

New York State Department of Health Disaster Preparedness Guidelines

NURSING HOME PREPAREDNESS

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 must work in partnership with Emergency Medical Services agencies, county health units, 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 facility, including 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.
- 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

SURVEILLANCE

- Identify key diagnostic (signs/symptoms) clues that may activate further investigation or activation of the disaster plan (Appendices)
- Ensure all staff is educated on the surveillance indicators, 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
- 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 (Appendices)
- Establish a plan for both patient 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. (Appendices)
- Develop a system for the identification, tracking, admission and discharge residents.
- Determine number, type and availability of beds, including isolation rooms capable of providing negative pressure.
- 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 non-traditional patient care areas, facilitate rapid transfers and /or discharges, 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 placement of patient, type of precautions and or isolation (if required) and other infection control measures for each type of event and a plan to educate staff (Appendices)
- Develop treatment protocols for each type of event, and a process to educate practitioners on the protocols (Appendices)
- 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 health care delivery systems partners to appropriate sites, space and / or additional supplies and resources needed for infection control purposes if the hospital exceeds it's mortuary capacity. (Appendices)
- The disaster plan should address the needs of visitors, families and the "worried well". A designated area should be considered with provision of support services, counseling, information updates and referrals

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. the New York City Department of Health, if applicable, the Regional New York State Department of Health, local emergency medical services, Office, City /County Health Unit. (Appendices)

SECURITY

- Develop a plan to minimize points of access and egress to the physical plant during a disaster (including a lock-down approach)
- 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 for supplying appropriate protective equipment to security staff (Appendices)
- Describe the procedure for ensuring security staff are appraised of the plan. Include drill schedules and exercises to test the plan's efficacy.

EDUCATION

- Disaster education and plan for all staff members defining roles
- Education regarding specific biological/chemical/nuclear exposure symptoms, care and specific PPE for each
- Exercise/drills

Draft revision – 8:30 am 2/7/02

