

ICF/IID

Emergency Preparedness Planning

All ICF/IID facilities are required by Federal regulations to “have detailed written plans and procedures to meet all potential emergencies and disasters, such as fire, severe weather, and missing clients” [CFR § 483.470 (h) W Tag 438].

California’s Health and Safety Code (H&S) and California Code of Regulations -Title 22 (T22), specify the “details” that are required in the facility emergency plan to assure “The environment promotes the *health and safety, independence and learning* of the individuals who reside there.”

“The administration of every facility shall have in effect and available to all supervisory personnel written copies of a plan for protecting all persons in the event of fire, for keeping persons in place, for evacuating persons to areas of refuge, and for evacuating persons from the building when necessary. The plan shall include special staff response, including fire protection procedures needed to ensure the safety of any individual, and shall be amended or revised whenever any resident with unusual needs is admitted to the home. All employees shall be periodically instructed and kept informed with respect to their duties and responsibilities under the plan. A copy of the plan shall be readily available at all times within the facility”
- - Life Safety Code

Preparedness is a continuous cycle of planning, organizing, training, equipping, exercising, evaluation and improvement activities to ensure effective coordination and the enhancement of capabilities to prevent, protect against, respond to, recover from, and mitigate against natural disasters, acts of terrorism, and other man-made disasters.

OUR plan was developed and revised with the advice and assistance of local emergency authorities in _____ **County**. The plan was last reviewed and updated on _____

Our staff members have been trained both initially and ongoing to this plan including alarms; fire extinguishers and other safety features. Initial training (upon hire) and ongoing training programs for ‘EMERGENCY PREPARDNESS and RESPONSE’ as well as the local response system of _____ **County**.

Our plan includes documentation of the disaster drill conducted annually with all clients evacuated during at least one drill on each shift. There is a written report of the facility’s participation in the drills and corrective actions taken in relation to the outcome of the drill. The date of our last disaster drill _____.

Our plan includes fire evacuation drills conducted *quarterly for each shift*. Each shift personnel has participated in an evacuation drill at least once in a 3-month period under various conditions (Staff are trained, assisted and supported to evacuate on their own, practice evacuating at different times of the day and night, from different rooms in the facility and use different escape routes). The dates and responses to the drills are documented and are retained for review.

EMERGENCY PLANNING	DEVELOPMENT	LOCATION
The AHCA <i>ICF/IID Emergency Preparedness CMS Final Rule Summary.</i>	A Guide to a Basis Plan. (Appendix A1)	A Guide to Emergency Preparedness Requirements. (Appendix A2)
CMS TOOLS		CMS S&C-14-12 ALL - Survey & Certification Tool " <i>Emergency Preparedness for Every Emergency.</i> " (Appendix B)
RISK ASSESSMENT (New Requirement)	The facility must utilize a community based risk assessment identifying an all-hazards approach including missing clients. It must be <i>facility specific and incorporate the community based risk assessment</i> and <u>not limited</u> to types of hazards in local area.	<p>AHCA Ethical Guidelines for the Development of Emergency Plans (Appendix C)</p> <p>AHCA Hazard and Vulnerability Tool (Appendix D-1)</p> <p>CAHF Disaster Preparedness Risk Management Checklist (Appendix D-2)</p>
	The assessment must include an assessment of client care – related, equipment / power failures, cyber and communication attacks.	CAHF Emergency Operation Plan (Appendix E)
	The assessment must address the special needs of the client population including person’s at risk, types of service that can be provided in emergency, continuity of operations, delegation of authority, succession plan and include strategies for addressing emergency events identified by the risk assessment.	<p>Identification of evaluation capability of all individuals as one of the following: PROMPT; SLOW or INPRACTICAL (Appendix F-1)</p> <p>2012 Life Safety Code (Appendix F-2)</p>
	The assessment must include processes for ensuring cooperation and collaboration with local, tribal, regional, state or federal emergency preparedness officials and participation in planning, including documentation efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.	Use ‘YOUR OWN COUNTY’ Resources.
IDENTIFICATION OF FACILITY RESOURCES	The plan must identify sources of emergency utilities such as electricity - gas; emergency food- water for individuals, staff and volunteers; essential medical supportive materials (Medications, Oxygen, Battery packs for equipment). The plan must make provision for the distribution of water in the event of a loss of normal supply and makes provision to ensure infection control practices are maintained in the absence of adequate water supplies.	<p>What You Need to Know about our Facility - A guide to complete for individualization. (Appendix G-1)</p> <p>Emergency Disinfection of Drinking Water (Appendix G-2)</p>
POLICIES AND PROCEDURES	<p>The plan must include policies and procedures based on the risk assessment and the communication planning for the facility.</p> <p>a) The provision of subsistence needs for <i>staff and clients</i>, whether evacuated or sheltered in place including but not limited to:</p> <p>i. Food; water and pharmacology supplies;</p> <p>ii. Alternate sources of energy to maintain:</p>	<p>Long-Term Care Facility Evacuation: Planning Considerations (Appendix H-1)</p> <p>CAHF: Evacuation To Go Kit (Appendix H-2)</p>

	<p><i>Temperatures to protect client health and safety and for the safe storage of provisions;</i> <i>Emergency lighting; Fire detection, extinguishing, and alarm systems; and sewage and waste disposal.</i></p> <p>b) A system to track the location of on-duty staff and sheltered clients in the facility's care both during and after the emergency. (If on-duty staff and sheltered clients are relocated during the emergency, the facility must document the specific names and location of the receiving facility or other location);</p> <p>c) Safe evacuation from the facility including consideration care and treatment of clients evacuating; staff responsibilities; transportation; identification of evacuation locations; primary and alternative means of communication with external sources of assistance;</p> <p>d) Means to shelter in place for clients; staff and volunteers;</p> <p>e) A system of medical documentation that protects confidentiality of client information and that secures and maintains the availability of records;</p> <p>f) Identify the use of volunteers in emergency or other emergency staffing strategies including the process and role for integration of state and federal designated health care professionals to address surge needs in an emergency;</p> <p>g) The development with other ICF/IID's or other providers to receive clients in the event of limitations or cessation of operations to maintain the continuity of services to clients; and have the plan reviewed and approved by the Interdisciplinary Team.</p>	<p>CAHF CONTINUITY OF OPERATIONS PLAN TEMPLATE (APPENDIX H-3)</p>
<p>STAFF RECALL AND ASSIGNMENTS</p>	<p>Include a plan, which outlines the provision for recalling off-duty staff. Include the lines of authority and staff assignments in the event of an emergency:</p>	<p>AHCA: Communication Plan (Appendix I-1)</p> <p>A "Line of Authority" organization chart with a list of all current employees. (Appendix I-2)</p> <p>Emergency Telephone Tree (Appendix I-3)</p> <p>CAHF: WHO IS IN CHARGE? (Appendix I-4)</p>
<p>TRIAGE</p>	<p>Develop 'TRIAGE' guidance as well as the facility established nursing assessment procedures for the emotional and physical effects of a disaster and sudden relocation. Medically fragile are particularly vulnerable. Effects sometimes take days to manifest. It shall be the responsibility of staff to be alert and watchful for signs of disaster- related problems.</p>	<p>Triage Priorities (Appendix J-1)</p> <p>CAHF FORM: Assessment for Transport and Destination (Appendix J-2)</p>
<p>FACILITY DAMAGE AND CONVERSION</p>	<p>Describe moving of clients from damaged areas of the facility to undamaged areas: The ambulatory clients will be re-directed. The non-ambulatory clients must be assessed and assisted to an area of safety. Address the conversion of useable space for the immediate care of emergency admissions.</p>	<p>AHCA: Shelter in Place Guide (Appendix K-1)</p>

TRANSPORTATION	The facility must identify transportation for clients who need to be transferred in an emergency – 911 must be called in the event of an emergency. Identify evacuation routes, emergency phone numbers of physicians, fire, police, local emergency services, state agencies and relatives who need to be notified during an emergency.	FACILITY TO ADD: List of non-emergency transportation. Local Maps Emergency Contact List County Resource Guide Appendix K-2
CLIENT RECORDS	The facility must assure a copy of each individual client's face sheet is maintained (current) to allow access (Contact Information) to the family members/responsible party. Utilize a blank Form 260 - 'CLIENT RECORD OF RELOCATION' to record all client transfers.	FACILITY TO ADD: CLIENT FACE SHEETS Appendix L NHICS FORM 260 – Evacuation Tracking (Appendix M-2)
RELOCATION	The facility must identify emergency housing and areas to be utilized for a temporary relocation. The facility must assure <i>Transfer Agreements/MOUs</i> in place with nearest acute care hospitals, nearby skilled nursing facilities and /or other community facilities.	Management of Temporary Relocation FACILITY TO ADD: List of Locations Appendix N-1 MOU - Area Health Facilities (Appendix N-2)
DISCHARGE	The facility must follow the facility established discharge procedures for any individual client identified as able to be discharged into the community without jeopardy.	FACILITY TO ADD: Discharge Policy and Procedure (Appendix O)
SECURITY	The facility Administrator or QIDP shall assign <i>one qualified individual</i> to have the <i>sole responsibility</i> for the continuous patrol of the building and the premises while clients/staff are present to maintain security.	FACILITY TO ADD: Security Policy and Procedure (Appendix P)
DEPARTMENT OF PUBLIC HEALTH	In the event of a major disaster, the local county will provide <i>general and specific assistance</i> throughout the emergency. The California Department of Public Health – L&C must be contacted and updated, as needed with all information regarding re-locations.	LOCAL DISTRICT OFFICE CONTACT INFORMATION. After business hours, the CDHS L&C duty officer may be paged at any time at (916) 328-3605. AFL 16-30 Facility Emergency Contact (Appendix Q)
TRAINING	The facility shall assure all employees are instructed and kept informed with respect to their duties and responsibilities under the written policies and procedures of the plan.	CAHF Tabletop Exercise Design & Documentation (Appendix R1) VIDEOS ARE AVAILABLE ON THE CAHF DISASTER PREPAREDNESS WEBSITE. CMS S&C 17-21-ALL Training Guidance (Appendix R2)
ELOPEMENT	The facility shall assure all employees must be instructed in the policies and procedures for the 'Absentee Notification' plan.	CDPH AFL13-36 Absentee Notification Plan (Appendix S-1) Risk Assessment: Elopement (Appendix S-2) Policy and Procedure: Elopement (Appendix S-3)
DISASTER INVENTORY	The facility shall maintain an inventory of emergency food and water and other listed supplies identified to be needed in the event of an emergency.	Disaster Preparedness Inventory List (Appendix T)