

Nursing Home Emergency Preparedness and Response During Recent Hurricanes

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Background

Federal law requires that Medicare and Medicaid-certified facilities have written plans and procedures to meet all potential emergencies and provide training to employees in emergency procedures. State surveys assess whether facilities meet these requirements. Four of the five Gulf States also have additional emergency preparedness requirements, which are typically expected to be included in facility emergency plans.

For this study¹, the Department of Health and Human Services, Office of the Inspector General (OIG), reviewed State survey data for emergency preparedness measures both nationally and for Gulf States (Alabama, Florida, Louisiana, Mississippi, and Texas) and visited selected communities to interview nursing home staff, local authorities, and other stakeholders. OIG also compared emergency plans for 20 selected nursing homes affected by hurricanes in the 5 Gulf States against a list of suggested provisions compiled from all Gulf State requirements and guidance, a variety of published works from authoritative sources such as the American Journal of Public Health, and other health care, elder care and emergency preparedness experts.

Findings

- Nationwide, 94 percent of nursing homes met Federal standards for emergency plans and 80 percent for sufficient emergency training in 2004-2005; compliance rates were similar for Gulf States.
- Multiple factors, including community evacuation orders, influenced the decision of selected nursing homes to evacuate or shelter.
- All 20 of the selected Gulf State nursing homes experienced problems, whether they evacuated or sheltered in place.
- Administrators and staff from selected nursing homes did not always follow emergency plans and plans often lacked suggested provisions.
- Lack of collaboration between State and local emergency entities and nursing homes impeded emergency planning and management.

Recommendations

To improve nursing home emergency preparedness and ensure effective execution of plans, the OIG report recommends the following:

- The Centers for Medicare & Medicaid Services (CMS) should consider strengthening Federal certification standards for nursing home emergency plans by including requirements for specific elements of emergency planning.
- CMS should encourage communication and collaboration between State and local emergency entities and nursing homes.

¹ "Nursing Home Emergency Preparedness and Response During Recent Hurricanes." Department of Health and Human Services, Office of Inspector General. August 2006 OEI-06-06-00020

Suggested Provisions for Nursing Home Emergency Plans

To assess the content of emergency plans from selected nursing homes, the Office of Inspector General, Department of Health and Human Services, compiled a list of suggested emergency plan provisions. The list was generated from a review of provisions suggested by a number of informed sources, including state requirements and guidelines, professional associations, expert interviews and professional publications. The chart on the following page describes each of the suggested provisions. Each provision was suggested by at least two sources and most provisions were suggested by many of the sources.

Suggested Provisions for Nursing Home Emergency Plans

Provision	Description of Provision	
General Provisions		
Hazard Analysis	Details specific vulnerabilities of the facility, such as close proximity to water and low elevation; accounts for various threats to the facility.	
Direction and Control	Establishes a command post in the facility; defines management for emergency operations.	
Decision Criteria	Includes factors to consider in deciding to evacuate or shelter in place.	
Communication	Specifies clear communication protocols and backup plans.	
Staff Family Members	Indicates whether staff family can shelter at the facility and evacuate.	
Community Coordination	Procedures for working with local emergency manager; submitting plan.	
Specific Resident Needs	Contains lists that include resident medical and personal needs.	
Provisions for Sheltering in Place		
Securing the Facility	Details measures to secure building against damage; especially for facilities sheltering in place.	
Emergency Power	Specifies backup power, including generators and accounts for maintaining a supply of fuel.	
Food Supply	Details the amounts and types of food on hand.	
Water Supply	Details having potable water available (recommended amounts vary).	
Staffing	Designates key personnel in emergencies and prepares assignments.	
Medications	Specifies maintaining extra pharmacy stocks of common medications.	
Serving as a Host Facility	Describes hosting procedures and details ensuring 24-hour operations.	
Provisions for Evacuation		
Transportation Contract	Includes current contract(s) with vendors for transportation.	
Evacuation Procedures	Details contingency plans, policies, roles, responsibilities, and procedures.	
Host Facility Agreement	Includes current contract(s) to facilities, relocation to “like” facilities.	

Food Supply	Describes adequate supply and logistical support for transporting food.	
Medications	Describes logistics for moving medications – including specifications for moving them under the control of a registered nurse.	
Transfer of Medical Records	Details having the resident’s medical records available; describes logistics for moving medical records.	
Staffing	Specifies procedures to ensure staff accompanies evacuating residents.	
Resident Personal Belongings	Includes list of items to accompany residents.	
Re-entry	Identifies who authorizes re-entry, procedures for inspecting facility, and details transportation from the host facility.	
Water Supply	Specifies amount of water taken and logistical support.	
Evacuation Route	Identifies evacuation routes and secondary routes, includes maps and specifies expected travel time.	
<p>Source: Office of Inspector General analysis of content of expert interviews, professional publications, professional association guidance, and State regulations and review of 20 selected Gulf State nursing home emergency plans, 2006.</p>		