EMERGENCY PREPAREDNESS IN LONG TERM CARE FACILITIES

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Disasters are hard on everyone but especially the kind of person who lives in a LTC facility

- Loss of routine, diet, equipment
- Loss of familiar surroundings
- Increased physical stress from the event
- Increased worry about others
- Changes in care and caregivers
- Stir up memories of past events
- Less resilient = Harder to adapt to changes
Lack of Planning = Increased Stress

- Big Bear Fire – SNF residents sent to Hospitals then on to 2 or 3 placements = increased deaths
- San Diego Fires – Contaminated water at SNFs - Water Companies did not show.
- Yolo County Floods – Thousands of evacuees at shelter without meds or familiar caregivers
- Florida Hurricanes – No generators to be had and power outages that lasted weeks during very hot weather. Alzheimer patients wandering out doors open to let in cool air.
Good Planning = Less Stress

A “Good Plan”

- Is tailored to the facility type and location.
- Covers the hazards that the facility most likely will face.
- Is in sufficient detail to offer real guidance.
- Is realistic and up to date.
- Includes provisions for staying and going.
- Staff are trained to plan.
Responsibilities

- **PROVIDER**
  - Detailed written plan
  - Reviewed annually
  - Developed with the advice of local authorities
  - Includes provisions for all emergencies
  - Has ultimate responsibility for the safety of residents

- **DHS LICENSING**
  - Enforce state and federal regs and statutes
  - Look at plan, drills, and staff training
  - Assess ability to provide care post impact
  - Assist relocation
Federal Regs are not specific “…plans to meet all potential emergencies”

We are refer to CCR Title 22 for the “details” that are required by the federal regs.

We can’t write deficiencies citing “best practice”.

EX – Regs require plan to identify the source for emergency utilities and supplies, - doesn’t specify how much or for how long.

72 hours self sufficiency is a “best practice” that is not specified in current regulations…

BUT the providers must plan for all emergencies, including those that last for days.
H&S Code 1336.3 (3)(b)

- The facility, as part of its emergency preparedness planning, shall seek to enter into reciprocal or other agreements with nearby facilities and hospitals to provide temporary care for patients in the event of an emergency.

- Every facility should seek a “like” health facility as a relocation site. Red Cross is in the business of general population shelters, and is usually not equipped to deal with the medically fragile or special need population.
Common Planning Problems...

- No plan for staff in food and water stores.
- Inadequate planning for extended power &/or plumbing outages.
- Plans are not specific enough about location of equipment, supplies and staff are not trained on where to find emergency items.
- Shelter sites are not identified or arranged for with the site or local OES.
- No plan for patient transportation in evacuation.
- No plan for staff return to facility if phone lines down, roads barricaded.
GOOD IDEAS …

- 72 hrs to 7 days food, water, drugs, medical supplies on hand!
- System for staff returning to facility if phone lines are down and roads blocked!
- “Go Kit” for each resident that has essential info, equipment, meds, hygiene supplies, & change of clothes!
- Dynamic relationship with community planners!
Long Term Care Facilities as Resource

- Need to evaluate the situation locally and at a state level.
- Potential to offer surge capacity option for hospitals, public health.
- Experts in “special needs.”
- May be able to help with non-institutionalized vulnerable populations
QUESTIONS?

THANK YOU!

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