

Emergency Preparedness for LTC Providers

New York State Department of Health

December 8, 2003

Lisa Wickens

- Immediately following 911 bioterrorism planning was a priority for NYS.
- Hospitals/County Health Departments and City Health Departments began working together.
- The efforts and coordination began in the beginning of 2002.

- February 2002-Commissioner Novello notifies all hospital CEOs of bioterrorism initiatives.
- Letter focuses on local/regional planning.
- Consistent Communication between local health departments/City Health Departments and Hospitals
- Appropriate staff gain access to the Health Provider Network.

Acute Care has been preparing for some time.

Now LTC facilities and providers are the next step in the planning process.

A suspected Bioterrorism event, outbreak of disease or unforeseen event like the blackout of this summer can impact your facility.....

In any of these events you may need to:

- continue quality care/services during loss of water/power
- accept patients from acute care hospitals (surge capacity)

Disaster Preparedness Guidelines- Effective September 2003.

- Serves as a guideline for policy/procedure development
- Began in '02
- Prepared in consultation with associations and nursing home representatives

Where do we start?

- Review existing policies/procedures
- Communication and coordination are primary planning areas
- Assess your resources
- Coordinate and communicate with local agencies
- Adapt training materials for inservices for staff
- Plan/conduct drills and assess/evaluate
- Communicate with others
- Get on HPN-Health Provider Network

Disaster Preparedness Guidelines

The guidelines cover 5 focus areas:

- Surveillance
- Response
- Communications
- Security
- Education

Surveillance

- Identify key signs/symptoms or circumstances that may activate further investigation, reporting, notification or activation of the disaster plan.
- Ensure all staff is educated on the signs/symptoms, chain of command, the reporting protocol and the legal responsibility to report.

Response

- Define the circumstances under which the plan is to be activated.
- Develop a contingency plan when reaching surge capacity for admissions in partnership with the local emergency management agency, county health departments, EMS and other health care delivery systems.

- The plan should describe methods to increase admission capacity in non-traditional resident care areas, the implementation of diversion plans and identifying additional staffing.
- Develop protocols for the placement of residents.

Communications

- 24 hour 7 day a week communication network should include internal/external components.
- Develop a plan to ensure connectivity to the DOH's HAN.

Security

- Develop a plan to minimize points of access and egress to physical plant in case of a disaster.
- Develop/enhance a plan for rapid identification of staff responding to a disaster.
- Develop a plan for vehicular “flow of traffic” prioritizing emergency vehicle access, supply delivery needs and law enforcement.

Education

- Develop education on disaster preparedness for all staff. The roles for all staff should be defined.
- Staff education should be reviewed periodically and through drills and exercises to practice and evaluate the staffs implementation of the plans.

Resources

- [Http://commerce.health.state.ny.us/hpn](http://commerce.health.state.ny.us/hpn)
- Joint Commission on Accreditation of Healthcare Organizations-JCAHO