MISSOURI DEPARTMENT OF

HEALTH & SENIOR SERVICES

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Emergency Preparedness

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DHSS

Emergency Preparedness

Objectives

- Review emergency preparedness requirements related to system failures impacting facility operations

- Discuss proactive measures to ensure emergency plans are in place, updated, and address the continuum of response

Emergency Preparedness
Key Elements

Risk Assessment and Planning

Communication Plan

Policies and Procedures

Training and Testing

Emergency Preparedness

Risk Assessment and Planning (Annually):
– Develop an emergency plan based on a risk assessment; Perform risk assessment using an "all-hazards" approach, focusing on capacities and capabilities.

Risks: loss of heat, water, electric, air conditioning, gas, phone, tornado/high winds

Policies and Procedures (Annually):
– Develop and implement policies and procedures based on the emergency plan and risk assessment.
– Policies and procedures must address a range of issues including subsistence needs, evacuation plans, procedures for sheltering in place, tracking patients and staff during an emergency, to the extent applicable for each provider/type (varies by provider).

Emergency Preparedness

Communication Plan (Annually):
– Develop a communication plan that complies with both Federal and State laws.
– Coordinate patient care within the facility, across health care providers, and with state and local public health departments and emergency management systems.

Training & Testing Program (Reviewed Annually and 2 testing exercises per year):
– Develop and maintain training and testing programs, including initial training in policies and procedures. Demonstrate knowledge of emergency procedures and provide training at least annually.
– Conduct drills and exercises to test the emergency plan

Emergency Preparedness

A few things to consider in examining your emergency preparedness plan, specifically as it relates to system failures- excessive heat or cold, and power outages.

If there is a loss of the primary power, how will the facility ensure adequate temperatures of the facility will be maintained during the emergency situation?

Is the plan feasible?
   Plan for the worst. Most events do not occur on a sunny Tuesday afternoon and the plan should account for things such as poor weather, road conditions, weekends/holidays, evenings, staff ability to travel to work, and other obstacles that may cause issue during the actual emergency.

Are staff knowledgeable of the plan, have access to what is needed in order to implement the plan and is there sufficient staff to implement the plan? Phone numbers, contact persons, contracts.

Do staff know what to do during an emergency and know who is in charge? If the administrator is not onsite, who is in charge and does that person know all their duties?

Emergency Preparedness

Is the plan detailed enough?
- If loss of power, does the plan instruct the staff to start the evacuation prior to the point when the facility is below appropriate air temperatures and to maximize their safety during travel?
- What is the distance to the emergency evacuation site?
- What types of roads do they have to traverse, such as "side roads", bridges, or interstates; all of these roads can have their challenges.
- Does the facility have more than one contracted emergency site?
- Does the contracted site meet all the criteria to allow the residents to shelter in place at that location?
- Clear communication prior to event with receiving facility/evacuation site.
- Is there a contract for transportation and will that transportation be able to get the residents to and from their current location to the contracted emergency location in a snow/ice storm? If the services have other contracted uses, such as school buses, will they be available at 3:00 P.M. on a school day or can they get drivers at 3:00 A.M. on a Wednesday?

Emergency Preparedness

Does the facility have a generator? Is there enough fuel, a contract to get more fuel, and a list of what it does and does not operate?

- Facilities *(and the staff in charge)* need to know in advance, what their generator will operate.
- At a minimum, this listing must include whether it runs: Life safety equipment *(such as E-lights and fire alarm system(s))*, magnetic door locks/door alarms *(where applicable for safety)*, **HVAC systems**, cooking systems, what outlets residents and staff will be able to be use, and computer equipment/Wi-Fi *(if electronic medical records (EMR) are utilized)*.
- This list needs to be detailed so staff will know specifically what items will and will not work during a power outage. Many generators will run every second or third ceiling light for emergency lighting, but not all lights in the facility will work during a power outage. This needs to be listed so all staff will know that information.

Emergency Preparedness

If a facility does not have a generator, what are the plans when it may not be easily able to evacuate due to poor road conditions or other factors that may prohibit a smooth transition from a facility to another location?

If the facility plans to have a generator delivered during a loss of power, does the facility have a contract with the generator company to deliver one to them? This contract should include the size of the generator that the facility will need in order to ensure the safety and care needs of the residents are met during the emergency.

The building will need to be wired and ready to accept the generator in advance. The facility will not be able to install a generator during the emergency event unless the wiring for the generator has already been completed.

Emergency Preparedness - Sheltering In Place

Facilities must maintain **at least** their fire safety equipment *(E-lights, fire alarm, sprinkler system, range hood (if any cooking occurs)*, food, water, **heating and cooling**, and sewage disposal to shelter in place.

- There must be a plan of how this will be achieved, emergency supplies, the detailed list of what the generator will run, and any contracts that will be needed during the emergency to ensure these services can continue during the emergency event.
  - Sometimes trucks will not be able to run regular schedules and it may take several days before the facility can get their first delivery after an emergency starts; depending on the extent and severity of the disaster.
- A power outage may be as simple as a blip, may last for hours, or may last for days – depending on the extent of the power grid damage and when the crews can access the problem(s).
  - The facility needs a plan of when, how, and where they will evacuate if they cannot provide at least the components of the previous bullet point.

Emergency Preparedness

During a disaster is the **least ideal** time to learn an emergency plan will not work or to search for a contracted service.

All contracted services including, but not limited to, transportation, fuel needs, evacuation location, food, and water needs to be in the emergency plan.

The emergency preparedness team needs to consider and plan all services and contract prior to an actual emergency.

During an emergency, it may be very difficult or impossible to get a contracted service due to volume of request, road conditions, and/or other factors.

SLCR Emergency Contact Information

SLCR emergency protocol during a disaster that results in loss of a necessary service (electricity, water, gas, phone, etc.) https://ltc.health.mo.gov/archives/category/weather-related

*****THIS PROTOCOL IS NOT TO BE USED TO SELF REPORT INCIDENTS NORMALLY REPORTED TO THE ELDERLY ABUSE AND NEGLECT HOTLINE*****

Each SLCR regional office has designated a cellular phone number for facilities to call in case of a loss of necessary power. This phone number will be answered twenty-four hours a day, seven days a week. The regional office main phone number should be used during normal business hours.

Region	Main Office Phone Number	Emergency Cell Phone Number
Region 1 (Springfield)	417-895-6435	417-425-8780
Region 2 (Poplar Bluff)	573-840-9580	573-778-6495
Region 3 (Kansas City)	816-889-2818	816-719-0089
Region 4 (Cameron)	816-632-6541	816-632-9371
Region 5 (Macon)	660-385-5763	660-621-2326
Region 6 (Jefferson City)	573-751-2270	573-619-3338
Region 7 (St. Louis)	314-340-7360	314-623-2852

Cyber Attacks and Emergency Preparedness Plans

Policies should address operational continuity.
- Identify scope (single site to full network outage)
- Identify impact on the following systems:
  - Bedside care: monitoring, telemetry, pumps, nurse call
  - Building systems (e.g., temperature tracking, badge access)
  - Electronic health record (EHR)
  - Internet
  - Intranet
  - Lab
  - Network
  - Revenue Cycle
  - Telecom
- Consider long and short-term disruption/impacts

Cyber Attacks and Emergency Preparedness Plans

- Identify safe, alternative processes for resident care based on outage
- Initiate downtime processes:
    - Utilize business continuity or downtime computers if available
    - Build paper charts for all patients using information printed from downtime computers or paper downtime forms.
    - Print critical service delivery information (e.g., medical charts, staff schedules, resident schedules/appointments)

    Note: this could be an extended downtime (days or weeks) – address downtime procedures that need to be refined to support extended downtime
- Deploy strike teams to provide just-in-time training and regulatory requirements on downtime charting and documentation

Cyber Attacks and Emergency Preparedness Plans

Identify any potential disruptions to critical infrastructure and priority services

Regularly evaluate electrical system performance
• Consider network-reliant systems (e.g., temperature controls, etc.)
• Deploy additional staff to manually monitor systems reliant on the network (HVAC, etc.)
• If the fire suppression system is reliant on the technical network, activate a fire watch

Communication- internal, external, families, residents

Assess impacts to materials management and ordering processes
• Implement manual inventory and ordering processes for supply chain management
• Implement a manual process for distribution, supply chain, and redistribution of clinical and operational supplies
• Ensure availability of durable medical equipment
• Ensure availability of oxygen
• Ensure availability of pharmaceuticals

Emergency Preparedness

Emergency Preparedness Online Basic Surveyor Training Course which can be accessed 24/7 by the public, free of charge on the CMS Quality, Safety and Education Portal.

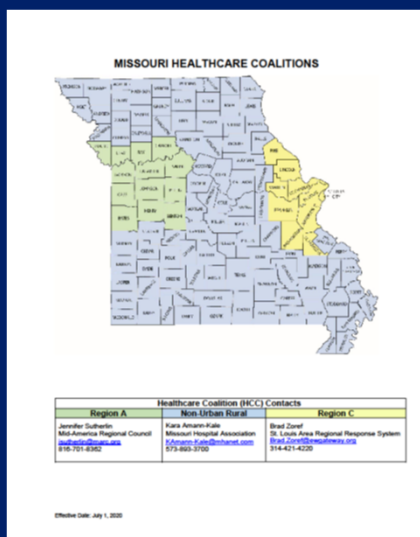https://qsep.cms.gov/pubs/CourseMenu.aspx?cid=0CMSEmPrep_ONL

DHSS-SLCR Emergency Protocol:
https://ltc.health.mo.gov/archives/category/weather-related

OIG Report: Nursing Homes Reported Wide-Ranging Challenges Preparing for Public Health Emergencies and Natural Disasters

Missouri Healthcare Coalitions

https://health.mo.gov/emergencies/pdf/hcc-map.pdf

Region B- Light Blue (Non-urban Rural)
Kara Amann-Kale
Missouri Hospital Association
KAmann-Kale@mhanet.com
573-893-3700

Region C- Yellow – St Louis and Surrounding Counties
Brad Zoref (Washington, St. Francois, and Jefferson Counties)
St. Louis Area Regional Response System
Brad.Zoref@ewgateway.org
314-421-4220

Health Quality Innovators (HQI)

Emergency Preparedness Plan Assessment for Nursing Homes

1) No Cost Emergency Preparedness Plan Review

2) Key Elements
   - Risk assessment and emergency planning
   - Communication plan
   - Training and testing program
   - Coordination with local, state and federal officials

3) Benefits Include:
   - Support for new team members that are involved in emergency planning
   - Survey readiness
   - Access to tools and resources

For more information or to schedule a review email: LTC@hqi.solutions

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QUESTIONS?

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