

CREATING A LONG TERM CARE ALL HAZARDS EMERGENCY PLAN and Incident Command System - IS 700 For KY Long Term Care Facilities

Approved by the Kentucky Hospital Association (KHA) as the KY Long Term Care Facility Equivalent for FEMA's National Incident Management (NIMS) IS 700


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1

KY All Hazards Long Term Care Planning and Resource Manual



2



Purpose of IS-700: Incident Command System (ICS)

This course was developed to:

- Help KY Long Term Care staff, supervisors and management to create or expand their LTC facility all hazards emergency plans, response and recovery
- Provide FEMA IS-700 equivalent training and certification for Long Term Care staff, supervisors and management to enhance disaster preparedness and partially meet requirements for participation in KY Health Care Preparedness Program Coalitions (HPP) and their LTC Subcommittees

3

IS-700 Objectives

1. Give examples of why older persons are more at risk in an emergency
2. List the components of an all hazards LTC plan
3. Discuss the importance of a vulnerability assessment and mitigation plan
4. Describe the emergency preparedness and response needed to evacuate
5. Describe the emergency preparedness and response needed to shelter-in-place
6. Discuss the emergency preparedness and response needed for continuity of operations and recovery following an emergency

4

KY Partners Developing the Plan

- Kentucky partners/stakeholders who helped to develop the plan included the following:
 - KY CHFS Department of Public Health
 - University of Kentucky
 - University of Louisville
 - KY Association of Health Care Facilities
 - KY Association of Homes and Services for the Aging
 - KY Hospital Association
 - KY Community Crisis Response Board
 - KY Long Term Care Ombudsman
 - KY Office of the Inspector General
 - KY Regional Healthcare Planning Coalitions
 - KY Regional Long Term Care Subcommittees

5

LTC Emergency Plans Reviewed and Adapted

- *KY All Hazards LTC Planning and Resource Manual* resulted from review of the following plans:
 - North Carolina Health Facilities Association
 - Florida Health Care Association
 - Masonic Homes of KY, Louisville
 - Mather Lifeways Institute on Aging PREPARE Program
 - Mississippi State Department of Health
 - Pacific Northwest Preparedness Society
 - Virginia Department of Health
 - Washington Health Care Association
 - Wisconsin Department of Health Services

6

Objective 1: Reasons LTC Residents are High Risk in Emergencies

- ✓ Altered immune function
 - ✓ More susceptible to stress and illness
- ✓ Higher risk of infectious illness
 - ✓ 40% of deaths of elders result from infections
- ✓ Reduced response to antibiotics
 - ✓ Changes in organs that process medications
- ✓ Atypical presentation of disease
 - ✓ May have lower fever or no fever; may present with delirium/memory disorders
- ✓ Chronic medical conditions
 - ✓ 80% have 1; 50% have 2+; Stress, lack of meds, extreme conditions worsen
- ✓ Greater risk of pneumonia
 - ✓ 40-150 times greater risk than other age groups
- ✓ Memory disorder/Dementia
 - ✓ 69% of Long Term Care residents in KY have a memory disorder
- ✓ Hyper/hypothermia
 - ✓ Much more susceptible to heat and cold

7

More Reasons LTC Residents are High Risk

- ✓ Multiple medications
 - ✓ 92% use at least 1; Average 3-8 prescription medications daily
- ✓ Sensory changes
 - ✓ Common to have visual and hearing impairments and changes in touch, taste, smell
- ✓ Need assistance with activities of daily living
 - ✓ 21% need help with at least one and 38% with 2 or more
- ✓ Use of portable oxygen & other medical supplies
 - ✓ KY 5th highest Chronic Obstructive Pulmonary Disease (COPD) rate in USA
- ✓ Use of wheelchairs, walkers, canes, assistive devices
 - ✓ Very common; need help labeling for evacuation
- ✓ High anxiety about leaving familiar surroundings
 - ✓ Fear of change in location, loss of possessions
- ✓ Decreased ability to rebound after emergency
 - ✓ Increased illness and death following move from usual surroundings
- ✓ Delayed onset of Post-traumatic Stress Syndrome
 - ✓ 1-3 months common and up to 1 year severe anxiety; sleep disorders common
- ✓ Language/cultural influences
 - ✓ Especially a problem when English is a second language

8

Objective 2: Components of the KY All Hazards LTC Plan

- Quick Profile
- Hazard Vulnerability Analysis
- Community Planning
- Memorandums of Understanding (MOU)
- Communication
- Direct Care Procedures for All Hazards
- Shelter-in-Place
- Evacuation
- Continuity of Operations
- Recovery
- Training and Exercises
- Resources
- CMS Emergency Preparedness Plan Checklist
- USDHHS LTC and Other Residential Facilities Pandemic Influenza Checklist

9

Facility Information/"Quick Look" Profile

Facility Summary Information for :

- Residents and their families/representatives
- Facility Volunteers
- Community Services Providers
- Emergency First Responders
 - Police, Fire, Emergency Management, Emergency Medical Services, Utilities, etc.
- Memorandums of Agreements

10

Example: Facility Information "Quick Look" Profile

Facility Name: -
 Facility Address:
 Facility Longitude/Latitude Coordinates:
 Facility Phone Number & Fax Number:
 Facility Email & Website:
 Facility Emergency Cell Phone/Pager Numbers:
 Administrator & Contact Numbers:
 Maintenance Coordinator & Contact Numbers:
 Director of Nursing & Contact Numbers:
 Owners:
 Owner Phone Number & Fax Number:
 Owner Email & Website:
 Insurance Agent, Contact Number, & Policy Number:
 Number of Beds/Breakdown Types of Beds:
 Number of Staff per Shift: Number of Direct Care Staff per Shift:
 Number of Buildings:
 Building Construction Type/Year Built:
 Number of Stories Number of Buildings;
 Water System Sewer System
 Elevation of Facility Located in Flood Plain
 Fire Protection Fire Alarm System
 Emergency Generator
 Nearest Helicopter Landing Zone
 Jurisdiction Contact information for Fire, Police, EMS, County Emergency management

11

Example of Organization Chart

Organizational Level	ICS Title	Nursing Home Title	Nursing Home Support
Incident Command	Incident Commander	NH Administrator	
Command Staff Public Information Officer, Safety Officer, Liaison Officer	Officer	Communications Officer, Safety Officer, Liaison with responding agencies (Asst. Administrator)	Maintenance, Asst. Director of Nursing, Admissions Director
General Staff (Section) Operations, Logistics, Planning, Finance/Administration	Chief	Director of Nursing, Dietary Director, Personnel Director, Finance Director	Social Services Director Medical Records staff, CNAs, Medical Specialists
Branch	Director		
Division/Group	Supervisor		
Unit	Leader		
Strike Team/Task Force	Leader		

Objective 3: Vulnerability Assessment and Mitigation Plan

- Purpose is to identify usual events, natural events AND unique threats in order to anticipate and prepare to manage them.

Examples of KY Usual & Natural Threats

Flood, Tornado, Severe Weather, Earthquake, Power/Energy Related Hazard, Fire, Chemical Spill, Landslide, Mine/Sinkhole, Transportation Accident, Water Shortfall, Bomb

Examples of Unique Threats

Roadways, Woods, Bodies of Water, Railroads, Airports, Dams, Military Bases, Pipelines, Gas Stations, Chemical Plants, Nuclear Plants

13

Hazard Vulnerability Analysis Tool

- **Probability:** Evaluate each event for likelihood of it occurring: *Known risk; Historical data; Manufacturer/vendor statistics.* (High or Medium or Low or None)
- **Risk:** Evaluate the potential impact that any given hazard may have on the facility: *Threat to life and/or health; Disruption of services; Damage/failure possibilities; Loss of community trust; Financial impact; Legal issues.* (Life Threat or Health Safety Threat or High Disruption or Moderate Disruption or Low Disruption)
- **Preparedness:** Evaluate current level of preparedness to manage each disaster: *Status of current plans, Training status, Insurance, Availability of backup systems, Community resources.* (Poor or Fair or Good)

14

Hazard Vulnerability Analysis Tool Exercise

1. Look at Natural Events on the Hazard Vulnerability Assessment
2. Rate your facility's probability, risk and preparedness for
Hurricane winds
Temperature Extreme
Epidemic/Pandemic
3. Beside the event, write the number in the column that describes your facility (remember one choice per column)
4. For each event, add the number for probability, risk and preparedness across of the line for a total for each event

15

Facility Preparedness Assessment

- Self-sufficient for minimum of 72 hours
- Assess supplies on hand
- Store supplies & equipment according to disaster type
- Keep running inventory
- Write down the location of the supplies/equipment; keep locked; designate persons on each shift to know location of supplies/equipment and to have key/s

16

Sheltering Non-Residents



- Determine what your facility is able to do for families of residents, staff and the community
- Establish time lines and risk waivers
- Establish rules for facility use
- Plan for pets and children
- Secure additional food and supplies
- Advise staff, residents and community partners of the plan and the limitations

17

Facility Go-Box

- May use for shelter-in-place or evacuation
- Vital information for facility
- Emergency equipment, phones, radios
- Keys, floor plans, badges, security vests
- Personnel lists, payroll information
- Personal preparedness equipment
- Badges for visitors, labels, markers
- Cash, credit cards
- Incident Command Job Action Cards

18

Crisis Public Relations

- May need to identify a LTC Facility Incident Command Staff Public Relations Officer
 - Official spokesperson for the facility for the press, families, responsible parties & community
 - Should be trained regarding public relations/press
 - Needs to provide balanced release of information
 - How , Who, When and Where you will release information
 - What residents, volunteers, families, responsible others, press want to know

19

Emergency Preparedness & Planning

- Identify and Meet Community Partners
 - Emergency Management, Fire, Police, Utilities
 - Long Term Care & Aging Services Providers
 - Hospital Preparedness Coalition Members
 - Media, Transport Services, Funeral Homes
 - Special Medical Services i.e. Dialysis Care
- Invite Partners to your Facility
- Get Contact Information
- Discuss Roles in an Emergency
- Share Facility Plans with Community Partners

20

Establish Memorandums of Agreement

At a minimum, mutual-aid agreements should include the following:

- definitions of key terms
- roles and responsibilities
- procedures for requesting and providing assistance
- payment, reimbursement, and allocation of costs
- notification procedures
- protocols for interoperable communications
- agreements among jurisdictions
- workers compensation
- liability and immunity
- qualifications and certifications
- sharing of agreements

21

Means of Communication

Internal and External

- Phones: Landline, Cell, Satellite, Text
- Radios: Ham, CB, Two-way
- Email, Internet, Social networking
- Broadband Technology
- Television and Radio Broadcasts
- Newspapers and Fliers
- Runner Messenger Service

22

Communications

- Residents/Responsible Party/Family
 - Updated contact numbers and information
 - Letters prior to events
 - Shelter in place & evacuation plan
- Employee Emergency Preparedness
 - Updated contact numbers and information
 - Personal and Family Plans Completed

23

Service Agreements & Back-up Plans

- Food, Food Service, Water
- Medications & Pharmaceutical Supplies
- Oxygen & Supplies
- Dialysis/Specialist Care
- Laundry Service
- Fuel
- Security
- Transportation
- Evacuation Locations



24

Objective 4: Evacuation Decision

- **The Administrator/Incident Commander**
May issue an evacuation order
May make a unified command team decision in conjunction with community partners
May be ordered by County Judge to enact mandatory evacuation or shelter-in-place for chemical spill
- **Internal Factors to Consider:**
Resident acuity, risk, physical structure, transportation, destination, staff, supplies
- **External Factors to Consider**
Nature of emergency event, time, scope, and location of the facility

25

Evacuation: Pre-Planning

- Designate specific job tasks for long term care staff during evacuation
 - Administrator --Office Staff
 - Director of Nursing --Social Services/Activities
 - Nursing Staff --Maintenance
 - Certified Nursing Assistants --Food Service
 - Medical Records --Housekeeping/Laundry
- Tasks may be changed as needed to fit your facility
- Staff should be trained before the emergency
- Drills and exercises will enhance staff efficiency at tasks

26

Evacuation: Pre-Planning

- Prepare to be self-sufficient
- Coordinate transportation and location plans with community partners
- Determine Evacuation Locations (multiple locations and one at least 50 miles away)
- Estimate receiving-facility bed availability at 5-10 beds per facility, depending on region
- Have sufficient Memorandums of Understanding (MOUs) to accommodate facility average census
- Determine Route, Alternate Routes, Maps, Timelines



27

Evacuation: Pre- Planning

- Resident Emergency Packets (Records/Info)
- Resident Identification Wristbands (Special needs)
- Resident Go Bags (Personal items)
- Resident Tracking Log (name, gender, departure, transport, destination, chart/med sheet, equipment, family/LTC Ombudsman notified)
- Resident Evacuation Checklist
- Facility Operations/Floor Plans/Shut Down procedures

28

Evacuation Order

- The Administrator/Incident Commander of the Facility determines the order of resident evacuation. Type/level of disaster, patients' conditions and transportation may change order for evacuation
 - **Phase I** : Transport the highest acuity residents traveling via ambulance; These residents will be transferred first, if possible
 - **Phase II** : Transport all other residents who can travel via buses and cars
- Triple the usual estimated time for a full-scale facility evacuation and travel to sheltering facility
- Triple the estimated food, water, blankets, medication, fuel, personal hygiene items, etc.

29

Post-Evacuation

- **Return and Recovery**
 - Responsibility of the sending facility
 - Includes return arrangements and costs
 - Return timeframes may involve multiple shifts/days depending on volume, distance and availability of transportation
- **Resident psychological needs**
 - Greatest after an evacuation, especially if fatalities
 - Stress reactions may appear up to six months post evacuation

30

Objective 5: Shelter-in-Place Decision Criteria

- Determine the type of emergency
- Determine the extent and severity of the emergency
- Activate Incident Commander and Management Team
- Get input from National/State/Local Officials, Emergency Management, Fire, Police, etc.
- Determine the *greatest safety* for residents-- Stay or Go
- Determine the immediate ability to meet needs
- Determine opportunities to make alternate decisions as conditions change



31

Shelter-in-Place: Decision to Stay

- Activate Incident Command System, if not activated
- Notify owners, regulation offices, Emergency Management, LTC Ombudsman, medical directors, etc.
- Notify staff, residents, family members/responsible parties
- Activate department call lists—confirm availability, family
- Instruct all visitors, volunteers to stay
- Enable communication with persons off-site
- Close/lock windows, exterior doors, other openings
- Create water supply (3gal/per person/per day/per 7 days)
- Turn off/on fans, heat, air. as needed to fit emergency
- Access supplies as needed

32

Shelter-in-Place: Surge Capacity

- Assess Surge Hosting/Capacity
 - Conventional Capacity in a regular emergency- staff, family, volunteers, visitors
 - Contingency Capacity- surge in neighborhood, county, other facilities
 - Crisis Capacity-major surge from across the state, other states, hospitals, other facilities, community

33

Shelter-in-Place: Supplies/Equipment

- Participate on Hospital Preparedness Coalition and Long Term Care Subcommittees
- Inventory what is on hand
- Purchase what is needed
- Store supplies/equipment by type of emergency
- Identify staff on each shift to be responsible for knowing what is where and how to access it
- If locked, have staff on each shift with keys
- **NOTE: Well in advance, plan, purchase and store Shelter-in-Place supplies & equipment**

34

Shelter-in-Place: Procedures & Tasks

- Create an Emergency Preparedness Task Force and determine specific tasks for types of staff members in all departments/units
- Meet with staff to discuss tasks and determine appropriateness for your facility
- Assign tasks and conduct training and exercises that involve staff following the task sheets
- Following exercises or real emergencies, meet and create an after action plan to address strengths/weaknesses
- **NOTE: Well in advance of an event, train staff on procedures and tasks.**

35

Death Surge

- Community Planning for Worst Case
- Agreements in Place with Funeral Homes, Public Health & Emergency Management
- Assessment of Facility Capacity for Holding Deceased Residents
- Plans for notifying others
 - officials
 - families
 - responsible parties
 - media

36

Emergency Response Disaster Templates

- Templates may be changed to meet the needs and/or current operating procedures of each LTC facility
- Plan includes:
 - Overview and emergency procedures for 16 possible disasters
 - Suggested mutual aid agreements to facilitate timely delivery of assistance
 - Emergency job tasks for LTC departments
 - Suggested forms (i.e. bomb threat)
 - Appendices to support the disaster templates (i.e. Appendix 8, facility operations floor plan, generator information, shutdown procedures)

37

Emergency Response Color Codes

Color designations adapted from the KY Hospital Association standardized codes for Kentucky hospitals

Code Black: Bomb/Suspicious Package	Code Yellow: Missing Resident
Plain Speech/Text: Earthquake; Severe Weather	Code Orange: Nuclear Power; Hazardous Material/Spill/Release
Code Yellow: Epidemic/Pandemic Episode	Plain Speech/Text: Severe Heat
Code Red: Fire Emergency	Plain Speech/Text: Shelter-in-Place (With Instructions)
Plain Speech/Text: Flood/Flash Flood/ Dam Failure: Severe Weather	Plain Speech/Text: Snow Emergency
Code Orange: Hazardous Material/Spill/ Release	Code Yellow: Terrorist Attack
Plain Speech/Text: Landslide; Severe Weather	Plain Speech/Text: Tornado (Watch or Warning)
Code Blue: Medical Emergencies	Code Yellow: Utility Outage
	Code Yellow: Workplace Violence or Threat of Violence

38

Objective 6: Continuity of Operations and Recovery

- Operating with reduced staff
- Securing additional staff
- Maintaining essential functions
- Assuring safety of residents, staff & volunteers
- Protecting equipment, records & assets
- Minimizing disruption & losses
- Addressing financial needs (continued payroll, invoice payment, cash on hand)



39

Re-Entry and Post Disaster

- Re-Entry to Facility
 - When deemed safe by appropriate authorities
 - After notification of LTC Ombudsman
 - May involve gradual return to normal operations
- Post Disaster Procedures
 - Secure property
 - Damage assessment
 - Inventory (facility/residents' property)
 - Insurance/ FEMA Documentation



40

Post Evacuation Return

- Transportation
 - Transportation may be scarce/need staging
 - Work with Emergency Management before, during and after the emergency
 - Collaboration with receiving facility
 - Be aware of community need to share resources in wide-spread disaster
 - Payment for transport and resident/staff care is responsibility of *original sending facility*
- Behavioral/Mental Health/Psychological First Aid
 - KY Community Crisis Response Board
 - Community Mental Health Services

41

Training and Exercises

- National Incident Management System
 - NIMS 100- All Staff; part of orientation
 - NIMS 100, 200 and 700- Administrators, Department Heads, Supervisory Staff
 - NIMS 800 –One supervisory level per facility
- Staff and Volunteer Training
- Exercises and Drills
- Action Plans, De-Briefing & Revisions



42

Pandemic Episode Plan



- Identify/create a written admissions policy and/or protocol for monitoring seasonal/pandemic influenza
- Post educational materials i.e., cough etiquette
- Establish communications strategies to update families/guardians
- Identify Infection Control Plan with strategies for grouping ill or symptomatic residents
- Establish continuity of operations provisions
- Create a vaccination plan for staff and residents
- Determine criteria for a "staffing crisis"
- Establish procedures for pre-certifying volunteers to expand staffing
- Stock and store Personal Protective Equipment/other supplies
- Complete surge assessment and confirm contingency plans in place
- Assess capacity for deceased residents; sign agreements with public health, hospitals, funeral homes, etc.

43

Example: Using the Pandemic Episode Plan

- Identify/establish multi-departmental pandemic planning committee and assign specific roles
 - Identify pandemic committee coordinator
 - Identify person to monitor federal/state advisories
 - Identify person responsible for communicating with public
 - Identify person responsible for communicating with staff, residents, families, responsible parties, and volunteers
 - Identify person responsible for training staff, residents, volunteers, LTC Ombudsman, etc.
 - Identify person responsible for daily assessment of staffing status
- Contact local public health department, emergency responders, hospitals, LTC Ombudsman, other LTC facilities, aging services providers for community plans
- Signed Memorandum of Agreement in place with other health care facilities, community partners, vendors, etc.

44

Corrective Action Plan for Actual Disaster

- Internal Action
 - Have a multi-departmental de-briefing
 - Review what parts of the plan worked well
 - Identify areas that need revisions
 - Make revisions as needed
 - Record changes and dates on LTC Facility Emergency Preparedness Plan
- External/Community Action
 - Share lessons learned with community providers (Regional Healthcare Preparedness Program Coalition, LTC Subcommittee, Emergency Management, Utilities, Vendors, etc.)

45

Appendices

- | | |
|--------------------------|---|
| 1. Acronyms/Glossaries | 11. Healthcare Preparedness Coalition/ Link to Supplies |
| 2. Agreements | 12. Job Action Sheets |
| 3. Communication Form | 13. Mental/Behavioral Health |
| 4. Contacts List | 14. Pets & Service Animals |
| 5. Dietary | 15. Resident Profile |
| 6. Sample Menus | 16. Recovery/Re-Entry/Re-Open |
| 7. Evacuation | 17. Training and Education |
| 8. Facility Operations | 18. Resources and Tips |
| 9. Family Disaster Plan | 19. Regulations & Requirements |
| 10. Incident Action Plan | |

46

Checklists

A cross-reference to each section of the LTC Plan is listed on the following Checklists:

USDHHS-CMS Survey & Certification Emergency Preparedness Checklist

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Long Term Care And Other Residential Facilities Pandemic Influenza Checklist

47

Summary

You should now be able to:

1. Give examples of why older persons are more at risk in an emergency
2. List the components of an all hazards LTC plan
3. Discuss the importance of a vulnerability assessment and mitigation plan
4. Describe the emergency preparedness and response needed to evacuate
5. Describe the emergency preparedness and response needed to shelter-in-place
6. Discuss the emergency preparedness and response needed for continuity of operations and recovery following an emergency

48



Please Stop Here!
Complete the IS 700
Quiz Questions on the
Handout

49

50

Question 1: The facility emergency plan should be reviewed and updated at least annually. Which of the following changes should be reported in the plan?

- A. New hazards or changes in identified hazards
- B. Documentation of drills and exercises and resulting changes
- C. Record of budget related changes
- D. All of the above**

51

Question 2: Which one of these statements is correct about the Facility Quick Look Profile?

- A. The Profile is used to update residents about the facility's emergency plan.
- B. The Profile documents the number of drills and exercises during the year.
- C. The Profile provides contact names and numbers and a summary of buildings, beds, staffing, generators, alarm systems, and hazards.**
- D. The Profile identifies the probability, risk and preparedness levels of the facility for hazards.

52

Question 3: The Hazard Vulnerability Analysis....

- A. Is used in an emergency by the Finances/ Administration Chief to determine available resources.
- B. Measures usual events, natural events AND unique threats.**
- C. Is primarily used to determine level of risk from natural events such as floods, ice storms and tornados.
- D. Is needed only for hazards within the facility.

53

Question 4: It is important that emergency supplies & equipment

- A. Be placed in a locked location and, for safety reasons, only the Administrator should have the key.
- B. Be unlocked so that staff can use and replace whatever they need during non-emergency periods.
- C. Include flashlights with batteries in them for quick use.
- D. Be marked as emergency supplies/equipment, sorted according to possible disaster and locked with keys available to designated staff per shift.**

54

Question 5: Communication may be unavailable or overloaded in an emergency. Communication plans should include which of the following?

- A. Land line phones and cell phones with out- of- area codes
- B. Two-way, CB and/or HAM radios
- C. Satellite Phones, Internet, Mass notification systems
- D. All of the above

55

Question 6: In a community-wide emergency event, the decision to evacuate is...

- A. A team decision made by the LTC Facility Administrator along with community partners
- B. An independent decision based on the best judgment of the LTC Facility Administrator.
- C. Based on external factors such as transportation, staff and supplies.
- D. Determined by the availability of Phase I and Phase II transportation.

56

Question 7: At least one alternate evacuation location for LTC residents should be...

- A. 5 miles away
- B. 25 miles away
- C. 50 miles away
- D. 75 miles away

57

Question 8: The decision to shelter-in-place

- A. Should only be considered as a last resort since residents are safer if evacuated.
- B. Is based on how many general staff are willing to work during an emergency situation.
- C. Depends on the availability of the LTC facility Administrator to activate that option.
- D. Is made well in advance of the event and requires prior planning for supplies and equipment.

58

Question 9: The LTC Plan provides recommended color codes that are ...

- A. Set by US Homeland Security color standards.
- B. Adapted from the KY Hospital Association accepted color codes for emergencies.
- C. Based on a method of standardizing work stations for volunteers during an emergency.
- D. All of the above.

59

Question 10: Disaster templates....

- A. Are best practices and should not be adapted for an individual facility.
- B. Are used as a standard to assure federal reimbursement for emergency related expenses.
- C. May be replaced and/or changed as needed by the LTC facility to meet usual/corporate standards.
- D. Are useful primarily to address a community-wide disaster rather than an internal LTC facility emergency.

60

Question 11: A Pandemic Plan ...

- A. Is not necessary as long as there is a facility plan for seasonal flu.
- B. Is established for the facility by county level emergency responders.
- C. Is only useful in a national-scale emergency situation.
- D. Should be developed by a multi-departmental staff with specific persons assigned to roles for assessing, monitoring, communicating and training, and may expand on the facility plan for seasonal flu.

61

Question 12: Re-entry into the LTC facility requires which one of the following options?

- A. Determination by officials that the facility is safe.
- B. Notification of the LTC Ombudsman.
- C. A process for gradual return to normal operation.
- D. All of the above.

62

Question 13: Post evacuation return of residents and staff to the facility ...

- A. Requires transport by ambulance.
- B. Must be initiated no later than 72 hours after the end of the emergency in order to meet LTC regulations.
- C. Is paid for by the sheltering facility.
- D. Is paid for by the original sending LTC facility.

63

Question 14: A plan based on lessons learned from an actual incident is known as the...

- A. Recovery Plan
- B. Corrective Action Plan
- C. Procedural Plan
- D. Emergency Operations Plan

64

For More Information



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65