Keeping Emergencies From Becoming Disasters Through PLANS, PREPARATION and TRAINING

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> Is a board member for University of Wisconsin Eau Claire, CHAASE (Center for Health Administration and Aging Services Excellence)
The materials, comments and other information contained in this presentation are intended to provide general information but not advice about certain regulations and initiatives.

This information is not and not intended as legal or other advice, and each situation may vary depending on the particular facts and circumstances.

You should not act upon this information without first consulting with qualified legal counsel.

Thank you.
Heyókȟa

Refers to the Lakota concept of a contrarian

Please, be willing to change …

Learning Objectives

Keeping Emergencies From Becoming Disasters Through PLANS, PREPARATION and TRAINING

(Bloom’s Taxonomy of Action Verbs)

By attending this session, participants will be better able to:

(Knowledge and Comprehension)

1. Evaluate EDP decision-making … written plans … processes … timeliness of updates …

(Application and Sharing)

2. Ensure plan is in compliance (PLANS, PREPARATION and TRAINING).

3. Train staff members on federal, state and local requirements and resources
"Words do not convey meanings; they call them forth. I speak out of the context of my experience. You listen out of the context of yours. And that is why communication is difficult."
What’s A “Emergency”? 

An event causing:

1. Significant disruption of care or treatment  
   AND / OR
2. Harm to people, facility, grounds or utilities.

The Nature of Emergency Events*

Unplanned … many forms:

- **Hurricane** *(Impending)*
- **Elopement** *(Vigilance)*
- **Fire Within** *(Immediate)*

Responses differ based on:

- **TIME**: Immediate vs. Impending
- **SCOPE**: Facility vs. Local vs. “Wide” Area
- **EVACUATION**: Internal / Local / Remote vs. Shelter-in-place
What Makes The Biggest Difference For These Two Women?
SIDEBAR: Anne Morrow Lindbergh*
“My life cannot implement in action the demands of all the people to whom my heart responds.”

Neal A. Maxwell, Apr. 1974
“That's good counsel for us all, not as an excuse to forgo duty, but as a sage point about … the need for quality in relationships.”

Michael Laughrun -- Consulate Management
“Finding ways to relieve the anxiety of the situation for the Residents and Staff is something that we probably don’t address as much as we should.”

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2. Hazards and Vulnerabilities
3. Sheltering-In-Place and Evacuation
4. Written Plans
5. Federal and State Emergency Management
6. ICS (Incident Command System) and NIMS (Nat. Incident Command System)
7. Checklists and Training
### Which Hazards Have You Planned For?

<table>
<thead>
<tr>
<th>Natural Hazards</th>
<th>Terrorism</th>
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<tbody>
<tr>
<td>1. Fires</td>
<td>1. Explosions</td>
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<td>2. Floods</td>
<td>2. Nuclear Blasts</td>
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<td>3. Wildfires</td>
<td>3. Armed Intruder/Active Shooter</td>
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<td>4. Tsunamis</td>
<td>4. Chemical Threats</td>
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<td>5. Volcanoes</td>
<td>5. Biological Threats</td>
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<td>7. Hurricanes</td>
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<td>8. Tornados</td>
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<td>9. Earthquakes</td>
<td>10. Extended power outages</td>
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<td>10. Extreme Cold</td>
<td>2. Nuclear Power Plants</td>
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<tr>
<td>12. Winter Storms</td>
<td>4. Railway spur/line</td>
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<td>13. Pandemic events</td>
<td>5. Chemical Plants</td>
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<tr>
<td>15. Thunderstorms &amp; Lightning</td>
<td>7. Leves</td>
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<td>8. IT</td>
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</table>

**Terrorism**
- Explosions
- Nuclear Blasts
- Armed Intruder/Active Shooter
- Chemical Threats
- Biological Threats
- Radiological Dispersion Device

**Technological Hazards**
- Extended power outages
- Nuclear Power Plants
- Haz. Mat Incidents
- Railway spur/line
- Chemical Plants
- Freeways
- Leves
- IT

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**SIDEBAR:** Creating Our Own Hazards -- Compartmentalization

**TRUE or FALSE?**
- Smoke causes most fire deaths
- Smoke compartments save lives
- Compartments are sometimes violated
## Resident Vulnerabilities -- Planned For?

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<td>3.</td>
<td>Falls</td>
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<td>Toileting</td>
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<td>6.</td>
<td>Nutrition</td>
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<td>Hydration</td>
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<td>10.</td>
<td>Behaviors</td>
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<td>11.</td>
<td>Elopement</td>
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<td>12.</td>
<td>Respiratory</td>
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<td>Pneumonia</td>
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<td>Depression</td>
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<td>15.</td>
<td>Medications</td>
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<td>16.</td>
<td>Hypertension</td>
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<td>17.</td>
<td>Infection Control</td>
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<td>18.</td>
<td>Hospice/End-of-life</td>
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<td>19.</td>
<td>Wound management</td>
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## Keeping Emergencies From Becoming Disasters Through PLANS, PREPARATION and TRAINING

1. Describing Events
2. Hazards and Vulnerabilities
**3. Sheltering-In-Place and Evacuation**
4. Written Plans
5. Federal and State Emergency Management
6. ICS *(Incident Command System)* and NIMS *(Nat. Incident Command System)*
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Shelter With-in Theory

Life Safety Code, NFPA 101

“The residents of a health care facility can remain safe even when close to a fire IF:

1. Corridor walls have been constructed (and maintained) properly
2. Appropriate smoke and fire barriers have been installed
3. Approved fire detection and suppression systems have been installed and maintained.”
4. Hazardous areas are protected

What else do you prepare for?

Sheltering-In-Place Fundamentals

Generator
1. Support critical for care functions (O₂, trachs, internal feeding/hydration)
2. Fuel/re-fueling, testing, circuits
3. Maintain lights, temps …
4. Vendor support
5. Failure/backup

Security
1. Communications
2. Rounds, reporting, alerting
3. IDs/photo for staff / volunteers
4. Visitors' reception area / sign in
5. NFPA: Coordinate with local law enforcement

Water and Power
1. Pre-event relationships
2. Educate “them” on acuities
3. Contact names and numbers available
4. Communicate: utilities/employees/families
5. Educate “them” on power grid restoration
6. Linen, disposables
7. Sanitation/cleaning
8. Maintain inventory lists
3-year review: NH evacuations during hurricanes

“… Showed a 218% increase in mortality after the affected residents were moved within the governmental guidelines for relocation.”

Citation: Florida Health Care Education and Development Foundation, 2008. National Criteria for Evacuation Decision-Making in Nursing Homes, developed through a project funded by the John A. Hartford Foundation. For further information, please visit www.fhca.org.
Transportation-related Evacuation Challenges

Reasons other than “lack” of ground transportation:

1. Incorrect assumptions
   (drivers, fuel, vehicles destroyed, size, type, “load-ability”, road conditions)
2. Poor planning
   (receiving facility, en-route medical needs, GPS vs. maps, distance vs. time)

4 Rules of Thumb:

1. Plan for pre- and post-event evacuations / transports
2. Loading + Travel < Total Available Time
3. Identify three transportation providers
4. It’ll NEVER happen the way you practiced

Evacuation: Residents + What else??

“Evacuation is time-consuming, complex, and expensive and must be thoughtfully addressed in the facility’s emergency management plan.”

- Equipment (beds/mattresses, WC, concentrators/O2, etc.)
- Food and Water
- Medications*
- Disposables
- Records*
- Staff +
Medications / Controlled Substances Transport

What are you doing today?
1. Bins on the bus
2. Large zip lock bags
3. Transport the med cart
4. Providing refrigeration for medications

SIDEBAR: Staff Availability = Critical “Go/No Go” factor

1. Can’t reach them – cell towers/phone lines down
   
   GIVEN: “declared emergency” or “pending” = Come Back

2. Concerns about dependent family members
   Bring them with you

3. Injured, ill, or deceased family members
   Console, encourage

4. Road conditions
   Go get them

5. Pet safety
   Eatable?

Set Expectations PRE-EVENT

Citation: Florida Health Care Education and Development Foundation, 2008. National Director Evacuation Decision-Making in Nursing Homes, developed through a project funded by the John A. Hartford Foundation. For further information, please visit www.fhca.org.
**SIDEBAR: Evacuation “Opportunities”**

**Common evacuation problems:**

- Long travel times
- Contracts not honored
- Unprepared/unavailable host facility
- Insufficient staffing, food, water, supplies
- Complicated Resident medical needs
- Lost ED plans
- Re-entery

*Department of Health and Human Services, Office of Inspector General, 2006*

**SIDEBAR: Bariatric Evacuations**

**A Few Items to Consider**

1. **Planning & Assessments:** Pre-Admission ... Ongoing ... Post-event ... Care plan (*Staff, equipment, sling, technique*)

2. **Ground floor** ... close to exits

3. Equipment, staff, protocols, **training**

4. **Evacuation routes** ... identified & tested ... no obstacles

5. **Triage:** a] nature of the emergency, b] each resident c] staff and equipment resources
   - Ambulatory ➔ Non-ambulatory ➔ Bed Ridden

6. **Bed transport** ... Be careful ...
Sidebar: Bariatric Evacuations

Sample Evacuation Options:

1. Self-ambulation
2. Single staff member assist
3. Multiple staff member assist
4. Mechanical lift assist ("floor" or "sit-to-stand" lifts)
5. Powered propulsion devices
6. Knee-drop blanket drag
7. Drag device
8. Bed

Reality Check: Ashford and St. Peter’s Hospital, NHS (National Health Services, United Kingdom)

14. EXCLUSIONS:

14.1 In a life-threatening situation when there is no time to carry out a planned move, the individual (staff) must assess each individual situation and, using their professional knowledge and judgment, act in the most appropriate way in order to reduce the risk to the lowest level.

14.2 In the event of evacuation because of fire, patients should be moved as quickly as possible by whatever means are appropriate...
A personal note, from a Friend
Fleeing Hurricane Rita, September 23, 2005:
Bus fire near Wilmer, TX; 23 NH Residents died

Shelter-In-Place

Preparation  Event Recognition  Mitigation  Notification / Activation  Implementation  Incident Operations  Normalization  Transition to Recovery  Recovery & Learning  Preparation
Evacuation v. Shelter-In-Place Decision Making

Shelter-In-Place Decision Making

Monsignor Charles Fahey: “Difficult Decision Process”

“These are decisions that profoundly affect the life and health of your vulnerable residents … those for whom you have legal, moral, and professional responsibilities.”
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Emergency and Disaster Plans

What Are the Objectives of Your ED Plan?

1st: Protect and save lives
2nd: Protect and minimize damage to property

HOW?

PREPARATION
**CFR 42 §483.75 (m), §483.470(h) -- External Disaster Plans:**

1. Address relevant emergencies and possible hazards AND focus on most likely

2. Realistic *(tailored, implemented, reviewed, updated)*

3. Communicated *(oriented/trained/ready)*

4. Drills *(local and state disaster drills when invited)*

5. Written Report *(weaknesses id’d., follow-up documented)*

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**Says Who?**

Whose telling you how to prepare?

1. AHJ
2. CMS
3. LSC
4. osha
5. SOM
6. Corporate
7. Personal Interpretation

"Everybody and their …"
Current Federal Plan Requirements

Surveyors are looking for at least what 3 components?

1) Hazard and vulnerability analyzes
2) Detailed, written plans and procedures
3) Employee training (new-hire, periodic, drills)

Revision to the recommended CMS Emergency Checklist:

As per this Memorandum: … current policy … in effect (HC)

Highlights
1. “Describe the process to be utilized to track the arrival of each resident at the destination.”

2. “The amounts of water to be transported and logistical support is described (1 gal/person).”

3. Collaborate / Integrate: Local/State EM Agencies & HC Coalitions:
   a. Hospitals, NH, hospices, home care, dialysis centers etc.
   b. Response plans and activities to increase response capabilities

4. FEMA:
   a. Refer to FEMA to assist with updating existing emergency plans
   b. Review FEMA’s info, updates, best practices and guidance
Requirements for Emergency Plans

Federal Regulations:
- **F455** (Emergency power)
- **F466** (Water supply)
- **F517/K48** (Detailed written plans and procedures …missing resident)
- **F518/K50** (Training and drills …unexpected times …varying conditions …1/shift/quarter …Responsibility …competent…qualified …leader. …between 9:00 PM and 6:00 AM (coded announcement)

Fed osha
- **1904.39** Reporting fatalities and multiple hospitalizations to osha
  - (a) Within 8 hrs. of death …or hospitalization of 1+ …oral report …telephone/in person to nearest area osha office OR 1-800-321-osh
- **1910.38** Employee emergency plans.
  - (c)(4) Procedures to account for all employees after evacuation

Plans

What ELSE do you have in your plans?

1. Procedures (*Meds, Linens/supplies, Dietary, Residents’ personals, Staff and Family, Charts …*)
2. Floor plan with sheltering in locations marked
3. Mutual aid agreements with other facilities
4. “Approved” Fire Safety Plan
5. Transportation contracts
6. Organizational charts
7. Evacuation maps
“Pre-Event” Relationships
Lines of Communication
and Cooperation*

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MI Disaster Prep. Guidelines

In 2012, the MI Disaster Preparedness Guidelines were sent to all LTC Providers in MI instructing facilities to:

1. Establish an active disaster response committee
2. Establish an written “all emergencies” disaster plan
3. The Disaster Plan should include the following elements:
   a. Surveillance
   b. Response
   c. Communication (Internal and External)
   d. Security
   e. Education

Long Term Care Disaster Planning Resources

CMS Emergency Planning Checklist: Michigan Planning Toolkit

http://www.michigan.gov/mdhhs/0,5885,7-339-71548_54783_54826_64377_64378-297773--,00.html#Evac

The National Incident Management System

NIMS Doctrine Supporting Guides & Tools

- Training
- Resource Management & Mutual Aid
- Implementation Guidance & Reporting
- FEMA NIMS Regional Contacts
- Incident Command System Resources

http://training.fema.gov/emiweb/is/icsresource/index.htm
At the Sep. 2015 Asc. of Health Facility Survey Agencies, CMS announced that the Federal EP Reg’s. are coming FY2016.

33 Components Affecting LTC

Food, water, medical supplies, alternate sources of energy (lighting, fire alarm, waste/sewage disposal, and temperature control), resident tracking, transportation, medical needs, staff responsibilities, communications, Shelter-In Place for staff, residents and volunteers, System to keep medical documentation secure and available, use of volunteers and emergency staffing strategies, arrangements with other LTC facilities to ensure continuity of services, role of facility in the provision of care at an alternative site, identified by emergency management officials, EP training annually, drills, mock disaster drill, annual paper-based, tabletop exercise, analyze facility's response to drills and revise plan as needed, emergency standby poser, Provide subsistence needs for staff and residents, whether they evacuate or shelter-in place, 1 to 2 days of food, water, medical supplies, alternate sources of power, and maintenance of temperatures for sanitary storage of provisions, test each emergency generator for a minimum of 4 continuous hours once every 12 months …
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ALICS: “Guide … FEMA structure and language … state & county regulatory & jurisdictional requirements … informational …”

“… guidebook … developed to provide … LTC facilities … guidance to refine their EDP programs (and the) use NHICS …”

ICS (Incident Command System)

Internet-available FEMA Training


- Emergency Management Principles/Practices for HC Systems
- IS-100: Intro to ICS for Healthcare
- IS-120.a An Introduction to Exercises
- IS-130 Exercise Evaluation and Design
- IS-197: Special Needs Planning Considerations
- IS-200: Applying ICS to Healthcare Organizations
- IS-700: Intro to NIMS
- IS-800: Intro to National Response Framework
- IS-907: Active Shooter: What You Can Do

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“Guessing does NOT get you the ‘win’. It’s how you *(respond)*.”

Agent Gibbs

Three Minutes From Engine Failure To Flawless Landing In The Hudson River: Lessons Learned

Chesley Burnett “Sully” Sullenberger
AA transport pilot, safety expert, and accident investigator from Danville, CA.

He successfully ditched USA Flight 1549 in the Hudson River off Manhattan, New York City, on January 15, 2009, saving the lives of all 155 people on the aircraft.
Three Minutes From Engine Failure To Flawless Landing In The Hudson River: Lessons Learned

- Captain “Sully” was trained in “crew resource management” (CRM).
  
  1. He didn’t persist in his original plan to return to LaGuardia.
  
  2. He quickly reviewed available options and then chose the Hudson River.
  
  3. He proceeded to make a flawless landing.

- CHECKLISTS: Use them to improve Q of care and safety.

- REPEATED TRAINING:
  - Common and rare events
  - NOTE: Sully had never experienced an engine failure except in a simulator.

- LEADERSHIP:
  - Effective team leaders assign roles, manage information, equipment and people.
  - NOTE: A recent review found that 43 percent of errors were due to problems with team coordination.

- CULTURE OF SAFETY:
  - You get better staff buy-in.
  - They are more comfortable in monitoring and mentoring team members.
Lessons Learned

1. Standardized checklists
2. Experience and training

Training and Drills

Training is the foundation of preparedness and response.

Mel Tobias – Sprenger Health Care

“Each person HAS to know their duties ... When ‘it’ happens, it’s too late to look at a book.”

What do you want them to be “good” at?

1. Elopement prevention and response
2. Falls prevention and response
3. Fire, severe weather
4. Evacuations
Tabletop Exercises
Practicing Crew Resource Management

1. SIMULATION: of a possible scenario (informal, reduced-stress, talk)
2. FOCUSED: roles, responsibilities, procedures, possibilities, decision making, communications, flexibility, TEAM
3. INTERACTIVE: discussion, brainstorming
4. PARTICIPANTS: decision-makers

ADVANTAGES:
1. Reality Check for the Team
2. Good review of plans, procedures, and policies
3. Only a modest commitment of time, expenses and resources
4. Good team building – acquaints key staff with responsibilities, EACH OTHER

DISADVANTAGES:
1. Can be superficial
2. Staff overload
3. Staff and system capabilities

Table Top Exercise
Basic Elements

1. Create (& Prepare)

Time Commitments:
• Prep: < 8 hrs
• Drill: 2 – 3 hrs
• Follow-up: <8 hrs
“Decision→Action” Response Mnemonics

- Run
- Hide
- Fight
- Get Out
- Hide Out
- Keep Out
- Take Out
- Alert
- Lockdown
- Inform
- Counter
- Evacuate

ALICE
TRAINING INSTITUTE
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ALERT
Initial Alert may be given by PA announcement, etc... Always look around.

LOCKDOWN
If evacuation is not a safe option, barricade entry points. Prepare to evacuate or counter if needed.

INFORM
Communicate real time information on shooter location. Use clear and direct language using any communication resources possible.

COUNTER
As a last resort, distract shooters ability to shoot accuracy. Move toward exits while making noise, throwing objects or adults swarm shooter.

EVACUATE
Run from danger when safe to do so using non-traditional exits if necessary. Relying points should be predetermined.

ALICE is not designed to be sequenced.
Always call 911 when it is safe to do so.

AliceTraining.com
1. A "Response Mnemonic" is NOT a list of choices -- but a continuum of decision-making for INTENDED VICTIMS.

2. Preparedness and awareness are the keys to helping protect staff, residents, families and ourselves.

3. Most active shooter situations are unpredictable, evolve quickly and are over within minutes.

4. We must be prepared to deal with the situation until law enforcement personnel arrive.

5. Since Columbine, police no longer wait for backup -- they immediately fight to stop the carnage.

6. How HC workers respond to an active shooter incident will be an intensely personal choice that will be influenced by moral, ethical, religious, professional or other views.

7. In the current health care environment, leaders must choose between competing needs. EP activities compete with WHAT?
   - QI, patient safety, and facility, salaries, supplies and capital, infrastructure growth, census

8. How do you pull that off?
“Armed Intruder/ Active Shooter” Reality Check
Most shooters will have more ammunition than they need
You will not have all the information you need to decide
Denial is a common response to dangers and threats
TRUST in YOUR ability to DECIDE and ACT
Current facts may trump prior training
“Run > Hide > Fight” is a continuum
Mental rehearsals and drills foster:
Composure, Clarity, Recall
Decisions, Courage
Commitment, Action
YOU and THOSE you care about
Will be the Intended VICTIMS

“Fight” / “Take Out”
“Jon Meis takes down gunman at Seattle Pacific University”
(“SPU hero describes scene to police”)
KIRO 7 News: https://www.facebook.com/KIRO7Seattle/videos/889645301055224/

Susan Escobedo
“My son was on campus that day and I’m forever grateful for Jon Meis’ quick thinking and brave action. The outcome could have been so much worse.”
“Fight” or “Take Out”

- Committed CHosen Action
- What Did Jon Meis DO?
- Diversion
- Seattle Pacific University HERO
- What are you ready to do? What do you want your Staff to do?
- Tactical Advantage

What do you celebrate?
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We Hope It Was of Value.

THANKS.

Peggy Connorton and Ray Miller