SKILLED NURSING FACILITY EVACUATION TRAINING

May 4th Santa Barbara 10am-12pm

- Jan Koegler, MPH
  Manager, Emergency Preparedness

- Stacey Rosenberger, MPH
  Emergency Services Planner

Santa Barbara Public Health Department and Emergency Medical Services Agency
Welcome and Introductions

- Name and Facility
- What is your biggest concern during an evacuation of your facility?

Agenda

- “Housekeeping” for Presentation
- Goals & Objectives
- Meeting Licensing & Certification Requirements
- Stages of Evacuation
- Exercise Walk-Through
  - Evacuating your Facility - Forms
  - Receiving Evacuees at your Facility - Forms
- Wrap up
Why are we doing a SNF evacuation training and exercise?

- Keep patients safe
- SNF’s requested “hands-on” exercises
- Meet licensing and accreditation requirements
  - Train SNF staff and EMS Agency staff in evacuation procedures
  - Conduct two exercises per year

Training Goals & Objectives

- Provide training on how we will test an easy to use evacuation exercise model
- Assure all SNF’s and their staff are ready to collect and provide information necessary for an evacuation or evacuation exercise
- Improve ability to evacuate patients safely and efficiently
Meeting Licensing and Certification Requirements

- Practice the plan. [CFR §483.75(m), §483.470(h)(2), T22 §72551(c) (d) (e), §76563(c), (d), §76928(c) (d), §73549(d)].

External disaster drills are required **twice a year for Skilled Nursing Facilities (SNFs)**. Additionally, the facility must participate in all local and state disaster drills when asked to do so by the local or state disaster or emergency medical services agencies. Use drills not only to practice your plan, but also as a means to identify the places where training and/or equipment need to be enhanced. A written report of all drills must be generated and if concerns are identified, follow up action must be documented.

Meeting Licensing and Certification Requirements

- The plan must include provisions for the conversion of useable space for immediate care of emergency admissions [72551(b)(4), 76563(b)(4), 76928(b)(4)].

Your facility may not be directly impacted by a disaster, but **you may be asked to offer shelter and care to others** in the event of an emergency. Provisions in your plan must address how you will manage emergency admits in an orderly manner.
Meeting Licensing and Certification Requirements

- L&C may grant facilities temporary permission to exceed their licensed bed capacity and/or to house residents in areas that have not previously been approved for patient care in a justified emergency [CCR T22 §72607(a)(b), §76609(a)(b) & §76936 (a)(b), §73609(a) 7 (c)].
- To obtain permission to exceed licensed capacity, contact the L&C district office administrator or their designee as soon as possible when the threat of evacuation is identified.
- Once L&C determines that the residents health and safety needs can be reasonably met at the receiving facility, permission will be granted.
- If the emergency occurs outside business hours, contact the CDPH After Hours Duty Officer (916) 328-3605.

Meeting Licensing and Certification Requirements

- The plan must outline procedures for maintaining a record of resident movement and a method of sending all pertinent personal and medical information with them [CCR T22 §72551 (b)(8)& (10), §76563(b)(8)&(10), §76928 (b)(8)&(10), §73549(b)(9)].
- In an evacuation it may be necessary to send your residents to a variety of different locations. An accurate record must be maintained of where they went and when they went. Additionally, they must be sent with a disaster “tag” that contains basic medical information including medication, diet, and acute conditions as well as personal information relevant to their care. This is especially critical for patients who cannot communicate their care needs.
Meeting Licensing and Certification Requirements

- The plan must address procedures for the emergency discharge of patients who can be discharge without jeopardy into the community including arrangements for their care, transportation, and a follow up inquiry within 24 hours. (CCR T22 §72551(b)(7), §76563 (b)(7), §76928 (b)(7)).

- There may be residents who would be better off temporarily with a family member during an evacuation situation. The procedures for emergency discharge should be developed and described in the facility plan.

Your Facility’s Evacuation Plan

Your Facility’s Plan Should Have Procedures that Cover:

- Internal Event that Requires Evacuation

- External Event/Disaster that Requires Evacuation
Stages of Evacuation

Stage 1: Preparing to Evacuate
Stage 2: Final Preparation & Evacuation
Stage 3: At the Receiving Facility
Stage 4: After the Disaster

Checklist for Evacuation of your Facility-Sample

Stages of Evacuation

Stage 1: PREPARING TO EVACUATE
☐ Activate your facility Emergency Operations Plan making sure all checklists and contact phone numbers are readily available.
☐ Appoint a Facility Incident Commander as the person in charge of leading any necessary evacuation operation.
☐ Inform your staff of the potential need to evacuate. Assign leadership roles to prepare and evacuate patients.
☐ If your facility uses the Nursing Home Incident Command System (NICS) activate appropriate roles.

In case of immediate threat:
☐ Call 911, ask for assistance and inform of hazard and your status.
☐ Move residents to a pre-designated staging area inside or outside building for rapid evacuation.
☐ If you smell gas, and it is safe to do so, shut off the gas. Do not do so unless need is certain as only the gas company can turn it back on.
☐ Contact the MOU facilities and transport companies to determine bed availability and transport resources.
Stage 1: Preparing to Evacuate

- Activate your facility emergency operations plan.
- Inform your staff of the potential need to evacuate and assign leadership roles.
- Communicate with your MOU receiving facility.
- Notify your licensing agency that your facility is preparing to evacuate.

Communication

- PHD/EMS Agency
- CAHAN
- Licensing
- Long Term Care Ombudsman
- MOU Facilities
- Transportation Vendors
- Staff
- Residents Families
Exercising our MOUs

- Expectations
  - Supplies, Staff, Transportation etc.
- Call MOU facilities for beds and transport
- Who? When?
- Contact all before the exercise

Who has the authority?

- Who makes the decision to evacuate?
- Who provides your surge numbers?
- Who authorizes receipt of patients from another facility?
- Whose patient is it?
Evacuation Form

Transportation

- Produce a list of all residents in your care and all staff who will accompany residents in evacuating.

- Notify pre-arranged emergency transportation that you are preparing to evacuate.

- Communicate your transportation needs with the PHD/EMS Agency or LTC Ombudsman
Getting your Residents Ready

- Prepare medical records
- Pack medications for each resident
- Personal bag for each resident
- DME or Oxygen

Evacuation Wristband

- Use wristbands from disaster supplies and put the following on:
  - Client/Patient’s name and date of birth
  - Name/address of facility where client lives
  - Emergency contact number for facility personnel
  - Emergency contact number for family/guardian

Jewel Color Code
- **BLUE**: Memory Loss
- **PURPLE**: DNR
- **RED**: Allergy
- **YELLOW**: Fall Risk
Stage 2: Evacuation

- Provide PHD/EMS with the evacuation destination address (facility, hotel, shelter, medical shelter) and your facility 24/7 manager contact number.

- Provide the receiving destination:
  - with the number of residents evacuating
  - the number of staff who will stay at the receiving facility to help
  - and the estimated arrival time

- Designate areas for Family Pick-up, Ambulance, and Bus/Van

Stage 3: At the Receiving Facility

- Contact the PHD/EMSA or Ombudsman to let them know you have arrived and if you need any assistance.

- **Track your residents**- provide PHD/EMS Agency with this information.

- Inform licensing of the status of your clients.

- Maintain care for your residents at you’re the receiving facility or at the evacuation site.
Stage 4: Returning to your Facility

- Your licensing agency may need to inspect your facility before you are allowed to return
- Arrange for transportation back to your facility

Receiving Facility Checklist

- Activate your facility emergency operations plan
- Prepare to provide following information:
  - Transportation resources
  - Licensed bed availability
  - Surge Capacity
- Prepare surge areas and extra beds/cots
- Prepare receiving area for evacuees
- Increase the ability to maintain operations and/or take on additional patients by repurposing the use of space.

- Increase bed capacity of existing patient rooms
  - Convert single rooms to double rooms
  - Convert double rooms to triple rooms
  - Dining room, classroom, corridors etc.

- **Note:** You will need to request authorization from licensing to use your identified surge areas.

**QUESTIONS???”
Exercise Overview for May 11

**Morning Session Scenario**
7.3 magnitude earthquake struck southern Santa Barbara County at 9:20 a.m.
- There are reports of gas leaks, power outage, and water pipes bursting.

**Afternoon Session Scenario**
7.3 magnitude earthquake struck northern Santa Barbara County at 12:20 p.m.
- There are reports of gas leaks, power outage, and water pipes bursting.

Exercise Roles for May 11

<table>
<thead>
<tr>
<th>Evacuating Facilities</th>
<th>Receiving Facilities</th>
</tr>
</thead>
</table>
| **South County**
  10am – 12pm
  Valle Verde
  Casa Dorinda | ALL North and South |
| **North County**
  1pm – 3pm
  Atterdag Care Center
  Lompoc Skilled and Rehab | ALL North and South |
Exercise Assumptions

- Evacuating SNF can discharge patients to their RCFE if appropriate to their level of care
- Evacuating SNF can discharge patients to families if appropriate to their level of care
- No evacuating patients have an aerosol transmissible disease (ATD).

Participation as an Evacuating Facility

- Use and train staff in your evacuation plan
- Complete Evacuating Facility Form
- Communicate with PHD/EMS Agency
- Contact CDPH Licensing and tell them your facility is exercising its evacuation plan
- Assess transportation needs for staff and residents
- Contact your MOU receiving SNF for beds and transportation assistance
- Prepare patient tracking form based on current patients
Participation- Receiving Facility

- Respond to your MOU facility
- Complete Receiving Facility Form
- Assess bed availability and surge areas in facility.
- Assess available transportation.
- Communicate with PHD/EMS Agency:
  - #s of beds, surge capacity, transportation and resources needed.
  - Mock call to licensing to use surge area if required

Exercise Timeline: Exercise Begins

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Evacuating SNF-Action</th>
<th>Receiving SNF-Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:00am</td>
<td>CAHAN: SNF-Exercise Begins:</td>
<td>Confirm CAHAN alert¶</td>
<td>Confirm CAHAN alert¶</td>
</tr>
<tr>
<td></td>
<td>Earthquake in Santa-</td>
<td>Inform staff that exercise has begun and</td>
<td>Inform staff that exercise has begun and</td>
</tr>
<tr>
<td></td>
<td>Barbara County</td>
<td>phone calls may be received from PHD/EMS</td>
<td>phone calls may be received from PHD/EMS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Agency¶</td>
<td>Agency¶</td>
</tr>
</tbody>
</table>
CAHAN is the official public health alerting and notification program for California.

PHD uses CAHAN to alert partners in a disaster or emergency.

All facilities should have at least one person enrolled in CAHAN.

Please check the list to see who receives CAHAN alerts for your facility.

What CAHAN Alerts will look like:

Standard Email Alert

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From: California Health Alert Network <conf-1363997931@severbridge.net>
To: [Name] (EHP-EOC)
Cc: [Name] (EHP-EOC)
Subject: Emergency Alert: Action Required - Earthquake

Please click here to acknowledge receipt of this message.

At 11:45 am, a 7.2 earthquake occurred just off the coast of Daly City. Roads and bridges have been seriously affected. A tsunami warning is in effect for the next hour (until 12:45 pm).

Additional information can be found at the link below.
http://www.cdph.ca.gov/dalycityearthquakeupdates

For alerts that require confirmation, click the email link or respond “YES” to your text message. You will not receive any more messages from this alert once you confirm.
CAHAN during the exercise

- You will receive a CAHAN alert via phone and email to start the exercise sessions
  - 10am & 1pm
- You will receive a CAHAN email at 3pm to end the exercise

Communication During the Exercise

- PHD/EMS Agency will call your facility main number
- Please advise your staff
- Take advantage of opportunity to train staff in evacuation procedures
Exercise Timeline:
Calling MOU Partners

<table>
<thead>
<tr>
<th>Time</th>
<th>Event Description</th>
<th>Evacuating SNF Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:15x</td>
<td>Two SNF’s in Southern Santa Barbara were damaged in earthquake.</td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** In Exercise the PHD DOC will call transportation providers such as SMOOTH and Easy Lift to determine availability of transport.

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Evacuating Facility Form

**EVACUATING FACILITY FORM FOR LONG TERM CARE FACILITIES**

This form is to be used when you are evacuating patients/residents from your facility.

**EVACUATING FACILITY INFORMATION**

- Name of Your Facility: ____________________________
- Facility Phone Number: __________________________
- Facility Type: __________________________
- Facility Contact: __________________________
- Contact Phone Number: __________________________
- Email: __________________________

| Total Number of Residents: | __________________________ |
| Number of Residents that will go to family: | __________________________ |
| Number of Residents who cannot be evacuated and will shelter in place with caregivers: | __________________________ |
| TOTAL Number of Residents Requiring Evacuation: | 0 __________________________ |

**EVACUATING TRANSPORTATION**

- Number Requiring Ambulance: __________________________
- Number Requiring Ambulance and SNF care: __________________________
- Number Requiring Ambulance and Acute Care Hospital: __________________________

**TOTAL**: 0 __________________________
Receiving Facility Form

RECEIVING FACILITY FORM FOR LONG TERM CARE FACILITIES
This form is to be used when you are receiving evacuated patients/residents from another facility.

RECEIVING FACILITY INFORMATION

Name of Your Facility: __________________________ Facility Phone Number: ______________ Facility Type: __________
Facility Contact: __________________________ Contact Phone Number: ______________________ (14 Hour)
Email: __________________________

List the number of beds available to receive evacuated patients below

<table>
<thead>
<tr>
<th>Number of Licensed Beds:</th>
<th>Number of Current Residents:</th>
</tr>
</thead>
</table>

Number of empty beds your facility currently has available

<table>
<thead>
<tr>
<th>Hospital Beds Available:</th>
<th>Larger Size Beds Available (e.g., bariatric beds):</th>
</tr>
</thead>
</table>

Exercise Timeline:
Receive call from PHD Operations Center

10:30 PM
- PHD-Operations-Center calls SNF to determine any damage and ability to accept patients from the evacuating SNF’s
- FFO-Action

- Receive call from PHD-Operations-Center asking for status and ability to accept patients
- Provide status that you are “fully operational”
- Complete Receiving Facility Form
- Provide information from the form to the PHD Operations Center via telephone
- # of licensed beds available
- # of beds in surge areas and resources needed to activate surge areas

5/4/2016
Exercise Schedule: Patient Destinations and Preparing Patients to Evacuate

11:00: PHD Operations Center provides list of destinations and evacuees.

- Choose patients’ evacuation destinations.
- Provide list of patient names with patient destinations to PHD DOC.
- With staff use checklist or your plan to review how you will handle patients, prepare patient records, medications, and equipment.
- Determine disaster tag on facesheet you will use.
- Locate evacuation routes and provided by PHD.
- Determine how names will be inserted, and place on “patients” end EME.

11:00: DOC/EMS staff calls transport agencies to determine transport availability.

- Receive call from PHD DOC notifying of need of licensed or surge beds for evacuees.
- Mock call to CDPH Licensing and Certification in order to use surge areas.
- Prepare to receive patients.
- Locate extra beds or space in your medical building.
- Review Receiving Facility Checklist or your receiving plan with your staff.

Transportation

- PHD Department Operations Center will call their commercial transport vendors in the exercise (Easy Lift, SMOOTH, Airbus, etc.)
- In real event SNF may call OR PHD DOC may need to manage due to competing requests to transport agencies
Tracking Patients-Evacuating Facilities

- Determine what form you will use to track your patients:
  - List of Patients
  - Where they will go—you may need to choose destinations for your patients
  - Who will transport them

- Provide lists to:
  - Vehicle drivers-names of passengers, destination, contact phone numbers for destination and evacuating facility
  - PHD/EMS Agency
  - Licensing

Exercise Schedule

| 11:30a | Evacuating SNF receives call from PHD/DOC informing of time of transport arrival and company. |
|        | Prepare to track driver and phone number on "Evacuating Facility Form." |
|        | Prepare a roster with patient, destination, and transporter on a sheet. |
|        | Copy roster to go to each vehicle driver to give to facility. |
|        | Receive a call confirming number of patients your facility will receive from PHD/DOC. |
## Exercise Schedule

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:45</td>
<td>PHD DOC requests copy of sheet with all patient destinations listed.</td>
<td>Send list of patients, patient destinations, and transporter to PHD DOC.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:Operations.medicalbranch@sbcphd.org">Operations.medicalbranch@sbcphd.org</a>, fax:(805)-681-5142</td>
</tr>
<tr>
<td>12:00</td>
<td>CAHAN sent confirming end of exercise</td>
<td>Submit evacuating facility form to: <a href="mailto:Operations.medicalbranch@sbcphd.org">Operations.medicalbranch@sbcphd.org</a>, fax:(805)-681-5142</td>
</tr>
</tbody>
</table>

## Patient Tracking Forms - Evacuating Facility

- List patient destinations on a roster or Patient Tracking Form
- Submit form to PHD DOC
- Please remove any patient information from tracking forms that you submit
### After Action Improvement Plan

<table>
<thead>
<tr>
<th>Issue Identified</th>
<th>Solution</th>
<th>Person Responsible</th>
<th>Due Date</th>
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<tbody>
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### QUESTIONS???
Evacuating and Receiving Facility Forms

- Evacuating and Receiving Facilities need to complete forms
- Fax or email forms to PHD DOC at end of exercise to receive credit for participation.

Evacuation Form

![Evacuation Form Image]
Receiving Facility Form

This form is to be used when you are receiving evacuated patients/residents from another facility.

**RECEIVING FACILITY INFORMATION**

Name of Your Facility: ___________________ Facility Phone Number: ___________________ Facility Type: ___________________

Facility Contact: ___________________ Contact Phone Number: ___________________

Email: ___________________

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<td>Hospital Beds Available</td>
</tr>
<tr>
<td>Larger Size Beds Available (e.g. bariatric beds)</td>
</tr>
<tr>
<td>Care Facility Beds Available</td>
</tr>
<tr>
<td>TOTAL</td>
</tr>
</tbody>
</table>

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**Final Questions**

- Ask questions regarding forms and exercise
Wrap Up & Next Steps

- What do we need to change or clarify before the exercise?
- What do we need to work on to improve response?
- Training recorded available for you and your staff to review. It will be emailed to you.
- Please complete and turn in the evaluation
- Remember: Pre Exercise Teleconference on May 10th at 8:30am
- After Action Teleconference Day/Time TBD

Thank You!