Emergency Preparedness for Nursing Homes

Presented by:
Joseph V. Bellino, MS, CHPA, CHEM, Engineering Department
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Objectives

Upon completion of this program, participants will be able to:

1. Understand the Emergency Management standards
2. Understand the Emergency Management most challenging standards
Emergency Management

Emergency Program

EM.01

Planning & Leadership

EM.02

Emergency Operations Plan

HVA and 6 Critical Areas

EM.03

Evaluate & Exercise

Annual Evaluation Exercises
Survey Fundamentals Apply

- Confirm that:
  - Hazard Vulnerability (HVA) was performed and is relevant to organization and community
  - Emergency Operations Plan (EOP) covers critical areas and supports response to prioritized risks
  - Staff training aligns with response plans
  - Exercises test & stress the plan & surface gaps, weaknesses, opportunities for improvement
  - Exercises and responses to actual emergencies are reviewed and inform improvements to plan
HVA Fundamentals

- All Hazards – Broad Based Approach
  - Workplace Violence – Extreme Workplace Violence
  - Tornados – Tornado Valley versus Georgia
  - Drought Conditions
  - Utilities – Sanitary Sewer? Water? Technology?
  - Long Term Incidents
Communications Plan

EM.02.02.01, For NCC’s that use Joint Commission accreditation non-deemed purposes: As part of the communications plan, the NCC determines/prepares how it will communicate during emergencies:

- Staff
- Physicians - Licensed Independent Practitioners
- External authorities
- Patients and residents, families to include notification when patients/residents are relocated
- How the NCC communicates to other healthcare organizations their command structure
Communications Plan

EM.02.02.01, For NCC’s that use Joint Commission accreditation for non-deemed purposes: As part of the communications plan, the NCC determines/prepares how it will communicate during emergencies:

- Names and roles of individuals – Command
- Command Center telephone numbers
- Resource/Asset sharing with other HCO’s
  - Supply Chain
  - Memorandums of Agreement/Understanding
Communications Plan

EM.02.02.01, For NCC’s that use Joint Commission accreditation for non-deemed purposes: As part of the communications plan, the NCC determines/prepares how it will communicate during emergencies:

- How and under what circumstances the NCC will:
  - Communicate the names of patients/residents and the deceased with other HCO’s involved in the care and treatment of those mentioned.

- Relevant fed, state, tribal, regional and local EM

- Other sources of assistance
Communications Plan

EM.02.02.01, For NCC’s that use Joint Commission accreditation for non-deemed purposes:

As part of the communications plan, the NCC determines/prepares how it will communicate during emergencies:

- Identified Alternative Care Sites
- NCC establishes backup systems and technologies for the identified activities in EM.02.01.01
- The NCC implements components of the Emergency Operations Plan (EOP) that requires advanced preparation to support communication
Communications Plan

Incident Command Structure - Essential structure flexes to size of organization & type of emergency
Current key requirement addressing organization policy:

LD.04.01.07, EP 1 Leaders review and approve policies and procedures that guide and support patient care, treatment, or services.
Policies & Procedures

Survey Process:

- During document review evaluate EM plan for annual review and update.
- Existing EM and LD requirements sufficiently cover the need for policies
- To avoid possible redundancy or conflict with plans / procedures required in EM, EC, & LS, no additional policy EPs were added.
- Note: Clear distinction between TJC and CMS
Training

How to comply?

**EM.02.02.07, EP 2** For NCC’s that use Joint Commission accreditation for non-deemed purposes: Initial and ongoing training relevant to their emergency response roles is provided to staff, volunteers, and individuals providing on-site services under arrangement. This training is documented and then reviewed and updated annually and when these roles change.
Staff demonstrate knowledge of emergency procedures through participation in drills and exercises, as well as post-training tests, participation in instructor-led feedback (for example, questions and answers), or other methods determined and documented by the organization.
Testing - Exercises

EM.03.01.03 EP 1

The organization activates its EOP twice a year.

- An actual emergency response can suffice

Tabletop sessions, though useful will not count toward this requirement.

EP 2 Emergency services or designated community disaster-receiving station require an influx of simulated patients and residents in at least one exercise.
Testing - Exercises

EM.03.01.03 – continued

EP 4 Having a defined role in the community’s response plan, at least one of the two emergency response exercises includes participation in a community-wide exercise.

EP 5 Exercises incorporate likely disaster scenarios that allow the organization to evaluate its handling of patients and residents, communications, resources and assets, security, staff, and utilities.

EP 6 Designates an individual(s) whose sole role during exercises is to monitor performance and document opportunities for improvement.
Testing - Exercises

EM.03.01.03 - continued

EP 13  The organization evaluates all emergency response exercises and all responses to actual emergencies with representation from administrative, support, and clinical services.

EP 14  Identification of deficiencies and opportunities for improvement. This evaluation is documented.

EP 15  Deficiencies and opportunities for improvement identified are communicated to the improvement team responsible for monitoring environment of care issues.
Testing - Exercises

EM.03.01.03 - continued


EP 17 Subsequent emergency response exercises reflect modifications and interim measures as described in the modified Emergency Operations Plan.
Five Most Difficult Standards

#1 EM.03.01.03: Evaluation

- Evaluates effectiveness of EOP
  - Two drills annually - activate the EOP
    - Actual events may apply
  - Likely scenarios to evaluate the 6 critical areas
  - Escalating event
Five Most Difficult Standards

#2 EM.02.02.13: Disaster Volunteers LIPs

- May grant disaster privileges to volunteer Licensed Independent Practitioners (LIP)
  - Identifies in writing responsibility for granting disaster privileges
  - Prior to eligibility, obtains 2 forms of ID
  - Grants privileges when EOP is activated
  - Determines how volunteer LIPs are distinguished
Five Most Difficult Standards

#3 EM.02.01.01: Plan Requirements

- Emergency Operations Plan
  - Identify capabilities for 72 - 96 hours
  - Leaders, including medical staff participate in development
  - Develops and maintains EOP
  - Process for initiating and terminating response and recovery
Engages in planning activities prior to developing the EOP

- Documented inventory of resources and assets
- Conducts HVA
- Works with and prioritizes HVA with community
Five Most Difficult Standards

#5 EM.03.01.01 Evaluation

- Evaluates the effectiveness of the EOP
  - Annual review of inventory
  - Annual review of the EOP’s objectives and scope
  - Annual review of the HVA
Survey Process

Pre-Session Documents

Emergency Operations Plan

- All hazards approach
- Addresses the six critical areas:
  - Communication-Resources/Assets
  - Safety & Security
  - Staff Responsibilities
  - Utilities Management
  - Patient, Clinical & Support Activities
- Inventory of resources and assets
Survey Process

Pre-Session Documents

- Identification of Potential Emergencies.....(aka, HVA)
  - Mitigation and preparedness activities for the identified risks
- Disaster drill and real event evaluations
  - Monitors and evaluates the six critical areas
Survey Process

- Emergency Management topics are addressed in Leadership, Individual Tracers, and System Tracers

- Scenarios not used
  - Focus on all-hazards planning to sustain six critical capabilities
Survey Process

Emergency Management Session

- Focus on mitigation and preparedness
- No disaster scenarios
  - Use disaster critiques
- Data collection
- Focused discussion on six critical areas
- Look at resources and assets inventory, if present
  - Appropriate storage
  - Expirations
  - Training
Department of Engineering

Kenneth A. Monroe,
PE, MBA, CHC, PMP

Andrea Browne,
PhD., DABR
Medical Physicist

Kenneth “Beau” Hebert,
MAOM, CHSP, CHEP
Engineer

Herman McKenzie,
MBA, CHSP
Engineer

Joe Bellino,
MS, CHPA, CHEM
Engineer

John Raisch
Engineer

Vacant Engineer
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Emergency Management Resources

- **Emergency Management Portal** resources to help health care organizations in preparing, planning and responding to disasters such as hurricanes, tornadoes, active shooter situations and cyberattacks

- **Physical Environment Portal** guidance for the top non-compliant Environment of Care/Life Safety standards

- **Workplace Violence Prevention Resources** to broaden the awareness of workplace violence

- **FAQs** on Nursing Care Center Standards

- **Emergency Management in Health Care, Third Edition**
Accreditation Preparation Resources

- Partnering with Relias to deliver education on two platforms: Joint Commission Academy and Relias Learning Management System (RLMS)
- 8 online learning modules that cover:
  - Guiding rationale and structure of each requirement
  - What’s expected to successfully demonstrate compliance
  - Written documentation—what’s required and when
- 1 CE credit for each completed module
- Access courses via Joint Commission Academy: www.jcaho.academy.reliaslearning.com
- Access courses via Relias Learning Management System (RLMS), visit: www.relias.com/partners/tjcncc
Dedicated Support Staff

- **Business Development**
  For initial questions and access to standards and application

  - Kimberly Clawson, Associate Director
    630-792-5295 - kclawson@jointcommission.org

  - Monnette Geronimo, Bus. Development Manager
    630-792-5251 - mgeronimo@jointcommission.org

- **Account Executive**
  Your dedicated point-of-contact after application submission and deposit payment

- **Standards Interpretation Group (SIG)**
  FAQ’s, online form to submit ?’s
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