



**The National Long-Term Care
Ombudsman Resource Center**

EMERGENCY PREPAREDNESS: OMBUDSMAN PROGRAM ADVOCACY AND FACILITY RESPONSIBILITIES

September 18, 2018

3:00 – 4:30 p.m. ET

Emergency Preparedness: Ombudsman Program Advocacy and Facility Responsibilities

Presenters:

- ❑ Louise Ryan, ACL Ombudsman Program Specialist
- ❑ Maria Greene, Consultant, NORC
- ❑ Dania Vazquez, Puerto Rico State Long Term Care Ombudsman
- ❑ Lisa Hayes, Texas Managing Local Ombudsman, Houston-Galveston Area Agency on Aging
- ❑ Michael Milliken, Florida State Long Term Care Ombudsman

Welcome

Louise Ryan

Ombudsman Program Specialist
Administration for Community Living/
Administration on Aging (ACL/AoA)

Overview

- Emergency preparedness and response guidance
- CMS emergency preparedness rule for LTC facilities
- Puerto Rico LTCOP's recent experience with Disaster Recovery
- Texas LTCOP's experience with Preparedness
- Florida LTCOP's experience with LTCO response post Disasters
- Emergency Preparedness resources
- Questions and Responses

Emergency Preparedness (EP) – It's Personal



- Have a Plan
- Practice the Plan
- Communicate the Plan
- ICE contacts
- Supplies - food, water, medications, batteries, cash

Emergency Preparedness for Residents of Long-Term Care Facilities



Residents should know:

- Facility EP Plan
- Practice Plan
- Meet 1st Responders
- Personal To-Go-Bag
- ICE contacts

CMS – Facility EP Responsibilities

CMS EP Final Rule implementation - November 15, 2017

- Annual update of emergency plan
- EP policies and procedures & update annually. Includes requirements for subsistence needs and temperature controls.
- Communications plan
- Training plan. One community based, full-scale exercise, and one tabletop exercise.
- Emergency and Standby Power Systems

CMS – Facility EP Responsibilities

CMS FAQ regarding Generators (June 2017) and operations of air-conditioning and heat system.

- Maintain temperatures to protect residents' health & safety.
- Safe & sanitary storage of provisions.
- CMS does not recommend what type of alternate energy source.
- If a generator is used, then it must have the capacity to run a HVAC system.
- Generator required for facilities where residents use life-support equipment.

CMS – Facility EP Responsibilities

EMERGENCY PREPAREDNESS **CHECKLIST**

RECOMMENDED TOOL FOR EFFECTIVE STATE AGENCY PLANNING

References to the LTCOP

1. Member of State Emergency Planning Committee
2. Publize information regarding clearinghouse (resident tracking) to LTCOP
3. State Survey Agency and LTCOP staff contact the healthcare facility to determine the status of the facilities in affected areas as soon as possible. Exception: regulatory and ombudsman representatives are in areas under mandatory evacuation.

ACL Emergency Preparedness LTCOP Model Policies and Procedures



ACL – LTCOP Model EP Policies and Procedures

- ✓ Functions & Responsibilities of EP by State & Local LTCO
- ✓ Coordination & communications with others
- ✓ Provision of LTCO services
- ✓ Training on EP for LTCO
- ✓ Resident & family EP education
- ✓ Information & Consultation to facility providers

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

Developed by:
Office of Long-Term Care Ombudsman Programs
Administration on Aging
Administration for Community Living
U.S. Department of Health & Human Services
November 23, 2015

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Model Policies Principles and Ombudsman Program Work

- Resident-centered focus
- System level representation of residents' interests
- Coordination and communication
- Emergency Preparedness

LTCOP – a role in emergencies?

The OAA and the federal regulations require Ombudsman Programs to:

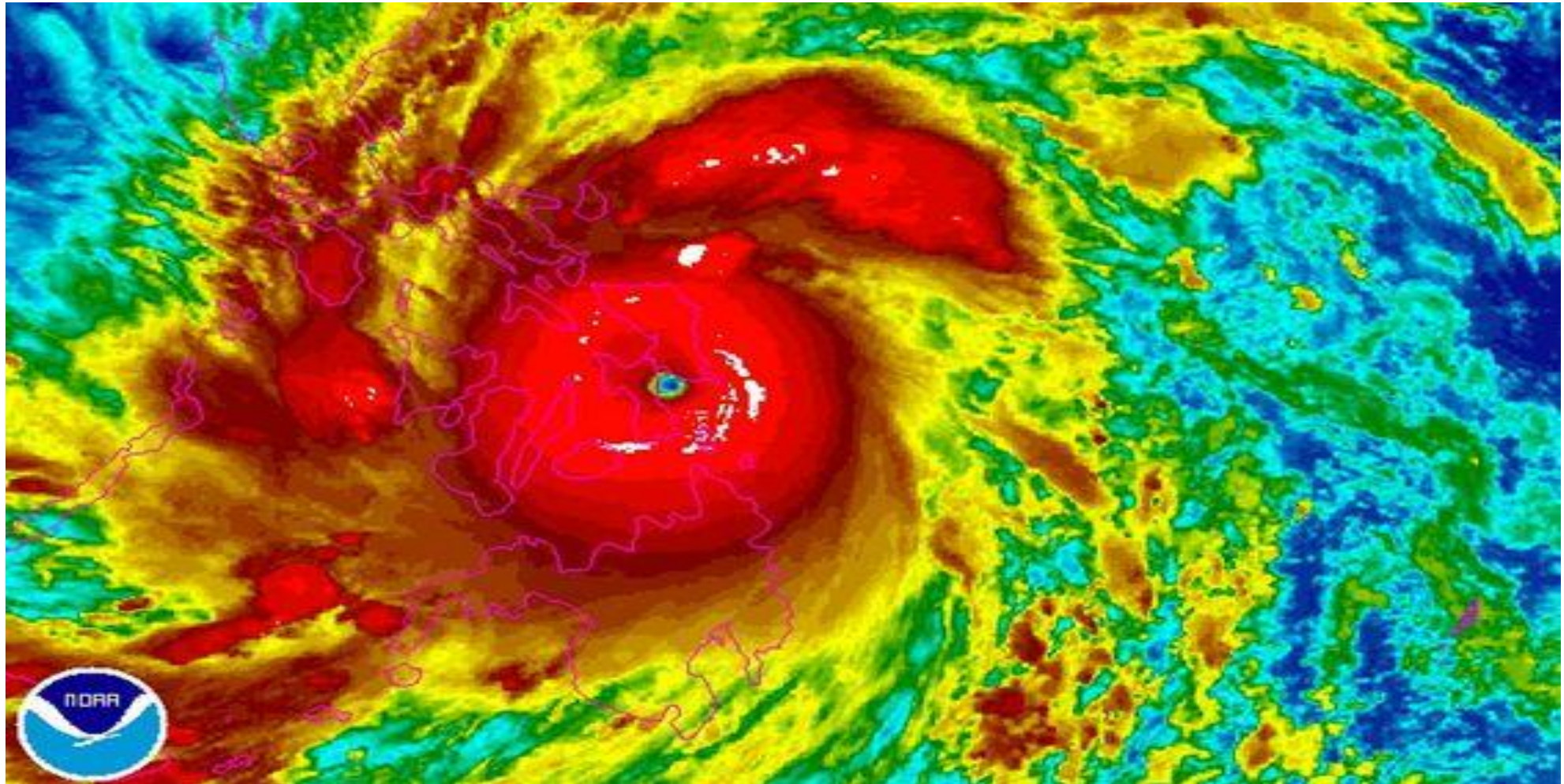
- Provide services to assist residents in protecting their health, safety, welfare, and rights
- Represent the interests of residents before governmental agencies



Emergency Preparedness & LTC Ombudsmen

National Long-Term Care Ombudsman Resource Center

Recent Experiences



Recent Experiences Puerto Rico

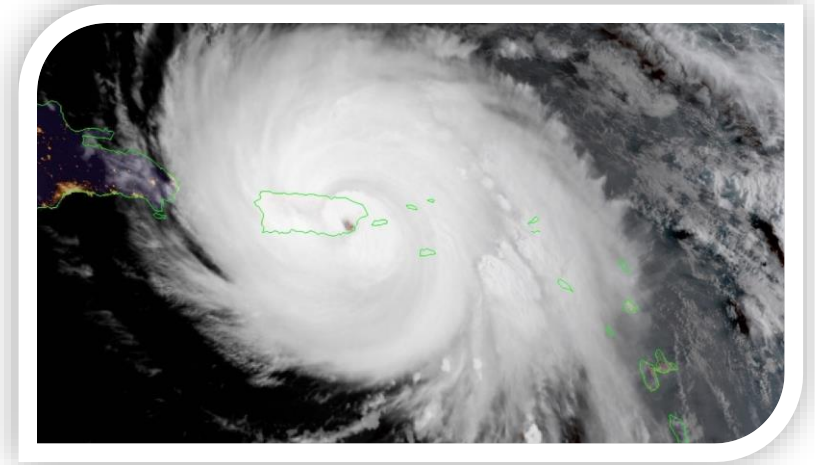
Dania Vazquez Diaz

Puerto Rico State Long
Term Care Ombudsman



Hurricane María

- Hurricane Maria, category 4 enters the Island on September 20, 2017 at 6:15 a.m.
- Maria outperformed hurricane Hugo (1989).
- Although it was a category 4 hurricane like Georges in 1998, its winds were stronger.
- She roared over Puerto Rico and forced 11,229 people to seek asylum in 158 emergency shelters. It was stronger than Katrina.



(El Nuevo Día, 2018)

Hurricane María's Trajectory



(El Nuevo Día, 2018)

Impact of Hurricane Maria in numbers

2,975

Deaths

472,000

Damaged or destroyed
Homes

11,229

Total of peoples in
Shelters

100%

Of the Island
without
electricity

92.7%

Of the fallen
communication
Towers

60%

Of people without
water

(El Nuevo Día, 2018; George Washington University Study, 2018)

Public Health Problems during Hurricane Maria

- Leptospirosis due to water contaminated with rodent urine.
- High levels of fungi in the environment
- Greater spread of diseases by the mosquito as a vector (Influenza, dengue, etc.)



(Department de Salud, 2018)

Actions Taken by the Department of Health

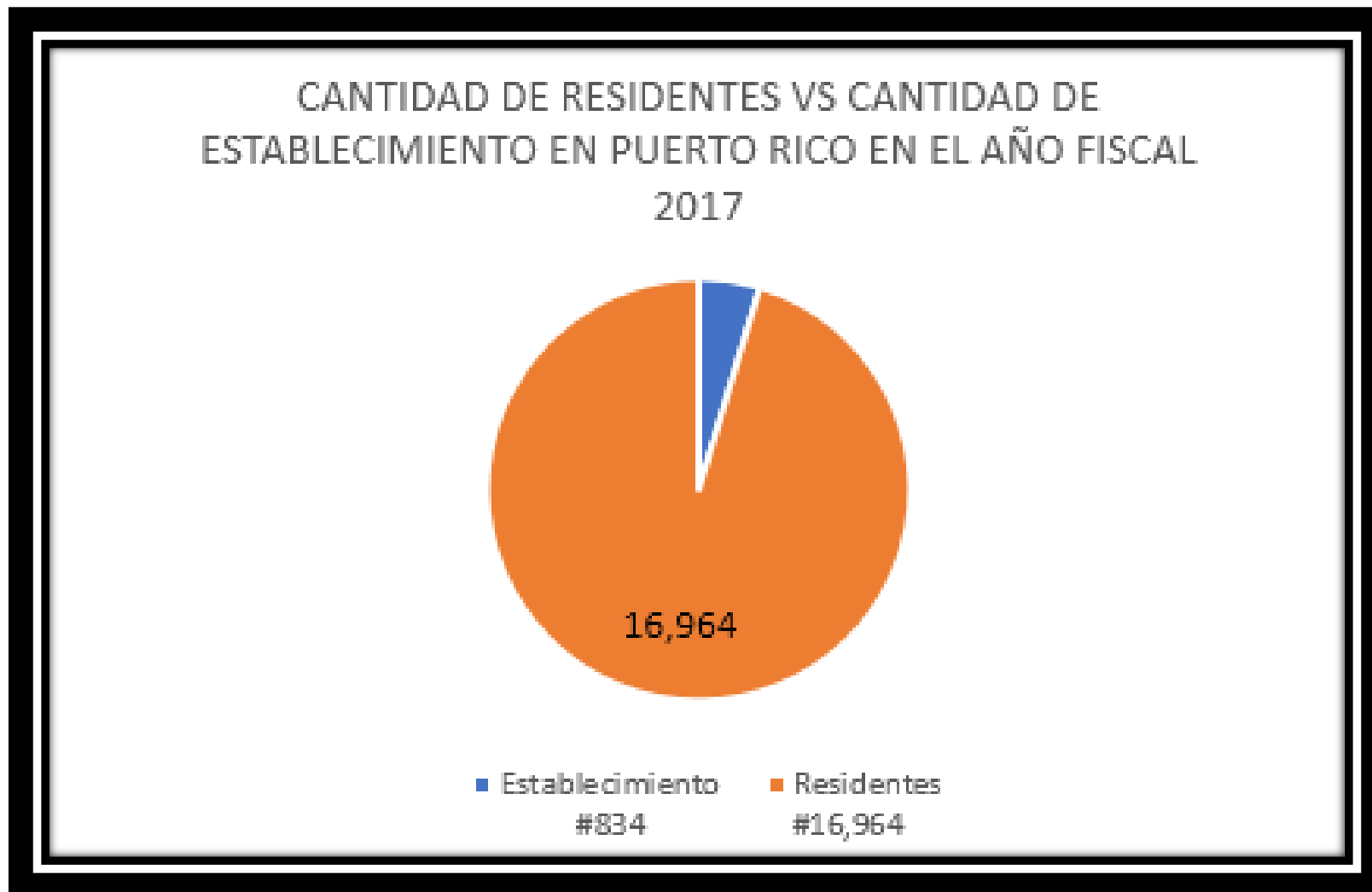
- Health education program aimed at the population of the island



Hurricane Maria and the population of elderly people

- It was evidenced during the storm that adults were among the most affected groups.
- For 2016, it was estimated that the elderly population would be 855,708, representing 25%.
- In fiscal year 2017, the total number of residents in Long-Term Care Facilities was 16,964 residents, 2%, with respect to the total population of the Elderly (PEA).

Number of residents vs. number of establishment in Puerto Rico in Fiscal Year 2017



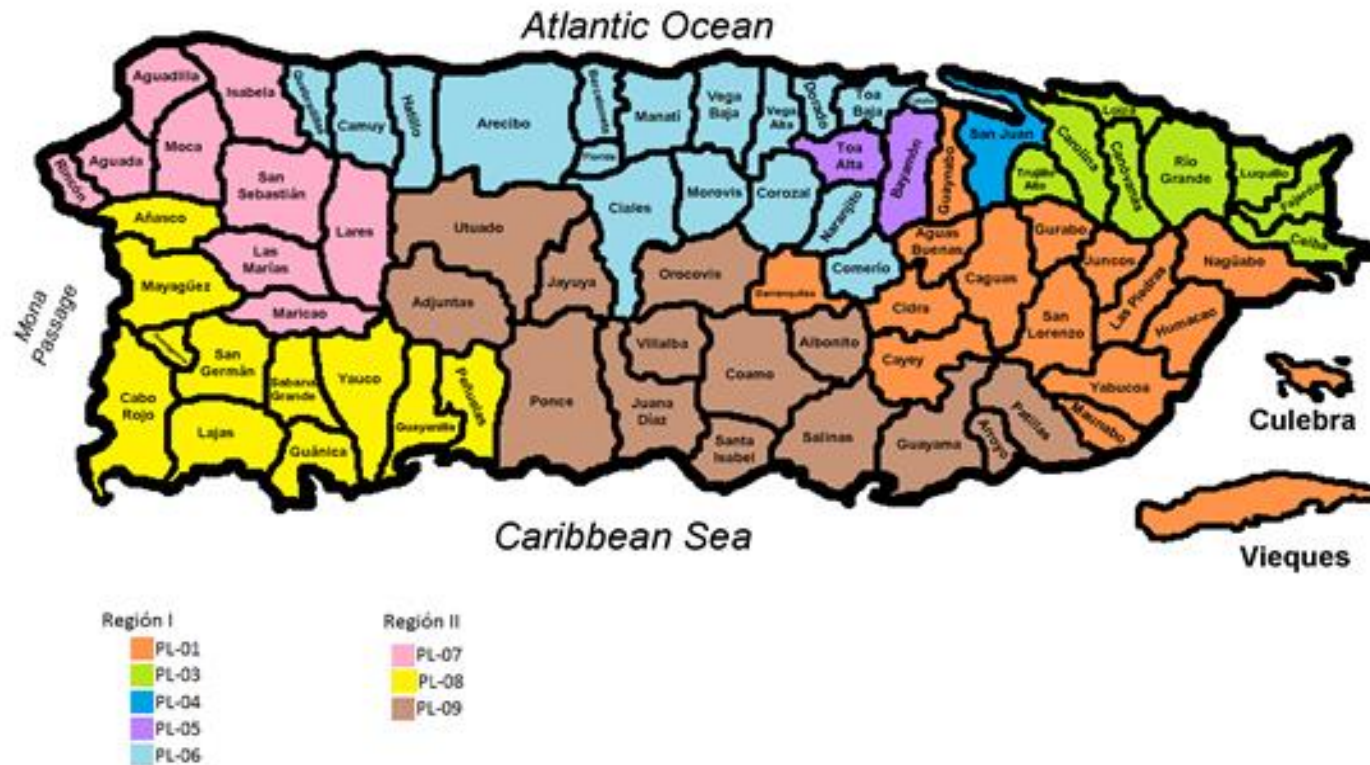
State Long Time Care Ombudsman Plan of Action

- Calls were made before and after the arrival of Hurricanes Irma and Maria.
- Check that Nursing Homes and households have an adequate Operational Emergency Plan (OEP) and activate it.
- Make visits to Nursing Homes and Communities of the Elderly to identify their needs after the storm.
- Refer to government agencies and private providers.
- Notice and information about the hurricane season was sent with the Disaster Emergency Management Information Form to Homes and Communities.
- A training session for all LTC facilities administration was coordinated to revise emergency plan and learn new strategies for effective response to disasters.

State Long Time Care Ombudsman Plan of Action

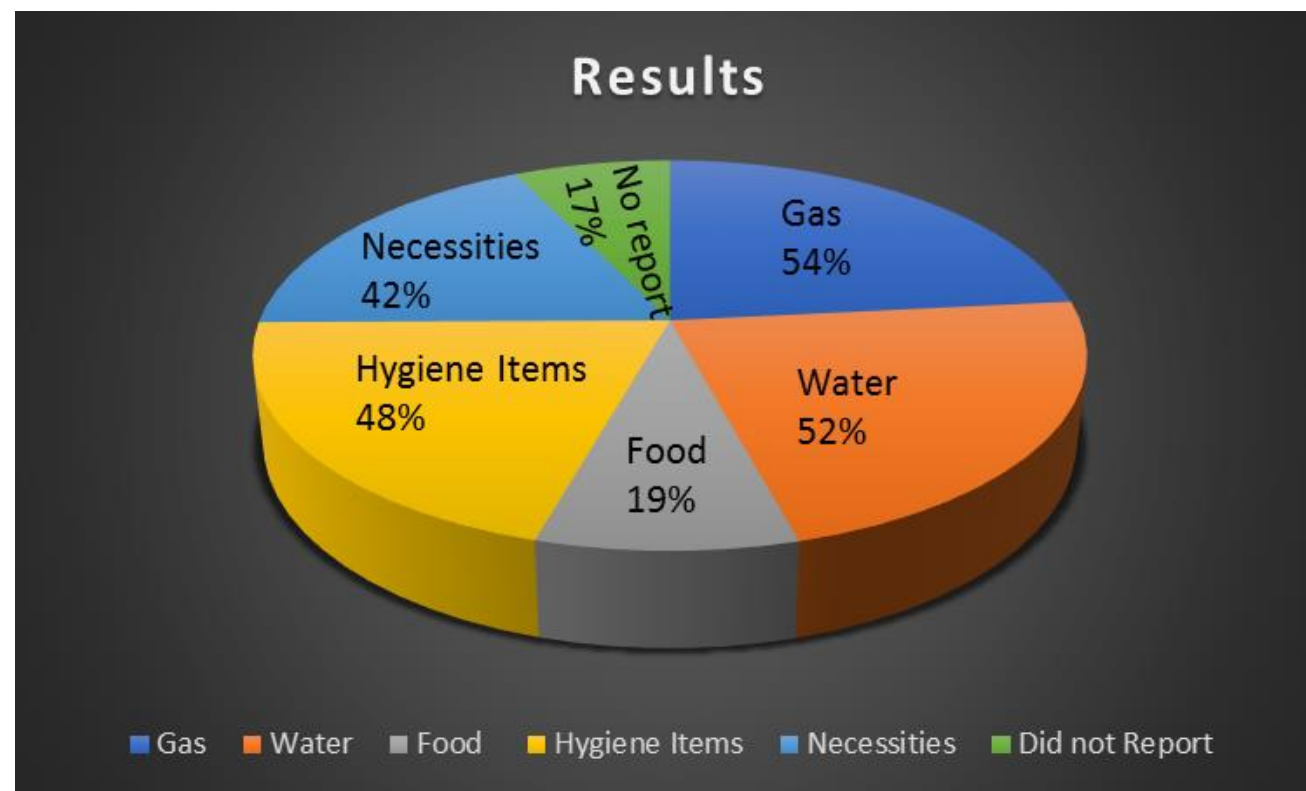
- Share Nursing Home inventory information with regulatory agencies.
- Collaborated in organizing and delivering, food, water and other materials.
- The SUD and special assistance worked in the Task Force with FEMA, HHS, Health Department, Police and Justice Department in efforts to reach all LTC facilities and distribute assistance.
- Participation in radio programs to offer information and assistance.
- Senior Task groups to discuss lessons learned.

Geographic location of the eight (8) Local Programs of the SLTCOP



Results

Variables	Resultados
1. Gas	120 (54%)
2. Water	115 (52%)
3. Food	44 (19%)
4. Hygiene Items	105 (48%)
5. Necessities	92 (42%)
6. No Report	37 (17%)



Actions taken by the State

- Legislation to regulate the licensing and supervision of establishment for the care of elderly people where Nursing Homes will be required to possess cisterns and electric power plants.
- Review of the Operational Emergency Plan
- Training to community and providers in Community Emergency Response Team (CERT)
- Agreements with private entities such as Churches to incorporate them in emergency management.
- Implement the COE (Emergency Operations Center)
- Create Elderly Task Force Group Composed by different Agencies

Results

- The resources with the greatest demand were: fuel (54%), drinking water (52%) and hygiene items (48).
- Only 17% reported that they did not need resources, that they already had everything. These being homes mostly in the Metro area especially the Municipalities of Bayamón, San Juan and Guaynabo.

Conclusion

- It was observed that in Nursing Homes, the most demanded was fuel (especially diesel) because after a few weeks without electricity, Homes needed to be energized. As we know, Homes depend on machines that absorb a lot of electricity to keep fragile adults stable.
- Of the 17% Nursing Homes that did not report needing supplies, the majority was in the Metro area, indicating that in this region there was a greater response from PREPA and greater preparation in the homes.

Literature Review

- Brown et al. (2012), examined the effects of evacuation during Hurricane Gustav on residents who had cognitive impairment in addition to assessing deficiencies in evacuation plans in nursing homes. This study revealed that residents have a higher risk of death at 30 and 90 days after a disaster.
- In a community work carried out by students of the Medical Sciences Campus with a focus on the effects of a natural disaster in long-term care centers, it is concluded that it is important that each center can carry out a review of its emergency management plan , so that we can identify the gaps that were in the plans already established, before the passage of a natural disaster. It is also important to analyze the responses from governmental and non-governmental agencies, including hospitals; the absence of an effective communication system can be life or door to the population of elderly people, identification of human resources and determine the best way to carry out the evacuations is something that should be considered in an operational management plan of emergency.

Recent Experiences Texas

Lisa Hayes

Texas Managing Local
Ombudsman

Houston-Galveston Area
Agency on Aging



Emergency Preparedness

OMBUDSMAN STRENGTHS

1. Community. Ombudsman volunteers (especially) and staff tend to live in the communities of the facilities we visit. Evacuations are announced by neighborhoods and through local news.
2. Relationships with residents and families. Chances are we have the cell phone number of a resident or family member, and they have ours.
3. Regular visits. Even with high turnover of leadership staff at facilities, we tend to have the cell number of at least one person in leadership.
4. Role. We're not regulators. Some facilities are more willing to talk with ombudsmen during times of crisis.

Emergency Preparedness

- Coordinate with State LTCO to find out point person(s) to relay facility updates to regulatory
- Determine who from each program will call into Health Care Coalitions led by local emergency management groups
- Prepare a list of staff and volunteer cell numbers and alternate numbers. Note who is staying or evacuating.
- Ask volunteers and staff to submit a list contacts for each facility(cell numbers of administrator and other facility leadership, resident council president or other residents, family council president, etc.)

Emergency Preparedness

- Contact facilities to find out if they plan to evacuate and if so where.
- If facilities are choosing to shelter-in-place, find out:
 1. Are high risk residents being sent to hospitals
 2. Do they have enough supplies (food, medicine, emergency evacuation vests, fuel for back up power)
 3. How many available beds do they have (esp. specialty beds like Alz cert)
 4. What are their plan B or plan C, if they must leave?
 1. 5. For flooding, if volunteer rescues are a possibility do they have policy to ensure residents are accounted for where they go next

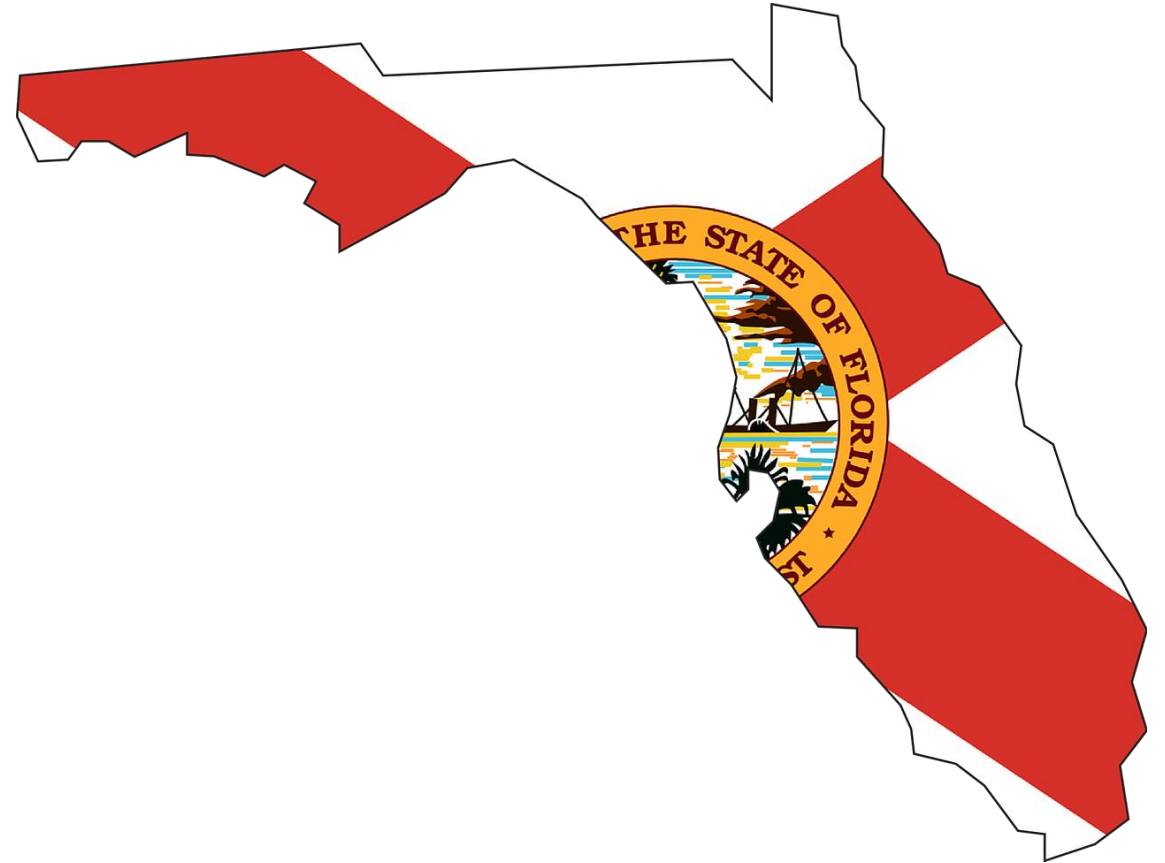
Emergency Preparedness

- Informed nursing homes and ALFs to watch CMS.gov for waived 3-day hospital stay for Medicare coverage in SNF (often helpful for evacuated ALF residents)

Recent Experiences Florida

Michael Milliken

Florida State Long Term
Care Ombudsman



With the advent of several storms over the past decade, Florida has undertaken a comprehensive re-write of the Emergency Management requirements for Assisted Living Facilities.

While hurricanes garner the most attention Florida requires their facilities to take an “All Hazards” approach to Emergency Management. A building fire, a water main breakage or a continued power outage are all Emergencies. Facilities are required to develop plans to mitigate the effects of uncontrollable emergencies.

EMERGENCY PLAN COMPONENTS

The emergency management plan must, at a minimum, address the following:

- (a) Provision for all hazards;
- (b) Provision for the care of residents remaining in the facility during an emergency, including pre-disaster or emergency preparation; protecting the facility; supplies; emergency power; food and water; staffing; and emergency equipment;
- (c) Provision for the care of residents who must be evacuated from the facility during an emergency including identification of such residents and transfer of resident records; evacuation transportation; sheltering arrangements; supplies; staffing; emergency equipment; and medications;

EMERGENCY PLAN COMPONENTS

The emergency management plan must, at a minimum, address the following:

- (d) Provision for the care of additional residents who may be evacuated to the facility during an emergency including the identification of such residents, staffing, and supplies;
- (e) Identification of residents with Alzheimer's disease or related disorders, and residents with mobility limitations who may need specialized assistance either at the facility or in case of evacuation;
- (f) Identification of and coordination with the local emergency management agency;

EMERGENCY PLAN COMPONENTS

The emergency management plan must, at a minimum, address the following:

(g) Arrangement for post-disaster activities including responding to family inquiries, obtaining medical intervention for residents, transportation, and reporting to the local emergency management agency the number of residents who have been relocated, and the place of relocation; and,

(h) The identification of staff responsible for implementing each part of the plan.

EMERGENCY PLAN IMPLEMENTATION

The emergency management plan must, at a minimum, address the following:

- (a) All staff must be trained in their duties and are responsible for implementing the emergency management plan.
- (b) If telephone service is not available during an emergency, the facility must request assistance from local law enforcement or emergency management personnel in maintaining communication.

FACILITY EVACUATION

The facility must evacuate the premises during or after an emergency if so directed by the local emergency management agency.

(a) The facility must report the evacuation to the local office of emergency management or designee and to the agency within 6 hours of the evacuation order. If the evacuation takes more than 6 hours, the facility must report when the evacuation is completed.

(b) The facility must not be re-occupied until the area is cleared for reentry by the local emergency management agency or its designee and the facility can meet the immediate needs of the residents.

FACILITY EVACUATION

- (c) A facility with significant structural damage must relocate residents until the facility can be safely re-occupied.
- (d) The facility is responsible for knowing the location of all residents until the residents have been relocated to another facility.
- (e) The facility must provide the agency with the name of a contact person who must be available by telephone 24 hours a day,

FACILITY EVACUATION

(f) The facility must assist in the relocation of residents, and must cooperate with outreach teams established by the Department of Health or emergency management agency to assist in relocation efforts. Resident needs and preferences must be considered to the extent possible in any relocation decision.

EMERGENCY PLAN APPROVAL

The plan must be submitted for review and approval to the local emergency management agency.

(a) If the local emergency management agency requires revisions to the emergency management plan, such revisions must be made and the plan resubmitted to the local office within 30 days of receiving notification that the plan must be revised.

(b) A new facility as described in Rule 58A-5.023, F.A.C., and facilities whose ownership has been transferred, must submit an emergency management plan within 30 days after obtaining a license.

EMERGENCY PLAN APPROVAL

(c) The facility must review its emergency management plan on an annual basis. Any substantive changes must be submitted to the local emergency agency for review and approval.

LESSONS LEARNED

1. CURFEWS
2. TELEPHONE NUMBERS
3. STAFF
4. ACCESS
5. SUPPLIES

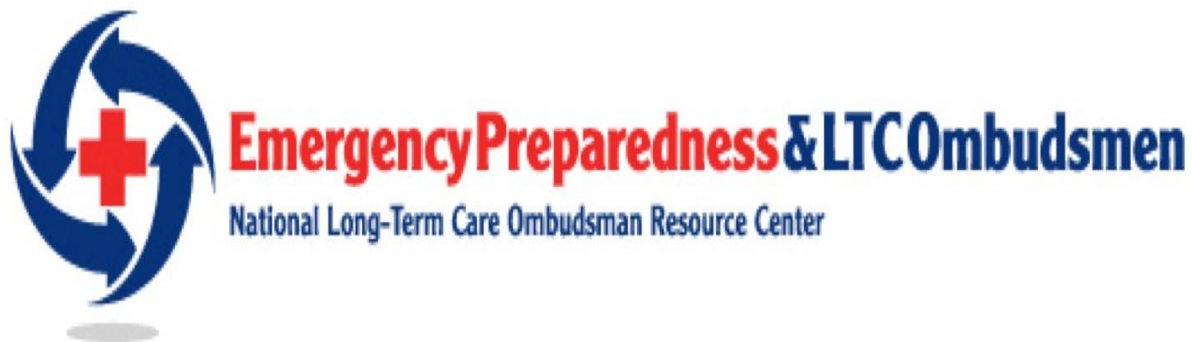
QUESTIONS?

RESOURCES

Additional Information

- Resources for Ombudsman programs and residents

www.ltcombudsman.org/issues/emergencypreparedness





The National
CONSUMER VOICE
for Quality Long-Term Care
formerly NCCNHR

FACT SHEET

EMERGENCY PREPAREDNESS: QUESTIONS CONSUMERS SHOULD ASK

A nursing home, assisted living, or other long-term care facility should have a comprehensive emergency plan in place just like a family should, so that people can be protected and supported in times of crisis. A nursing home, by federal law, is required to have evacuation plans in the event of a natural or man-made disaster. The facility is required to "tailor its disaster plan to its geographic location and the types of residents it serves." It must also review the evacuation plan, train new employees in emergency procedures and hold drills and periodic reviews with staff. Other types of facilities may or may not be required by state law to have a comprehensive plan in place. Consumers – including residents and their families – should inquire about the facility's emergency preparedness and evacuation plans. Here are some questions to ask or to discuss at the next resident or family council meeting.

COORDINATION WITH OTHER RESOURCES

- Are there contracts in place with transportation and other facilities to provide housing for displaced residents?
- Are many facilities in the area contracted with the same transportation company and if so does that company have enough vehicles to handle them all?
- How is the plan coordinated with community resources, the city, county, and state emergency management?

RESIDENT INFORMATION

- How does the facility discuss the plan with the residents?
- How will residents be identified in an evacuation?
- How will information about the resident and supplies such as medications be transported?
- Will these go with the resident or separately?

THE PLAN

- What is the facility's emergency plan for evacuation and for "sheltering in place"?

Plans will be different for hurricanes, tornados, and terrorist attacks.

STAFFING CONCERNS

- Are there enough staff to carry out the evacuation plan during all shifts?
- What are the training procedures for staff related to emergency evacuations?
- Are evacuation drills practiced during all shifts?

ROLE OF THE FAMILY

- How and when will family members be notified about evacuation plans?
- How can family members be helpful in an emergency situation?
- Can family members meet the residents at a designated location and/or should they come to the facility to assist?
- If family members live out of town, what is the phone number to call off-site to get information?

Family members have the right to evacuate their loved-one on their own and move them to a special needs shelter if they choose.

For more information and resources on emergency preparedness, go to www.theconsumervoice.org

Contact Information

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The National Long-Term Care Ombudsman Resource Center

The National Long-Term Care Ombudsman Resource Center (NORC)

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