

Emergency Preparedness Updates for LTC Providers

OCAHF Chapter Meeting | September 11th, 2019

Presented by Cortney Kesterson

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www.cahfdisasterprep.com | www.cahf.org



CAHF's Disaster Preparedness Program

- www.cahfdisasterprep.com
- Funded by grants from CDPH-EPO, LA County EMS/DHS, Sacramento County EMS/DPH – since 2006
- Represent LTC on the Statewide Medical Health Exercise committee
- All emergency prep resources are free for members & non-members
- Host advisory councils for providers to give us feedback

This presentation will cover...

- Definition of terrorism, resources available
- Overview of Active Shooter response and training materials for staff
- Steps for participating in the county's Statewide Medical Health Exercise in November

Remembering 9/11... and where we are today

- 2,977 people died from three coordinated attacks
- Department of Homeland Security created
- Revisions and upgrades to national alerts systems, NTAS, WEA with cellular carriers
- The Patriot Act is passed in October 2001
- Today, first responders still struggle with medical conditions



Terrorism defined...

- Terrorism: the unlawful use of violence and intimidation, especially against civilians, in the pursuit of political aims.

How does this affect nursing homes? What could a terrorist threat look like for long-term care?

- Faith- or culture-based organizations
- Facilities are “easy targets”
- Active shooter events

Recent Events: Yountville VA Home

- March 9th, 2018 – former patient at Pathway Home takes three hostages
- Yountville VA Home – largest VA campus in the country with over 1,000 patients on-site, multiple buildings
- Pathway Home terminated its lease and ceased operations at the VA



How many have a plan for an Active Shooter/Armed Intruder event?

Barriers to being prepared:

- Subconscious need for normalcy
- Overwhelming sense of denial
- Unable to comprehend the scope of the event
- Optimistic bias
- Lack of safety culture
- Lack of planning or preparedness (don't know where to begin)
- Poor training (no training)
- No drills

Long-term Care Facilities – Unique Setting

- Residents –Varying cognitive levels and mobility
- Dependent on caregivers and others in the community
- Home-like environment with multiple entrances OR
- Locked units with limited exits
- Multiple buildings on campus

Other Factors to Consider

Access control & security:

- Monitoring
- Management
- Staff training
- Safety culture

Geography:

- Response time for law enforcement
- What is around your community

Security Vulnerability Assessment (SVA)

- Foundation of your workplace prevention plan
- Lack of staff training can be a vulnerability
- Priority on safety must start with the leadership

II. SECURITY CONSIDERATIONS	
Security Considerations: All facilities should be maintained	
1.	All employees are continuously reminded to always consider the security of the facility when making decisions impacting operations
2.	A high regard for security is promoted, and staff members are advised to question the purpose of all unknown parties within a building in a polite yet firm manner
3.	Staff members are required to immediately report any suspicious or criminal activity to facility administration or law enforcement if required
4.	A supervisory/security presence is provided for all activities requiring additional security measures, especially when activities involve visitors not typically associated with the facility
5.	All interior and exterior doors and associated hardware are periodically inspected to ensure that they properly close and lock in accordance with designated function and design

BOMB THREAT CALL CHECKLIST

Questions to Ask

- 1. When is bomb going to explode?
- 2. Where is it right now?
- 3. What does it look like?
- 4. What kind of bomb is it?
- 5. What will cause it to explode?
- 6. Did you place the bomb?
- 7. Why?
- 8. What is your address?
- 9. What is your name?

Exact Wording of the Threat:

Sex of caller _____ Age _____ Race _____ Length of call _____

BOMB THREAT QUESTIONNAIRE:

CALLER'S VOICE:

_____ Calm	_____ Laughing	_____ Lisp	_____ Disguised
_____ Angry	_____ Crying	_____ Raspy	_____ Accent
_____ Excited	_____ Normal	_____ Deep	_____ Familiar
_____ Slow	_____ Distinct	_____ Ragged	_____ If voice is familiar
_____ Rapid	_____ Slurred	_____ Clearing throat	_____ who did it sound like?
_____ Soft	_____ Nasal	_____ Deep breathing	_____
_____ Loud	_____ Stutter	_____ Cracking voice	_____

Staff Training Resources

- The Four Outs video
- Lockdown drills
- “Shots Fired” tabletop exercise
- In-service from local or county law enforcement
- NHICS Incident Response Guide (checklist)
- Psychological First Aid training

The Four Outs video

- How do we respond to an active shooter situation when our residents are dependent on us to keep them safe?
- Video and sample policies on the Willis Towers Watson webpage ->



INCIDENT RESPONSE GUIDE

ACTIVE SHOOTER



ACTIVE SHOOTER

MISSION	
To protect residents, staff, and visitors during an active shooter incident.	
DIRECTIONS	
<p>Read this entire response guide and use as a checklist to ensure tasks are addressed and completed. For each response period, all activated IMT positions should refer to their Job Action Sheet for additional actions. Each IRG is intended to be a starting point and not all inclusive. Customize to your facility.</p> <p><i>Note: Section duties and responsibilities remain the responsibility of the Incident Commander unless delegated.</i></p>	
OBJECTIVES	
<input type="checkbox"/>	Ensure the safety of residents, staff, and visitors.
<input type="checkbox"/>	Notify law enforcement, staff, residents, and visitors of the threat.
<input type="checkbox"/>	Contain the scene and minimize the number of potential victims.
<input type="checkbox"/>	Coordinate the nursing home response with law enforcement.
<input type="checkbox"/>	Return to normal operations as quickly as possible.

Psychological First Aid

- Train your staff to be more resilient after disasters or traumatic events
- Learn how to identify trauma-related stress and how to triage people so they get timely support
- Learn how to take care of yourself so that we can be there for our residents
- www.cahfdisasterprep.com/pfa

Tabletop Exercise: Shots Fired

Key Issues:

- Lone gunman has entered the front of the building – initial notification by maintenance
- Several staff members have fled the building and show evidence of blood on their clothing
- Popping noises that sound like possible gun fire

Tabletop Exercise: Shots Fired

1. In your current position, what are your initial actions and the actions of the staff? Are these actions written into your emergency management plan?
2. What information is most important when notifying emergency responders at this time? Why?
3. What are your facility's procedures for securing the nursing home and keeping residents and staff safe in an Active Shooter event? What other actions would you take at this point? Could these be accomplished at this point in the scenario?
4. What does your emergency organizational structure look like? Who is in charge?

Tabletop Exercise: Shots Fired

5. What is the nursing home facility's procedure for securing the building and keeping residents and staff safe?
6. What other actions should be taken by residents or staff?
7. If doors to critical facility components are locked, how does law enforcement obtain access?
8. Does your facility have pre-established safe refuge areas and multiple escape routes?
9. Does your facility have maps and master key sets available to law enforcement outside of the building?

Tabletop Exercise: Shots Fired

- Next steps for taking this exercise home:
 - Schedule an in-service for each shift
 - Use the Security Considerations Checklist/Security Vulnerability Assessment at your facility
 - Review your lockdown procedures and schedule regular lockdown drills
 - Include housekeeping and maintenance teams on active shooter trainings
- If you want use this as your tabletop exercise, be sure to:
 - Document the participation of your staff with feedback forms
 - Collect feedback for your After Action Report (one report per exercise)

Exercises: Brief Overview

- LTC facilities need two emergency exercises per year
- One needs to be a community-based full-scale exercise
- One can be a tabletop exercise
- If you activated your EOP for an emergency, you can substitute that for your full-scale exercise requirement

The Statewide Medical Health Exercise

- Orange County Medical Health Exercise
- Submit your Intent to Participate by September 20th
- www.healthdisasteroc.org/EMS/health_emergency_management
- follow the link to “Access the 2019 SWMHE Site”



2019 Statewide Medical & Health Exercise



Orange County Exercise Overview

PRADO DAM

Exercise Hazard/Theme:

Prado Dam failure with heavy rainfall causing intermittent utility outages (water, power, sewer) across the county.

Exercise Scope:

Wednesday
November 20th, 2019
12:00 p.m. – 4:00 p.m. (4 hours in the afternoon)

Orange County's Exercise Planning Schedule

- Midterm Planning Meeting (MPM): Sept. 20th, 2019 / 1 p.m. – 3 p.m.
- **Master Scenario Event List Meeting (MSEL): Oct. 17th, 2019 / 1 p.m. – 3 p.m.**
- **2 Hour Evaluator Trainings: Nov. 6th Morning / Nov. 14th – Times TBD**
- Final Planning Meeting (FPM): Nov. 7th, 2019 / 1 p.m. – 3 p.m.
- **Exercise Start: Wednesday, Nov. 20th, 2019 / 12 p.m. – 4 p.m.**
- **Controller/Evaluator Debrief: Nov. 21st, 2019 / Times TBD**
- **After Action Meeting (AAM): TBD**

The Master Scenario Events List (MSEL)

Inject #	Time	From	To	Method	Location	Message/Task	Expected Action
Pre-Exercise Play - Leading up to Exercise							
P1	00:01 Two days before	JRIC	MAC/LEMSA Duty Officer (DO)	Email/Phone		<To be determine by JRIC >	HC Partners alerted to suspicious activities
P2	00:01 Two days before	MAC/Disaster	HC Partners	ReddiNet/ Email		message from JRIC distributed	Situational Awareness * Email information to those not on ReddiNet and have registered for SWMHE - C & E will send out email to their respective sectors
P3	00:01 One day before	JRIC	MAC/LEMSA DO	Email/Phone		Sent to supervisor's email/ or phone	Vet information with EMS Agency EMS Agency AOD
P4	00:01 One day before	MAC/Disaster	LEMSA DO	Email ReddiNET		Information from JRIC distributed	HC Partners alerted to suspicious activities - Situational Awareness * Email informaiton to those not on ReddiNet and have registered for SWMHE - C & E will send out email to their respecitve sectors
Day of Exercise							
1	7:00	Exercise Director for all Sectors	All Participants	All Comms		Players, Controller/Evaluators (C/E) Check In	All participants check in and report to their assigned area
2	7:45	Exercise Director for all Sectors	All Participants	In person		Player Briefing	Sr Controller will conduct a Player Briefing to review safety, rules, and schedule for the day.
Exercise Play							
3	8:00	CDPH- EPO/DPH Duty Officer	CAHAN/LAHAN Distribution List	CAHAN/LAHAN		CAHAN/LAHAN Alert - SWMHE StartEx	CDPH-EPO/DPH Duty Officer sends a CAHAN/LAHAN alert to all players signaling the start of the SWMHE.
4	8:00	Medical Alert Center (MAC)	Health Care (HC) Partners who have ReddiNet	ReddiNet		*** EXERCISE, EXERCISE, EXERCISE - "2017 Statewide Medical and Health Exercise begins" - EXERCISE, EXERCISE, EXERCISE ***	Exercise participants initiate play -Note: email sent to those you are not on Reddinet and have registered for SWMHE by designated official.
5	8:00	Medical Alert Center (MAC)	Health Care (HC) Partners who do not have ReddiNet	Email and Fax		*** EXERCISE, EXERCISE, EXERCISE - "2017 Statewide Medical and Health Exercise begins" - EXERCISE, EXERCISE, EXERCISE ***	Exercise participants initiate play

County Healthcare Coalition

HCCOC LTC/SNF Advisory Committee meeting on September 18 at 9am.

Contact Alison Kellman,
Coalition Coordinator if
you wish to attend.

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Thank you!

Contact information:

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