



Key Peninsula, Wind Storm 2006

Urban Area Security Initiative Project

**Long Term Care Facilities
Disaster Planning Guidance Template
For Jurisdictions**

Many thanks to the members of the
UASI High Risk Population Long Term Care Facilities Workgroup
for this collaborative effort:

Sheri Badger (Chair), Pierce County Department of Emergency Management
Marion Davis, Snohomish County Department of Emergency Management
Carolyn Edmonds, Washington State Assistant Long Term Care Ombudsman
Karen Hausrath, Pierce County Aging and Long Term Care Ombudsman
Sandy Johnson, Thurston County Department of Emergency Management
Tad Kasuya, Washington Oaks Retirement Community, Everett
B.R. Wheeler, Washington Oaks Retirement Community, Everett
Joby Winans, Tacoma – Pierce County Health Department

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Purpose

The purpose of this guidance template is to provide an outline of options for jurisdictions to work with its long term care facilities in helping to prepare them for emergencies and disasters. This could be as simple as a few hours of your time or several weeks, based on your community size and number of beds. Relationships and processes will vary from jurisdiction to jurisdiction, but this template gives an overall direction to begin, or continue, collaborative work with those agencies and businesses that house our most vulnerable citizens.

Introduction

- Generic process – modify according to need
- Long Term Care Ombudsmen part of process
- Based on size, type of facility, that will determine how complex, how simple
- Highly recommended sections versus other suggested sections

Sample Process

1. Gather core team of people to put together a kickoff meeting/forum/summit. This will begin the momentum for this process. Suggested members for the core team include: Health Department, city and county human services, hospital emergency management, long term care providers, regional Ombudsman's Office, local Department of Social and Health Services (DSHS) employees, local emergency management, public utility departments, the military, members of professional associations, etc. Also include the Community Emergency Response Teams, Medical Reserve Corp Coordinator or other groups. Other possible members will be based on the needs of your jurisdiction.
2. During the event, gather information for a first needs assessment (See Appendix 1).
3. **If more information is needed for a needs assessment, consider sending a survey out to all long term care facilities in your jurisdiction (information can be found on the DSHS website or your local Long Term Care Ombudsman's Office should be able to help you). (See Appendix 2)**
4. From the summit/forum, put together a work group of interested members, to help facilitate the rest of the steps.
5. **Send outreach information to all facilities in jurisdiction. Possibilities for inclusion are: interfacility transfer agreement sample, MOU sample for transportation, evacuation plan for individuals, draft activation plan, public notification resource list, etc. (See Appendix 3).**
6. **For notification of emergencies, working with local emergency department of health department, to utilize (if available) a 'reverse 911' or call down list for status of long term care facilities, possibly using volunteers to contact. (See Appendix 4)**
7. Offer/identify trainings on personal preparedness for staff. (Local Red Cross chapter; venues at long term care facilities, local emergency management, etc.)
8. Offer samples of planning templates appropriate for their facility.
9. Provide workshops on creating or improving emergency plans. (For example, CARD – Collaborating Agencies Responding to Disasters - at www.firstvictims.org/TTT ; or Pierce County's Emergency Planning Institute)
10. Provide training for regional exercising of plans, and include local fire, police, and emergency management in the training.
11. Continue an ongoing level of support (yearly exercise trainings, ongoing personal preparedness training, survey, etc.).

Appendix 1 Sample Event Survey

Disaster Preparedness for High Risk Populations Survey

All of the following information will be collated with other agencies to analyze disaster preparedness in human service organizations. Specific details you share with us will remain confidential. Please complete as much of the following as you are able.

1) Organization:

- a. Type of organization (e.g., long-term care facility, outpatient medical clinic): _____
- b. Independent or Part of larger system, multiple facilities
- c. Total number of staff: _____
- d. Percent of staff with medical credentials (e.g., RN, MD): _____
- e. If you have an inpatient facility, what is the average number of empty beds? _____

2) Clientele:

- a. Type (e.g., homeless, elderly, post-surgical): _____
- b. Typical number of clients seen daily: _____

3) Services:

- a. Typical services provided (e.g., rehabilitation, skilled-nursing): _____
- b. How provided (e.g., in-patient, out-patient, in-home): _____
- c. Hours of service: _____

4) Emergency Preparedness:

- a. Does your organization have written plans and procedures for responding to in-house emergencies (e.g., fire, electrical system failure)? Yes No
- b. Does your organization have written plans and procedures for responding to a natural disaster that impacts a large area (e.g., earthquake)? Yes No
- c. Does your organization have written plans and procedures for responding to a communicable disease incident (e.g., pandemic flu or norovirus outbreak)? Yes No
- d. Under your organization's evacuation plan, where do you evacuate clientele to?

- e. If you have plans and procedures, are all staff trained on how to implement them? Yes No
- f. If you have plans, do your clients and their families know how to implement them? Yes No
- g. Does your organization test plans through drills? Yes No
- h. Does your organization have a Continuity of Operations Plan that would allow you to continue to provide services even if 35% of staff were unable to get to work? Yes No
- i. Does your organization have special equipment for use during an emergency (e.g.,

- j. fire extinguisher, heart defibrillator, etc) Yes No List equipment available for use during an emergency: _____
- k. Does your organization have food and water set aside for use in an emergency by staff and clientele? Yes No

5) Assistance Needed:

Please list how the Department of Emergency Management can help you to prepare to respond effectively to emergencies?

If you would like us to call you with resource information, please give us your name and phone number:

The Department of Emergency Management is committed to developing an emergency response plans which will help all people who are considered "vulnerable" or "medically at-risk" during a disaster or other emergency. When you consider your clientele, what are the major issues that make them particularly vulnerable during a disaster. Please list:

- 6) If this jurisdiction established a Steering committee on Emergency Preparedness for High Risk Populations, what types of organizations do you think should be represented on that Committee? Consider that the steering committee meetings would be open to everyone, but voting members would be limited to fifteen representatives.

- 7) Please give the name(s) and contact information (e.g., organization name, phone number if you have it) of people you think would serve well on an Emergency Preparedness for High Risk Populations Steering Committee (and if you are willing to serve, please nominate yourself).

- 8) What else would you like to share with us about emergency preparedness and your organization and clientele?

Thank you for completing this survey!

Appendix 2 Facility Survey sent to all long term care facilities

Greetings;

(Jurisdiction), along with a coalition of several nonprofit organizations and county agencies, is developing plans for assisting high risk populations during a disaster. Our first challenge: what is the best way to communicate before, during and after a disaster with the many organizations and facilities that provide care to people with physical and mental health challenges. We decided the direct approach works best: contact those involved and ask how to best communicate up-to-date information on emergencies.

The second question is how to help you create or strengthen emergency response plans for your organization. You should be receiving a packet of information on emergency preparedness soon.

Please take a few minutes to complete the following survey and then return.

We would especially appreciate receiving your completed survey no later than _____, so we can prepare for assisting during potential winter storms.

Thank you for your help.

Facility name:

Address:

Organization name (if different from above):

Person completing survey:

Phone number (if we have questions):

If your facility or organization has any of the following points of contact, please provide information. We will use this information before, during and after a disaster. *We will not sell this information to anyone for commercial or other purposes.*

Organization/Facility

- Main phone number:
 - Email address:
 - Cell phone number:
 - Fax number:
-

Questions:

1) Where do you get information about a local disaster, either before or during the situation, in general (check all that apply):

- Television
- Radio
- Internet
- Corporate office
- Friend or family

2) If we learned that a storm or some other disaster could be occurring within a 24-hour period and that the disaster could cause threats in the geographical area where your facility is located, would you like someone to contact your facility and let you know?

- Yes No

3) During a storm or flood, or immediately afterward, would it be useful for someone to contact your facility to determine whether you needed assistance?

- Yes No

4) If you needed help during a disaster, would you call (jurisdiction) to ask for help (e.g., request help evacuating your facility, or as for help with a portable generator)?

Yes No

5) If you answered "no" to question 3, where would you turn to for help?

6) Before or during a disaster, if the electricity and phone lines were all working, which is your preferred mode of communication, especially considering that DEM may try to contact you in the middle of the night if flooding or a storm were predicted. Check any of the following that apply and if you check something that you have not given a number or address for above, please add that next to the equipment you check.

- Telephone
- Cellular telephone
- Email
- Fax
- Other (please clarify):

7) If the person answering the phone or receiving the fax or email at your facility cannot understand English, please list the language we should communicate with. Also indicate if the individual is hearing impaired and needs translation or TTY.

8) Are you aware of space, beds, equipment, or other resources at your facility that could be available to another organization/facility if there were a localized disaster and (your jurisdiction) needed assistance. For example, if there were flooding in an area that is not near your facility, and 15 people had to be evacuated, could you find room for the evacuees, or provide a few blankets or food to support them for a short period of time?

Yes No

If yes, please provide details about your resources (number, type, limitations, etc).

9) If Emergency Management requires that you "shelter in place" – stay with clients inside your facility, with doors and windows closed – can you maintain status. This would call for enough food, water, medication, personal supplies and blankets for residents and staff for up to 72 hours.

Yes No

If no please provide details about your imitations, etc

10) Do you have a current agreement with an alternative location in case an evacuation is necessary?

Yes No

11) If you have agreements in place (in number 10, above), do you also have transportation of clients or a current agreement with a transportation provider to move your residents, their supplies, and staff, to the alternative location?

Yes No

If yes, provide details on your transportation resources or the transportation provider.

12) Do you have any questions, concerns and/or recommendations related to emergency communication and planning? If so, please list them here.

Thank you for your help. You can mail this back to (your jurisdiction).

Or you can fax it. Again, we would appreciate your completing and returning this survey.

Appendix 3 Information sent to Long Term Care Facilities

Date

Hello;

Last year, (your jurisdiction) sent long term care providers surveys regarding disaster planning and readiness for their facilities. To follow up, we are sending the information most requested by the survey respondents (and a few other documents we thought would be helpful). The four documents are:

- **Public Notification Resource List** (an assortment of ways to get information or be alerted to emergencies and disasters)
- **Personal Emergency Evacuation Checklist** (by National Fire Prevention Association, specifically for vulnerable populations)
- **A sample Memorandum of Agreement** for transportation services in times of emergency
- **A sample Inter-facility Transfer Agreement** (for alternative locations if evacuation is needed)

One of the most requested services in the survey was some sort of notification from Emergency Management when a disaster is coming or predicted to come. As a response to that, we've added all the phone numbers of the long term care providers in the area to a list so we can send out phone alerts to everyone. We will be testing this within the next couple of weeks, so expect a call from us. In a real emergency, we will ask you to call a specified number (in the message) and let us know if you are okay, need help, or have some resources to share, if needed. We are hoping this will be a way that we can connect with all of you, and eventually you can connect with each other.

Additionally, we are encouraging each long term care facility to take a look at their own emergency plans, review them and try practicing it. To help with this, (your jurisdiction) will be offering some trainings this summer (with possible CEUs available) on how to exercise your plan. Please watch for more information on the where and when.

As part of the follow up, we'd like to suggest three ways that every facility can prepare for emergencies and disasters:

1. **Personal preparedness training for staff** (so families of staff are prepared and staff can respond to your facility)
2. **Completed emergency plan** (including staffing plans, sheltering in place, collaborating with emergency managers, and for addressing specific needs of residents)
3. **Evacuation plans** (including transportation and alternative facility/location)

Long Term Care Ombudsmen regularly visit many facilities. During one of those visits, the Ombudsman will be available to help with your emergency plan from the resident's perspective. In addition, Ombudsman staff and Emergency Management staff are more than happy to answer any questions or provide assistance in the development of effective emergency planning for your facility.

Sincerely,

Public Notification Resource List

Radio

AM 1580 – Pierce County Emergency Information (available in the Puyallup Valley)

KGHP FM 104.5, 89.9, 89.3 – Key Peninsula/Gig Harbor information

Ham Radio Operators

www.vanityhq.com Locates area amateur radio operators by zip code and address; useful if all other modes of communication are down

Television

C-RCC channel 22 Comcast/Click! – Pierce County information

E-mail/text message/PDA subscription services

(If a person doesn't have access to a computer to sign up for these services, but has a cell phone or PDA device to receive the notifications, they can call the staff at the Pierce County Aging and Disability Resource Center who will sign them up – 253-798-4600)

<http://www.rpin.org> Regional Public Information Network – Emergency information and traffic information for the Pierce, King, and Snohomish county region

<http://www.mystateusa.com/alertsense> Weather and emergency alerts based on geographic area

<http://earthquake.usgs.gov/eqcenter/ens> United States Geological Service (USGS) - Earthquake notification system (ENS), based on location

<http://www.thenewstribune.com> The News Tribune – Pierce County daily paper – for breaking news, sign up under “Member Center” on upper left part of home page

<http://www.king5.com/sharedcontent/membership/join.jsp> King 5 News – Seattle-based television station – can sign up for breaking news

<http://www.komotv.com/home/ondemand> KOMO 4 News – Seattle-based television station – can sign up for breaking news for e-mail and desktop and/or mobile device

<http://www.weather.com/alert> Weather Channel notification alerts, by zip code – can choose what type of weather to get alerts about

<http://www.weather.com/services/notify.html> Fee-based phone and e-mail alerting system, ‘Notify Plus!’ (\$9.99/month or \$59.99/year – phone and e-mail) and ‘Notify!’ (\$6.99/month or \$39.99/month – phone only)

Websites

www.piercecountywa.gov/emergency Emergency management website

Memorandum of Agreement

Transportation services for evacuation of licensed care facility in times of emergencies

Between:

_____ (Licensed Care Facility)

And

_____ (Transportation Company)

1. Purpose

The purpose of this Memorandum of Agreement (MOA) is to establish a mechanism whereby a transportation company agrees to transport, in good faith, residents and employees of licensed care facilities which must be evacuated during emergencies.

2. Description

_____ (Licensed care facility) intends to enter into a MOA with transportation company (Company) to provide reasonable transportation services, to support an evacuation in a pending or actual disaster, or as needed to respond to other incidents. The following list is representative of, but not limited to, the principle tasks the transportation company might be activated to accomplish:

- a. Transport residents and staff from current licensed care facility to alternative site.
- b. Adapt for different transportation requirements, depending on needs of residents (wheelchair only, bedridden, mobility challenged, etc.).
- c. When necessary, transport residents and staff back from alternative site to current licensed care facility.

3. Deployment Activation

This Agreement may be activated only by notification by the designated Licensed Care Facility Incident Commander or his/her designees. Deployment activation, pursuant to this MOA, may occur at any time, day or night including weekends and or holidays.

Upon acceptance of deployment activation, the Transportation Company must be in route to the designated location within two (2) hours from the time it receives the official deployment notification from Licensed Care Facility. For reimbursement purposes, the mission will start when the Transportation Company's personnel leaves their business (or bus staging area) and will conclude at the time the personnel returns to their personnel or bus drop-off area after Licensed Care Facility issues a demobilization order or the terms of the deployment authorization have been met.

4. Terms

- a. This Agreement shall be in full force and effect through the date of execution and ending in December 2009, but will be renewed automatically unless terminated pursuant to the terms hereof.
- b. The Transportation Company personnel who respond must be in good standing with the company, and be up to date on all requisite licensing and permitting.
- c. The Company and all its deployed personnel must abide by all federal, state, and local laws.
- d. The Company will only deploy staff upon receipt and under the terms of the official deployment notification(s) as described in Section 3.

- e. The provider must assure detailed records of expenditures and time spent by deployed staff are complete, accurate, and have adequate supporting documentation.

5. Funding

In the event that this Agreement is activated in response to a pending or actual disaster, the Company may invoice the Licensed Care Facility as follows:

- Standard labor rate of \$_____ for driver(s), plus overtime at 1 ½ times the established rate for any hours worked over 8 within each 24 hour period.
- No fringe benefit cost will be reimbursed.
- Mileage from deployment site and return at a rate per mile as \$___ per mile.

6. Method for reimbursement

- a. The Licensed Care Facility will provide a method for submitting the required information for invoicing as part of the initial notification.
- b. The provider must submit accurate paperwork, documentation, receipts and invoices to Licensed Care Facility within 30 days after demobilization.
- c. If Licensed Care Facility determines that the provider has met all requirements for reimbursement, they will reimburse the company within 30 days of receiving a properly executed and accurate invoice with the required paperwork and documentation.

7. Resource estimates

In order for the Licensed Care Facility to properly plan for staff availability for disaster response, the Company estimates the following resources which could be made available by the Company:

- | | |
|-----------------------------------|------------|
| | # and type |
| • Licensed Drivers | _____ |
| • Regular transportation vehicles | _____ |
| • Special Needs Vehicles | _____ |

8. Contract Claims

This Agreement shall be governed by and construed in accordance with the laws of the State of Washington as interpreted by the Washington courts. However, the parties may attempt to resolve any dispute arising under this Agreement by any appropriate means of dispute resolution.

9. Hold Harmless/Indemnification

The Transportation Company will hold harmless and indemnify the Licensed Care Facility against any and all claims for damages, including but not limited to all costs of defense including attorneys fees, all personal injury or wrongful death claims, all worker’s compensation claims, or other on-the-job injury claims arising in any way whatsoever from the transportation of the Licensed Care Facility’s residents and clients at any location.

10. Acceptance of Agreement

A Transportation Company offering to enter into this MOA shall fully complete this MOA with the information requested herein, sign two originals of a fully completed MOA, and send both via regular U.S. mail.

Contact Name
Licensed Care Facility Name
Address
City, State Zip

In addition, a copy of the MOA, signed and fully completed by the Company, shall be faxed or sent to (your jurisdiction).

As noted by the signature (below) of the Transportation Company or its authorized agent, the Company agrees to accept the terms and conditions as set forth in this Agreement, agrees to abide by the requirements for reimbursement and waives the right to file a claim to be reimbursed for any amount above the payment schedule amount, as outlined herein. All amendments to this MOA must be in writing and agreed to by the Transportation Company and the Licensed Care Facility.

Transportation Company

Company Name _____
Business address _____
Phone # _____
Fax # _____
E-mail _____

Emergency Contact Information (for after-hour emergencies)

Contact name _____
Contact phone # _____
Contact fax # _____
Contact cell # _____
Contact e-mail _____

Signature of Company Rep
or Authorized Agent _____
Printed name _____
Title _____
Date _____

Licensed Care Facility

Facility Name : _____
Signature: _____
Printed Name: _____
Title: _____
Date: _____

Interfacility Transfer Agreement

This is a mutual agreement between _____ and _____ to provide assistance in the event an evacuation of either facility is required.

Please note that each resident’s original “home” facility is ultimately responsible for ensuring appropriate care and services for those residents remaining under the care of the said facility, regardless of the resident’s relocation status during a disaster. All costs incurred for care and services provided are the responsibility of the resident’s “home” facility.

Suggestion: *Choose facilities in different areas of the city and think about road obstacles that might impede an evacuation.*

The **Evacuating Facility responsibilities** include, but are not limited to:

- Promptly notify the Sheltering Facility of the potential to evacuate
- Promptly notify the Sheltering Facility when the decision to evacuate has been made
- Evacuate residents, utilizing own resources, to the Sheltering Facility
- Supplement the Sheltering Facility’s staff
- Provide the following items:
 - Resident medications and medication storage unit
 - Medical supplies and equipment
 - Food and water
 - Medical records
 - Blankets as needed
 - Staff

• The **Sheltering Facility responsibilities** include, but are not limited to:

- Provide a person of contact upon notification of imminent evacuation
- Receive residents and direct to area where they will be sheltered
- Coordinate appropriate use of medical supplies and services
- Integrate Evacuating Facility’s staff into resident care planning
- Integrate Evacuating Facility’s kitchen staff
- Provide dietary needs using food supplies from Evacuating Facility

In the event of a disaster or other emergency that damages both facilities, the senior management of both facilities will determine to what extent each facility may assist the other.

This agreement is effective upon signature of both facility administrators.

This agreement shall be automatically renewed on a month to month basis without action by either facility. Either party may terminate this agreement with a thirty (30) day written notice.

Administrator Signature

Date

Administrator Signature

Date

Personal Emergency Evacuation Planning Checklist

(see NFPA guide)