

PART  
2


# 12 Essential Requirements for Emergency Preparedness



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In Part One of this guide, you focused on the mitigation and preparation steps of your All-Hazards Plan. If you missed Part One, [\*\*click here\*\*](#). In Part Two, we will continue to discuss your preparation as it relates to response and recovery.

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# Four Areas to Consider for Emergency Preparedness Plans

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It is important to remember these four areas as you continue to develop your plan.



## Mitigation

Activities to eliminate or preclude the chance of an emergency or disaster before it happens



## Preparedness

Repetitive drills, training and planning with staff and residents to ensure the planned response to an emergency



## Response

Includes the reactions and most importantly, actions of staff and residents when an emergency occurs



## Recovery

Short-term and long-term activities immediately following an emergency to return all systems to their pre-emergency state



# 08

## Staffing in an Emergency

Brace your facility for staffing shortages and use a vulnerability assessment to work out additional problem areas:

- Inclement weather preventing staff from getting to work
- Staff members may be sick or have sick family members
- Staff may need to take care of small children due to no childcare

To continue to care for your residents, having an iron-clad plan is your best overall protection to avoid staffing shortages, such as:

- Notifying staff about the emergency and calling in additional staff
- Plan who will be responsible for essential functions along with a backup person
- List of volunteers and whether they can fill staff roles during an emergency
- Have your policy and procedure in place regarding families of staff and whether it is appropriate to allow others to shelter in place during an emergency
- Have a policy and procedure for the facility evacuation
- Have a policy and procedure for cross-training staff prior to the emergency
- Practice by holding training exercises/emergency drills



# 09

## Shelter-in-Place Plan

In weather emergencies, such as hurricanes, ice storms, floods, and blizzards, your facility could be forced to shelter in place for several days. In these situations, it may be deemed unsafe for anyone to leave your facility, and EMS, utility companies, and your suppliers may be unable to reach the facility. Bear in mind that external communications may also be disrupted.

Determine your facility's ability to operate self-sufficiently during the time you would "shelter-in-place", including maintaining facility power, water and food, medications, and other necessary supplies.

\* **Generator Tips** – Ensure routine maintenance and safety checks are completed, fuel supply is on hand, and cross-training of staff is completed.





# 10

## Evacuation Plan

This is a complicated process in the best of circumstances. Long-term care residents are often medically complex, have cognitive deficits, and/or have mobility issues. Consider all of these complications to complete your plan.

Whenever possible, “sheltering-in-place” is preferable over any type of evacuation. Facilities should consider the following when there is a question of whether to remain in the facility or to evacuate:

- Do you have a similar type of facility to relocate to?
- What are the vulnerabilities of each resident?
- Where is the facility located in reference to the flood/fire/surge zones?
- Time needed to complete an evacuation
- Recommendations from emergency management services
- Transportation needs and availability

**Dialysis Management:** Alternate sites and transportation, plan with pharmacy for 7-10 days of meds/expanded EDK with items to treat elevated potassium levels, plans to provide renal diet, alternate protocols for the management of ESRD (i.e., kaoexylate).

**Respiratory Management:** Residents with asthma, COPD/emphysema, pneumonia, or bronchitis who may be oxygen-dependent, have tracheostomy, need for suction, use of nebulizers or bi-pap/c-pap machine. The concerns would be having a power supply, respiratory equipment and medications, and source of oxygen.

**Pain Management:** Neurological conditions, orthopedics and/or musculoskeletal injuries. Secure seven days of medications from pharmacy. Battery backup for pain reducing devices such as mattresses or air beds.

**Behavior Management:** Psychiatric and/or mood disorders, dementia, or Alzheimer’s. Power outage can increase the risk of elopement. If able, consistent staff will help decrease changes in mood and anxiety.

**Infection Control Management:** List of residents that are currently receiving infection treatment and anyone who may develop an acute infection. Indicate on the list any communicable diseases for precautions and cohorting purposes. Consider power outage and disruption of water supply in the plan. Secure 14-30 days of medications and IV supplies from the pharmacy. Secure 7 days of personal protective equipment including gloves, masks, gowns, antimicrobial hand sanitizer, biohazard waste receptacles.

**Hospice Management:** Residents with end of life-end stage conditions with less than a six-month life expectancy or are enrolled in hospice. Secure 7-14 days of medications and expanded EDK. Compile a current list of residents, a list of advanced directives, and the contact person for emergencies and decisions.

**Falls Management:** Includes a wide array of residents and may be related to internal or external causes. External causes can include poor lighting due to power loss, inoperable

call lights, changes in staffing patterns, and relocation of a resident. Internal causes may include muscle weakness, fatigue, history of stroke/TIA, epilepsy, Parkinson's, cognitive conditions, incontinence of bowel or bladder, or impaired vision.

**Nutritional Management:** Consider your entire resident population and the large variety of resident diseases in your population and conditions that can influence vulnerability i.e., COPD, acute infections, enteral or parenteral feedings, IV fluids, or dialysis.

**Wound Management:** Includes all residents, since all residents are at risk for skin impairment. There are specific diagnoses that can increase risk i.e., infections, malnutrition, dementia, COPD, and cardiovascular diseases. You should keep an up-to-date listing of all residents who require specialty mattresses as well as wheelchair cushions in the event of an emergency.



# 11

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## Post-Disaster Assessment

Before you can begin to restore, you will need to know what you are dealing with. An assessment will allow you to determine what items need priority, as well as the overall state of the facility. When completing your assessment, you should have your disaster recovery team consider the following:

- **Workforce shortages** – clinical staff/ancillary staff
- **Damage assessment** – facility both inside and outside
- **Disruption of communication** – computers/phones
- **Ongoing safety threats** – flood/mudslide/aftershock
- **Supply chain disruptions** – food/water/medication/ medical supplies
- **Technology interruptions** – internet/software
- **Transportation** – ambulance/buses







# 12

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## Restoration and Recovery

The restoration phase can take some time depending on the type of disaster. This generally involves the restoration of an alternative site should relocation be necessary. You will want to appoint a specific coordinator for this process since it can become quite involved. It is important that your team follows the plan that was predetermined to maintain order. The coordinator will be in charge of tracking all issues and maintaining the timelines. Ensure that you include the following in your plan:

- Alternate facility location
- Alternate data center/network
- Alternate hardware/software or paper, if necessary
- Alternate vendors
- Recovery staffing

Lastly, we have the recovery phase which will be the longest phase in this process, especially if you have been forced to relocate. This phase will consist of those items needed to be completed in order for you to return to the prior facility or return to a new build. This phase requires a lot of scheduling and permits so ensure you have someone on your team that can handle all of the logistics. This may also require new applications or licenses if you have moved locations. Having a list of those items available prior to the disaster will save you a lot of time later on. Ensure you have a process in place to determine if any data has been lost and ensure that your backup protocols are fully functional at your alternate location.





## Conclusion

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Disaster Planning is just that... planning. It may not be perfect, but it will definitely help you and your staff get through what could feel like an impossible situation. Knowing what disasters are most likely to affect your facility will help guide you in your planning process. This will provide you and your staff a heightened sense of security knowing that there is a well-thought-out plan in place to assist in their time of crisis.

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