

***Be Prepared!*** The motto of the Boy Scouts of America has never been as true for many nursing home Administrators as it has during the recent events of the nursing home tragedies that have occurred in Texas and Florida during Hurricanes Harvey and Irma. For many Nursing Home Administrators, being prepared for an emergency, or disruptive event, is the ultimate responsibility; a high priority. The CMS final rules of participation on Emergency Preparedness which takes effect on November 15, 2017 will only add another layer of regulations to an already heavily regulated environment for the Administrator.

One certainty that will face all Nursing Home Administrators (in the wake of Florida) will be that the CMS and State surveyors will be reviewing (in detail) a facility's emergency plan, and in some cases "ripping" it to shreds. ***How can Administrators be sure that the emergency plan they have will meet requirements?*** Until we begin to see how deficiencies will be cited by surveyors, this question remains to be answered. Regardless of outcomes, the Administrator must have an emergency plan and documented exercises that have tested the plan.

No one emergency plan fits all facilities nor can a plan guarantee that a facility will not sustain damage or loss of life to its residents. However, the Administrator can use the emergency plan to prepare key stakeholders such as staff, residents, and families on how to react accordingly to a disruptive event which can ***protect life and preserve property***. Ultimately, ***the responsibility of emergency preparedness, and response to a disruptive event, falls squarely on the shoulders of the Administrator***. The Administrator is the leader of a facility and must be capable to lead in any situation.

What's an effective emergency preparedness plan? An emergency preparedness plan that includes: Risk Assessment and Planning, Policy and Procedures, Communication, Training, and Testing will provide the Administrator the leadership tools to be prepared for the unexpected, to respond in a timely manner, to communicate clearly and with concise knowledge, and to recover from a disruptive event.

What are first steps? The emergency preparedness plan begins with determining the facility's vulnerability to hazards and planning for those identified hazards. The Assistant Secretary for Preparedness Response (ASPR) recommends that healthcare facilities use the Hazards Vulnerability Assessment (HVA) tool which will allow facilities to identify natural and manmade hazards to the facility, determine the probability of the event occurring, and develop a plan to respond for each possible hazard. Additionally, the facility should consider other unexpected hazards such as extreme weather conditions that strain the heating and air conditioning of the facility; or a tractor-trailer carrying hazardous materials over turns on the adjacent interstate. There must always be a plan in place that protects life and preserves property.

Key to developing the plan is teamwork. The Administrator needs to have an emergency preparedness committee which may include community first responders, staff, family, and cognitive residents. Once the plan is written, it must be shared with the local emergency management agency (EMA) ensuring that the EMA director is aware that the facility has a plan in place.

Policy and Procedures for emergency preparedness take time and deliberate thought for each hazard identified on the hazardous vulnerability assessment (HVA). There are many resources, and organizations, available to the Administrator to assist in developing policy and procedures during a disruptive event such as the American College of Health Care Administrators (ACHCA), American Health Care Association (AHCA), Assistant Secretary for Preparedness and Response (ASPR), Centers Medicare and Medicaid Services (CMS), and other resources available on the web. The policy and procedures for disruptive events is unique and individualized for each facility. The Administrator must take into consideration the needs of the residents during the disruptive event. Administrators who are part of larger organizations will most likely have their emergency plans already written at the corporate level, but even then, the Administrator must review the plan and determine what will or will not work for the facility. Each facility is unique with floor layout, resident population, staff diversity, and locality. The Administrator should review the emergency plan, identify opportunities for improvement, and recommend that the policy and procedure be changed respective for the facility.

***Communication is key to leadership success*** for a facility's emergency preparedness plan to serve its purpose of protection of life and preservation of property. It's been reported that several of the staff and families at the facilities in Florida and Texas were unaware of their facility's emergency plan. In fact, one staff member was quoted as saying "We had no emergency plan." The Administrator must communicate to staff and families the facility's emergency plan(s) for disruptive events, the location of the plan(s) within the facility (a good rule is to have a copy at each nurse station), and education and training on what to do during a disruptive event. Fortunately, many Administrators across the country do communicate their plan with families, staff, and other stakeholders such as, healthcare providers, public health officials, and other appropriate local authorities. The Policy and Procedures should be reviewed and signed by the Administrator at least annually (I choose January) and shared with the staff during an annual in-service.

Training exercises and testing of the emergency plan by the facility demonstrates knowledge and understanding of the emergency plan by staff, family, and the residents. Beginning on November 15, 2017, Administrators will have to produce evidence to the CMS surveyors their emergency plan, including what HVA item the Administrator has trained and tested on. In light of the

recent events of Florida, we can be assured that this will be an imperative during annual (and possibly complaint) surveys.

What's the purpose of the HVA? The HVA identifies all hazards and ranks those in probability of occurring so Administrators can train and test on hazards most likely to happen; ensuring facility emergency preparedness. Some interpretations of the CMS guidelines indicate that surveyors will be looking to identify if facilities are training and testing on the least expected hazard identified on the HVA. The Administrator can plan, develop, and execute an exercise individually or with the regional health care coalition. There are many courses available to the Administrator which will prepare the facility from operating the incident command station, planning exercises, conducting the after-action review, and media relations. The resources available are located on the Federal Emergency Management Agency (FEMA) website: <https://training.fema.gov/is/crslist.aspx>

Surveyors will be looking for a table top exercise (TTX) and participation in a full-scale exercise (FSE) as well as for the improvement plan (IP) which identifies deficiencies in the plan and the plan of correction. The FSE must be conducted with community partners, it is essential that the Administrator be involved with the local EMA and actively involved with the Regional Healthcare Coalition (RCH). Participating in the RCH, the Administrator will receive information on the capabilities of the community to provide emergency support functions (ESF) such as power and communication to the facility during an emergency. Each RCH has a long term care liaison on the executive committee which is the point of contact for resources during a disruptive event. The other resource for the Administrator within the RCH is the emergency management director or (EMA). Some states operate under the "home rule" provision which puts all decisions in a state of emergency at the local level, which is the county EMA director. Administrators should seek out from their county EMA director and inquire if the county operates under the "home rule" provision.

The emergency preparedness plan should also include service agreements with charter bus or school districts, non-emergent and ambulance companies for transporting residents in the event of evacuation of the facility. If the facility plans to shelter-in-place, the plan should have agreements with vendors to provide emergency service for delivering food, medical supplies, water, oxygen, and waste removal. The Administrator will want to also contact the local power company and have the facility placed on the priority list for restoration of power. If the facility does not already have a generator on standby connection, the Administrator may consider entering into an agreement with a generator supply company. Many facilities nationwide will be assessing their generator capability to run air conditioning if power interruption is going to be prolonged. These agreements should be reviewed annually if there is no set date for termination of the agreement.

**Public Perception:** The events that have occurred in Texas and in Florida have provided negative public image to the nursing home industry, especially for nursing home Administrators. The isolated actions, or inactions, of two Administrators has cast a shadow of doubt regarding the capability of nursing homes to care for our most vulnerable citizens. It's unfortunate that the reputation of the thousands of Administrators that strive to do right by their residents every day is being overlooked and silenced. Every day, the Administrator judges how a situation is developing at their facility. Safety is always paramount to how the Administrator operates their facility. When an event that can place residents in harm's way is reported to occur, or occurs, he or she must use their knowledge, instinct, experience, and support of their team, to shelter-in-place or to press local authorities to evacuate the facility for the safety of the residents. As the Administrator, you are the leader of your facility; you are responsible for managing any emergency that may occur. Stakeholders depend on you to lead from the front during an emergency. There is no way to predict how one will respond to the stress of an emergency but, to better manage the stress, an Administrator can be prepared and ready to take action with a strong and viable emergency plan. *Be prepared!*

Resources that will assist facility Administrators are:

- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/index.html>
- <https://www.phe.gov/Preparedness/planning/hpp/Pages/default.aspx>
- <https://asprtracie.hhs.gov/technical-resources/7/exercise-program-design-evaluation-facilitation/6>
- [www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-17-29.pdf](http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-17-29.pdf)
- <http://www.nfpa.org/>
- <https://training.fema.gov/is/crslist.aspx>

[The American College of Health Care Administrators](#) will be hosting an Idea Exchange on best practices for preparing, conducting, and sustaining facility emergency preparedness plans on Saturday, November 18, 2017 during its [2017 Fall Forum](#) (Atlanta, Georgia). Please join us and share your ideas so that we can all be better prepared to respond to the next emergency.