Ready

Public Health Emergency Preparedness and Response

MONTGOMERY COUNTY, MD

Plan to be safe.

Emergency Preparedness Checklist

for Nursing Homes, Assisted Living Facilities, and Group Homes

APC
Advanced Practice Centers

Emergency Preparedness Checklist

GOALS AND USES

The Montgomery County Advanced Practice Center for Public Health Emergency Preparedness and Response is pleased to provide public health professionals with this Emergency Preparedness Checklist. The checklist is designed to ensure that health care facilities are not only well prepared but also able to shelter-in-place and remain self-sufficient during a variety of emergencies. It has proven to be a useful tool in:

- Emergency preparedness training, planning, and assessment
- Annual quality-of-care surveys
- Follow-up inquiries and consultation
- Efforts to contact facility administrators during actual emergencies

Although licensing and quality standards vary by jurisdiction, public health professionals and local, state, and federal regulators can view the checklist as a template that is readily adaptable to their needs and uses.

BACKGROUND

Public Health Services of the Montgomery County, Maryland Department of Health and Human Services developed the voluntary checklist as part of a broader planning and education effort in the wake of the September 11, 2001 attack on the nearby Pentagon and subsequent anthrax and sniper scares in the region. Of particular concern was the likelihood that further emergencies might leave local hospital emergency rooms unnecessarily inundated with residents from nursing homes and other care facilities. Public Health Services's Licensure and Regulatory Services staff assembled a Disaster Planning Workgroup of nurses, environmental health inspectors, a social worker, a program manager, an administrative specialist, and facility ombudsmen. The Workgroup presented four training workshops on emergency preparedness for administrators and key staff of nursing homes, assisted living facilities, and group homes for minors, the elderly, the chronically mentally ill, and the developmentally disabled. The Workgroup developed the Emergency Preparedness Checklist to assess the effectiveness of the training and identify topics for further education and assistance.

EFFECTIVENESS

Within a year of the training workshops, all skilled nursing homes and large assisted living facilities in the county had reviewed and up-dated their emergency plans to include sheltering-in-place. Several facilities had replaced their generators with more powerful models. Although not required by law to have a generator, all but one of the large assisted living facilities had acquired one. A severe storm and later Hurricane Isabel in late summer 2003 put the new systems to the test. With the contact information generated by the checklist, Licensure and Regulatory staff succeeded in reaching almost every facility (about 400) by telephone before the hurricane and found that many were putting their emergency plans into place. Routine calls for emergency transport did occur, and additional follow-up has shown that some facilities still need to purchase a NOAA (National Oceanic and Atmospheric Administration) weather radio and establish adequate water supplies for three days' self-sufficiency.

Licensure and Regulatory Services has incorporated the checklist into its annual quality-of-care surveys of nursing homes and large assisted living facilities. The checklist enables the surveyor to assess each facility's level of preparedness and helps reinforce the training workshops. Surveyors believe the ongoing surveillance and reinforcement are especially important because of turnover in facility leadership. Moreover, since each facility receives a copy of the checklist, it also serves as a baseline and reminder for the administrators in their efforts to develop and enhance their organization's preparedness.

for Nursing Homes, Assisted Living Facilities, and Group Homes

FACILITY INFORMATION

Facility name

Address

Phone

ASSESSMENT INFORMATION

Date

Completed by

Title

Signature

PREPAREDNESS CRITERIA

Facility

1	Does the facility have a plan to shelter-in-place?	❏ Yes	❏ No	❏ In progress. Status:

2	Is the building secure before and after visiting hours?	❏ Yes	❏ No	❏ In progress. Status:

3	Can the facility obtain extra medicines from its pharmacy provider in an emergency (overnight and on weekends)?	❏ Yes	❏ No	❏ In progress. Status:

4a	Does the facility maintain a three- to five-day supply of food and water (one gallon per person per day)?	❏ Yes	❏ No	❏ In progress. Status:

4b	Who is the contractor for food and water?	Name
		Address
		Phone

5a	Does the facility have emergency outlets in all residents' rooms and critical common areas?	❏ Yes	❏ No	❏ In progress. Status:

Facility *(continued)*

5b If not, how does the facility plan to provide illumination in those rooms?

_____
_____
_____

6a Does the facility have an emergency generator?

❏ Yes   ❏ No   ❏ In progress. Status: _____
_____

6b If so, what fuel does the generator use?

_____

6c What systems will the generator power?

_____
_____
_____

6d How long will the fuel last until it must be replenished?

Amount of days _____

6e Who is the fuel contractor?

Name _____

Address _____

Phone _____

7a Does the facility have oxygen tanks on the premises?

❏ Yes   ❏ No   ❏ In progress. Status: _____
_____

7b If so, of what type and how many?

Type _____

Number _____

7c Who is the oxygen contractor?

Name _____

Address _____

Phone _____

8 Does the facility have a NOAA weather radio?

❏ Yes   ❏ No   ❏ In progress. Status: _____

Supplies

9   Has the facility identified and kept in working condition necessary tools and equipment (flashlights, batteries, tarps, radios, cell phones, and fans)?

❏ Yes   ❏ No   ❏ In progress. Status: _____

_____

_____

10   Does the facility provide alternative means for hand washing?

❏ Yes   ❏ No   ❏ In progress. Status: _____

_____

11   Does the facility maintain a reserve supply of linen?

❏ Yes   ❏ No   ❏ In progress. Status: _____

12   How does the facility handle trash, soiled linen, and other waste material?

_____

_____

_____

Training

13   Has the facility provided training or information on emergency preparedness to its staff?

❏ Yes   ❏ No   ❏ In progress. Status: _____

_____

14   Has the facility provided training or information on emergency preparedness to the residents' families?

❏ Yes   ❏ No   ❏ In progress. Status: _____

_____

15   Does every shift have a staff member trained to turn off the ventilation system?

❏ Yes   ❏ No   ❏ In progress. Status: _____

_____

Community Outreach

16   Has the facility considered reaching out to its neighbors as a source of assistance during a widespread emergency?

❏ Yes   ❏ No   ❏ In progress. Status: _____

_____

17   Has the facility encouraged collaboration with its neighbors by proving emergency preparedness training?

❏ Yes   ❏ No   ❏ In progress. Status: _____

_____

EMERGENCY CONTACT INFORMATION

After-hours contact information for the county's confidential database

Facility's Administrator

Work

Cell

Home

E-mail

Facility's Medical Director

Work

Cell

Home

E-mail

Facility's Director of Nursing

Work

Cell

Home

E-mail

Facility's Maintenance Supervisor

Work

Cell

Home

E-mail

FIELD NOTES

FIELD NOTES

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Completed by

Title

Signature

Date

FOLLOW-UP

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Completed by

Title

Signature

Date

Contact Information

Montgomery County Advanced Practice Center for Public Health Emergency Preparedness and Response

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