



STATE OF NEW YORK DEPARTMENT OF HEALTH

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Antonia C. Novello, M.D., M.P.H., Dr. P.H.
Commissioner of Health

Dennis P. Whalen
Executive Deputy Commissioner

September 23, 2003

Dear Administrator:

DAL – 03-09

Subject: Emergency Preparedness

The New York State Department of Health is committed to ensuring the health and safety of New Yorkers during all types of emergencies. The lessons of September 11, 2001 have made us even more dedicated to ensure that New York's health care system can successfully respond to any disaster situation.

Toward that end, the Department has, in consultation with nursing home representatives, provider associations, and others, developed the enclosed "Disaster Preparedness Guidelines" for nursing homes in New York State. The guidelines are designed to assist you in building on your existing preparedness plans to ensure that you are prepared for emergency situations.

The guidelines cover five areas: surveillance, response, communications, security, and education. A key component of the guidelines is the participation of nursing homes in their community-wide emergency preparedness plans. We strongly encourage you to actively participate in the planning, practice, evaluation, and implementation of these plans.

Please contact Doris Beardsley at (518) 478-1020 if you have any questions regarding the enclosed guidelines. Thank you in advance for integrating these guidelines into your emergency preparedness planning. We are confident that doing so will ensure that we will be able to address any situation and protect the health and safety of our nursing home residents.

Sincerely,

[s]

Keith W. Servis, Director
Division of Quality & Surveillance for
Nursing Homes & ICF's/MR

New York State Department of Health Disaster Preparedness Guidelines

Effective: September 19, 2003

NURSING HOME PREPAREDNESS

- The Nursing Home should establish an active, functional disaster response committee or team with an incident command or management system. The team should:
 - Consist of relevant members who can add specific expertise to each type of disaster event. Nursing, medical staff, infection control, pharmacy, engineering, dietary, laundry, housekeeping, security and members as well as key administrative staff are vital to the overall plan.
 - Ensure the facility has a written disaster plan that would include:
 - A defined Incident or Disaster Command Center and;
 - Measures to respond to biological, chemical, nuclear/radiological and mass trauma events.
- **In addition, the facility should work in partnership with Emergency Medical Services agencies, local health departments, the Emergency Management Agency and the health care delivery network in the immediate or surrounding community to develop the disaster plan for both internal and external disasters.**
- Define pre-determined roles, lines of authority, and chain of command and communication. Alternates/ backup for each role should also be assigned.
- Identify physicians for immediate response to the facility including the Medical Director, attending physicians and those consulting physicians that will commit.
- Establish a protocol for the education of staff regarding the disaster response plan, including the role of the staff.
- Establish a 24/7 communication network with alternate communication system if the original network becomes disabled.
- Ensure the facility has back up generator power and fuel to respond when power failures occur. The generators should be tested every month.

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- Back up generator power should be established to include electronic communication capability with the Department of Health through the internet commerce site.
- Establish a protocol for contacting staff, emergency resources and /or outside agencies in the event of a disaster.
- Maintain up-to-date contact lists of staff and key agency contacts such as local health unit, local emergency management team, local law enforcement, Regional New York State Department of Health, and emergency management services
- Develop a system to rapidly notify and disseminate information to staff. (telephone trees, broadcast fax, e-mail, community bulletin boards. etc.).
- Develop a plan to determine potential partner agencies/facilities, organizations, volunteers that are available
- Include disaster preparedness drills or exercises to test the efficacy of the plan in conjunction with the local partners included in the plan.

The overall plan should focus on the following elements:

- SURVEILLANCE
- RESPONSE
- COMMUNICATIONS
- SECURITY
- EDUCATION

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SURVEILLANCE

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

RESPONSE

- Define the circumstances under which the plan is activated
- Develop or enhance a plan for emergency environmental controls to be activated in case of potential threat to the facility area itself (e.g. smoke, dust or fumes in the vicinity of the facility entering air intake portals)
- Develop or enhance a protocol for mobilizing the necessary emergency staff
- Establish a designated assembly point for staff to report
- Ensure the availability of appropriate personal protective equipment (PPE).
- Ensure the education of all staff on appropriate infection control precautions for each type of event and the proper use of the personal protective equipment
- Establish a plan for resident, staff and environmental decontamination in conjunction with community partners that includes the area, facility or portable device to be used, a protocol for the decontamination and who is responsible to perform the function.
- Develop a system for the identification, tracking, admission and discharge of residents.
- Determine the number, type and availability of beds, including airborne infection isolation rooms, if the facility has such space.
- Develop a contingency plan when reaching surge capacity for admissions in partnership with the local emergency management agency, county health departments, emergency management services and other health care delivery systems. The plan should describe methods to increase admission capacity in

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non-traditional resident care areas, the implementation of diversion plans and identifying additional staffing.

- Determine needs for specialized equipment and supplies (ventilators, personal protective equipment, pharmaceuticals) based on each type of event and current inventory. The plan should include methods to access additional supplies if needed.
- Develop protocols for the placement of residents, type of precautions and or isolation (if required) and other infection control measures for each type of event and a plan to educate staff
- Develop a plan for the safe handling, storage, tracking and preparation of bodies post mortem. This may include arrangements with the county and emergency management agency or other healthcare delivery system partners to appropriate sites, space and / or additional supplies and resources needed for infection control purposes if the hospital exceeds its mortuary capacity.
- The disaster plan should address the needs of staff, visitors, families and the "worried well". A designated area should be considered with provision of support services, counseling, information updates and referrals. Staff should be able to communicate with family members to discuss individual staff safety status and to allow staff to discern the safety status of family.

COMMUNICATIONS

- The 24-hour, 7 day per week communication network should include internal and external components.

- Internal:

A notification protocol to ensure that all relevant nursing home staff are rapidly notified in the event of a disaster. This requires 24-hour contact information for all key staff, including home telephone, pagers, cell phones and electronic mail as well as, a telephone tree system or emergency notification software to ensure the ability to rapidly contact staff to mobilize for duty.

- External:

Notification plans to ensure all outside agencies are notified. This requires the maintenance and distribution of an up-to-date list of all key agencies (e.g. local Departments of Health (for New York City facilities, the NYC DOH), the Regional New York State Department of Health, local emergency medical services, Office, City /County Health Unit). (Appendices).

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- Develop a plan to ensure connectivity to the NYS Department of Health's Health Alert Network (HAN), which can be accessed through the Health Provider Network (HPN) at <https://commerce.health.state.ny.us> Accounts to access this website must be requested by contacting 518-473-1809.

SECURITY

- Develop a plan to minimize points of access and egress to the physical plant during a disaster if indicated.
- Develop or enhance a plan for rapid identification of staff and emergency workers responding to a disaster.
- Develop a plan for the vehicular " flow of traffic " prioritizing emergency vehicle access, supply delivery needs and law enforcement access.
- Include the plan to supply appropriate protective equipment to security staff.
- Describe the procedure for ensuring security staff are appraised of the plan. Include drill schedules and exercises to test the plan's efficacy.

EDUCATION

- Develop a plan for disaster education for all staff. Roles for all staff should be defined. Staff education should occur periodically but at least annually.
- Education regarding specific biological/chemical/nuclear exposure symptoms, care and specific PPE for each.
- Plan and conduct exercises and drills to practice and evaluate the effectiveness of the facility's disaster plan. (e.g., the telephone tree can be practiced to determine if all individuals can be contacted and if they are available for immediate duty when reached) Conduct at least two drills per year conducted.
- Work with community partners to participate in community-wide exercises and drills.