

EMERGENCY PREPAREDNESS AND RESPONSE: MODEL POLICIES AND PROCEDURES FOR STATE LONG-TERM CARE OMBUDSMAN PROGRAMS

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I. PURPOSE, PRINCIPLES, AND RESPONSIBILITIES

Preparing for and responding to emergencies that affect individuals living in long-term care facilities requires coordinating the work of many. While Long-Term Care Ombudsman programs (which will be referred to in this document as Ombudsman programs, or the Office) are not first responders, they can play an important role in emergency planning and response. Ombudsman programs can resolve complaints, protect rights, and promote access to services for residents before, during, and after emergencies and disasters.

Significant weather events such as hurricanes and tornadoes, at times, have devastated long-term care facilities and their residents across the country. Individual incidents—fires, explosions, floods, power outages and other disruptions—have forced residents to relocate. Both state and local Ombudsman programs have been called on to assist with preparation and response, often without the benefit of clear guidance or policies. The fact that Ombudsman programs have risen to the challenges of emergency preparedness and response without clear guidance, is evidence that the Office staff are concerned, committed, and willing to assist residents.

A. PURPOSE OF MODEL POLICIES AND PROCEDURES

The Administration on Aging (AoA), housed within the U.S. Department of Health & Human Services' (HHS) Administration for Community Living (ACL), is responsible for administering grants under the Older Americans Act (OAA). The grants are for aging programs and services, and include the Ombudsman program.¹ AoA is responsible for developing policies and setting priorities for the operation of programs authorized by the OAA. The OAA specifically requires that programs authorized under the OAA develop plans for, and coordinate with, entities responsible for emergency preparedness and disaster relief² through state and area plans on aging. AoA has developed model policies and procedures for consideration by State Units on Aging (SUA) and Ombudsman programs in order to support the health, safety, welfare, and rights of long-term care facility residents before, during, and after emergencies.

These model policies and procedures allow AoA to:

- clarify appropriate functions and limitations of Ombudsman programs in preparing for and responding to emergencies affecting long-term care facility residents;

¹ Sections 201, 712 of the Older Americans Act (OAA); codified as 42 U.S.C. 3011, 3058g.

² OAA Sections 307(a)(29), 306(a)(17); 42 USC 3027(a)(29), 3026(a)(17).

- assist Ombudsman programs in developing program policies and procedures related to emergency preparedness, response, and recovery activities; and
- assist SUAs and area agencies on aging to incorporate the functions of Ombudsman programs related to emergency preparedness for long-term care facility residents into their emergency preparedness planning.

AoA recognizes that the OAA does not authorize Ombudsman programs to serve as first responders in emergencies or disasters. In fact, the OAA does not contain any specific provisions regarding (nor does Congress provide specific appropriations to AoA for) activities related to Ombudsman program emergency preparedness or response. However, the OAA and federal regulations³ do require the Ombudsman program to provide services to assist residents in protecting their health, safety, welfare, and rights, as well as to represent the interests of residents before governmental agencies.⁴ In order to fulfill these functions during and after disasters and other emergencies, AoA advises Ombudsman programs to take measures to prepare for such emergencies. In support of emergency preparedness by states and their Ombudsman programs, AoA recommends adoption of the following model policies and procedures (adapted as needed for state-specific applicability) for use by states' Ombudsman programs.

B. PRINCIPLES

Through these model policies and procedures, AoA intends to support the following principles:

Resident-centered focus: The Ombudsman program works with and on behalf of residents, and represents the interests of residents, including when preparing for or responding to an emergency.

System-level representation of residents' interests: The Ombudsman program advocates visibly and effectively with and on behalf of residents, representing the interests of residents, both within the aging network and to other agencies involved in emergency preparedness and management.

Coordination and communication: The Ombudsman program coordinates and communicates with the aging network and other agencies involved in emergency preparedness and management. The Ombudsman and representatives of the office are not first responders, but coordinate with and follow directions of first responders.

³ 45 CFR 1327

⁴ OAA Section 712(a)(3)(B),(E), 712(a)(5)(B)(iii), (iv); 42 USC 3058g(a)(3)(B), (E), 3058g(a)(5)(B)(iii), (iv); 45 CFR 1327.13(a)(1),(5), .19(a)(1), (4)

Emergency preparedness: At every level, the Ombudsman program– the Ombudsman, the Office, local Ombudsman entities [if applicable], and representatives of the Office – is organizationally and personally prepared for emergencies. Preparation includes an all-hazards emergency preparedness plan encompassing continuity of operations and an individual preparedness plan that addresses unique needs and functions during an emergency. The Ombudsman program engages and collaborates with the State Department of Health (or public health emergency preparedness and response equivalent) to improve situational awareness, communication, and coordination where appropriate prior to, during, and after an emergency or disaster.

C. RESPONSIBILITIES IN DEVELOPING AND IMPLEMENTING POLICIES AND PROCEDURES

State Unit on Aging–In establishing and operating the Office, the SUA shall ensure that the Ombudsman program has adequate policies and procedures in place.⁵ AoA encourages states to include provisions related to emergency preparedness, response, and recovery activities into Ombudsman program policies and procedures.

State Long-Term Care Ombudsman–The Ombudsman shall establish or recommend Ombudsman program policies and procedures.⁶ AoA encourages Ombudsmen to include provisions related to emergency preparedness, response, and recovery activities into Ombudsman program policies and procedures.⁷

Local Ombudsman entities – Ombudsman program policies and procedures must be developed in consultation with the agencies hosting local Ombudsman entities, where applicable, and with representatives of the Office.⁸

⁵ 45 CFR 1327.11(e), .15(b)

⁶ 45 CFR 1327.11(e), 13(b)(1)

⁷ 45 CFR 1327.11(e) provides: “Where the Ombudsman has the legal authority to do so, he or she shall establish or recommend Ombudsman program policies and procedures, in consultation with the SUA, to carry out the Ombudsman program in accordance with the Act. Where State law does not provide the Ombudsman with legal authority to establish policies and procedures, the Ombudsman shall recommend policies and procedures to the SUA or other agency in which the Office is organizationally located, and such agency shall establish Ombudsman program policies and procedures.”

⁸ 45 CFR 1327.11(e).

II. MODEL POLICIES AND PROCEDURES

100. DEFINITIONS

Emergency – Any occasion or instance—such as a hurricane, tornado, storm, flood, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm, fire, explosion, nuclear accident, or any other natural or man-made catastrophe—that warrants action to save lives and to protect property, public health, and safety.⁹

NOTE: For purposes of these model policies and procedures, an emergency can also include events that affect residents locally, such as extreme temperatures, power outages, fires, etc.

NOTE: Under the Stafford Act, which provides authority for most federal disaster response activities, an emergency “means any occasion or instance for which, in the determination of the President, Federal assistance is needed to supplement state and local efforts and capabilities to save lives and to protect property and public health and safety, or to lessen or avert the threat of a catastrophe in any part of the United States” (Stafford Act, Sec. 102(1), 42 U.S.C. 5122(1)).

First Responder—Federal, state, and local emergency public safety, law enforcement, emergency response, Emergency Medical System, hospital emergency facilities, and related personnel, agencies, and authorities.

Long-Term Care Facility—Any skilled nursing facility, as defined in section 1819(a) of the Social Security Act (42 U.S.C. 1395i–3(a)); any nursing facility, as defined in section 1919(a) of the Social Security Act (42 U.S.C. 1396r(a)); a board and care facility; and any other adult care home, including an assisted living facility, similar to a skilled nursing facility, nursing facility or board and care facility.¹⁰

Memorandum of Understanding or Memorandum of Agreement—Document describing an agreement between parties expressing an agreed upon course of action.

Office of the State Long-Term Care Ombudsman—The organizational unit in a State or territory headed by a State Long-Term Care Ombudsman.¹¹

Representatives of the Office of the State Long-Term Care Ombudsman—The employees or volunteers designated by the Ombudsman to fulfill the Ombudsman program

⁹ FEMA, Guide For All-Hazard Emergency Operations Planning (SLG 101), 1996, p. GLO-2.

¹⁰ OAA Sec 102(a)(35); 42 USC 3022(a)(35).

¹¹ 45 CFR 1327.1

duties, whether personnel supervision is provided by the Ombudsman or his or her designees or by an agency hosting a local Ombudsman entity designated by the Ombudsman.¹²

Resident – An individual who resides in a long-term care facility.¹³

State Long-Term Care Ombudsman, or Ombudsman–The individual who heads the Office and is responsible to personally, or through representatives of the Office, fulfill the functions, responsibilities and duties set forth in section 712 of the OAA.¹⁴

State Long-Term Care Ombudsman program, Ombudsman program, or program– The program through which the functions and duties of the Office are carried out, consisting of the Ombudsman, the Office headed by the Ombudsman, and the representatives of the Office.¹⁵

200. FUNCTIONS AND RESPONSIBILITIES

Policy: The Ombudsman program works to promote the health, safety, welfare, or rights of the residents before, during, and after an emergency.

Procedure:

200.1 State Unit on Aging Functions and Responsibilities

- a) Coordinate activities and develop emergency preparedness plans as required by section 307(a)(29) of the OAA.
- b) Coordinate and communicate with the Ombudsman on relevant emergency preparedness issues.
- c) Support Ombudsman program emergency preparedness including, but not limited to: information sharing, resource sharing, training, participating in exercises, and facilitating relationships with the State’s Healthcare Coalition,¹⁶ Department of Health (or public

¹² Id.

¹³ OAA Section 711(6); 42 USC 3058f

¹⁴ 45 CFR 1327.1

¹⁵ Id.

¹⁶ A healthcare coalition is a group of healthcare organizations, public safety and public health partners that join forces for the common cause of making their communities safer, healthier and more resilient. Coalitions are forming all around the United States to support communities before, during and after disasters and other crises.

<http://healthcarecoalitions.org/>

health emergency preparedness and response equivalent), and other relevant agencies prior to, during, and after an emergency.

200.2 Ombudsman: Functions and Responsibilities

- a) Lead and manage the Office in coordination with the state agency and, where applicable, any other agency carrying out the Ombudsman program.
- b) Assure that the Ombudsman program is fulfilling the requirements of these policies and procedures.

Where applicable:

200.3 Agencies Hosting Local Ombudsman Entities: Functions and Responsibilities

- a) Coordinate activities and develop emergency preparedness plans relevant to its service area [and, for area agencies on aging, as required by section 306(a)(17) of the OAA].
- b) Coordinate and communicate with the Ombudsman and representatives of the Office on relevant emergency preparedness issues.
- c) Support the local Ombudsman entity with emergency preparedness including, but not limited to: information sharing, resource sharing, training, participation in exercises, and facilitation of relationships with local healthcare coalitions, public health agency, and other relevant agencies prior to, during, and after an emergency.

200.4 Representatives of the Office: Functions and Responsibilities

Prior to an emergency:

- a) Develop preparedness plans as required by Policy 400 of this document.
- b) Maintain knowledge of emergency preparedness through training as required by Policy 300.

During and/or after an emergency:

- c) Follow emergency plans of Ombudsman program and of agency hosting local Ombudsman entity, if applicable.
- d) Follow instructions of public health officials and first responders, including evacuation orders, orders to shelter-in-place, and restrictions on accessing dangerous locations.
- e) To extent possible, continue providing residents with access to Ombudsman program services.
- f) Determine extent of impact on residents and long-term care facilities in service area, while minimizing disruption to public health, first responders and facility management and staff providing emergency response to residents.
- g) Communicate observations and relevant information to the Office.

300. TRAINING

Policy: The Ombudsman ensures that representatives of the Office are knowledgeable about their roles and responsibilities and possess appropriate skills related to emergency preparation and response.

Procedure:

300.1 Training for Office Representatives

At least annually, the Office offers emergency preparedness and response training to representatives of the Office statewide. Training may also be available in an on-demand, web-based format.

300.2 Training Requirements

Emergency preparedness and response training, at a minimum, includes the following topics.

- a) Responsibilities of the Office and representatives of the Office before, during, and after emergencies, as described in these policies, including:
 - i. communication and coordination with residents, families, other resident representatives, and facility staff before, during, and after an emergency;
 - ii. complaint handling, including guidance regarding complaints frequently associated with emergencies and, if applicable, changes to complaint handling procedures that may be needed as a result of emergencies as set forth in section 600.2; and,
 - iii. identification of issues for systems-level advocacy activities.
- b) Responsibilities and local operations of public health agencies, first responders, emergency management agencies, and appropriate roles and responsibilities of representatives of the Office in coordinating with such entities prior to, during, and after an emergency.
- c) Responsibilities of nursing facilities, board and care, assisted living, and other similar adult care facilities before, during, and after emergencies, including review of laws and regulations governing facility preparedness and response.
- d) Responsibilities of state survey and certification and/or licensing agencies before, during, and after emergencies.
- e) Available federal, state, and local resources, including information clearinghouses and registries, and how and when they can appropriately be accessed.
- f) Overview of the Federal Emergency Management Agency (FEMA), its resources and tools.
- g) Personal safety, individual preparedness plans, and preparation guidance.
- h) Description of emergency types, including:

- i. all hazards emergency types of natural and human-caused disasters including public health emergencies and natural disasters most anticipated in the geographic area; and,
- ii. facility-wide, all hazard emergencies affecting residents, including extreme weather and temperatures, power outages, water-contamination, and fires.

300.3 Training Tools

Training tools, at a minimum, comprise the following.

- a) A tool kit including:
 - i. emergency preparedness checklists, including those prepared by the HHS' Centers for Medicare & Medicaid Services (CMS); and,
 - ii. resource lists and/or templates for local emergency preparedness and response, and program emergency preparation and response policies and procedures.
- b) A train-the-trainer module to replicate this training as needed to train representatives of the Office, when applicable.

400. CONTINUITY OF OPERATIONS

Policy: The Ombudsman prepares the Ombudsman program to function as fully as possible during an emergency and remain capable of fulfilling its resident-centered responsibilities.

Procedure:

400.1 State Unit on Aging (and Host Agency, where applicable)

The Ombudsman coordinates with SUA and, where applicable, with the host agency of the Office to plan and prepare for an emergency.

400.2 Determining Capacity and Supports

The Ombudsman coordinates with representatives of the Office and, where applicable, with local Ombudsman entities to determine capacity and the support needed to plan and prepare for emergencies.

400.3 Planning and Preparation

Representatives of the Office coordinate with their respective host agency and, where applicable, with the Ombudsman to plan and prepare for an emergency.

400.4 Implementing the Continuity of Operations Plan

The Ombudsman program implements the continuity of operations plan described in 400–402 to meet operational needs at the state, local and individual level.

400.5 Individualized Emergency “Go Kits”

The Ombudsman and each representative of the Office develop and maintain an individualized emergency Go Kit that includes, at a minimum:¹⁷

¹⁷ See www.ready.gov for more information on Go Kits and resources for both personal and business emergency planning, including interactive tools and worksheets that may be relevant to Ombudsman program work environment.

TAKE WITH YOU	KEEP IN A GO KIT OR IN A VEHICLE
<p>Identification and charge cards</p> <ul style="list-style-type: none"> ✓ Organization identification card ✓ Driver’s license ✓ Organization travel card, if applicable ✓ Personal charge card <p>Personal contact numbers</p> <ul style="list-style-type: none"> ✓ Emergency phone numbers and addresses (e.g., relatives, medical doctor, pharmacist) 	<ul style="list-style-type: none"> ✓ Cash, small amount ✓ Sufficient water and food for two weeks (i.e. bottled water, non-perishable food such as tuna, granola, dried fruit, etc.) ✓ First Aid Kit ✓ Flashlight ✓ Maps of surrounding area ✓ Clothing ✓ Gloves ✓ Toiletries, hand sanitizer ✓ Pet food
<p>Medical/functional needs</p> <ul style="list-style-type: none"> ✓ Insurance information ✓ List of allergies/medical conditions and blood type ✓ Hearing aids and extra batteries ✓ Glasses/contact lenses ✓ Extra pair of eyeglasses/contact lenses ✓ Copy of prescriptions ✓ Prescription drugs ✓ Over-the-counter medications and dietary supplements ✓ Any assistive technology needed for functional limitations 	<p>Vehicle specific items</p> <ul style="list-style-type: none"> ✓ Traction gripper such as kitty litter ✓ Small shovel ✓ Blanket, gloves, ✓ Charger ✓ Booster cables ✓ Emergency flares ✓ Fluorescent distress flag ✓ Attempt to maintain a half a tank of gas at all times
<p>Communication equipment</p> <ul style="list-style-type: none"> ✓ Organization cell phone /pager/ BlackBerry ✓ Laptop ✓ Personal cell phone ✓ Chargers/extra batteries for phones, laptop, etc. ✓ Pen and paper 	

400.6 Ombudsman Program Information

The Ombudsman program maintains, and regularly updates, an electronic and hard copy of Ombudsman program-related information, which includes, at minimum:

- a) contact information for the Ombudsman, representatives of the Office (both staff and volunteer), State Ombudsmen from other states;
- b) copy of Ombudsman laws, regulations, program policies and procedures, including emergency preparation and response policies and procedures;
- c) copy of Ombudsman training manual;
- d) business cards;
- e) Ombudsman program brochures and/or other outreach materials; and,
- f) Ombudsman program forms, such as consent to access and disclosure forms.

400.7 External Contacts Information

The Ombudsman program maintains and regularly updates both an electronic and hard copy of relevant agencies contact information, including the following.

State

Relevant state entities or agencies may include:

- a) State Unit on Aging
- b) State survey and certification and/or licensing agencies
- c) State Public Health Agencies
- d) State Emergency Management Agency
- e) Governor's Office
- f) State National Guard
- g) State Healthcare Coalition

Federal

Relevant federal agencies may include:

- a) Department of Health and Human Services (HHS) including but not limited to:
 - Administration for Community Living (ACL)
 - Assistant Secretary for Preparedness and Response (ASPR)
 - Centers for Medicare and Medicaid Services (CMS)
 - Centers for Disease Control and Prevention (CDC)
 - Substance Abuse and Mental Health Services Administration (SAMHSA)
- b) Department of Homeland Security (DHS) Federal Emergency Management Agency (FEMA)

Local

- a) Local public health agencies
- b) Legal services, adult protective services, and other relevant agencies available for resident referrals
- c) Local healthcare coalitions
- d) Utility companies
- e) American Red Cross (local chapters)

400.8 Reminder System for Representatives of the Office

The Office implements a system to remind all representatives of the Office to review and re-stock their individualized Go Kits and to send any updated contact information semi-annually.

400.9 Communication Resources

The Ombudsman annually assesses the need for Ombudsman program communication resources and develops guidelines for their use by the representatives of the Office in order to maintain communication before, during (if possible) and after a disaster. Relevant communication resources may include:

- a) Landline phones (not cordless),
- b) Mobile phones,
- c) Smart phone apps (e.g. Facebook Safety Check, Twitter, etc.),
- d) Websites, other social media tools,
- e) Satellite phones,
- f) Ham radio through amateur radio associations,
- g) Other as available or identified by the Ombudsman.

400.10 Communication Priority Services

The Ombudsman annually assesses the need for priority service enrollment of Ombudsman program communication resources. The Ombudsman also facilitates resource procurement and guidelines for use, including evaluating the need for these services at the state and local level.

Priority services for communication include the following resources:

- a) Telecommunications Service Priority for telecommunications circuits restoration,
- b) Government Emergency Telecommunications Service for landline telephones,
- c) Wireless Priority Service, and
- d) Other state and local alerts and services, as available.

401. PROCEDURE BEFORE AN ANTICIPATED EMERGENCY

Before an anticipated emergency, the Ombudsman shall:

- a) implement appropriate emergency plans; including coordination with other entities described in Section 500;
- b) monitor the situation for continued decision-making;
- c) work to ensure situational awareness, coordination and collaboration with all relevant agencies i.e., public health and emergency management agencies, healthcare coalitions, etc.
- d) communicate with representatives of the Office to determine their capacity to carry out Ombudsman program services; and,
- e) facilitate coordination among local Ombudsman entities, where applicable.

402. PROCEDURE DURING AND AFTER AN EMERGENCY (ANTICIPATED OR NOT)

During and after an emergency, the Ombudsman shall:

- a) obtain information regarding affected facilities and/or geographic areas and impact of the emergency on facility residents;
- b) coordinate with the SUA, or the host agency, if applicable, and other entities engaged in the emergency response;
- c) maintain communications with local Ombudsman entities, if applicable, and representatives of the Office in the impacted geographic area; and
- d) provide technical assistance and support, such as:
 - i. coordination to determine availability of representatives of the Office from other service areas, and
 - ii. provision of consultation and other services by telephone or other remote means to residents, families, and other resident representatives by the Office and/or local Ombudsman entities from other service areas, if applicable.

500. COORDINATION WITH OTHER ENTITIES

Policy: The Ombudsman program coordinates with relevant entities before, during, and after emergencies and represents the interests of residents.

Procedure:

The Ombudsman analyzes the level of need for involvement of the Ombudsman program in multi-state, state, regional, and local emergency planning. The Office becomes involved in such planning before, during, and after an emergency as determined by the Ombudsman.

500.1 Ombudsman Ongoing Coordination

- a) The Ombudsman communicates and coordinates with relevant state officials and regional representatives of federal agencies regarding ongoing emergency planning, to prepare for anticipated emergencies and to coordinate response during an emergency.
 - i. Relevant state entities may include:
 - State Unit on Aging
 - State survey and certification and/or licensing agencies
 - State Public Health Agencies
 - State Emergency Management Agency
 - Governor's Office
 - State National Guard
 - State Healthcare Coalition
 - ii. Relevant federal agencies may include:
 - Department of Health and Human Services (HHS) including but not limited to:
 - Administration for Community Living (ACL)
 - Assistant Secretary for Preparedness and Response (ASPR)
 - Centers for Medicare and Medicaid Services (CMS)
 - Centers for Disease Control and Prevention (CDC)
 - Substance Abuse and Mental Health Services Administration (SAMHSA)
 - Department of Homeland Security (DHS) Federal Emergency Management Agency (FEMA)
- b) The Ombudsman participates with non-governmental organizations for emergency planning and assistance.
 - i. Relevant organizations may include:
 - National and state and local long-term care provider associations
 - Long-term care facility corporate leaders
 - American Red Cross
 - Association of State and Territorial Public Health Officials
 - National Association of County and City Health Officials (NACCHO)
 - Association of Area Agencies on Aging
- c) The Ombudsman communicates and coordinates by:
 - i. Informing agencies of the role, responsibilities, and functions of the Ombudsman program with respect to emergency preparation and response, including, at a

- minimum, the complaint process and information and consultations to residents, their families, other resident representatives, and facility staff.
- ii. Attending or assisting with development of joint agency planning, trainings, and emergency exercises.
 - iii. Participating in the state emergency planning team as part of the public health and emergency management operations center, when appropriate, and serving as a visible advocate of resident's interests.
 - iv. Maintaining familiarity with residential facilities registries.
 - v. Maintaining familiarity with state's Central Clearinghouse of Information—used during emergencies to keep track of bed availability through the National Hospital Beds for Emergencies and Disasters (HavBED)--to address residents sheltering in place, and resident transfers to mass care shelters, hospitals, or other congregate care facilities.
 - vi. Clarifying the responsibilities and limitations of the Ombudsman program in contributing to and updating information contained in the Central Clearinghouse of Information.
 - vii. Developing educational preparedness materials for residents and families and supporting coordinated messaging.
 - viii. Discussing systems issues with provider associations related to emergency plans with attention to residents' rights and preferences and collaborating on relevant legislation, regulations, policies, and training opportunities.
 - ix. Informing provider associations of available registries, such as a "clearinghouse of information," and which agency manages them, and the procedures for their utilization.
- d) The Ombudsman is responsible for communicating and coordinating with other State Ombudsman programs as necessary (i.e., nearby states or regions) regarding emergency planning, information sharing, and resource sharing when it is anticipated that residents will be relocated across state lines.

Where applicable:

500.2 Local Ombudsman Entity Ongoing Coordination

- a) Local Ombudsman entities communicate and coordinate by:
 - i. Informing local agencies of the role, responsibilities, and functions of the Ombudsman program with respect to emergency preparation and response; include, at a minimum, the complaint process and consultations to residents, their families, other resident representatives, and facility staff.
 - ii. Attending or assisting with development of joint agency planning, trainings, and emergency exercises.

- iii. Participating in the local emergency planning team and serving as a visible advocate of resident's interests.

500.3 Coordination During and After an Emergency

- a) The Ombudsman program facilitates resident access to response and recovery efforts and resources when needed, including through providing information and consultation to facility staff.
- b) The Ombudsman program advises the Health Care Coalition and similar organizations on outreach and effective service provision to improve accessibility for residents.
- c) The Ombudsman analyzes strengths, weaknesses, opportunities, and challenges faced in response to the emergency in order to facilitate improvements and to plan for future emergencies. The Ombudsman also shares the findings with appropriate agencies.
- d) The Ombudsman conducts systems-level advocacy to address gaps in resident-centered emergency preparedness including development and maintenance of information clearinghouses and registries.

600. OMBUDSMAN PROGRAM SERVICES RELATED TO EMERGENCIES

Policy: The Ombudsman program assists residents, their families other resident representatives, and facilities in preparing for and responding to emergencies. It continues to provide resident-centered ombudsman services to the extent possible despite, and in response to, an emergency.

Procedure:

600.1 Adjustments in Response to Emergencies

- a) The Ombudsman assesses Ombudsman program procedures and standards applicable to the delivery of services under normal operating conditions and determines if there is a need to make adjustments in response to emergencies.
- b) Procedures and standards are adjusted in collaboration with the SUA, and are communicated, as relevant, to impacted area agencies on aging, local Ombudsman entities and/or representatives of the Office.
- c) Such adjustments may include temporary changes to procedures or standards, including, but not limited to:
 - i. timely response to complaints;
 - ii. facility coverage through visits to residents;

- iii. access by representatives of the Office to residents, and ability to provide ombudsman services, in non-facility settings to which residents may have been relocated, such as emergency shelters, FEMA's Individual Assistance programs and Disaster Recovery Centers;
- iv. coordinating with the SUA and, where applicable, with agencies hosting local Ombudsman entities to coordinate representatives of the Office in providing services outside of the geographic boundaries of their service areas; and,
- v. suspension of some Ombudsman program services, such as presentations to resident or family councils, or community education, except as those activities support emergency response efforts.

600.2 Complaint Processing

- a) The Ombudsman assesses complaint intake, response, investigation, referral, and resolution procedures and standards applicable under normal operating conditions and then determines if adjustments are needed in order to respond to emergencies. The complaint process during emergencies shall continue to reflect the primacy of the resident's goals, wishes and determination of satisfaction with the resolution, as required by 45 CFR 1327.19(b).
- b) The Ombudsman program maintains complaint processing practices regarding disclosure of resident or complainant identifying information, as required by 45 CFR 1327.19(b). Informed consent is obtained to the greatest extent possible with consideration of the specific circumstances of each emergency.
- c) The Ombudsman shall provide technical assistance and support to representatives of the Office on working with entities not familiar with complaint processes and resident rights such as emergency shelters, and first responders.
- d) The Ombudsman shall provide training and technical assistance to assure the competency of representatives of the Office to process complaints frequently associated with emergency response and recovery, such as:
 - i. relocation and evacuation with accessible transportation;
 - ii. wishes related to returning to the facility or to move to other settings;
 - iii. quality of care;
 - iv. access to medications;
 - v. access to resident medical and social records;
 - vi. security concerns;
 - vii. access to durable medical equipment;
 - viii. residents who cannot be immediately located and reunification assistance services;
 - ix. loss of residents' personal belongings;

- x. access to FEMA’s Individual Assistance programs or other eligible recovery funds;
- xi. utility response time to power outages;
- xii. pets or service animals; and,
- xiii. emergency management response.

600.3 Providing Access to the Ombudsman Program

The Office facilitates Ombudsman program visitation to residents for services, both in emergency shelters and in facilities, as soon as possible after the emergency continuing on a regular basis until residents and facilities recover. Procedures may include the following:

- i. Coordinating among local Ombudsman entities, where applicable, and/or other states’ Ombudsman programs, when residents must evacuate out of the state or to a different part of the state.
- ii. Providing alternative means of providing access (e.g., telephone, e-mail) when visits are impractical or impossible (such as due to impassable roads or other safety hazards).
- iii. Providing instructions to representatives of the Office regarding reporting of emergency-related information to the Office. Reports may include, for example:
 - describing the impact of the emergency,
 - needed areas of service or advocacy, and
 - whether the facility has reported to the agency coordinating the Clearinghouse of Information.

600.4 Education and Outreach to Residents, Families, and Other Resident Representatives

Policy: The Ombudsman program assists residents, families, and other resident representatives in preparation for emergencies.

Procedure:

- a) The Office provides technical assistance and resources to assist representatives of the Office to educate to residents, families, and other resident representatives in order to raise awareness about emergency planning.
- b) Representatives of the Office shall provide resident and/or family education during resident visits, during resident or family council meetings, or through other mechanisms. The content of such education shall include, but not be limited to:
 - i. responsibilities of facility staff (e.g. evacuation plan, family notification, and reunification),
 - ii. responsibilities of first responders, health care and behavioral health providers, and other relevant parties during an emergency; and,

- iii. distribution and promotion of the CMS emergency planning checklist and/or similar long-term care facility-focused checklists.
- c) Representatives of the Office shall support resident and/or family councils in emergency preparedness by:
 - i. developing goals to conduct outreach to resident and family councils annually;
 - ii. providing a ready-made presentation, recommended materials, other talking points and a mechanism to track which councils/facilities have received this training;
 - iii. encouraging and facilitating councils' involvement in facility emergency preparations and exercises (e.g. evacuate, shelter-in-place, point of distribution, etc.); and,
 - iv. providing assistance or referrals when requested.
- d) The Office shall assure that representatives of the Office have access to resources to assist them in meeting the requirements of these procedures, including:
 - i. ready-made presentations for use in training or discussions;
 - ii. CMS Emergency Planning Checklist and/or similar long-term care facility-focused checklists; and,
 - iii. guidance on how to obtain facility-specific emergency plans and procedures.
- e) During or immediately after an emergency, the Office shall utilize a variety of methods and communication tools to disseminate regular updates on the status of an emergency. Tool and methods will depend on the circumstances of the emergency. These methods may include, but are not limited to:
 - i. Ombudsman program and/or related websites,
 - ii. Ombudsman program telephone helpline,
 - iii. media announcements, and/or
 - iv. social media.
- f) During or immediately after an emergency, the Office will give representatives of the Office materials describing how the Ombudsman program can be a resource to residents, families, other resident representatives, and facility to facilitate access to recovery services.

600.5 Information and Consultation to Facility Providers

Policy: The Ombudsman program provides information and consultations to long-term care facility providers to support resident-centered emergency planning and response.

Procedure:

- a) The Ombudsman provides information to provider associations, and representatives of the Office consult with facility leaders, on emergency planning as follows:

- i. Informing facility providers of the responsibilities of the Ombudsman program in responding to emergencies,
- ii. Informing facility providers of emergency preparedness and recovery resources, including, but not limited to:
 - CMS Emergency Planning Checklist and/or similar long-term care facility-focused resources, training resources,
 - Opportunities to participate in Health Care Coalitions and
 - resources to support resident access to recovery funds.

APPENDIX: RESOURCES

THE NATIONAL LONG-TERM CARE OMBUDSMAN RESOURCE CENTER

[Emergency Preparedness Resources](#)

[Ombudsmen-Before, During & After](#)

[Emergency Management Dictionary](#)

[Ombudsmen Communications](#)

[Ombudsman Training](#)

[Smart Phone Apps for Ombudsman](#)

CENTERS FOR MEDICARE AND MEDICAID SERVICES

[Emergency Preparedness Checklist: Health Care Facility](#)

[Emergency Preparedness Checklist: Persons with Medical Needs Living at Home](#)

[Emergency Preparedness Checklist: Residents, Families, and Ombudsmen](#)

[Medicare: Getting Medical Care and Prescription Drugs in a Disaster or Emergency Area](#)

DEPARTMENT OF HOMELAND SECURITY COMMUNICATIONS TOOLS

[Priority Telecommunications Services Brochure](#)

[Government Emergency Telecommunications Service Fact Sheet](#)

[Telecommunications Service Priority Fact Sheet](#)

[Wireless Priority Service Fact Sheet](#)

[Continuity Guidance Circular 1 \(CGC 1\)](#)

FEDERAL EMERGENCY MANAGEMENT AGENCY FACT SHEETS

Preparation:

[Plan, Prepare, Mitigate](#)

Response/Recovery:

[Incident Command Structure Resource Center](#)

[Disaster Assist Website](#)

[Access to Disaster Help and Resources Fact Sheet](#)

[Disaster Survivor Application Checklist Fact Sheet](#)

[Disaster Recovery](#)

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

[Disaster Technical Assistance Center Brochure](#)

[Disaster Distress Helpline Brochure](#)