



Long-Term Care Facility Evacuation: Planning Considerations

Suggested Emergency Operations Plan Components for Evacuation

Use common sense. No planning advice can be a substitution for good judgment on the ground as a disaster is unfolding.

Provision	Description of Provision
General Provisions <i>these should be part of your overall disaster plan. It is difficult to adequately plan for evacuation until you have your overall disaster plan (Emergency Operations Plan) in order.</i>	
Hazard & Vulnerability Analysis	Know your risk for different types of disasters. Conduct a Hazard and Vulnerability Analysis (HVA). A sample ready-to-use HVA can be found on our website, http://cahfdisasterprep.com/PreparednessTopics/AllHazardResourcesGuides.aspx . If you need help with this, your local Office of Emergency Services may be able to provide guidance, or your insurance company can help.
Mitigation Strategies	After completing your HVA, take what steps are practical and necessary to reduce the severity/impact of a potential disaster. The steps you take will depend on the types of vulnerabilities you have identified. Examples include: creating a fire break around your facility; bolting large furniture to the walls in earthquake prone areas, etc.
Command and Control	Define your management for emergency operations. Determine who has the authority to order a voluntary evacuation of the facility. At least one person (and a backup) with the authority to order an evacuation should be in the facility 24/7. This means multiple people need to have this authority. Best Practice: Use a modified Hospital Incident Command System (HICS) organization chart and Job Action Sheets. A sample, modified for long term care, can be found in the Pandemic Influenza Workbook for Long Term Care, found at www.cahfdownload.com/cahf/dpp/CAHF_DPP_PIWB_2010.pdf . For the full hospital version, go to www.emsa.ca.gov/hics/ . Local responders have the authority to order a mandatory evacuation if they see a clear threat to your population or facility. Best Practice: Using the “Unified Command” principle, have the employee in charge of decision-making at your facility (your Incident Commander), work <i>with</i> the first responder in charge of decision-making onsite at your facility (their Incident Commander) to ensure a smooth evacuation. Share your transportation and relocation plans with the first responder Incident Commander.
Decision-Making Criteria	Include factors to consider in deciding to evacuate or shelter in place. What triggers will you use in determining whether or not to evacuate?
Expense Tracking	Create a strategy for tracking any expenses (including supplies, transportation, staff overtime, clean-up, etc.), and clearly documenting your actions during a disaster. This will help you with reimbursement later. Consider what type of payment arrangement you will use with the receiving facilities (see information below on “like facilities for more details).

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Facility Supplies	Facilities should stockpile supplies to meet the needs of both sheltering in place (staying put during a disaster) and evacuating. Supplies include food, water, durable and disposable medical equipment & supplies, medication, etc. Best Practice: designate at least one person to be responsible for ensuring that your facility has adequate supplies for both sheltering in place and evacuating. This key person should regularly review the supplies with the people designated as having the authority to order a facility evacuation.
Community Coordination	Talk to planning partners in advance of any disaster. Partners to consider include: • Like facilities—create MOUs (Memoranda of Understanding) with a few “like” facilities both inside and outside your risk area (as identified in your Hazard & Vulnerability Analysis). It is better to have residents go to an alternate space (cots/mattresses in common areas) in a like facility (their needs can more easily be met, in most cases) than to go to a general population shelter. • Day programs (may be helpful for provision of transportation and/or other services) • Local hospitals • Other local medical providers, such as clinics • Local Public Health Department • First Responders (fire, law) • Transportation providers (include contracts/agreements and have at least one back-up provider. Consider all types of transport: buses, vans, cars, ambulances) • Food supply (does your vendor have special evacuation meals or products?) • Some companies will help you plan for your dietary needs in an evacuation) • Medical supply • Telecommunications • Utilities (electric, water, sewage, trash, gas, etc.) • Security • Cleaning/repair companies (as needed for reentry after evacuation) • Your volunteer base and Family members • Local groups that could help you (i.e. community groups) • Local OES (Office of Emergency Services) • LEMSA (Local Emergency Medical Services Agency) Best Practice: Share your planned relocation sites with appropriate community partners, particularly your suppliers (food, medical, medication, equipment, etc.). Establish back-up resources for supplies in the event your primary vendor cannot complete deliveries. Understand how to coordinate with your Operational Area (county) Emergency Operations Center (EOC). Secure a phone number to the EOC (in San Diego County it is called the Medical Operations Center, or MOC). This is the number you will call if you need additional resources. A master list of these numbers is available at www.cahf.org/public/dpp/CAHF_2_OES_County_EOC_Roster_200707a.pdf. If your Operational Area EOC is not open and you have been impacted by a disaster and need help, call 9-1-1. <i>NOTE: This is the general process in the State of California for resource requests and sharing critical information such as the need to evacuate your facility. However, some counties may prefer that long term care use a different point of contact than the Operational Area EOC. Only pre-planning can help you determine the best point of contact.</i>

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Communications	Specify clear communication protocols and backup plans for communicating (internally & externally) during a disaster. Also, develop your pre-disaster risk communications strategy. Best Practice: upon admission of a resident, give the family/responsible party a fact sheet with relevant information about your disaster plan, including what a family can expect if the facility has to evacuate and steps a family member or responsible party can take in helping ensure the safety of their loved one. This could also be accomplished in presentations at regular “family sessions.” Best Practice: implement a voicemail system capable of receiving external calls on which a message can be recorded about evacuation details for residents’ families, information for staff calling in, expected evacuation sites for residents, etc.
Staff Personal Preparedness	Encourage staff to develop disaster plans for themselves and their families. Staff are less likely to come to work or stay at work if they are unsure of their family’s safety. Visit- http://cahfdisasterprep.com/PreparednessTopics/SurgeCapacity/EncouragingPersonalPreparedness.aspx for more information on personal preparedness and excellent web resources that can help staff with their own planning and stockpiling.
Staff Family Members	Indicate whether staff family can shelter at your facility and/or evacuate with your facility if necessary.
Specific Resident Needs	Include lists of any special/specific resident medical and personal needs.
Contact List of Required Notifications	Create a list of any entities (such as your District L&C office, and your parent company) that will need to be notified of any change in status, such as an evacuation or admission of evacuated residents. If you cannot get through to your local district licensing office during a disaster, call the state OES Warning Center at 916-845-8911. Best Practice: Call your county (Operational Area) Emergency Operations Center (EOC) if you are evacuating. They need to know this information, and can help you with any resource requests that you may have. They may also be able to find space for your residents if necessary, or refer you to someone who can help.
Other Contact Lists	Prepare and keep up-to-date contact lists for your key evacuation partners and your staff. • Several different “like” facilities that you have MOUs with and their contact information (address, key staff, at least two different phone numbers, email). You don’t know what form of communication will be available to you in a disaster. • Staff contact list, with addresses, phone numbers, and email addresses. Best Practice: map out where your staff live; this way, you will know if they are in an affected area or may have difficulty getting to work because of road closures. • All the key planning partners listed above in the “Community Coordination” section. • List of residents’ family members, with alternate numbers.
<i>Note: this is not a comprehensive list of planning elements for your overall disaster plan. For more details, visit our website at http://cahfdisasterprep.com/PreparednessTopics/EvacuationPlanning/ResourcesPositivePractices.aspx.</i>	

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Physical Plant Considerations	
Staff Training	Every employee should be aware of where the emergency “shut-off” switches/ valves are located, including the location of the backup generator, fuse boxes, transformer box, etc.
Emergency Supplies	In addition to other necessary emergency supplies, each facility should have at least 2 master wing nut wrenches in readily accessible locations (preferably one at either end of the facility). These wrenches should be tested and appropriate for turning off the gas in a major emergency. All staff should be trained how to do this and know the locations of the wrenches. Facilities should also keep on hand an ample supply of charged/working handheld flashlights (keep extra batteries, or use hand-crank flashlights). If night staff use flashlights to perform bed checks and distribute medications, a separate “emergency only” set of flashlights should be maintained.
Provisions for Evacuation	
Evacuation Checklist	Develop an evacuation checklist for your facility that staff can pull out and use in an evacuation event. Train to the checklist, and ensure that staff know where to find it in a hurry. Many of the elements below can be included.
Resident Assessment	Assess each resident based on their care needs. This will help to determine the type of transport needed. This will help reduce your reliance on ambulances, which will be in short supply. Best Practice: consider using the <i>Emergency Evacuation Destination Categories for Medically Fragile Patients and Residents</i> guide in the <i>Shelter Medical Group Report: Evacuation, Care & Sheltering of the Medically Fragile</i> available at: www.cahfdownload.com/cahf/dpp/CAHF-Evac%20Destination&TransportEvalForm.pdf
“Like” Facility MOUs	Include current MOUs with like facilities, contact information, address and key staff names. DO NOT evacuate to a partner facility without contacting them first. In a widespread disaster, they may be impacted. You also need to know how many beds they have available, and whether they can “surge” into other areas of their facility (providing cots or mattresses in common areas, dining rooms, etc.). Also, host facilities should contact their regulatory agency for emergency permissions to admit over-capacity. <i>NOTE: It is a best practice to evacuate to a like facility because they are more likely to be able to meet the needs of your special needs population with the appropriate adapters for medical equipment, kitchen for food prep, specially equipped bathrooms, physical plant design for cognitively impaired or dementia residents, etc.</i>
Securing the Facility	Detail the areas that need to be secured (i.e. doors, windows, offices, kitchen, medical cabinets, etc.). Also consider if there will be any special security needs at the relocation site.
Transportation	Plan for transportation of your residents, staff, equipment, food & water, medications, personal belongings and medical records (details on each are listed below)—what kind of vehicles will be needed and how many of each? Consider the use of any vehicles you currently have (plan to keep them in good repair and full of fuel), any transportation contracts you currently have, buses, staff vehicles, family member vehicles, etc. Best Practice: plan for the transport of your support services, including dietary, nursing, laundry, and others as needed.

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Equipment & Supplies	Understand the equipment and supply needs at the relocation site. Be sure to take adequate equipment and supplies to cover your residents' needs. Consider all aspects of supplies, such as adapters for O2 operation.
Food & Water Supply	Describe the amount, type and logistical support for transporting food and water. Consider that food & water may need to be accessed while in transit.
Medications	Describe the logistics for moving medications—including specifications for moving them under the control of a registered nurse if necessary. Consider that certain medications may need to be accessed while in transit. Consider how to secure the medications so that residents are not able to access them while in transit. Consider how to transport medications that require refrigeration.
Transfer of Medical Records	Detail the process for putting together and transporting the resident's medical records; describe the logistics for moving medical records. Consider taking, at minimum, the face sheet, medications record, advance directives, next of kin, and diet information.
Staffing	Specify procedures to ensure staff accompany evacuating residents. Understand the staffing needs at each relocation site (if evacuating to multiple sites) to ensure that adequate staff will be present. When evacuating to a like facility, some of the other facility's staff may be able to assist you with your residents. Notify your licensing body if you anticipate staffing shortages; it is possible that staffing ratios can be flexed in an emergency, at the time of the emergency.
Resident Personal Belongings	Include in your plan a list of any other items to accompany residents. This might include a change of clothes, toothbrush, toiletries, and possibly a small personal memento such as a picture to help the resident feel at home in their new surroundings.
Evacuation Route	Identify evacuation routes and secondary (alternate) routes, includes maps and specifies anticipated travel time. Expect delays. Best Practice: if you have internet access, check for road closures. Best Practice: an inexpensive portable GPS system can help you navigate around road closures and sometimes also high volumes of traffic. It may also help you locate gas stations, rest areas, etc. If you choose to use GPS, always carry a map as a back-up, 1 per vehicle.
Resident Evacuation & Tracking	Identify how you will track your residents, and how you will ensure that they end up at their destination. Consider how you will identify your residents (example: using an ID bracelet) Best Practice: Print out your current resident census, and have one staff person stand at the exit and check off as each resident is evacuated. Include the location to which they are being evacuated. Also include the bus/ambulance number next to the person's name to facilitate your ability to track the supplies accompanying each resident. Best Practice: Mark each resident's door with masking tape, door open, indicating that the resident has been evacuated with staff initials of who prepared the resident to ensure that all meds and other critical items were properly bagged and evacuated with the resident.

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Communications-Equipment and Methods	Consider the types of communications equipment you will need, and your methods of communicating. • Pre-evacuation: How will information be disseminated pre-evacuation (i.e. accurate information and instructions to staff, residents, and families)? • During an evacuation: How will communications take place en route to your relocation site (consider that you will likely have multiple vehicles, and could potentially be evacuating to multiple sites—how will you coordinate logistics and provide updates?)? • Post-evacuation: How will communications take place post-evacuation, including notifications and status reports (internal, agencies, families, media, other)?
Assessment for Transfer Trauma	Ensure that each resident is medically evaluated by an appropriately licensed clinician as soon as possible during and after an evacuation.
Notifications	In addition to communicating with your licensing body, ensure that you have a strategy for notifying the family members/responsible parties of your residents that you have evacuated and to where their loved one has been relocated.
Re-entry Considerations	
Reentry Preparation	Identify who on your staff can authorize reentry, procedures for inspecting facility, and detail transportation from the host facility. Also include any vendors (names and contact information) that may need to be involved in cleaning, repairing or restocking the facility.
Repatriation Guidance	Identify who must be contacted prior to repopulating your facility (i.e. your licensing body). Best Practice: Prior to a disaster, establish the specific requirements that your district L&C or CCL surveyors will be looking for before they allow reentry. This may be different depending on the type of disaster.
Other Thoughts on Wide-Spread Evacuation	
Regional LTC Coordination	Regional groups of LTC facilities should consider developing an “Officer of the Day” response program. This person (may be a rotating position, and should have several back-ups) would act in an assistive capacity in a wide-spread emergency. This person could help facilities evacuate, provide information to various partners, and help with any components of the response that were not clearly assigned to another entity. In addition, on a monthly or quarterly basis, all facilities in a specific geographic or community area should hold regular and routine meetings or conference calls to update and review the status of individual facility emergency preparations. These regular and routine discussions should include updates relative to regional transportation issues, staffing, supplies, key contact resources, and; in general serve as constant and current information sharing sessions.