospitals and long-term care (LTC) organizations to have a written disaster plan in place. Some facilities that chose not to evacuate in advance ended up evacuating during the height of the storm, making it more dangerous and difficult. This brings to light the importance of having a disaster recovery plan and knowing when to use it. Would your facility be able to survive a disaster?

The healthcare community moved emergency preparedness to the forefront after 9/11. Hurricane Katrina motivated LTC facilities to take a harder look at how prepared they were during times of crisis. Many residents in nursing homes are dependent on life-saving equipment that requires power. Hurricane Katrina also highlighted the need to prioritize restoration of utilities to those types of facilities first.

Seven years later, Hurricane Sandy has shown us that while much progress has been made, there is still more to do. In a recent [report](#), the Health and Human Services Office of Inspector General noted that there are still gaps in LTC disaster plans (Gaps Continue to Exist in Nursing Home Preparedness; 2012). If your organization hasn't yet closed the holes in its disaster plan, doing so should be at the top of your priority list for 2013.



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### WHY HAVE A PLAN?

Federal regulations for nursing home emergency preparedness require that Medicare- and Medicaid-certified nursing homes have "detailed written plans and procedures to meet all potential emergencies and disasters such as fire, severe weather, and missing residents." Additionally, federal regulations state that facilities must "train all employees in emergency procedures when they begin to work in the facility, periodically review the procedures with existing staff, and carry out unannounced staff drills using those procedures."

Milwaukee Catholic Home (MCH), Milwaukee, is geographically far away from a hurricane threat, but the staff is still prepared for tornadoes, flooding and fires, which the Midwest has seen its share of in recent years. The organization operates a continuing care retirement community that includes 120 independent living apartments and 24 assisted living suites, as well as skilled nursing, memory care and a rehab center.



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"Disaster planning and practice drills may seem tedious and time consuming," said Patrick Shaughnessy, administrator of MCH's Health and Rehabilitation Center. "But when disaster strikes and everyone knows what their role is and steps up to the plate, you will be more than happy that you practiced."

Even long-term care facilities in areas not prone to natural disasters such as flooding, hurricanes and tornadoes should continue to practice their emergency plan. A major power outage or fire could wreak havoc anywhere. "When lives are on the line, especially the frail and elderly, you can never be too prepared," Shaughnessy said.

## DEVELOPMENT OF AN EMERGENCY RESPONSE PLAN

When developing an effective emergency response plan, most organizations will benefit from specialized guidance for their specific industry. Best practices have demonstrated that the minimum critical elements of an effective disaster program should include:

- Identifying hazards specific to the facility
- Risk assessment specific to the facility
- A robust emergency/disaster plan that addresses how to mitigate, prepare, respond and recover from hazards and risks specific to the facility
- An organization-wide employee training program on the disaster response plan
- Drills and exercises to test the disaster plan
- Schedule of regular updates to the disaster plan

In 2009, the Centers for Medicare and Medicaid Services (CMS) published an updated [emergency preparedness checklist](#) as a "recommended tool" for healthcare facilities. In addition to the Federal regulatory requirements for nursing home emergency response plans, the checklist suggests that the following critical areas should also be included within emergency response programs:

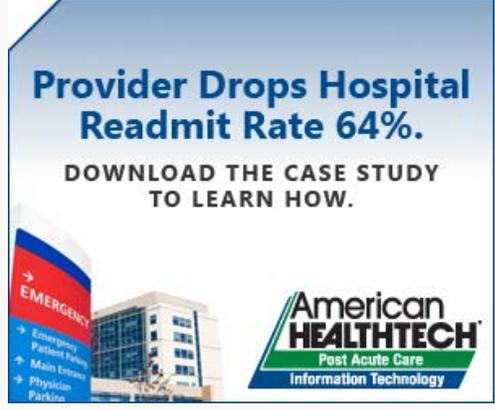
- Collaboration and communication with local emergency management agencies
- Collaboration with suppliers and vendors that have been identified as part of a community emergency response plan
- Transportation resources for relocation assistance
- Tracking of resident identification
- Necessary provisions

For nursing homes, it is important to keep in mind that additional resident care factors that need to be included in the planning:

- Resident medical concerns (physical and psychological)
- Resident-specific needs (i.e., feeding tubes, oxygen, wheelchairs, hearing aids and batteries, eyeglasses)
- Prescriptions and coolers for medications that need refrigeration
- Medical records
- A plan to address the impact of the event on residents, physically, mentally and emotionally

## SHOULD WE STAY OR SHOULD WE GO?

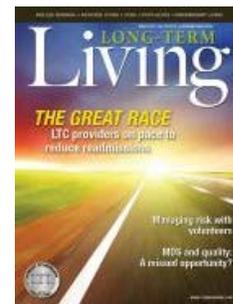
Too often, administrators focus most on plans to shelter in place rather than evacuate. When it's necessary to evacuate your facility, a well-prepared administrator will have prior agreements with host facilities rather than trying to identify them at the last minute.



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It's also important to review the written plan on a regular basis. Often, administrators might forget to consult their written emergency plans to help prepare for evacuation. Instead, they piece together transport by calling upon other nursing homes and local emergency entities to evacuate their residents. This should all be documented in the written plan and reviewed for accuracy, feasibility and detail before a disaster strikes.

When developing your disaster response plan, keep in mind that one of the first decisions made during an emergency will be whether to evacuate the facility or to shelter-in-place. Your plan will need to address the special needs for each of these situations. If the decision is to shelter-in-place, some additional needs will include:

- Facility security
- Adequate power supply. During Hurricane Sandy, many of the back-up generators were not placed high enough to escape the flooding from the storm surge, and they also ran out of fuel
- Sufficient food/water supplies for 3–10 days
- Prescription supplies and back-up copies of the prescription orders
- Medical supplies and equipment, including extra batteries
- Adequate staff, keeping in mind your staff and their families will likely be dealing with the disaster too
- Alternate modes of communication with families. Have a designated cell phone number to use to communicate exclusively with resident families
- Contingency plan in the event of a medical emergency

### BE READY BEFORE DISASTER STRIKES

Although it may appear to be a monumental task, there are a few things you can do immediately to increase your level of compliance and reduce the likelihood of your emergency response program failing when disaster strikes:

- Call every one of the emergency contact numbers for residents to ensure the numbers are correct
- Have staff update all of their primary and emergency contact information
- Review your current emergency response plan and identify areas in need of additional detail
- Examine your agreements for transporting and housing residents if you do need to evacuate your facility
- Meet with agencies in your community to discuss available support
- Develop a community resource directory



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- Conduct a mock fire drill. While this is not a replacement for a complete disaster exercise, at least you will have an idea of the current state of emergency response awareness of the staff
- Schedule training for your staff on the emergency response plan
- Review and update the emergency response plan regularly

A disaster response plan should be a “living” document. It needs to be updated on a regular basis and put to the test *at least* annually. The plan should also be developed and written in a manner that is easy to use for any level of staff. All staff members should know where the written master plan is kept. Residents and their family members also should be made aware of the disaster preparedness plan to help reassure them that there is a formal process in place should disaster occur.

Even with the best planning and practice in place, disasters do not always happen during full staff hours. Many disasters will occur when staff and logistical support are limited or when staff and their families also have been affected by the crisis—especially if it’s a community-wide disaster. Even if the plan is operational and provides specific information and guidance to the staff, the event will still be a challenge. However, the staff will be better prepared to protect the residents’ health, safety and welfare (along with their own). As a result, the resiliency of the residents, staff and the organization also will improve.

Planning for a disaster is like getting a new roof. It’s not a fun job, and there is no instant gratification. But, when a storm (or other crisis) hits, you will have peace of mind, knowing you took the necessary steps to protect yourself and your loved ones. Peace of mind is exactly what the residents in your facility need to survive a disaster.

***Vivian Marinelli, PsyD, is the Senior Director of Crisis Management Services for FEI Behavioral Health. She has provided clinical services specializing in trauma and grief counseling for more than 15 years, including serving those affected by storms, hijackings, terrorist bombings and earthquakes.***

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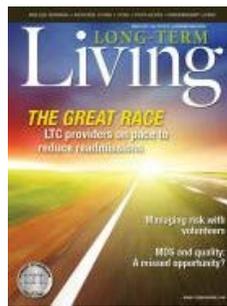
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