FHCA 2014 Annual Conference & Trade Show

CE Session #52 – What’s New + How-To: Emergency Preparedness Requirements and Developing a Disaster Drill
Thursday, July 10 – 4:00 to 6:00 p.m.
Canary 3 – Operations/Quality Improvement

Upon completion of this presentation, the learner will be able to:

- Describe the recently proposed CMS rule on emergency preparedness and the revised CMS Survey & Certification Emergency Preparedness Checklist Recommended Tool for Effective Health Care Facility Planning.
- Describe the transition from AHCA’s Emergency Status System to EMResource (requirements, deadlines and utilization) and the basic steps for accessing the new system.
- Identify the healthcare preparedness coalition contacts for each Florida county/region.
- Outline the key components of a successful facility-based disaster drill, from pre-planning to the after action report.

Seminar Description:

In this session, you will be briefed on the status of CMS’ proposed rule on emergency preparedness and the Agency’s emergency planning criteria for skilled nursing and assisted living facilities; the transition from the Emergency Status System (ESS) to the EMResource System; and the integration of LTC providers as members of local healthcare preparedness coalitions. In addition to these updates, you will learn how to develop, conduct and evaluate a disaster drill for your facility, from the pre-planning meeting to the after-action report and follow-up. You will leave with the tools and information needed to develop a similar drill for your own facility.

Presenter Bio(s):

Robin Bleier, RN, HCRM, LNC, President, RB Health Partners, Inc., is a featured state and national presenter, a special topics advisor to the FHCA Quality Foundation, Chair of the FHCA Emergency Preparedness Council, Co-Chair of the FHCA Risk Management Development Group and a vested long term care advocate through her volunteerism and affiliation with numerous professional committees. Robin has worked in health care since 1982 and in long term care since 1985. Robin has been a state and national MDS/Medicare educator since the Balanced Budget Act in 1992. She helped create the first multi-day educational program in Florida which was conducted at the Florida Risk Management Institute.

Tracy Greene, NHA, is the Administrator of Woodbridge Rehabilitation and Health Center in Tampa, Florida. Tracy has worked in skilled nursing facilities in several different roles, including Social Services Director, Administrator and Regional Vice President. Over her career, she has been involved in 5 evacuations of nursing homes in Florida, from the Keys to the Tampa Bay area. Tracy serves as the Co-Chair of the FHCA Quality Foundation Emergency Preparedness Council.
Bernard Hudson has worked in health and human service programs for over ten years with a focus in data analysis, incident reporting and health care facility regulation compliance with both state and federal requirements where applicable. He served as the Acting Chief for the Bureau of Long Term Care Services with oversight of 6 units and over 50 employees. Currently he is the Long Term Care Unit Manager with responsibility for regulation of long-term care facilities.

Martha Perez is the Administrator/Vice President of The Haven of Our Lady of Peace, a nursing home in Pensacola, Florida. She is responsible for all operations.

Vernon Zeger is Executive Director of Hawthorne Health & Rehab of Brandon. He serves as FHCA’s District 4 President, sits on the Budget and Finance Committee, and is a member of the Emergency Preparedness Council. He also serves on the Board for the Region 4 Health and Medical Coalition.
What’s New + How-To:
➢ Emergency Preparedness Requirements
➢ Developing & Conducting a Disaster Drill

CE Session #52
Thursday, July 10, 2014 — 4:00 – 6 p.m. (Canary 3)

Seminar Overview

What’s New
• CMS – Federal Update
  ➢ Proposed rule on emergency preparedness
  ➢ CMS S&C Emergency Preparedness Checklist Recommended Tool for Effective Health Care Facility Planning (rev. 12/13)
• Agency for Health Care Administration Update
  ➢ EMResource – the "new" ESS online database for providers
• New From the Florida Department of Health
  ➢ Healthcare Preparedness Coalitions

+ How-To
• How to Plan, Conduct & Learn from a Facility-Based Disaster Drill

Presenters
• Robin Bleier, RN, HCRM, LNC, President, RB Health Partners Chair, FHCA Emergency Preparedness Council
• Bernard Hudson, Health Services & Facilities Consultant Supvr. Agency for Health Care Administration
• Vernon Zeger, Executive Director Hawthorne Health & Rehab of Brandon
• Tracy Greene, Administrator Woodbridge Rehabilitation & Health Center
• Martha Perez, Administrator & Vice President Haven of Our Lady of Peace
What’s New

CMS Proposed Rule on Emergency Preparedness

- Published in the Federal Register, Dec. 27, 2013
- Covers 17 provider/supplier types (Medicare & Medicaid)
- Reviewed by Emerg. Prep. Council in February
- CMS’ has posted 373 comments – including FHCA’s
  - Timeline for adoption – unknown
  (It is expected that some version of the rule will be adopted)

Overall Concern: The proposed rule would expand liability & responsibility beyond a provider’s control

- Example #1 - Emergency Plans:
  - Proposed: “Include a process for ensuring cooperation and collaboration with local, tribal, regional, State, or Federal emergency preparedness officials’ efforts to ensure an integrated response...”
  - FHCA Response: A process for SEEKING COOPERATION is appropriate, but providers cannot ensure collaboration!
  An example of seeking cooperation might include involvement in local healthcare preparedness coalitions, which we’ll cover shortly
Another Example – Proposed CMS Rule

**Example #2 – Emergency Generator Fuel:**

*Proposed:* "LTC facilities that maintain an onsite fuel source to power emergency generators must maintain a quantity of fuel capable of sustaining emergency power for the duration of the emergency or until likely resupply."

*FHCA Response:* Providers cannot predict the duration of a disaster event, nor their external partner’s ability to respond. Providers should PLAN TO maintain a quantity of fuel capable of sustaining emergency power...

---

**Bottom Line**

- The CMS Proposed Rule has not yet been approved
- It may take a long time....but some version is likely to be adopted
- Stay tuned, and in the meantime, work to strengthen your facility’s plans and practice through drills and exercises
- Stay connected to your local emergency management community

---

**CMS**

**Survey & Certification**

**Emergency Preparedness Initiative**

(2-28-14)

---

**Revised CMS Preparedness Checklist**

- **Recommended Tool**
  - Revised December 2013
  - Procedures for residents who go missing during an evacuation
  - Suggests amounts of water to transport with residents during an evacuation (1 gal./person)
  - The Emergency Preparedness Checklist is a recommended tool for effective state planning.
“Procedures are described if a patient/resident turns up missing during an evacuation” (Rev. Checklist, page 3)

ADDED IN DECEMBER 2013:

• Notify the patient/resident’s family
• Notify local law enforcement
• Notify Nursing Home Administration and staff
  o Ensure that patient/resident identification wristband (or equivalent identification) is intact on all residents.
  o Describe the process to be utilized to track the arrival of each resident at the destination.
  o Describe whether families of staff can shelter at the facility and evacuate.

“Review Emergency Plan” (Rev. Checklist, page 5)

No change from previous checklist version:
Complete an internal review of the emergency plan on an annual basis to ensure the plan reflects the most accurate and up-to-date information. Updates may be warranted under the following conditions:
• Regulatory change
• New hazards are identified or existing hazards change
• After tests, drills, or exercises when problems have been identified
• After actual disasters/emergency responses
• Infrastructure changes
• Funding or budget-level changes

“Review Emergency Plan” (Rev. Checklist, page 5)

LANGUAGE ADDED IN DECEMBER 2013:
• Refer to FEMA to assist with updating existing emergency plans.
• Review FEMA's new information and updates for best practices and guidance, at each updating of the emergency plans.
• Emergency Planning Templates: Healthcare facilities should appropriately complete emergency planning templates and tailor them to their specific needs and geographical locations.
• Collaboration with Local Emergency Management Agencies and Healthcare Coalitions:
  • Establish collaboration with different types of healthcare providers (e.g., hospitals, nursing homes, hospices, home care, dialysis centers etc.) at the State and local level to integrate plans of and activities of healthcare systems into State and local response plans to increase medical response capabilities.
Meanwhile – No Change to the Current Federal Requirements

- 483.70(b) and (h) – Emergency power and water (F455 and F465)
- 483.75 (f) – Safeguard clinical records (FS14)
- 483.75 (m)
  - The facility must have detailed written plans and procedures to meet all potential emergencies and disasters, such as fire, severe weather, and missing residents (FS17)
  - The facility 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 (FS18)

AHCA

CEMP Planning Criteria Highlights

**Speaker:** Bernard Hudson

AHCA

- No changes at this time to the CEMP Criteria
- Your County Emergency Management (EM) Office may have additional requirements
- Your own corporate policies may outline additional requirements

State Requirements – CEMP Criteria

- Written Comprehensive Emergency Management Plan (CEMP)
- CEMP must be approved annually by the local EM Office (60 days)
- Designate a safety liaison as the primary contact during events
- Utilize an online database (EMResource) to report information regarding emergency status or operations

**Regulatory Authority:**
- s. 400.23(2)(g), FL Statutes
- s. 558.4-4.76, Emergency Management, FL Admin Code
- s. 408.821, FL Statutes
EMResource

- Replaces ESS (Emergency Status System)
- Required by Florida Statute (FS 408.821)
- Registration for users (user account)
- Expectations during an emergency ("an event")
- Highlights of the system
- Let’s take a look

https://emresource.emsystem.com
FEMA’s “Whole Community” Approach

- A government-centric approach to emergency management is not enough to meet the challenges posed by a catastrophic incident.
- Local events require the planning and participation of the entire community; private and public, not just government.

Florida’s Healthcare Preparedness Program (HPP)

- Since 2002, Florida has disbursed over $100 million dollars to hospitals to prepare them for a medical surge event:
  - Training
  - Exercises
  - Equipment
This picture is changing.
The hospital-centric approach is too narrow to build resilient communities.

Healthcare Preparedness Program

Old Way
- Hospital
- Hospital
- Hospital

New Way
- Hospital
- Local Gov
- EMS
- PCPs
- Public Health
- Public Safety
- Long Term Care

New Way: Healthcare Coalitions (HCCs)

- **Collaborative networks of healthcare organizations** and their respective public and private sector response partners, serving as a multi-agency coordinating group.

- **Assist Emergency Management and ESF-8** with preparedness, response, recovery, and mitigation activities related to healthcare organization disaster operations.
Healthcare Coalitions are Formally Recognized by:

- Bylaws
- Charter
- Formal Agreements with Partners (MOUs, MOAs, etc.)
- Governance Structure
- Voting Structure
- Meeting Schedule, Agendas, Minutes

Essential HCC Members

- Hospitals and Health Systems
- Local Emergency Management / Public Safety
- Local Public Health (MRC, CHDs, State Labs)
- EMS Providers (Public & Private)
- **Long-Term Care!**
- Behavioral & Mental Health
- Specialty Service Providers (e.g., dialysis, pediatrics, urgent care, etc.)

**Essential HCC Members...continued**

- Support Service Providers (e.g., labs, pharmacies, blood banks)
- Primary Care Providers
- Community Health Centers
- Tribal Healthcare
- Federal Entities (e.g., NDMS, VA hospitals, DOD facilities)
- Private entities associated with healthcare
  (e.g., LTC associations, hospital associations)

...Plus additional other partners (e.g., law enforcement) though not named as “Essential Members.”
FHCA Leaders Involved in Healthcare Coalitions (a growing list)

- Region 4 Health & Medical Coalition
  — Vernon Zeger
  — Gail Ward
- Broward County Healthcare Coalition
  — Neil Sutton
- Region 2 Big Bend Healthcare Coalition
  — Paul Kovary
- Pinellas Co. ESF-8 Working Group
  — Robin Bleier
4 Key Points for LTC Providers:

Healthcare Coalitions...
1. Identify LTC providers as essential partner (be sure you are included!)
2. Provide a way for community partners to leverage training and exercise funds
3. Foster relationships – encouraging cooperation – Who has resources? Who can I call?
4. Make communities more self-sufficient

---

How-To

Facility-Based Disaster Drills...
...from Pre-Planning to After-Action QA/PI...

Facility-Based Disaster Drills

Topics
- Real life lessons - 2014
- Drill requirements
- Pre-planning steps
- Incident command & assignments
- Executing the drill
- After-action report (QA/PI)
- Forms & Formats
Lessons from the Florida Panhandle

Winter Storm Leon
– January 29, 2014
– Pensacola, FL

• Unexpected amounts of ice and sleet
• Every major bridge, interstate and roadway in Escambia County -- closed or with major issues
• Pensacola was practically paralyzed

I-10 ... Closed
Closed.

- Alerts from local officials were not timely
- The severity of the ice storm and the potential hazards – issues – outcomes was not stressed
- Many facilities, including ours, were unprepared

Frozen Pipes ... upon Thawing
Lessons Learned...

- With ice, roads might be “clear,” but vehicles unable to safely navigate them (slip-sliding-away)
- 4-Wheel Drive Vehicles are a valuable resource:
  - Anyone on your staff own one?
  - Anyone on your staff know how to drive one?
  - Are they available to transport others to work?

Lessons Learned...continued...

- Don’t rely solely on weather forecasts or local media to predict possible outcomes.
- Unlike hurricanes, other types of severe weather do not bring the same sense of urgency
- Resident care must continue, until replacements arrive

Drill Requirements  [AHCA 3110-6006, March 1994, page 7]

Procedures for increasing employee and patient/residents awareness of possible emergency situations and provide training on their emergency roles before, during and after a disaster.

A. Identify how key workers will be instructed in their emergency roles during non-emergency times.
B. Identify a training schedule for all employees and identify the provider of the training.
C. Identify the provisions for training new employees regarding their disaster related role(s).
D. Identify a schedule for exercising all or portions of the disaster plan on an annual basis.
E. Establish procedures for correcting deficiencies noted during training exercises.
PLUS - Life Safety Code Drill Requirements
(Cited at K Tag 50 and F 518)

National Fire Protection Association (NFPA) 101
Life Safety Code (LSC) Sections 18 and 19.7.1.2:
• Fire drills are held at unexpected times under varying conditions,
at least quarterly on each shift.
• Staff is familiar with procedures and is aware that drills are part
  of established routine.
• Responsibility for planning and conducting drills is assigned only
to competent persons who are qualified to exercise leadership.

Drills
Pre-Planning

Drills
Incident Command / Assignments
Drills

Executing the Drill

Drills

After Action Report (QA / PI)

For additional resources:
  www.fhca.org  (choose facility operations, then emergency operations)

Speaker Contact Information:
  • Robin Bleier (robin@rbhealthpartners.com)
  • Bernard Hudson (Bernard.Hudson@ahca.myflorida.com)
  • Vernon Zeger (administrator@hawthornevillageofbrandon.com)
  • Tracy Greene (tgreene@woodbridge-rehab.com)
  • Martha Perez (mperez@shhpens.org)

FHCA Emerg. Prep. Council Staff Liaison: April Henkel (ahenkel@fhca.org)
Thank you for attending this seminar.

Next Up -- Fun Night!
7:30 p.m. Sabal Ballroom
DATE: February 28, 2014

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group


Memorandum Summary

Revised Emergency Preparedness Checklist: The Centers for Medicare & Medicaid Services (CMS) is alerting healthcare facilities that we have revised current emergency preparedness checklist information for health care facility planning. These updates provide more detailed guidance about patient/resident tracking, supplies and collaboration.

The CMS has previously provided information to facilities concerning emergency preparedness in Survey and Certification letter S&C-08-01, issued on October 24, 2007. That memo provided a frequently ask questions (FAQ) document to provide direction on allowable deviations from provider survey and certification requirements during a declared public health emergency. It also provided information concerning emergency preparedness tools such as checklists and reports, to help State Agencies (SA) and healthcare providers achieve an improved level of preparedness.


Updates and new documents will be posted to the website as they become available.

Effective Date: The information contained in this memorandum is current policy and is in effect for all healthcare facilities. The State Agency (SA) should disseminate this information within 30 days of the date of this memorandum.
Training: This information should be shared with all survey and certification staff, fire authorities, surveyors, their managers, and the State/regional office (RO) training coordinator within 30 days of this memorandum.

/s/
Thomas E. Hamilton

Attachment

cc: Survey and Certification Regional Office Management
### EMERGENCY PREPAREDNESS CHECKLIST

**RECOMMENDED TOOL FOR EFFECTIVE HEALTH CARE FACILITY PLANNING**

<table>
<thead>
<tr>
<th>Not Started</th>
<th>In Progress</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tasks</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Develop Emergency Plan:** Gather all available relevant information when developing the emergency plan. This information includes, but is not limited to:
  - Copies of any state and local emergency planning regulations or requirements
  - Facility personnel names and contact information
  - Contact information of local and state emergency managers
  - A facility organization chart
  - Building construction and Life Safety systems information
  - Specific information about the characteristics and needs of the individuals for whom care is provided

- **All Hazards Continuity of Operations (COOP) Plan:** Develop a continuity of operations business plan using an all-hazards approach (e.g., hurricanes, floods, tornadoes, fire, bioterrorism, pandemic, etc.) that could potentially affect the facility directly and indirectly within the particular area of location. Indirect hazards could affect the community but not the facility and as a result interrupt necessary utilities, supplies or staffing. Determine all essential functions and critical personnel.

- **Collaborate with Local Emergency Management Agency:** Collaborate with local emergency management agencies to ensure the development of an effective emergency plan.

- **Analyze Each Hazard:** Analyze the specific vulnerabilities of the facility and determine the following actions for each identified hazard:
  - Specific actions to be taken for the hazard
  - Identified key staff responsible for executing plan
  - Staffing requirements and defined staff responsibilities
  - Identification and maintenance of sufficient supplies and equipment to sustain operations and deliver care and services for 3-10 days, based on each facility’s assessment of their hazard vulnerabilities. (Following experiences from Hurricane Katrina, it is generally felt that previous recommendations of 72 hours may no longer be sufficient during some wide-scale disasters. However, this recommendation can be achieved by maintaining 72-hours of supplies on hand, and holding agreements with suppliers for the remaining days.).
  - Communication procedures to receive emergency warning/alerts, and for communication with staff, families, individuals receiving care, before, during and after the emergency
  - Designate critical staff, providing for other staff and volunteer coverage and meeting staff needs, including transportation and sheltering critical staff members’ family

- **Collaborate with Suppliers/Providers:** Collaborate with suppliers and/or providers who have been identified as part of a community emergency plan or agreement with the health care facility, to receive and care for individuals. A surge capability assessment should be included in the development of the emergency plan. Similarly, evidence of a surge capacity assessment should be included if the supplier or provider, as part of its emergency planning, anticipates the need to make housing and sustenance provisions for the staff and or the family of staff.

**Note:** Some of the recommended tasks may exceed the facility’s minimum Federal regulatory requirements

* Task may not be applicable to agencies that provide services to clients in their own homes

Revised December 2013
## Emergency Preparedness Checklist

### Recommended Tool for Effective Health Care Facility Planning

<table>
<thead>
<tr>
<th>Tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>• Decision Criteria for Executing Plan:</strong> Include factors to consider when deciding to evacuate or shelter in place. Determine who at the facility level will be in authority to make the decision to execute the plan to evacuate or shelter in place (even if no outside evacuation order is given) and what will be the chain of command.</td>
</tr>
<tr>
<td><strong>• Communication Infrastructure Contingency:</strong> Establish contingencies for the facility communication infrastructure in the event of telephone failures (e.g., walkie-talkies, ham radios, text messaging systems, etc.).</td>
</tr>
<tr>
<td><strong>• Develop Shelter-in-Place Plan:</strong> Due to the risks in transporting vulnerable patients and residents, evacuation should only be undertaken if sheltering-in-place results in greater risk. Develop an effective plan for sheltering-in-place, by ensuring provisions for the following are specified: *- Procedures to assess whether the facility is strong enough to withstand strong winds, flooding, etc. - Measures to secure the building against damage (plywood for windows, sandbags and plastic for flooding, safest areas of the facility identified. - Procedures for collaborating with local emergency management agency, fire, police and EMS agencies regarding the decision to shelter-in-place. - Sufficient resources are in supply for sheltering-in-place for at least 7 days, including: - Ensuring emergency power, including back-up generators and accounts for maintaining a supply of fuel - An adequate supply of potable water (recommended amounts vary by population and location) - A description of the amounts and types of food in supply - Maintaining extra pharmacy stocks of common medications - Maintaining extra medical supplies and equipment (e.g., oxygen, linens, vital equipment) - Identifying and assigning staff who are responsible for each task - Description of hosting procedures, with details ensuring 24-hour operations for minimum of 7 days - Contract established with multiple vendors for supplies and transportation - Develop a plan for addressing emergency financial needs and providing security</td>
</tr>
<tr>
<td><strong>• Develop Evacuation Plan:</strong> Develop an effective plan for evacuation, by ensuring provisions for the following are specified: *- Identification of person responsible for implementing the facility evacuation plan (even if no outside evacuation order is given) - Multiple pre-determined evacuation locations (contract or agreement) with a “like” facility have been established, with suitable space, utilities, security and sanitary facilities for individuals receiving care, staff and others using the location, with at least one facility being 50 miles away. A back-up may be necessary if the first one is unable to accept evacuees. - Evacuation routes and alternative routes have been identified, and the proper authorities have been notified Maps are available and specified travel time has been established - Adequate food supply and logistical support for transporting food is described.</td>
</tr>
</tbody>
</table>

**Note:** Some of the recommended tasks may exceed the facility’s minimum Federal regulatory requirements

* Task may not be applicable to agencies that provide services to clients in their own homes

---

Revised December 2013
**Survey & Certification**  
*Emergency Preparedness for Every Emergency*

**EMERGENCY PREPAREDNESS CHECKLIST**  
**RECOMMENDED TOOL FOR EFFECTIVE HEALTH CARE FACILITY PLANNING**

<table>
<thead>
<tr>
<th>Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>- The amounts of water to be transported and logistical support is described (1 gal/person).</td>
</tr>
<tr>
<td>- The logistics to transport medications is described, including ensuring their protection under the control of a registered nurse.</td>
</tr>
<tr>
<td>- Procedures for protecting and transporting resident/patient medical records.</td>
</tr>
<tr>
<td>- The list of items to accompany residents/patients is described.</td>
</tr>
<tr>
<td>- Identify how persons receiving care, their families, staff and others will be notified of the evacuation and communication methods that will be used during and after the evacuation</td>
</tr>
<tr>
<td>- Identify staff responsibilities and how individuals will be cared for during evacuation and the back-up plan if there isn’t sufficient staff.</td>
</tr>
<tr>
<td>- Procedures are described to ensure residents/patients dependent on wheelchairs and/or other assistive devices are transported so their equipment will be protected and their personal needs met during transit (e.g., incontinent supplies for long periods, transfer boards and other assistive devices).</td>
</tr>
<tr>
<td>- A description of how other critical supplies and equipment will be transported is included.</td>
</tr>
<tr>
<td>- Determine a method to account for all individuals during and after the evacuation</td>
</tr>
<tr>
<td>- Procedures are described to ensure staff accompany evacuating residents.</td>
</tr>
<tr>
<td>- Procedures are described if a patient/resident becomes ill or dies in route.</td>
</tr>
<tr>
<td>- Mental health and grief counselors are available at reception points to talk with and counsel evacuees.</td>
</tr>
<tr>
<td>- Procedures are described if a patient/resident turns up missing during an evacuation:</td>
</tr>
<tr>
<td>• Notify the patient/resident’s family</td>
</tr>
<tr>
<td>• Notify local law enforcement</td>
</tr>
<tr>
<td>• Notify Nursing Home Administration and staff</td>
</tr>
<tr>
<td>- Ensure that patient/resident identification wristband (or equivalent identification) must be intact on all residents.</td>
</tr>
<tr>
<td>- Describe the process to be utilized to track the arrival of each resident at the destination.</td>
</tr>
<tr>
<td>- It is described whether staff’s family can shelter at the facility and evacuate.</td>
</tr>
</tbody>
</table>

**Transportation & Other Vendors:** Establish transportation arrangements that are adequate for the type of individuals being served. Obtain assurances from transportation vendors and other suppliers/contractors identified in the facility emergency plan that they have the ability to fulfill their commitments in case of disaster affecting an entire area (e.g., their staff, vehicles and other vital equipment are not “overbooked,” and vehicles/equipment are kept in good operating condition and with ample fuel.). Ensure the right type of transportation has been obtained (e.g., ambulances, buses, helicopters, etc.). *

**Note:** Some of the recommended tasks may exceed the facility’s minimum Federal regulatory requirements  
* Task may not be applicable to agencies that provide services to clients in their own homes

Page 3  
Revised December 2013
### EMERGENCY PREPAREDNESS CHECKLIST

**RECOMMENDED TOOL FOR EFFECTIVE HEALTH CARE FACILITY PLANNING**

<table>
<thead>
<tr>
<th>Tasks</th>
<th>Not Started</th>
<th>In Progress</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Train Transportation Vendors/Volunteers:</strong> Ensure that the vendors or volunteers who will help transport residents and those who receive them at shelters and other facilities are trained on the needs of the chronic, cognitively impaired and frail population and are knowledgeable on the methods to help minimize transfer trauma. *</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Facility Reentry Plan:</strong> Describe who will authorize reentry to the facility after an evacuation, the procedures for inspecting the facility, and how it will be determined when it is safe to return to the facility after an evacuation. The plan should also describe the appropriate considerations for return travel back to the facility. *</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Residents &amp; Family Members:</strong> Determine how residents and their families/guardians will be informed of the evacuation, helped to pack, have their possessions protected and be kept informed during and following the emergency, including information on where they will be/go, for how long and how they can contact each other.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| **Resident Identification:** Determine how residents will be identified in an evacuation; and ensure the following identifying information will be transferred with each resident:  
  - Name  
  - Social security number  
  - Photograph  
  - Medicaid or other health insurer number  
  - Date of birth, diagnosis  
  - Current drug/prescription and diet regimens  
  - Name and contact information for next of kin/responsible person/Power of Attorney  
  Determine how this information will be secured (e.g., laminated documents, waterproof pouch around resident’s neck, waterproof wrist tag, etc.) and how medical records and medications will be transported so they can be matched with the resident to whom they belong. |             |             |           |
| **Trained Facility Staff Members:** Ensure that each facility staff member on each shift is trained to be knowledgeable and follow all details of the plan. Training also needs to address psychological and emotional aspects on caregivers, families, residents, and the community at large. Hold periodic reviews and appropriate drills and other demonstrations with sufficient frequency to ensure new members are fully trained. |             |             |           |
| **Informed Residents & Patients:** Ensure residents, patients and family members are aware of and knowledgeable about the facility plan, including:  
  - Families know how and when they will be notified about evacuation plans, how they can be helpful in an emergency (example, should they come to the facility to assist?) and how/where they can plan to meet their loved ones.  
  - Out-of-town family members are given a number they can call for information. Residents who are able to participate in their own evacuation are aware of their roles and responsibilities in the event of a disaster. |             |             |           |

**Note:** Some of the recommended tasks may exceed the facility’s minimum Federal regulatory requirements

* Task may not be applicable to agencies that provide services to clients in their own homes
Survey & Certification
Emergency Preparedness for Every Emergency

EMERGENCY PREPAREDNESS CHECKLIST
RECOMMENDED TOOL FOR EFFECTIVE HEALTH CARE FACILITY PLANNING

<table>
<thead>
<tr>
<th>Tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td>• <strong>Needed Provisions:</strong> Check if provisions need to be delivered to the facility/residents -- power, flashlights, food, water, ice, oxygen, medications -- and if urgent action is needed to obtain the necessary resources and assistance.</td>
</tr>
<tr>
<td>• <strong>Location of Evacuated Residents:</strong> Determine the location of evacuated residents, document and report this information to the clearing house established by the state or partnering agency.</td>
</tr>
<tr>
<td>• <strong>Helping Residents in the Relocation:</strong> Suggested principles of care for the relocated residents include:</td>
</tr>
<tr>
<td>- Encourage the resident to talk about expectations, anger, and/or disappointment</td>
</tr>
<tr>
<td>- Work to develop a level of trust</td>
</tr>
<tr>
<td>- Present an optimistic, favorable attitude about the relocation</td>
</tr>
<tr>
<td>- Anticipate that anxiety will occur</td>
</tr>
<tr>
<td>- Do not argue with the resident</td>
</tr>
<tr>
<td>- Do not give orders</td>
</tr>
<tr>
<td>- Do not take the resident’s behavior personally</td>
</tr>
<tr>
<td>- Use praise liberally</td>
</tr>
<tr>
<td>- Include the resident in assessing problems</td>
</tr>
<tr>
<td>- Encourage staff to introduce themselves to residents</td>
</tr>
<tr>
<td>- Encourage family participation</td>
</tr>
<tr>
<td>• <strong>Review Emergency Plan:</strong> Complete an internal review of the emergency plan on an annual basis to ensure the plan reflects the most accurate and up-to-date information. Updates may be warranted under the following conditions:</td>
</tr>
<tr>
<td>- Regulatory change</td>
</tr>
<tr>
<td>- New hazards are identified or existing hazards change</td>
</tr>
<tr>
<td>- After tests, drills, or exercises when problems have been identified</td>
</tr>
<tr>
<td>- After actual disasters/emergency responses</td>
</tr>
<tr>
<td>- Infrastructure changes</td>
</tr>
<tr>
<td>- Funding or budget-level changes</td>
</tr>
<tr>
<td>Refer to FEMA (Federal Emergency Management) to assist with updating existing emergency plans.</td>
</tr>
<tr>
<td>Review FEMA’s new information and updates for best practices and guidance, at each updating of the emergency plans.</td>
</tr>
<tr>
<td>• <strong>Emergency Planning Templates:</strong> Healthcare facilities should appropriately complete emergency planning templates and tailor them to their specific needs and geographical locations.</td>
</tr>
<tr>
<td>• <strong>Collaboration with Local Emergency Management Agencies and Healthcare Coalitions:</strong> Establish collaboration with different types of healthcare providers (e.g. hospitals, nursing homes, hospices, home care, dialysis centers etc.) at the State and local level to integrate plans of and activities of healthcare systems into State and local response plans to increase medical response capabilities. *</td>
</tr>
</tbody>
</table>

**Note:** Some of the recommended tasks may exceed the facility’s minimum Federal regulatory requirements

* Task may not be applicable to agencies that provide services to clients in their own homes

Page 5 Revised December 2013
### Emergency Preparedness Checklist

**Recommended Tool for Effective Health Care Facility Planning**

<table>
<thead>
<tr>
<th>Tasks</th>
<th>Not Started</th>
<th>In Progress</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Communication with the Long-Term Care Ombudsman Program:</strong> Prior to any disaster, discuss the facility’s emergency plan with a representative of the ombudsman program serving the area where the facility is located and provide a copy of the plan to the ombudsman program. When responding to an emergency, notify the local ombudsman program of how, when and where residents will be sheltered so the program can assign representatives to visit them and provide assistance to them and their families.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| **Conduct Exercises & Drills:** Conduct exercises that are designed to test individual essential elements, interrelated elements, or the entire plan:  
- Exercises or drills must be conducted at least semi-annually  
- Corrective actions should be taken on any deficiency identified. |
| **Loss of Resident’s Personal Effects:** Establish a process for the emergency management agency representative (FEMA or other agency) to visit the facility to which residents have been evacuated, so residents can report loss of personal effects. * |

*Note: Some of the recommended tasks may exceed the facility’s minimum Federal regulatory requirements

* Task may not be applicable to agencies that provide services to clients in their own homes

Revised December 2013
QUALITY ASSURANCE COMMITTEE FORM
All-Hazards Drill / Exercise Planning Tool

Facility Name: ________________________________
Drill Date: ________________________________

Drill or Exercise Description
What is the disaster situation or procedure being tested via this drill or exercise? Check if it is Internal or External.
Remember: Notify your local fire department and alarm system company before your drill to avoid a false alarm!

☐ Internal Drill/Exercise  ☐ External Drill/Exercise

Outside Community Partners Requested to Participate:
Place a check beside each partner invited, the purpose for their participation and the contact person’s name/phone.

<table>
<thead>
<tr>
<th>Resource</th>
<th>Role / Purpose</th>
<th>Contact Name</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire Dept.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Law Enforcement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>County EMS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>County Emerg. Mgt</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>County Health Dept.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utility (e.g. power, water)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dialysis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family members</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Key Staff Participants (list managers/leaders with key roles; other staff to be recorded on the sign-in sheet)

<table>
<thead>
<tr>
<th>Name &amp; position</th>
<th>Name &amp; position</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Number of Staff Participating: ________________________ (attach staff sign-in sheet)

Drill / Exercise Conducted by:
Name: ________________________________ Telephone: ________________________________
Title: ________________________________ Organization: ________________________________
Signature: ________________________________

Drills and exercises should be submitted to the facility’s Quality Assurance Committee for appropriate follow-up.

This QA tool was developed by the FHCA Quality Foundation Emergency Preparedness Council, April 2011 – www.FHCA.org
QUALITY ASSURANCE COMMITTEE REVIEW – DISASTER DRILL / EXERCISE

**DIRECTIONS:**
- Convene the QA Committee to discuss the results of the drill / exercise and identify specific areas for improvement, action steps needed, responsible parties, and follow-up dates.
- Provide the QA Committee with a copy of the completed Drill Form and staff attendance sign-in sheet.
- Record action steps in the format below, or any similar format consistent with the QA Committee’s existing processes, and attach the completed Drill Form and staff sign-in sheet. *In emergency management, this documentation is referred to as the After Action Report.*

**QA ACTION ITEMS:**

<table>
<thead>
<tr>
<th>Description of Action Item</th>
<th>Responsible Party (name, position, phone)</th>
<th>Follow-Up Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Florida Healthcare Coalition Map

Map Legend:
- Emerald Coast HCC
- Region 2 Big Bend HCC
- North Central Florida HCC
- Northeast Florida HCC
- Coalition for Health and Medical Preparedness
- Region 4 Health and Medical Coalition
- Central Florida Disaster Medical Coalition
- Manatee County Healthcare Emergency Preparedness Coalition
- Heartland Healthcare Coalition
- Suncoast Disaster Healthcare Coalition
- Southwest Florida Healthcare Preparedness Coalition
- Collier Healthcare Emergency Preparedness Coalition
- Palm Beach County HERC
- Broward County Healthcare Coalition
- Miami-Dade County Healthcare Preparedness Coalition
- Monroe County ESF-8 Workgroup

Division of Emergency Preparedness & Community Support
Bureau of Preparedness and Response
(850) 245-4040
Healthcare Coalitions in Florida -- Points of Contact (6.6.14)

- **Region 1**
  - **Emerald Coast Healthcare Coalition**
    - Dr. John Lanza 850-595-6557  
      - JohnJ.Lanza@FlHealth.gov
    - Gary Kruschke 850-863-3628  
      - gary.echcc@gmail.com

- **Region 2**
  - **Big Bend Healthcare Coalition**
    - Ray Runo 850-385-4013  
      - rayruno@gmail.com
    - Frank Koutnik
      - Frank@dsideas.com

- **Region 3**
  - **North Central Florida Healthcare Coalition**
    - Brad Caron 352-334-7913  
      - Brad.Caron@flhealth.gov
    - Rob Linnens 352-334-8805  
      - Robert.Linnens@flhealth.gov

- **Marion County - Coalition for Health and Medical Preparedness (CHAMP)**
  - Ken Smithgall 352-502-2693  
    - ksmithgall@tridentconsultinggroup.org
  - Randy Ming 352-629-0137x2042  
    - Randy.Ming@flhealth.gov

- **Northeast Florida HCC**
  - Timothy Devin 904-838-2202  
    - Timothy.Devin@flhealth.gov
  - Nancy Freeman
    - Nancy.Freeman@flhealth.gov

- **Region 4**
  - **Region 4 Health and Medical Preparedness Coalition**
    - Dan Simpson 863-519-7900  
      - Daniel_simpson@doh.state.fl.us
    - Paul Ford 813-844-7349  
      - pford@tgh.org

- **Region 5**
  - **Central Florida Disaster Medical Coalition**
    - Matt Meyers 407-908-0142  
      - matt_meyers@doh.state.fl.us
    - Lynne Drawdy 407/928-1288  
      - Lynne.Drawdy@flhealth.gov
    - Dave Freeman 407-650-4031 x225  
      - David.Freeman@flhealth.gov

- **Region 6**
  - Wendy Wilderman 239-332-9513  
    - Wendy.Wilderman@doh.state.fl.us
  - Connie Bowles 239-424-3612  
    - Connie.bowles@leememorial.org
  - Paul Morrison 941-708-9201  
    - Paul.Morrison@flhealth.gov

- **Manatee**
  - Debbie Flynn  
    - Debbieflynn@mmhhs.com

- **Region 7**
  - **Palm Beach HERC**
    - Rebecca Creighton 561-495-3339  
      - Rebecca.creighton@tenethealth.com
    - John James
      - johnj@pbcms.org

  - **Monroe County ESF-8 Workgroup**
    - Cyna Wright 305-289-2729  
      - Cyna.wright@flhealth.gov

  - **Broward County Healthcare Coalition**
    - Steve Thornton
    - Kelly Keys-Torres 954-712-3935  
      - kkeys@browardhealth.org

  - **Miami-Dade County Healthcare Preparedness Coalition**
    - Martha Casero 305-470-6838  
      - Martha.Casero@flhealth.gov
    - John Braden  
      - johnbr@baptisthealth.net
1. **Question:** My facility already has a Comprehensive Emergency Management Plan approved by my county Office of Emergency Management – they know how to contact me. Do I still have to enroll in EMResource?

   **Answer:** Yes. Florida Statutes (408.821) requires nursing homes AND assisted living facilities to enroll in the online system. This requirement became effective 7/1/09. There are no exceptions.

2. **Question:** What happens if my facility is not enrolled in EMResource?

   **Answer:** Failure to comply will result in administrative sanctions that may include fines and revocation of your facility’s license.

3. **Question:** Isn’t the nursing home administrator the “Safety Liaison?”

   **Answer:** Florida Statutes (Section 408.821) requires that each facility designate a Safety Liaison to be the primary contact for emergency operations. It doesn’t have to be the administrator, but someone must be identified to serve in this role. When you update your EMResource record, list the Safety Liaison’s name under the Emergency Contact section.

4. **Question:** I don’t have the password and/or the user code to log on. Who do I call?

   **Answer:**
   - Nursing homes: call (850) 412-4303 (the AHCA LTC Unit)
   - ALFs: call (850) 412-4304 (the AHCA ALF Unit)

5. **Question:** I am a new administrator. What do I have to do to update EMResource?

   **Answer:** If you are a new administrator, you need to establish a user account in EMResource associated with your facility.

6. **Question:** How many staff can have an EMResource user for my facility?

   **Answer:** Each facility is encouraged to have at least a primary and secondary user, however there is no limit to the number of users per facility. If you can’t locate your user code and password, please call AHCA for further assistance (SNFs 850-412-4303 or ALFs 850-412-4304).

7. **Question:** My corporate office wants to enter information for our facility – is that OK?

   **Answer:** A person affiliated with the provider facility, such as a corporate representative, may enroll as an EMResource User. Once approved, the corporate representative may enter information for them in the EMResource database system.

---

**More Questions?**

Call the Agency for Health Care Administration:

Nursing Homes ....Call 850-412-4303  Assisted Living Facilities ....Call 850-412-4304

Website: [https://emresource.emsystem.com/login.jsp](https://emresource.emsystem.com/login.jsp)
May 21, 2014

RE: Hurricane Preparedness and EMResource Systems Information Update Needed

Dear Provider:

The purpose of this letter is to ensure your facility is prepared for potential emergencies and can sustain protection for the clients you serve. If you have not enrolled in EMResource, please do so immediately as part of your emergency preparedness. If you have previously enrolled, please verify and update your information. **Please access and update the system no later than May 27th.**

In accordance with section 408.821(4) Florida Statutes, licensees providing residential or inpatient services must utilize an online database approved by the Agency for Health Care Administration (Agency) to report information to the agency regarding the provider’s emergency status, planning, or operations. **Failure to comply with this request will result in administrative sanctions that can include fines and revocation of your license.**

**Hurricane Preparedness** - As we begin the 2014 Hurricane Season, it is important to make as many preparations as possible before a storm. Please review emergency plans and follow up with vendors, check generators, water systems, food, etc.

**Registration** - A completed User form must be submitted to the Agency for each contact and/or affiliated individual. User credentials will be sent directly to the contact upon processing and approval of the User form. Call (850) 412-4402 or contact the appropriate licensing unit to obtain a user form.

At a minimum, one safety liaison must be designated as the primary contact for emergency operations. Once enrolled, the primary contact should proceed to verify and update as needed the following information:

- Verify Licensure information
- Bed Availability
- Bed Capacity
- Resident Dependency
- Generator(s)
- Evacuation Status and Transportation
- Emergency Contacts
- Power/Utilities (account and contact information)

Thank you for your cooperation. Should you have questions about this information or any other Agency activities, please contact the appropriate licensure unit, listed below, for assistance.

Sincerely,

Laura MacLafferty,
Acting Chief
Bureau of Health Facility Regulation