

California Department of Public Health Standards and Guidelines for Healthcare Surge During Emergencies

Volume V: Long-Term Care Health Facilities

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California Department of Public Health Standards and Guidelines for Healthcare Surge During Emergencies

Foundational Knowledge

Volume I: Hospitals

Volume II: Government-Authorized Alternate Care Sites

Volume III: Payers

Volume IV: Community Care Clinics

Volume V: Long-Term Care Health Facilities

Volume VI: Licensed Healthcare Professionals (available 2010)

Hospitals Operational Tools Manual

Government-Authorized Alternate Care Sites Operational Tools Manual

Community Care Clinics Operational Tools Manual

Long-Term Care Health Facilities Operational Tools Manual

Licensed Healthcare Professionals Operational Tools Manual (available 2010)

Foundational Knowledge Training Guide

Hospitals Training Guide

Government-Authorized Alternate Care Sites Training Guide

Payers Training Guide

Community Care Clinics Training Guide

Long-Term Care Health Facilities Training Guide

Licensed Healthcare Professionals Training Guide (available 2010)

Reference Manual

Long-Term Care Health Facilities

How should long-term care health facilities utilize the Long-Term Care Health Facilities Training Presentation ?

Long-Term Care Health Facilities Training Overview

This training course is intended to serve as an overview of the content of the *Long-Term Care Health Facilities Volume* of the *Surge Standards and Guidelines Manual*.

- The presentation is designed to be used as a tool for long-term care health facilities when developing training programs on their healthcare surge plans.
- Long-term care health facilities should use this training course as a starting point and customize it to include organization-specific surge planning objectives.
- Long-term care health facilities are encouraged to incorporate interactive elements and tailor the presentation contents to their audience.
- For the purposes of this document, "long-term care health facilities" refers to skilled nursing facilities and large intermediate care facilities licensed by the California Department of Health.

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Long-Term Care Health Facilities

What are the learning objectives for the Long-Term Care Health Facilities Volume of the Standards and Guidelines Manual?

Long-Term Care Health Facilities Learning Objectives

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Upon completion of this course, you will be able to:

- Understand the potential roles of long-term care health facilities in a healthcare surge
- Understand the responsibilities of long-term care health facilities, which impact patients, staff, and communities
- Understand the importance of long-term care health facilities' participation in community surge planning
- Articulate the ethical and behavioral principles and practice guidelines required during surge planning and a healthcare surge event
- Be familiar with existing waivers and provisions to regulations as they pertain to a health emergency situation, and be able to locate those provisions
- Locate and utilize regulatory information and other resources for planning and implementing a response to a healthcare surge

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How will California's Healthcare System Respond to a Healthcare Surge?

California's Healthcare System Response to a Healthcare Surge Long-Term Care Health Facilities Volume, Section 1

It is critical that healthcare systems and long-term care health facilities not only be prepared to provide services on an individual basis but also be prepared to participate in an overall emergency community response. Key considerations:

- An attack using biological, chemical, or radiologic agents; the emergence of diseases such as severe acute respiratory syndrome or pandemic influenza; or the occurrence of a natural disaster are threats capable of imposing significant demands on California's healthcare delivery system.
- The overwhelming increase in demand for medical care arising out of such an event is called a healthcare surge. The magnitude of a healthcare surge will require a focused planning approach.
- In *Emergency Management Principles and Practices for Healthcare Systems*, the Institute for Crisis, Disaster, and Risk Management has found that healthcare system response during emergencies demonstrates the following recurrent findings:

- | | |
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| <ul style="list-style-type: none">• Local response is primary• Medical response is complex• Coordinated response is essential• Response must bridge the "public-private divide"• Public health is an essential partner | <ul style="list-style-type: none">• Robust information processing is necessary• Effective overall management is needed• Medical systems must be resilient |
|--|---|

- An effective response to a healthcare surge will promote healthcare system resiliency as well as the most efficient care for victims of the event.

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Additional Notes



Local response is primary. The initial response to any medical event will be almost entirely based upon locally available health and medical organizations.

Medical response is complex. The response to a large-scale emergency impacts an entire community and involves numerous, diverse medical and public health entities, including healthcare systems and facilities, public health departments, emergency medical services, medical laboratories, licensed healthcare professionals, and medical support services.

Coordinated response is essential. An effective healthcare system response to major events usually requires support from public safety agencies and other community response entities that do not normally partner with community healthcare systems during everyday operations.

Response must bridge the "public-private divide". Healthcare organizations have traditionally planned and responded to emergencies as individual entities. This has occurred, in part, because of the "public-private divide": the legal, financial, and logistical issues in planning and coordination between public agencies and primarily private healthcare entities. During an emergency, healthcare providers and government agencies must view themselves as integrated components of a larger response system.

Public health is an essential partner. Public health departments are not traditionally integrated with other community emergency response operations, including the acute care medical and mental health communities. Public health departments are an essential partner in any successful response to a healthcare surge.

Robust information processing is necessary. Medical issues that arise from large scale incidents may not be immediately apparent. Complex information must be collected from disparate sources, processed, and analyzed rapidly in order to determine the most appropriate course of action. This requires a robust information management process that can

Long-Term Care Health Facilities

differ markedly from routinely used information collection systems.

Effective overall management is needed. Medical response to a healthcare surge situation can be exceedingly complex, with many diverse tasks. Responsibility for each of these activities can vary significantly across organizations in different communities. Even within a single healthcare system, many actions require coordination between operating units that don't work together on a regular basis. Despite these challenges, all necessary functions must be adequately addressed for a successful response to a mass casualty or mass effect event.

Medical systems must be resilient. A major hazard that creates the need for healthcare surge capacity will likely impact the normal functions of everyday healthcare systems. Medical system resiliency is necessary for the system to maintain its usual effectiveness and, at the same time, provide a functioning platform upon which medical surge may occur. Medical system resiliency is achieved by a combination of mitigation measures and adequate emergency preparedness, assuring continuity of healthcare system operations despite emergency.

Reference



Emergency Management Principles and Practices for Healthcare Systems. The Institute for Crisis, Disaster, and Risk Management (ICDRM) at the George Washington University; for the Veteran's Health Administration, United States Department of Veteran's Affairs. Washington, D.C., June 2006. Available at <http://www1.va.gov/EMSHG/>.

Long-Term Care Health Facilities

What key concepts serve as the foundation and context for the Long-Term Care Health Facilities Volume?

Key Healthcare Surge Planning Concepts for California Long-Term Care Health Facilities Volume, Section 1.3

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The following concepts serve as the foundation and context for understanding the information presented in the *Standards and Guidelines* Volumes for California:

- During a catastrophic emergency, healthcare providers will focus on saving the maximum number of lives possible.
- The movement from individual-based care to population outcomes challenges the professional, regulatory, and ethical paradigms of the healthcare delivery system. There is a great deal of flexibility in current California state statutes and regulations to enable a move to a population-based healthcare response.
- The coordination of activities during a healthcare surge entails significant responsibilities for local government as well as community healthcare professionals.
- The proclamation of a healthcare surge may be accompanied by proclamations of emergency which activate legal immunities or allow the suspension of practice requirements that may impede the healthcare surge response.

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Long-Term Care Health Facilities

What key concepts serve as the foundation and context for the Long-Term Care Health Facilities Volume?

Key Healthcare Surge Planning Concepts *(continued)* Long-Term Care Health Facilities Volume, Section 1.3

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The intent of the *Standards and Guidelines Manual* is not to solve the challenges of the current healthcare delivery system but to operate within it. While the current healthcare delivery system is complex, much can be done in the event of a surge response to simplify it.

- Preserving overall financial liquidity in the healthcare delivery system during a catastrophe is an issue that is larger than any single stakeholder.
- Effective surge response requires all stakeholders to accept new responsibilities, behave differently than they may have been trained, and cooperate with each other in unprecedented ways.

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Long-Term Care Health Facilities

What does "healthcare surge" mean in the Long-Term Care Health Facilities Volume?

Introduction to the Long-Term Care Health Facilities Volume Long-Term Care Health Facilities Volume, Section 1.5

Given the unpredictable nature of a disaster and its potential to significantly impact the healthcare delivery system, sufficient planning and coordination among providers, long-term care health facilities, and payers will be essential to maintaining business continuity and sustaining operations at facilities providing medical care.

"Healthcare surge" has varying meanings to participants in the healthcare system. For planning a response to a catastrophic emergency in California, "healthcare surge" is defined as follows: a healthcare surge is proclaimed in a local health jurisdiction when an authorized local official, such as a local health officer or other appropriate designee, using professional judgment, determines, subsequent to a significant emergency or circumstances, that the healthcare delivery system has been impacted, resulting in an excess in demand over capacity in hospitals, long-term care health facilities, community care clinics, public health departments, other primary and secondary care providers, resources, and/or emergency medical services.

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Additional Notes



During a healthcare surge, the delivery of care may be different. The standard of care may change based on available resources, the scope of a provider's practice may change based on need, sites of care may look different due to access issues, and the traditional methods of claims identification and submission may be forced to adjust for practical solutions. During a catastrophic emergency, the primary focus of the healthcare community will be on responding to the emergency and caring for the ill and injured; still, providers must work with health plan partners to meet the needs of the healthcare surge environment and ensure both adequate provision of care and cash flow.

How do long-term care health facilities fit into the healthcare system's response to a healthcare surge?

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Additional Notes



During a healthcare surge, the delivery of care may be different. The standard of care may change based on available resources, the scope of a provider's practice may change based on need, sites of care may look different due to access issues, and the traditional methods of claims identification and submission may be forced to adjust for practical solutions. During a catastrophic emergency, the primary focus of the healthcare community will be on responding to the emergency and caring for the ill and injured; still, providers must work with health plan partners to meet the needs of the healthcare surge environment and ensure both adequate provision of care and cash flow.

What roles will long-term care health facilities play during the response to a healthcare surge?

The Role of Long-Term Care Health Facilities *(continued)* Long-Term Care Health Facilities Volume, Section 1.4

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Long-term care health facilities that plan and adequately prepare for a healthcare surge following an emergency might achieve the following benefits as a result:

- Financial and operational survival during and following the healthcare surge
- Strengthened community relationships
- Enhanced reputation within the local healthcare system and community
- Improved community understanding of long-term care services
- Enhanced understanding of legal requirements for long-term care health facilities
- Knowledge transfer of positive practices and “lessons learned” among long-term care providers
- Support of staff members (through personal preparedness, family security)
- Compliance with organizational mission and ethical responsibilities as a healthcare provider
- Avoidance of a secondary disaster due to unmet health needs

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Long-Term Care Health Facilities

What benefits can long-term care health facilities receive from planning for a healthcare surge?

The Role of Long-Term Care Health Facilities (*continued*) **Long-Term Care Health Facilities Volume, Section 1.4**

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Long-term care health facilities that plan and adequately prepare for a healthcare surge following an emergency might achieve the following benefits as a result:

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- Enhanced understanding of legal requirements for long-term care health facilities
- Knowledge transfer of positive practices and “lessons learned” among long-term care providers
- Support of staff members (through personal preparedness, family security)
- Compliance with organizational mission and ethical responsibilities as a healthcare provider
- Avoidance of a secondary disaster due to unmet health needs

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Long-Term Care Health Facilities

What general issues should long-term care health facilities consider during the surge planning process?

Introduction to the Volume (*continued*) Long-Term Care Health Facilities Volume, Section 1.5

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As a core participant in any healthcare delivery response, long-term care health facilities should use the *Long-Term Care Health Facilities Volume* and corresponding tools as a resource to build a comprehensive and coordinated approach to surge planning.

Considerations should include:

- A general community response to a healthcare surge may include many different entities, including various healthcare facilities and public health entities, each playing several distinct roles and serving many different needs. These entities may take on roles other than those supported during normal conditions and any healthcare surge planning activities should take this potential for role expansion into consideration.
- The actions of the federal and California state governments, as well as potential funding available during surge conditions, must be considered in any long-term care health facility planning efforts.
- A proactive approach when working with health plan partners is an important component of the planning process and may include developing revised agreements with health plans, which focus on the simplification of administrative requirements and reimbursement obligations. Potential new funding sources available during surge conditions should also be considered.

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What should long-term care health facilities consider when planning for a shift to population-based care?

Transitioning From Individual Care to Population-Based Care Long-Term Care Health Facilities Volume, Section 2.1

Healthcare surge capacity planning must consider a departure from individual patient-based outcomes in favor of an approach that saves the most lives (population-based care). It is anticipated that certain legal requirements may be waived or suspended by state and/or federal government authorities during a healthcare surge in order to support a shift to population-based care. To the fullest extent possible, this shift to population-based care should adhere to longstanding principles of ethical practice.

- The following guidelines provide ethical guidance on appropriate and inappropriate criteria for resource-allocation decisions during a healthcare surge:¹

Appropriate Criteria for Resource Allocation	Inappropriate Criteria for Resource Allocation
Likelihood of survival	Ability to pay
Change in quality of life	Provider's perception of social worth
Duration of benefit	Patient contribution to disease
Urgency of need	Past use of resources
Amount of resources required	

¹Ethical Considerations in the Allocation of Organs and Other Scarce Medical Resources Among Patients. (*Arch Intern Med.* 1995; 155: 29-40). © 1993 American Medical Association.

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Guidance



For more information on healthcare surge ethical principles, allocation of scarce resources, and guidelines designed to alleviate, to the extent possible, concern over the liability associated with making such difficult decisions see **Foundational Knowledge Section 8, "Transitioning from Individual Care to Population-based Care."**

Reference



- Ethical Considerations in the Allocation of Organs and Other Scarce Medical Resources Among Patients (*Arch Intern Med.* 1995; 155: 29-40)
- Health Systems Research Inc., Altered Standards of Care in Mass Casualty Events, an Agency for Healthcare Research and Quality (AHRQ) Publication, April 2005

Long-Term Care Health Facilities

***How is
"standard of
care"
defined?***

Standard of Care Defined **Long-Term Care Health Facilities Volume, Section 2.2**

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Standard of care is a legal concept that requires licensed healthcare personnel, when caring for patients, to adhere to the customary skill and care that is consistent with good medical (or other healthcare) practice.

- Standards of care apply to diagnosis, treatment, and overall management of patients.
- The "standard of care" in California is based on what a reasonably prudent person with similar knowledge and experience would do under similar circumstances. As such, it is dependent to a certain degree on the type of provider and the scope of practice each provider is licensed or authorized to provide.
- The "standard of care" provides a framework to identify and objectively evaluate the professional responsibilities of licensed healthcare professionals to ensure that care is safe, ethical, and consistent with the professional practice of the licensed profession in California.

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Long-Term Care Health Facilities

What is the Standardized Emergency Management System (SEMS)?

Standardized Emergency Management System (SEMS) Long-Term Care Health Facilities Volume, Section 3.1

The Standardized Emergency Management (SEMS) is a set of principles that governs how California state agencies coordinate their response to a multi-agency or multi-jurisdictional emergency.

- SEMS is based on the Incident Command System (ICS),¹ which defines a standardized management structure that can be used by any organization when responding to emergencies.
- A central concept of ICS is "Unified Command." A Unified Command system integrates the many organizations and agencies that may be affected by or involved in a response to an emergency. Through the Unified Command, all organizations join a single response team and participate in a forum to reach consensus decisions.²
- The "Operational Area" is an important SEMS concept. An Operational Area is a level of organization between "local" and "regional."
- During emergencies, the Operational Area will coordinate mutual aid and emergency operations within the Operational Area and will be the channel for requesting mutual aid from the regional level.³

¹ Government Code Section 8607(a)(1); 19 CCR 2401, 2402(i), and 2405.

² [http://www.nrt.org/Production/NRT/NRTWeb.nsf/AllAttachmentsByTitle/SA-52ICSUCTA/\\$File/ICSUCTA.pdf?OpenElement](http://www.nrt.org/Production/NRT/NRTWeb.nsf/AllAttachmentsByTitle/SA-52ICSUCTA/$File/ICSUCTA.pdf?OpenElement)

³ California Department of Transportation. "SEMS Guidelines, Part II", available at http://transit-safety.volpe.dot.gov/training/Archived/EPSSeminar/Reg/CD/Documents/OHIO_DOT/OperationalPlan.pdf.

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Additional Notes



It is important for long-term care health facilities to understand SEMS so 1) they can participate in community planning activities, and 2) so they can understand how to request assistance from local and state government during a healthcare surge.

Reference



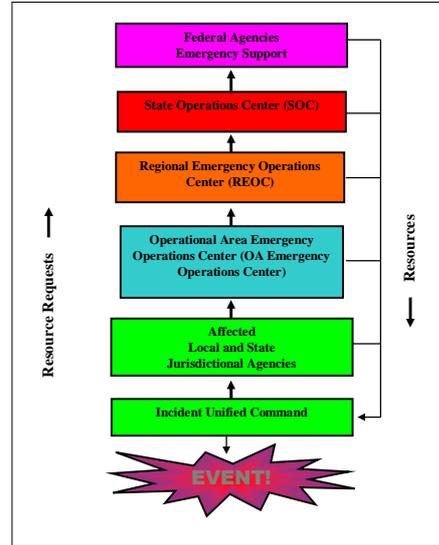
- Government Code Section 8607(e)
- Government Code Section 8559(b), 8605, and 8607(a)(4)
- Government Code Section 8605

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How will the Standardized Emergency Management System (SEMS) allocate resources during a healthcare surge?

Standardized Emergency Management System (continued) Long-Term Care Health Facilities Volume, Section 3.2

- SEMS is designed to foster the coordination of public and private sector resources at all levels of its structure.
- Requests for resources flow upward from the local level to the federal level and assistance to meet these requests flows downward from the federal level to the local level.
- It is very important that requests be directed appropriately through this structure to ensure the most efficient and effective allocation of resources.



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Reference



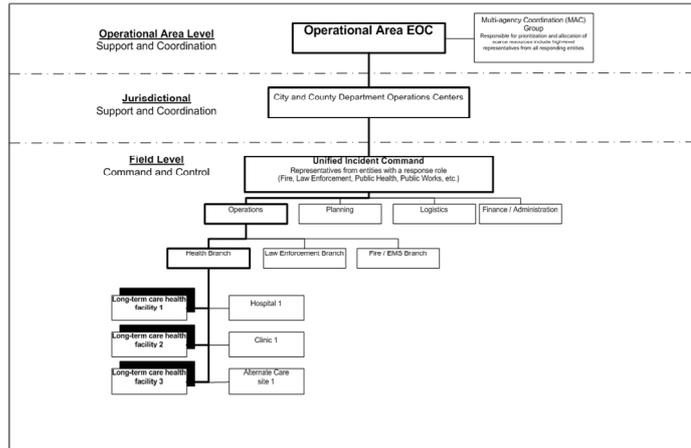
- Government Code Section 8607(e)
- Government Code Section 8559(b), 8605, and 8607(a)(4)
- Government Code Section 8605

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How do long-term care health facilities connect to the emergency response structure?

How Long-Term Care Health Facilities Connect to the Emergency Response Structure Long-Term Care Health Facilities Volume, Section 3.1.1

All healthcare providers must be integrated into the Unified Command. An authorized local official, or designee, will notify healthcare facilities that the Unified Command has been established and provide a contact for coordination of patient movement and requests for resources, services, and supplies.



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What is the National Incident Management System (NIMS)?

National Incident Management System (NIMS) Long-Term Care Health Facilities Volume, Section 3.2

The federal government also requires a standardized approach to emergency response management. This federal system is called the National Incident Management System (NIMS).

- As with the California Standardized Emergency Management System (SEMS), NIMS improves response operations through the use of Incident Command Systems and other standard procedures and preparedness measures.
- As long-term care health facilities increase participation in community planning efforts, understanding NIMS terminology and procedures will become increasingly important.
- All healthcare systems receiving federal emergency preparedness and response grants, contracts, or cooperative agreements (e.g., HHS Preparedness Program funds, Department of Homeland Security grants) must fully implement NIMS.¹
- Major categories for NIMS implementation activities include¹:

- | | |
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| <ul style="list-style-type: none">• Organizational adoption• Command and management• Preparedness planning | <ul style="list-style-type: none">• Preparedness training• Preparedness exercises• Resource management• Communications and information management |
|--|--|

¹ Federal Emergency Management Administration, Fact Sheet, NIMS Implementation for Hospitals and Healthcare Systems, September 12, 2006. http://www.fema.gov/pdf/emergency/nims/imp_hos_fs.pdf

Reference



Federal Emergency Management Administration, "Fact Sheet: NIMS Implementation for Hospitals and Healthcare Systems." September 12, 2006. Available at http://www.fema.gov/pdf/emergency/nims/imp_hos_fs.pdf

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What is the Incident Command System (ICS)?

The Incident Command System Long-Term Care Health Facilities Volume, Section 3.3

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The Incident Command System (ICS) provides a framework for organizations to organize their emergency response and avoid common management and communication mistakes.

- ICS is based upon eight core concepts:

• Common terminology	• Manageable span of control
• Integrated communications	• Consolidated action plans
• Modular organization	• Comprehensive resource management
• Unified Command structure	• Pre-designated incident facilities

- ICS recognizes that every response, regardless of size, requires five management functions to be performed:
 - Management
 - Operations
 - Planning/Intelligence
 - Finance/Administration
- ICS forms the basis of the California Standard Emergency Management System (SEMS) and the National Incident Management System (NIMS).
- Developing competency in ICS will also assist a long-term care health facility when participating in community emergency response planning.

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Additional Notes



The Incident Command System organizes emergency management during an incident response through eight core concepts:

- **Common terminology:** the use of similar terms and definitions for resource descriptions, organizational functions, and incident facilities across disciplines
- **Integrated communications:** the ability to send and receive information within an organization, as well as externally to other disciplines
- **Modular organization:** the organization of response resources according to their responsibilities during the incident; assets within each functional unit may be expanded or contracted based on the requirements of the event.
- **Unified Command structure:** the establishment of common objectives and strategies that prevent conflict and duplication of effort multiple disciplines and response organizations work through their designated managers within the Incident Command System
- **Manageable span of control:** the structuring of the response organization so that each supervisory level oversees an appropriate number of assets such that effective supervision is maintained; the Incident Command System defines this as supervising no more than three to seven entities.
- **Consolidated action plans:** a single, formal documentation of incident goals, objectives, strategies, and major assignments that are defined by the Incident Commander or by Unified Command
- **Comprehensive resource management:** the system processes to describe, maintain, identify, request, and track all resources within the system during an incident
- **Pre-designated incident facilities:** the assignment of locations where expected critical incident-related functions will occur

The Incident Command System recognizes that every response, regardless of size, requires

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five management functions be performed:

- **Management:** the function of setting priorities and policy direction and coordinating the response
- **Operations:** the function of taking responsive actions based on policy
- **Planning/Intelligence:** the function of gathering, assessing, and disseminating information
- **Logistics:** the function of obtaining resources to support operations
- **Finance/Administration:** the function of documenting and tracking the costs of response operations

Guidance



Independent Study courses on ICS and ICS in healthcare organizations can be accessed from the Federal Emergency Management Agency's Emergency Management Institute website at <https://training.fema.gov/IS/crslist.asp>.

More information on the Incident Command System is available in *Foundational Knowledge* Section 3.9.1, "Incident Command System."

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How can long-term care health facilities implement the Incident Command System (ICS)?

What is the Nursing Home Incident Command System (NH-ICS)?

Additional Notes



The Nursing Home Incident Command System Long-Term Care Health Facilities Volume, Section 3.4

The Nursing Home Incident Command System (NH-ICS) was developed by adapting the Incident Command System (ICS) for the long-term care health facility environment.¹

- NH-ICS is a system management tool that can be used by most long-term care health facilities, regardless of their size or patient care capabilities, to assist in all-hazards emergency planning and response.
- The first step to the successful implementation of the ICS/NH-ICS should include determining the essential staff roles for the long-term care health facility. It is recommended that at a minimum the following five roles be staffed at every long-term care health facility:
 - Incident Commander
 - Operations Section Chief
 - Planning Section Chief
 - Logistics Section Chief
 - Finance / Administration Chief
- Key roles should be staffed 3-people deep and assigned to experienced operations managers rather than executive leaders, whenever possible.

¹The Florida Health Care Association, in partnership with the University of South Florida and the Florida Department of Health. Emergency Management Guide for Nursing Homes: National Concepts and Practices for All-Hazards Planning.

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The primary person in charge at field level is the Incident Commander. During the initial phases of an event, or for a very small event, this person will fulfill all necessary roles. As the event size or scope increases, the Incident Commander will expand the Incident Command System and identify chiefs for each of the sections. This system has built-in flexibility that allows for any type of emergency. As an incident expands in scope, the Incident Command System expands and adapts with it.

It is recommended that long-term care health facilities plan for key roles to be at least three people deep to ensure that each key role will be adequately staffed during a healthcare surge. Because long-term care health facilities do not have the same depth and breadth of staffing as hospitals, facilities should consider the following when assigning ICS/NH-ICS roles:

- One person may serve more than one function.
- Not all functions will be required in all situations. Depending on the nature and scope of the incident and the availability of staff, only a portion of the ICS/NH-ICS roles may be activated for the duration of an incident.ⁱ
- Assignments should meet the "manageable span of control" requirement of the Incident Command System (i.e., when roles are combined, an individual should manage no more than three to seven entities).

In determining who should serve in these roles, long-term care health facilities may want to keep in mind that during a healthcare surge, executive managers may need to continue to fulfill their responsibilities as facility managers and may not be the best choices for managing the Incident Command System. Alternatively, long-term care health facilities may want to consider reserving these executives for policy decisions and staff ICS/NH-ICS with

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experienced operations managers.

Guidance



For a list of key Incident Command System roles from which long-term care health facilities can identify positions to staff, see the *Reference Manual*, "Section 4: Applying the Incident Command System to the Hospital" or the Florida Healthcare Association's *Emergency Management Guide for Nursing Homes* Part IV, "The Nursing Home Incident Command System" available at <http://www.fhca.org/emereprep/ics.php>.

In addition to NH-ICS, the Hospital Incident Command System (HICS) may provide useful guidance to long-term care health facilities when developing an emergency plan. HICS resources and training materials can be accessed at <http://www.emsa.ca.gov/hics> and <http://www.hicscenter.org>.

Reference



Florida Healthcare Association's *Emergency Management Guide for Nursing Homes* Part IV, "The Nursing Home Incident Command System."

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How can long-term care health facilities participate in community surge planning?

Community Surge Planning **Long-Term Care Health Facilities Volume, Section 3.5**

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In order to mitigate risks and sustain an effective response, a long-term care health facility must not only prepare its staff for a healthcare surge but also collaborate with the community, suppliers, and external response partners. Key considerations include:

- Long-term care health facilities are strongly encouraged to participate in community-wide surge planning efforts.
- Long-term care health facilities should identify key contacts within their Operational Area prior to an emergency. Contact information for the following organizations and individuals should be maintained in the long-term care health facility's emergency operations plan:
 - The public health department and Local Health Officer
 - The Medical Health Operational Area Coordinator, or other appropriate designee (see Foundational Knowledge, Section 3.10.6: "Medical Health Operational Area Coordinator" for more information)
 - The local Emergency Medical Services Agency Administrator and Medical Director
 - The Operational Area Emergency Operations Center staff

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Additional Notes



According to a report by the Joint Commission, *Health Care at the Crossroads: Strategies for Creating and Sustaining Community-wide Emergency Preparedness Systems* (2003), "managing a mass casualty or bioterrorism situation is no job for a single provider organization. This is, in fact, the responsibility of 'the community' – an as yet ill-defined composite that, at a minimum, includes emergency medical services, fire, police, the public health system, local municipalities and government authorities, and local hospitals and other healthcare organizations."

Historically, long-term care health facilities have not been integrated into community planning efforts as extensively as other providers, such as general acute care hospitals, have been. It is important that long-term care health facilities reach out to local and county government to participate in local planning efforts.

Reference



- The Joint Commission, *Health Care at the Crossroads: Strategies for Creating and Sustaining Community-wide Emergency Preparedness Systems* (2003)
- CNA Corporation, "Medical Surge Capacity and Capability: A Management System for Integrating Medical and Health Resources during Large-Scale Emergencies." August 2004.

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How can long-term care health facilities participate in community surge planning?

Guide to Community Planning for Long-Term Care Health Facilities in California Long-Term Care Health Facilities Volume, Section 3.5.2

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Some long-term care health facilities may not know how to begin the community planning process and others may have faced resistance from the healthcare community when attempting to participate in planning.

- The following recommendations summarize positive practices for long-term care health facilities when participating in community-wide surge planning:
 - If invited by a community planning group, long-term care health facilities should participate in the community planning process.
 - If not directly invited, long-term care health facilities should contact the Medical/Health Operational Area Coordinator, the county Emergency Operations Center, or other contact identified through the county website or local phone book government listings.
 - Long-term care health facilities should educate their community partners on the services offered in long-term care health facilities, through formal trainings or by hosting planning meetings in the long-term care health facility.
- Long-term care health facilities can gain many benefits from participation in community surge planning, including:
 - Priority access to emergency supplies and pharmaceuticals
 - Grant support for emergency preparedness supplies and equipment
 - Strengthened relationships with local government and healthcare partners

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Additional Notes



All too often, long-term care health facilities and other healthcare organizations do not engage in comprehensive community planning until after an emergency has occurred.

Sometimes long-term care health facilities may not know how to begin the community planning process. These facilities may not know whom to contact or how to begin participating with existing community planning organizations. Other long-term care health facilities may have attempted to participate in community planning efforts but have faced resistance from other community participants. Despite these barriers, long-term care health facilities must persist in their efforts to participate in community planning.

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How does a community respond to a healthcare surge?

Facility Expansion versus Government-Authorized Alternate Care Sites Long-Term Care Health Facilities Volume, Section 3.5.1

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Two ways to address the increased demand for healthcare during a healthcare Surge include:

- Expanding existing healthcare facilities to increase capacity for patient care
- Establishing temporary healthcare facilities to provide care in non-healthcare locations.
- A government-authorized alternate care site is defined as:
 - A location that is not currently providing healthcare services and will be converted to an alternate care site to enable the provision of healthcare services to support, at a minimum, outpatient and/or inpatient care required after a declared catastrophic emergency. These specific sites are not part of the expansion of an existing healthcare facility (i.e., extensions of general acute care hospitals), but rather are designated under the authority of the local and/or state government.
- The objective for establishing government-authorized alternate care sites is to absorb the excess patient load until the local healthcare system (e.g., hospitals, community care clinics, and long-term care health facilities) can manage the demands for patient care.

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Additional Notes



All too often, long-term care health facilities and other healthcare organizations do not engage in comprehensive community planning until after an emergency has occurred.

Sometimes long-term care health facilities may not know how to begin the community planning process. These facilities may not know whom to contact or how to begin participating with existing community planning organizations. Other long-term care health facilities may have attempted to participate in community planning efforts but have faced resistance from other community participants. Despite these barriers, long-term care health facilities must persist in their efforts to participate in community planning.

Long-Term Care Health Facilities

What is an emergency management program?

Emergency Management Program Long-Term Care Health Facilities Volume, Section 4

An emergency management program is defined as a program that implements the organization's mission, vision, management framework, and strategic goals and objectives related to emergencies and disasters, combining mitigation, preparedness, response, and recovery into a fully integrated set of activities. Several authorities provide guidance on long-term care health facility emergency management programs, including:

- **Code of Federal Regulations Title 42, Chapter 4, Part 483: Requirements for States and Long-Term Care Facilities** requires that facilities maintain detailed written plans and procedures to meet all potential emergencies.
- **California Code of Regulations Title 22, Division 5: Licensing and Certification of Health Facilities** requires licensed facilities, as a condition of licensure, to develop and maintain a written disaster and mass casualty program in consultation with county or regional and local planning offices.
- **National Fire Protection Association Standard 99** establishes minimum criteria for healthcare facilities in the development of a program for effective disaster preparedness, response, mitigation, and recovery.
- **National Fire Protection Association 1600** articulates the generic elements of disaster preparedness programs and serves as the basis for emergency management program evaluation and accreditation by state, local, and tribal governments.
- The **Joint Commission's Environment of Care** standards provide guidance and criteria for community-based surge capacity.

*Adapted from National Fire Protection Association 1600, 2004, and the Veterans Health Administration Guidebook, 2004.

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Additional Notes



Building an emergency management program includes the development of an emergency operations plan. The emergency operations plan provides the structure, defines the processes, and outlines the activities long-term care health facilities may use during a response to and recovery from any event that could severely challenge or exceed the normal healthcare system management and/or operations.

Long-Term Care Health Facilities

What is a Hazard Vulnerability Analysis?

Developing a Hazard Vulnerability Analysis Long-Term Care Health Facilities Volume, Section 4.5

The Hazard Vulnerability Analysis is the needs assessment for an organization's emergency preparedness program.

- Conducting a Hazard Vulnerability Analysis involves identifying all hazards that may affect a long-term care health facility and its surrounding community, assessing the probability of hazard occurrence and the consequence for the organization associated with each hazard, and analyzing the findings to create a prioritized comparison of hazard vulnerabilities.
- Hazard vulnerability is related to both the impact on organizational function (staff, suppliers, operational systems, infrastructure, etc.) and the likely service demands created by the hazard impact.
- After conducting a Hazard Vulnerability Analysis, long-term care health facilities can use this information to assess which hazards are most likely to impact their specific facility and focus preparedness and mitigation activities on those hazards with the highest relative threat.

*Emergency Management Principles and Practices for Healthcare Systems. The Institute for Crisis, Disaster, and Risk Management (ICDRM) at the George Washington University (GWU); for the Veterans Health Administration (VHA)/US Department of Veterans Affairs (VA). Washington, D.C., June 2006. Available at <http://www1.va.gov/emshg/>.

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Tool



A Sample Hazard Vulnerability Analysis tables can be found in the *Long-Term Care Health Facilities Operational Tools Manual*.

Long-Term Care Health Facilities

What is Business Continuity Planning?

What is Business Recovery Planning?

Additional Notes



Business Continuity and Business Recovery Planning Long-Term Care Health Facilities Volume, Section 4.6

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Business continuity and business recovery planning are essential components of a comprehensive emergency management program.

- Business continuity planning involves formulating an action plan that enables an organization to perform its day-to-day operations in the event of an unforeseen incident. The overall purpose of business continuity planning is to:
 - Identify essential functions.
 - Resume essential functions within a specified time after an incident occurs.
 - Return to normal operations as soon as practical and possible.
 - Train staff and familiarize them with emergency operations.
- The business continuity planning process should cover these main areas:
 - **Business Planning.** Determines which aspects of the facility's operations are most essential to its ability to provide care.
 - **Technical Support.** Determines the feasibility of the plan from a technical standpoint and ensures that the different departments have the equipment and technical support to provide care.
 - **Implementation.** Ensures that facility personnel are able and willing to implement the plan.
- **Business recovery planning** is an essential component of the business continuity plan.

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A focused business continuity plan and business recovery plan should be developed to ensure the long-term care health facility can continue to provide patient care during and following a healthcare surge. If the facility already maintains business continuity and business recovery plans as a component of the facility emergency operations plan, these plans can be modified and attached to the facility surge plan.

The business continuity planning process should cover the following major areas:

- **Business Planning:** Determines which aspects of the long-term care health facility's operations are most essential to its ability to provide care. This preliminary analysis phase assesses the potential risk and impact on facility operations, identifies recovery requirements, and lists alternative strategies. Different departments that comprise the long-term care health facility's business must be analyzed and the departments and functions that are most critical to the business's survival identified.
- **Technical Support:** Determines the feasibility of the plan from a technical standpoint and ensures that the different departments have the equipment and technical support to provide care.
- **Implementation:** Ensures that facility staff are able and willing to implement the plan. The plan should take staff cross-training into account in order to avoid the situation where only one person knows the equipment or other needs of the departments and their processes.

The business continuity plan is a dynamic document that must reflect the continuing changes

Long-Term Care Health Facilities

in daily operations of the long-term care health facility. Constant testing and modifications are needed in order to ensure its continued viability.

The recovery phase of an emergency management program for long-term care health facilities focuses upon returning the facility to baseline levels of functioning. Well-executed recovery activities can significantly improve the function of the recovering facility compared with its pre-surge condition. In some cases, recovery may entail new building construction, geographic relocation, radical change in methods for conducting business, more stringent security arrangements, or other drastic measures. Aspects of the recovery phase include:

- **Identifying a starting point for recovery.** The planning for incident recovery begins early in a response, as soon as the response management is organized. Recovery activities begin well before most response objectives are accomplished.
- **Determining the endpoint to recovery.** The point when the recovery phase is complete can be difficult to recognize and may extend for very prolonged periods of time, even years in some cases. As an example, a community impacted by a large earthquake may require years to recover to its pre-event status.
- **Recovery as part of a larger effort.** Recovery for an organization is rarely conducted in isolation. Frequently, recovery is impacted by the larger community at the local, state, and federal levels. Organizational recovery should be coordinated with this larger system, and the community authorities should be notified when the healthcare system is recovered. This may be simple (e.g., an organization officially notifying the jurisdiction that it has achieved baseline status) or complex (e.g., extensive interaction required for allocation of federal resources in a post-event environment).

Reference



Emergency Management Principles and Practices for Healthcare Systems. The Institute for Crisis, Disaster, and Risk Management (ICDRM) at the George Washington University (GWU); for the Veterans Health Administration (VHA)/US Department of Veterans Affairs (VA).

Long-Term Care Health Facilities

What steps can long-term care health facilities take to increase healthcare surge capacity?

Increasing Surge Capacity in Long-term Care Health Facilities **Long-Term Care Health Facilities Volume, Section 5.1**

During a healthcare surge, long-term care health facilities will face space and operational challenges as they try to meet the challenges of the healthcare surge.

- During the planning process, long-term care health facilities should identify areas and spaces that could be opened and/or converted for use as patient treatment areas, such as activity rooms, dining rooms, rooms with unlicensed beds, or other unused facility space.
- Procedures for accomplishing this expansion should be included in the facility's emergency operations plan.
- Plans for facility expansion may conflict with existing compliance requirements for long-term care health facilities. Appendix A, "Long-Term Care Health Facilities Compliance Requirements and Existing Flexibility" highlights state and federal regulations that may require flexing during a healthcare surge.

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Reference



Health Systems Research Inc., *Altered Standards of Care in Mass Casualty Events*, an Agency for Healthcare Research and Quality publication, April 2005

Long-Term Care Health Facilities

What are some points long-term care health facilities should consider with respect to patient transfer during surge?

Patient Transfer Long-Term Care Health Facilities Volume, Section 5.2

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During surge events, a long-term care health facility may need to transfer patients to other facilities to meet the demand for patient care. In other circumstances, nearby long-term care health facilities may need to divert patients to neighboring "like" facilities or hospitals may need to discharge inpatients to skilled nursing facilities. Key considerations regarding patient transfer include:

- Long-term care health facility emergency operations plans should consider both of these alternatives (transfer in, transfer out).
- Long-term care health facilities should develop standard policies and procedures for the transfer of patients to other healthcare facilities during a healthcare surge, including policies for transmittal of patient information, transfer of supplies and medications with patients, methods of transportation, and communication with patient family members.
- At a minimum, it is recommended that the patient face sheet, medications administration record, and care plan be transmitted with a patient during transfer, even during a healthcare surge.
- To ease the admission process for transferred patients, long-term care health facilities should develop streamlined policies and procedures for patient admission and also develop specific policies and procedures for patient admission during a pandemic influenza or other disease epidemic.

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Tool



The **Long-Term Care Health Facilities Operational Tools Manual** contains multiple tools that could be adapted for summarizing patient health information for transfer during a healthcare surge.

The **Emergency Evacuation Decision-Making Tool** in the **Long-Term Care Health Facilities Operational Tools Manual** can provide guidance on transportation and destination decisions surrounding patient transfer during a healthcare surge.

Long-Term Care Health Facilities

What structural safety issues do long-term care health facilities need to consider during healthcare surge?

Structural Safety Long-Term Care Health Facilities Volume, Section 5.4

Before considering facility expansion to meet the demand for patient care after an emergency, long-term care health facilities must determine if the healthcare facility is structurally sound. Long-term care health facilities should work closely with local experts to develop facility policies and procedures on structural safety and post-disaster assessments.

- A Facility Post-Disaster Status Assessment will be important to evaluating structural safety during an emergency.
 - It is recommended that facilities develop plans to guide decision-making around operating or abandoning a degraded environment.
 - Plans should include the identification of an organizational person to perform an immediate assessment and include a list of “fatal deficiencies/flaws” that would trigger immediate evacuation.
 - A variety of operational tools to assist long-term care health facilities in conducting this assessment are provided in *The Long-Term Care Health Facilities Volume* and the *Long-Term Care Operational Tools Manual*.
- The Office of Statewide Health Planning and Development (OSHPD) has authority over healthcare facilities, including long-term care health facilities. During a healthcare surge, OSHPD will close healthcare facilities only if a threat to life safety exists.

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Additional Notes



Following an emergency such as an earthquake in a major metropolitan area,ⁱⁱ the Office of Statewide Health Planning and Development (OSHPD) will activate its emergency response plan as follows:

- Provide emergency structural, critical nonstructural, and fire and life safety assessment of acute care hospitals and skilled nursing facilities.
- Ensure rapid inspection of facilities in a disaster area.
- Arrange priority review, approval, and permitting of facility repair and reconstruction of those affected facilities for a limited time period following a disaster.

Because healthcare facilities are resources needed following an emergency, OSHPD will close these facilities only as a last resort and only if a threat to life safety exists. OSHPD will not participate in emergency repair decisions made by healthcare facilities and for a specified time period following an earthquake, unobserved repair of healthcare facilities will be allowed. The time period will be determined by the severity of the earthquake and dictated by the length of the emergency period. OSHPD response teams will not interfere with local efforts to keep a healthcare facility open and providing service to the community as long as there is no threat to life safety at the site. It is OSHPD’s intent to allow healthcare facilities to provide services to the public as best they can under emergency conditions without interference.

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Reference



Office of Statewide Health Planning and Development, "Emergency Response Plan Memo" September 18, 2001. Available <http://www.oshpd.ca.gov/dd/regulations/emergencyplan.pdf>.

Tool



The **Facility Damage Report (Limited Assessment)** can be found in the *Long-Term Care Health Facilities Operational Tools Manual*. The facility damage report is a high-level assessment of the structural integrity of a facility during a mass medical emergency.

The **Facility On-Site Damage/Operability Report** can be found in the *Long-Term Care Health Facilities Operational Tools Manual*. The Facility On-Site Damage/Operability form is a comprehensive assessment and will aid in the decision of whether to keep the facility open or evacuate staff.

The **Facility System Status Report** can be found in the *Long-Term Care Health Facilities Operational Tools Manual*. The tool can be used to thoroughly assess facility status for the operational period of the incident.

Long-Term Care Health Facilities

What infection control issues do long-term care health facilities need to consider during planning for a healthcare surge?

Infection Control **Long-Term Care Health Facilities Volume, Section 5.5**

L

During and following a catastrophic event, the risk of infection may be exacerbated due to operational changes in patient care in order to accommodate disaster relief efforts. Long-term care health facilities should use existing standards to guide the development of infection control policies and procedures for use during a healthcare surge.

- The Centers for Disease Control Healthcare Infection Control Practices Advisory Committee provides the following guidelines for infection control:
 - Use the Centers for Disease Control, Healthcare Infection Control Practices Advisory Committee standards to address healthcare-acquired infections, such as those associated with catheters or central venous lines, pneumonia associated with the use of ventilators, and surgical site infections.
 - Prepare written reports on existing resources and evaluation measures (once every three years and updated annually).
 - Develop a pandemic influenza component in the facility's disaster plan.
- Cal/OSHA provides guidance on infection control requirements for the protection of workers against occupational exposure to blood or other potentially infectious materials. These requirements include hygiene provisions and the supply of personal protective equipment and eye protection.

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Additional Notes



During recent decades healthcare facilities across the nation have seen a steady increase in the risk of healthcare-acquired infections, despite having formalized infection control programs. The risk of infection is even greater following a catastrophic event due to the dramatic increase of patients. These risks may be exacerbated due to operational changes in patient care that healthcare facilities are required to implement to accommodate disaster relief efforts.

Long-Term Care Health Facilities

What medical waste management issues should long-term care health facilities consider during the healthcare surge planning process?

Medical Waste Management Long-Term Care Health Facilities Volume, Sections 5.6

L

During a catastrophic emergency, the potential for overloading the waste-handling capacity of long-term care health facilities is greatly increased, a situation which could cause a secondary disaster if the medical waste is not properly managed. Thus, each long-term care health facility should develop protocols that go beyond existing waste management plans to address the challenges associated with increased volume of medical waste during an emergency. Long-term care health facilities can work from existing regulations to develop waste management protocols for use during a health care surge:

- The regulations for medical waste management under normal operations can be found in California's Medical Waste Management Act (California Health and Safety Code, Division 104, Part 14).
- Health and Safety Code 117690 provides the legislative definition of medical waste. Waste must satisfy three critical criteria in order to be classified as medical waste:
 - The material must actually be a waste product.
 - The waste must be either biohazardous or sharps waste.
 - The waste must be produced as a result of a specified action in the delivery of health care.

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Additional Notes



Waste must satisfy three critical criteria in order to be classified as medical waste:

- **"The material must actually be a waste product.** This precludes materials that have intrinsic value (such as outdated pharmaceuticals that are returned for credit) from being classified as a medical waste. On the other hand, outdated pharmaceuticals sent for treatment as waste would be classified as medical waste.
- **The waste must be either biohazardous or sharps waste.** Various forms of waste are defined as biohazardous because of the actual or presumed presence of pathogenic microorganisms. Wastes such as laboratory waste and fluid blood fall into this category and are therefore biohazardous waste. Some chemically hazardous wastes produced in healthcare have been removed from the jurisdiction of the hazardous waste laws in favor of being treated as biohazardous waste. Trace amounts of chemotherapeutic agents, outdated pharmaceutical wastes, and tissues with trace amounts of fixatives fall into this category of biohazardous waste classification. Objects which have been used in invasive procedures such as hypodermic needles and broken glass items contaminated with blood or other biohazardous waste are considered to be sharps waste.
- **The waste must be produced as a result of a specified action in the delivery of health care.** The Medical Waste Management Act (section 117690) defines this as the "...diagnosis, treatment, or immunization of human beings or animals...". Some actions such as medical research, production or testing of biologicals, accumulation of home-generated sharps waste and the removal of trauma scene waste are specifically included in the definition of medical waste." ⁱⁱⁱ

Issues to consider in developing protocols include (but are not limited to):

Long-Term Care Health Facilities

- Purchasing greater quantities of materials suitable for containing biological agents or infectious organisms, such as:
 - Biohazard labeled bags
 - Sharps containers
 - Liquid handling containers
 - Rigid, closeable, leak-proof containers
 - All other associated supplies and materials
- Developing a system to document the quantity of the materials above with an estimate of how long these supplies will last at full capacity or a population level determined by the long-term care health facility
- Developing procedures for obtaining additional material, regardless of whether the facility emergency operations plan is activated

Reference



The regulations for medical waste management under normal operations can be found in California's Medical Waste Management Act (California Health and Safety Code, Division 104, Part 14).

Long-Term Care Health Facilities

What mass fatality management issues should long-term care health facilities consider during the surge planning process?

Fatality Management Long-Term Care Health Facilities Volume, Section 5.7

Although discussing mass fatalities may be challenging for long-term care health facilities and their staff, it remains important to plan for mass fatality scenarios during a healthcare surge.

- Facility Fatality Management
 - Long-term care health facilities should plan for the appropriate bagging and storage of the dead and consider evidentiary needs (i.e., bodies stored with some space/distance between bodies, appropriate identification/labeling of the body). If the body is contaminated (e.g., by infectious disease or radiation), special bagging, handling, and labeling procedures must be ensured.
 - The facility plan for management of mass fatalities must include protocols for communicating with family members and allowing viewing the dead. Careful identification and tracking of the dead must be documented by the long-term care facility and provided to authorities when requested.
- State and County Fatality Response
 - Local and county governments may establish temporary morgue sites in the community in response to mass fatalities; a representative from the Unified Command will communicate the location and transfer procedures to the long-term care health facility.
 - Until assistance can be obtained from local government resources to manage fatalities, long-term care health facilities must implement internal plans to manage the dead.

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Additional Notes



The California Association of Health Facilities provides guidance on mass fatality care in the *Pandemic Influenza Workbook for Long Term Care Providers*, available at <http://www.cahf.org/public/dpp/piwb082207FINAL.pdf>. Guidance includes:

- Identification of areas for temporary morgues
- Procurement of body bags and other post-mortem supplies
- Embalming procedures for temporary mortuaries
- Funeral services during a pandemic

Each California county has a Sheriff-Coroner, Coroner, or Medical Examiner to manage fatalities. These local government officials rely on the state's mutual aid system to meet resource needs in events that overwhelm their response capacity. The mutual aid system for these officials is defined in the statewide Coroners Mutual Aid Plan. The 2006 Coroners Mutual Aid Plan is available for download at:

[http://www.oes.ca.gov/Operational/OESHome.nsf/0d737f261e76eeb588256b27007ac5ff/a3f586fd13d795c788256b7b0029bbff/\\$FILE/CoronersMutualAidPlan2006.pdf](http://www.oes.ca.gov/Operational/OESHome.nsf/0d737f261e76eeb588256b27007ac5ff/a3f586fd13d795c788256b7b0029bbff/$FILE/CoronersMutualAidPlan2006.pdf)

Reference



California Association of Health Facilities *Pandemic Influenza Workbook for Long Term Care Providers*. Available at <http://www.cahf.org/public/dpp/piwb082207FINAL.pdf>.

Long-Term Care Health Facilities

What security planning issues should long-term care health facilities consider during the surge planning process?

Security Planning Long-Term Care Health Facilities Volume, Section 5.8

Heightened security during a healthcare surge may be needed to protect long-term care health facility staff, patients, and visitors and the facility and its assets. If long-term care health facilities cannot maintain a secure environment during a healthcare surge, then evacuation may become necessary. To facilitate security planning, the following steps should be considered:

- **Supplemental Security Staffing**
 - Collaborate with public health departments, local emergency medical services agencies, local law enforcement, and local emergency management planners.
 - Consider a contingency contract(s) with local or national private security firms to provide trained personnel during an emergency.
- **Vendor Security**
 - Address security protections for vendors as they attempt to deliver medicine and supplies during a healthcare surge.
- **Chain-of-Custody**
 - Outline a fundamental strategy for evidence handling in the emergency operations plan.
 - "Chain of custody" refers to the document or paper trail showing the seizure, custody, control, transfer, analysis, and disposition of physical and electronic evidence. Because evidence can be used in court to convict persons of crimes, it must be handled in a scrupulously careful manner to avoid later allegations of tampering or misconduct.

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Additional Notes



In developing plans for security staffing during a healthcare surge, long-term care health facilities should collaborate with public health departments, local emergency medical services agencies, law enforcement, and local emergency management planners. Many of these groups may already maintain plans for prioritizing and allocating scarce security coverage during an emergency, and long-term care health facilities should work within their community's plan.

Tools



The **Security Assessment / Vulnerability Tool** can be found in the *Long-Term Care Health Facilities Operational Tools Manual*. Long-term care health facilities can use this self-assessment tool to identify potential gaps in security and vulnerabilities at their facility, thereby ensuring the well-being and safety of patients and personnel during a mass medical emergency.

A **Facility Security Plan Process Flow** can be found in the *Long-Term Care Health Facilities Operational Tools Manual*. This process flow can help facilities identify and secure sensitive areas within facilities that may require restricted access during a healthcare surge.

Long-Term Care Health Facilities

What security planning issues do long-term care health facilities need to consider during healthcare surge?

Security Planning (*continued*) Long-Term Care Health Facilities Volume, Section 5.8

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- Lock-Down vs. Restricted Access/Visitation
 - Implementing a lock-down prohibits entrance into or exit from the facility. The declaration of a facility lock-down may conflict with long-term care health facility regulations requiring open visitation for residents and other patients' rights provisions. If it is determined that a lock-down state is required, long-term care health facilities should work with CDPH Licensing & Certification to discuss possible waivers of these regulations or otherwise address the regulatory requirements that conflict with the lock-down.
 - Restricting access by controlling and directing the flow of people into and out of the facility through points of access may be more feasible than a lock-down.
 - Each long-term care health facility should outline the triggers for deciding to lock-down or restrict access in its emergency operations plan and develop supporting incident-specific plans, policies, and procedures.

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Tools



A **Sample Lock-Down Policy and Procedure** can be found in the *Long-Term Care Health Facilities Operational Tools Manual*. A lock down procedures and guidance can be used when the need to lock-down the facility exists for any reason.

Long-Term Care Health Facilities

What traffic control issues should long-term care health facilities consider during the surge planning process?

Traffic Control during a Healthcare Surge Long-Term Care Health Facilities Volume, Section 5.9

L

Depending on the situation, long-term care health facilities should anticipate that an escalating number of family and friends may arrive at the facility in private vehicles. Specific policies for traffic control during a healthcare surge should be developed:

- All available parking areas should be opened and consideration should be given to suspending gate-entry systems and fee payments, if applicable.
- Depending on the gravity of the situation, all vehicles should be inspected as they enter the campus. These inspections may require additional personnel and equipment.
- Policies should be developed to address situations such as abandoned vehicles, including those with possible chemical contamination, and how they should be removed from outside the facility entrance and other critical locations.
- It should be anticipated that law enforcement may request vehicle information (tag number, make and model of the car, and location) for the patients being seen.
- For long-term care health facilities sharing campuses with other healthcare organizations, the decision-making associated with campus security should be collaborative and employ optimal communication practices.

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Long-Term Care Health Facilities

What should long-term care health facilities consider when planning to expand the workforce during a healthcare surge?

Expanding the Workforce **Long-Term Care Health Facilities Volume, Section 6**

L

Increasing staff during a disaster will be one of the greatest challenges that a long-term care health facility must address. Planning considerations include:

- During a healthcare surge, a long-term care health facility's first option to address staffing demands is to depend on existing staff (e.g., increasing the number of hours per work shift, calling back staff that have been on medical leave).
- When facilities have maximized the productivity of existing staff, the next option would be to call upon external sources for temporary staff, as they normally would when there is a staff shortage.
- In developing their emergency plans, long-term care health facilities should consider the following:
 - Staffing plans should encompass both clinical and non-clinical roles.
 - Matrices should be developed to assist staffing supervisors in identifying staff who possess specific skills or could rapidly acquire them.

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Long-Term Care Health Facilities

What should long-term care health facilities consider when planning to expand the workforce during a healthcare surge?

Expanding the Workforce (*continued*) Long-Term Care Health Facilities Volume, Section 6

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- Long-term care health facilities may opt to collaborate with neighboring healthcare facilities to acquire staff through the development of Memoranda of Understanding or Memoranda of Agreement.
- At any point during a healthcare surge when a Unified Command structure is activated, resources will be prioritized and allocated through that structure rather than through any pre-established Memorandum of Understanding.
- Staffing resources that can be accessed through **SEMS/NIMS** are regional, state, and federal assets such as the Medical Reserve Corps, Community Emergency Response Teams, Disaster Medical Assistance Teams/California Medical Assistance Teams, Ambulance Strike Teams, and Mission Support Teams.
- Although the personnel acquisition process may differ depending on the volunteer organization used, the **acceptance and deployment process** would be essentially consistent.
- Once a staff member has been assigned a role during a healthcare surge, a process must be established to track that person while providing services in the long-term care health facility.

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Tools



The **Acceptance and Assignment of Augmented Staff During Healthcare Surge** Process Flow can be found in the ***Long-Term Care Health Facilities Operational Tools Manual***. The diagram may assist planners and staffing coordinators at long-term care health facilities in understanding the process by which additional staff are accepted and deployed.

The **Staffing Component Considerations for Development of Mutual Aid Memoranda of Understanding** can be found in the ***Long-Term Care Health Facilities Operational Tools Manual***. The tool includes areas facilities should consider when developing memoranda of understanding with neighboring facilities.

The **Sample Memoranda of Understanding** can be found in the ***Long-Term Care Health Facilities Operational Tools Manual***. These samples provide examples to guide facilities as they develop their own Memoranda of Understanding.

The **List of Potential Community-Level Staffing Resources during Healthcare Surge - Background & Activation Information** can be found in the ***Long-Term Care Health Facilities Operational Tools Manual***.

The **Staff Assignment Tracking Sheet** can be found in the ***Long-Term Care Health Facilities Operational Tools Manual***.

Long-Term Care Health Facilities

What authority and guidance exists around scope of practice and liability protections for healthcare professionals during a healthcare surge?

Scope of Practice and Liability Protections Long-Term Care Health Facilities Volume, Sections 7.1

During a healthcare surge, when the demand for patient care is greater than the supply of providers needed to deliver that care, it may become necessary to allow healthcare professionals to practice outside of their licensed scope of practice in order to fulfill the overarching mission of ensuring the best population outcome or “the greatest good for the greatest number” of people.

- The following **California Healing Boards** have provided guidance on current statutory flexibility in scope of practices and liability protections:

<ul style="list-style-type: none">• Licensed Vocational Nurses• Pharmacy• Physician Assistant• Respiratory Care	<ul style="list-style-type: none">• Nursing Practitioners• Medical Assistants• Certified Nursing Assistants• Licensed Nursing Home Administrators
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- The **Emergency Services Act** authorizes the Governor to make, amend, and rescind orders and regulations necessary to carry out the provisions of the Emergency Services Act.
- **Standby orders** are directions issued by the Governor that make, amend, or rescind certain state laws that prescribe the conduct of state business that may in any way prevent, hinder, or delay the mitigation of the effects of the emergency. Standby orders can address the likely need for increasing the number of paid healthcare professionals during a state of emergency by flexing scope of practice requirements.

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Tools



The **Skills and Abilities Assessment Tool** can be found in the *Long-Term Care Health Facilities Operational Tools Manual*. The diagram may assist planners and staffing coordinators at long-term care health facilities in understanding the process by which additional staff are accepted and deployed.

Skills and Abilities Checklist can be found in the *Long-Term Care Health Facilities Operational Tools Manual*. The tool includes areas long-term care health facilities should consider when developing memoranda of understanding with neighboring facilities.

Long-Term Care Health Facilities

What provisions might allow for flexibility in obtaining medications during a healthcare surge?

Special Considerations for Pharmacists Long-Term Care Health Facilities Volume, Section 7.3

L

The California Board of Pharmacy has issued guidance for pharmacists surrounding possible regulatory flexibility that may be instituted during a healthcare surge. Two specific issues addressed by the Board of Pharmacy may impact how a long-term care health facility can plan to obtain medications during a healthcare surge.

- **Distribution and/or dispensing of pharmaceuticals by non-licensed pharmacists:** A licensed pharmacist may authorize non-licensed pharmacists/healthcare providers to fill a prescription when:
 - The licensed pharmacist has access to prescription, patient profile, or other relevant medical information for purposes of patient and clinical consultation and advice.
 - Access to the information is secure from unauthorized access and use.
- **Furnishing medications without a prescription:** California Business and Professions Code Section 4062(a) states that a pharmacist may, in good faith, furnish a dangerous drug or dangerous device in reasonable quantities without a prescription during a federal, state, or local emergency to further the health and safety of the public.

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Guidance



For more information on special considerations for pharmacists, see *Volume I: Hospitals Section 7.3, "Special Considerations for Pharmacists – the California State Board of Pharmacy Waiver of Pharmacy Practices."*

Long-Term Care Health Facilities

How can long-term care health facilities develop a streamlined credential verification and/or competency assessment procedures for use during a healthcare surge?

Credential Verification and/or Competency Assessment Long-Term Care Health Facilities Volume, Section 7.4

L

In an emergency the Governor has the authority to waive certain requirements that would allow long-term care health facilities to call upon otherwise unavailable health professionals (e.g., physicians with inactive or retired licenses). During a healthcare surge, long-term care health facilities continue to be required to verify credentials and competency and maintain oversight of healthcare professionals and the care they deliver.

- The pool of potential personnel may be increased through a more rapid process. This may be accomplished in two ways:
 - Implementing a streamlined credentialing and/or competency assessment process
 - Collecting the minimum amount of information necessary
- Even in an emergency, the integrity of two parts of the usual credentialing and/or competency assessment process must be maintained:
 - Verification of licensure (if applicable)
 - Oversight of the care, treatment, and services provided

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Tools



The **Volunteer Application for Clinical Staff** can be found in the *Long-Term Care Health Facilities Operational Tools Manual*. The form serves as a tool to verify identification of volunteers, capture needed emergency information, and identify skills of volunteer staff.

The **Temporary Emergency Credentialing and/or Competency Assessment Process Flow Diagram** can be found in the *Long-Term Care Health Facilities Operational Tools Manual*. The diagram depicts the process by which long-term care health facilities can conduct the emergency credentialing and/or competency assessment process.

The **Credential Verification Log for Licensed Healthcare Professionals** can be found in the *Long-Term Care Health Facilities Operational Tools Manual*. The Log provides a template for long-term care health facilities to document that health professionals, who have been granted temporary emergency privileges, have provided the appropriate and required identification.

Long-Term Care Health Facilities

What should long-term care health facilities consider when planning to augment non-clinical staff during a healthcare surge?

Augmenting Non-Clinical Staff Long-Term Care Health Facilities Volume, Section 8

L

In addition to clinical staff, the operation of a long-term care health facility requires non-clinical staff to carry out functions such as administration, food service, security, housekeeping, and maintenance.

- In developing emergency operations plans, long-term care health facilities should identify which functions can be performed by community-based organizations, volunteer staff, and/or private contractors.
- The long-term care health facility may choose to maintain Memoranda of Understanding with local staffing agencies to provide this support. If so, the Memoranda should include a process for verifying the employee's background.
- The *Long-Term Care Health Facilities Volume* and the *Long-Term Care Health Facilities Operational Tools Manual* include operational tools to assist long-term care health facilities in planning for and augmenting non-clinical staff during a healthcare surge.

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Tools



The **Volunteer Application for Non-Clinical Staff** can be found in the *Long-Term Care Health Facilities Operational Tools Manual*. The form serves as a tool to verify identification of volunteers, capture needed emergency information, and identify skills of volunteer staff.

The **Non-Clinical Support Matrix** can be found in the *Long-Term Care Health Facilities Operational Tools Manual*. The form provides long-term care health facilities with a template and guidelines for non-clinical staffing needs for a facility operating during a healthcare surge.

Long-Term Care Health Facilities

How can long-term care health facilities plan for maintaining the workforce during a healthcare surge?

Maintaining the Workforce Long-Term Care Health Facilities Volume, Section 9

During a healthcare surge or other emergency, long-term care health facilities must ensure the health and safety of their workforce. The development of staff support provisions are recommended to maintain the workforce and avoid the need to augment staff. Surge planners should be aware of the following:

- Workforce Health and Safety and Workers' Rights
 - Occupational safety and health requirements are set forth in federal and California state statutes and regulations, including the federal Occupational Safety and Health Administration regulations and the California Labor Code and Cal/OSHA regulations.
 - One way a long-term care health facility can protect the health and safety of the workforce is the provision of **personal protective equipment**.
 - In addition to the obligation to safeguard the health and safety of their workforce, employers also have a responsibility to honor employees' rights.
- Occupational Safety and Health Planning
 - Long-term care health facilities are required to have a health and safety plan that includes, but is not limited to, the following:

- | | |
|---|---|
| <ul style="list-style-type: none">• Infection control• Life safety• Emergency action plan• Control of hazardous substances | <ul style="list-style-type: none">• Fatigue• Heat stress• Personal protective equipment |
|---|---|

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Tools



The **Considerations for Staff Support Provisions** can be found in the **Long-Term Care Health Facilities Operational Tools Manual**. The tool provides an outline for healthcare surge planners on policies and provisions that might be needed to support staff during a healthcare surge.

The **Policy for Workforce Resilience** can be found in the **Long-Term Care Health Facilities Operational Tools Manual**. The tool can be used to address workforce resilience during a disaster and to develop a policy for provision of dependent care.

The **Sample Policy for Dependent Care** can be found in the **Long-Term Care Health Facilities Operational Tools Manual**. The tool outlines the process by which a long-term care health facility can provide shelter and food for staff and volunteer dependents during a disaster or other emergency situation.

The **Sample Tracking Form for Dependent Care** can be found in the **Long-Term Care Health Facilities Operational Tools Manual**.

The following additional disaster plan templates can be found in the **Long-Term Care Health Facilities Operational Tools Manual: Sample Family Emergency Plan, Sample Family Emergency Supply List, Pandemic Flu Planning Checklist, and Family Emergency Health Information Sheet**.

Long-Term Care Health Facilities

How can long-term care health facilities plan for maintaining the workforce during a healthcare surge?

Maintaining the Workforce (*continued*) Long-Term Care Health Facilities Volume, Section 9

- Support Provisions for Staff
 - It is unlikely that staff will report for duty or remain at work during an emergency if they are concerned about the safety and welfare of their family.
 - Providing staff support and dependent care (i.e., childcare, elder care, and care for family members with disabilities) may enable long-term care health facilities to maintain the workforce and alleviate the need to augment staff with volunteers and temporary staff.
- Facility Staff Family Disaster Plan
 - Healthcare facilities should encourage staff to conduct emergency planning with their families. Planning should include:
 - Discussing the types of disasters and emergencies that are most likely to happen and what to do in each case
 - Establishing an out-of-town emergency contact
 - Arranging pet care, if necessary
 - Assembling an emergency supply kit
 - Long-term care health facilities may wish to encourage their employees to designate the long-term care health facility as their family meeting place or shelter in the event of an emergency. This could serve to protect the health and safety of staff and their families and also encourage employees to report to work during a healthcare surge.

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Additional Notes



Under California Labor Code Section 6401, “every employer shall furnish and use safety devices and safeguards, and shall adopt and use practices, means, methods, operations, and processes which are reasonably adequate to render such employment and place of employment safe and healthful.” Additional specific guidance for the provision of personal protective equipment is outlined in 8 CCR 3380.

The California Industrial Welfare Commission Order Number 4-2001, 3(B) (9)-(10) outlines the number of hours that healthcare personnel may work during a healthcare emergency. This order is subject to modification or waiver under the Governor’s executive powers during a state of emergency. Healthcare emergency is defined in this order as “an unpredictable or unavoidable occurrence at unscheduled intervals relating to healthcare delivery, requiring immediate action.” Order Number 4-2001, 3(B) (9)-(10) specifically states:

- No employee assigned to work a 12-hour shift established pursuant to this order shall be required to work more than 12 hours in any 24-hour period unless the chief nursing officer or authorized executive declares that:
 - A "healthcare emergency" exists; and
 - All reasonable steps have been taken to provide required staffing; and
 - Considering overall operational status needs, continued overtime is necessary to provide required staffing.
- No employee shall be required to work more than 16 hours in a 24-hour period unless by voluntary mutual agreement of the employee and the employer, and no employee shall work more than 24 consecutive hours until said employee receives not less than eight consecutive hours off duty immediately following the 24 consecutive hours of work.

During a declared emergency, it is likely that Cal/OSHA will work with the Safety Officer in the

Long-Term Care Health Facilities

state, regional, or Operational Area Emergency Operations Centers to assist with achieving compliance with occupational safety standards and regulations. Working through the local or regional Emergency Operations Center assures all affected facilities receive support in this area.

Reference



For details of the requirements for health and safety plans, see 29 CFR 1910.120 and 8 CCR 3203. Accredited facilities should also consult the Joint Commission Standards on Safe Environment, Worker Safety, and Waste Management.

Cal/OSHA's *Guide to Developing Your Workplace Injury and Illness Prevention Program with Checklists for Self-Inspection* manual describes employers' responsibilities in establishing, implementing, and maintaining an Injury and Illness Prevention Program. The manual can be found at http://www.dir.ca.gov/dosh/dosh_publications/iipp.html.

U.S. Department of Labor Occupational Safety and Health Administration's *Worker Safety and Health Support Annex* provides guidelines for implementing worker safety and health support functions during potential or actual incidents of national significance. The annex can be accessed at: http://www.osha.gov/SLTC/emergencypreparedness/nrp_work_sh_annex.html

Long-Term Care Health Facilities

How can long-term care health facilities maximize sustainability during a surge?

Maximizing Sustainability **Long-Term Care Health Facilities Volume, Section 10.1**

L

Effective planning for facility sustainability will help to mitigate the effects of limited resource availability during a healthcare surge.

- The first step in preparing for a healthcare surge is to ensure that a long-term care health facility can function independently at surge levels for 72-96 hours.
- Connecting to the Unified Command and SEMS/NIMS during a healthcare surge will be critical as the emergency response structure will manage resource allocation so that scarce resources and supplies can be prioritized among all communities and healthcare providers.
- In order to **maximize sustainability**:
 - Long-term care health facilities should have enough pharmaceuticals, supplies, and equipment at their facility to be self-sufficient to operate at or near full capacity for a minimum of 72 hours, with a goal of 96 hours.
 - Long-term care health facilities may need to rely on the available market supply (e.g., Memoranda of Understanding, retailers, or wholesalers) and state and federal stockpiles for specific resources.
 - Long-term care health facilities should base their surge plans on specific likely risks (e.g., floods if the facility is in a flood plain, earthquakes, forest fires) identified in the facility's Hazard Vulnerability Analysis.

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Long-Term Care Health Facilities

How should long-term care health facilities plan for acquiring pharmaceuticals during a healthcare surge?

Pharmaceuticals

Long-Term Care Health Facilities Volume, Section 10.2

Because of regulatory limitations and operational financial constraints, long-term care health facilities are generally dependent on contracted pharmacies to provide the prescription medications needed by their patients. Access to pharmaceuticals during a healthcare surge may be challenging for long-term care health facilities, so facilities must develop surge-specific strategies for pharmaceutical procurement.

- Long-term care health facilities must discuss surge and emergency planning with pharmacy vendors to understand how drugs will be delivered during a healthcare surge.
- After considering how to procure pharmaceuticals during a health care surge, long-term care health facilities should plan for how they will receive, organize, store, and access the medications once on-site.

Off-Label Drug Use

- There is no known statutory or regulatory prohibition against **off-label use of a drug** by a physician. Consequently, pharmacists may dispense pharmaceuticals for off-label purposes without being out of compliance.
- A proclamation of an emergency could include a provision making the standard of care the prevention of the greatest loss of life, which could allow some off-label uses even if not generally accepted by the medical community, but consistent with the goal of saving a life.

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Additional Notes



California Health and Safety Code Sections 1261.5 and 1261.6, 22 CCR 72377, and 22 CCR 73375 limit the number of drugs a skilled nursing facility or intermediate care facility can maintain beyond patients' current supply of medication. These emergency kit medications are limited to the following:

- Up to four solid, oral, or suppository doses of any 24 different drugs identified by the facility's pharmaceutical services committee in conjunction with the pharmacy provider and the facility's pharmacists
- Up to 3 injectable doses of any medication stored in ampules or vials, or one container of the smallest available multi-dose vial
- Up to 3 sublingual or inhaled doses of any medication stored in a single container
- Unlimited doses of all medications when administered through an automated drug delivery system

In some circumstances, a long-term care health facility may wish to establish supplemental pharmacy contracts to help ensure a steady drug supply during a healthcare surge. Local retail pharmacies may be a good back-up source when established vendors cannot supply or deliver needed medications. Having multiple alternative sources of pharmaceuticals is recommended (e.g., if one back-up pharmacy is inaccessible due to a flood or road closure, another location may be reachable).

In some cases, the local health officer and/or the state public health officer will be the prescribing authority for certain medications dispensed or vaccines administered during an emergency (e.g., mass prophylaxis or mass vaccination). Pharmaceuticals may have to be dispensed or administered under Investigational New Drug (IND) or Emergency Use

Long-Term Care Health Facilities

Authorization (EUA) protocols. The federal Food and Drug Administration (FDA) will make this determination.

Reference



The Federal Food, Drug and Cosmetic Act, Chapter V, Subchapter E, Section 564, 21 USC Section 360bbb 3, - Authorization for Medical Products for Use in Emergencies

Tools



The **Pharmaceutical Storage Checklist** can be found in the ***Long-Term Care Health Facilities Operational Tools Manual***. The list outlines the issues and processes that long-term care health facilities are strongly encouraged to consider for storing and accessing pharmaceuticals at a facility during a healthcare surge.

Long-Term Care Health Facilities

How should long-term care health facilities plan for acquiring supplies and equipment during a healthcare surge?

Supplies and Equipment Long-Term Care Health Facilities Volume, Section 10.3

Supplies and medical equipment will be critical to a long-term care health facility's ability to function during an emergency and should be a focus of surge planning.

- Decisions regarding which supplies and equipment to maintain at the facility is dependent upon the complexity of services offered and the volume of patients expected during a healthcare surge.
- Facilities should consider resources used every day that may be needed in larger supplies during a healthcare surge in addition to supplies specifically needed for an all-hazard catastrophic emergency.
- Planning should consider the potential volume of patients that may require hydration for a 72-hour period.
- If requested by the Governor or CDPH, the United States Secretary of Health and Human Services may authorize the introduction of a drug, device, or biological product intended for use in an actual or potential emergency. This authorization allows for an emergency use of a product that is:
 - Not approved, licensed, or cleared for commercial distribution (i.e., an unapproved product) or
 - Is approved, licensed, or cleared under such provision, but the use is not an approved, licensed, or cleared use of the product (i.e., an unapproved use of an approved product).

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Additional Notes



When resources allow, strong consideration should be given to involving key staff members in the planning process. Staff who are involved in the following activities may have important perspectives to share when developing a surge plan:

- Facility administration
- Clinical leadership (e.g., Director of Nursing, Medical Director)
- Emergency planning/surge planning
- Respiratory therapy
- Materials management/procurement, including vendors and distributors
- Facilities/logistics

Reference



There are supplies and equipment that are unique to the pediatric population. For more detailed information on the emergency care of a pediatric population, refer to <http://www.emsa.ca.gov/pubs/emsa-195.asp>.

Federal Food, Drug, and Cosmetic Act, Chapter V, Subchapter E, Section 564, 21 USC Section 360bbb-3, "Authorization for Medical Products for Use in Emergencies"

Tools



The **Detailed Supplies and Equipment List** can be found in the **Long-Term Care Health Facilities Operational Tools Manual**. The list provides planners with a guide for ordering specific supplies and equipment but should not be considered a comprehensive list.

Long-Term Care Health Facilities

What should a long-term care health facility consider when planning for personal protective equipment during a healthcare surge?

Recommended Usage of Personal Protective Equipment Long-Term Care Health Facilities Volume, Section 10.4

Employers are required by Cal/OSHA to use personal protective equipment to limit employee exposure to hazards.

- Guidance on Selecting and Acquiring Personal Protective Equipment
 - Long-term care health facilities should, at a minimum, be prepared for OSHA Level D, but equipment selection should be facility-specific.
 - Long-term care health facilities should use a Hazard Vulnerability Analysis to contemplate hazards that may impact a facility and the specific potential hazard to employees (e.g., skin, ingestion, inhalation, mucous membrane contact through the eyes, nose, or mouth).
 - Long-term care health facilities should consider using equipment similar to that used by local emergency responders in order to standardize personal protective equipment within a community/region for interoperability.
 - Some circumstances may require greater levels of protection. Natural disaster/biological situations are infection control/epidemiological issues, which require universal precautions. Respiratory precautions may also be required depending on the situation.

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Additional Notes



Long-term care health facilities will primarily operate at OSHA Level D, and the acquisition of personal protective equipment and training should reflect those levels. Levels A through D and associated types of personal protective equipment are described below.

- **Level A:** Greatest level of protection required for skin, eye, and respiratory protection.
- **Level B:** Greatest level of respiratory protection but a lesser level of skin protection.
- **Level C:** Required when criteria for using air purifying respirators has been met; emphasis on respiratory protection.
- **Level D:** A work uniform that provides minimal protection to safeguard against contamination.

Occupational Safety and Health Administration (OSHA) guidelines stress that emergency response planning should include selection of personal protective equipment based on worst-case employee exposure scenarios. The long-term care health facility staff's personal protective equipment must be sufficient for the type and exposure levels an employee can reasonably anticipate from such incidents.

Various models have been developed to predict personal protective equipment needs, including models by the CDC and the World Health Organization.

- The CDC model can be found at <http://www.cdc.gov/flu/tools/flusurge/> with supplemental guidance at http://www.cdc.gov/flu/pdf/FluSurge2.0_Manual_060705.pdf.
- For the World Health Organization model, see http://whqlibdoc.who.int/hq/2006/WHO_CDS_NTD_DCE_2006.2_eng.pdf.

For greater detail on personal protective equipment and OSHA guidelines, see <http://www.osha.gov/SLTC/personalprotectiveequipment/index.html>.

Reference



Long-Term Care Health Facilities

How should a long-term care health facility plan for storage and inventory management of supplies and equipment during a healthcare surge?

Storage and Inventory Management for Supplies and Equipment Long-Term Care Health Facilities Volume, Section 10.5

After selecting which supplies and equipment to stockpile, long-term care health facilities must plan for the storage and inventory management of those supplies and equipment. Planning considerations should include:

- Ongoing maintenance of stockpiled supplies and equipment to ensure items (e.g., portable monitoring equipment, ventilators, ventilator seals, other items that use batteries) are operable and available during a healthcare surge or other emergency.
- Prioritizing on-site storage space. Storage options include storing supplies and equipment at other facilities within the healthcare system or arranging for warehouse space.
- A long-term care health facility should consider the following factors when selecting a vendor for storage and inventory management of supplies and equipment:
 - “Disaster clauses” within the contract with the vendor to understand what they are responsible for during a healthcare surge situation
 - Process for the rotation of stock and inventory (control management)
 - Vendor lead time for critical supplies and equipment
 - Process for material delivery during a healthcare surge

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Tools



The **Supplies and Equipment Storage Checklist** can be found in the ***Long-Term Care Health Facilities Operational Tools Manual***. The list outlines the vital areas that long-term care health facilities are strongly encouraged to consider when developing plans to store supplies and equipment.

Long-Term Care Health Facilities

What should long-term care health facilities consider when developing Memoranda of Understanding with vendors?

How should long-term care health facilities plan for donations of supplies and equipment?
Additional Notes



Tools



Storage and Inventory Management for Supplies and Equipment (continued) Long-Term Care Health Facilities Volume, Section 10.5.1

- Memoranda of Understanding
 - A Memorandum of Understanding with vendors and suppliers may be an effective method for sustaining operations in a facility if resources are scarce.
 - Long-term care health facilities benefit from planning for and developing Memoranda of Understanding by gaining an increased level of awareness and understanding of a community's needs and capabilities and by building an environment of trust and collaboration during an emergency.
- Donations of Supplies and Equipment
 - Potential sources of donations may include corporations and faith-based organizations, which may have stockpiles of supplies and equipment.
 - Rather than a long-term care health facility soliciting and receiving donations directly, it is recommended that the donations be coordinated at the Operational Area Emergency Operations Center or other local or county Emergency Operations Center.

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Important issues to address when developing a Memorandum of Understanding include:

- Parties involved
- Description of supplies and equipment to be shared
- Scope and applicability of services
- Liability (professional, tort, expenses)
- Definition of terms
- Date the Memorandum of Understanding is effective
- Date the Memorandum of Understanding terminates
- Points of contact
- Cost of services, equipment, and staff involved
- If the agreement is subject to any governing body
- Safeguards in case the understanding/agreement collapses

The **Sample Memoranda of Understanding** can be found in the **Long-Term Care Health Facilities Operational Tools Manual**. These samples provide examples to guide facilities as they develop their own Memoranda of Understanding.

Long-Term Care Health Facilities

What staging considerations should long-term care health facilities incorporate into surge plans?

Staging Considerations Long-Term Care Health Facilities Volume, Section 10.5.2

Most long-term care health facilities have limited storage capacity, so emergency supplies are often stored in the least convenient available space, including offsite storage facilities. During a healthcare surge, this storage plan could result in delays in care as long-term care health facilities try to retrieve their supplies from various storage locations. Staging considerations include the following:

- Long-term care health facilities may wish to identify a small storage area near their designated emergency triage and treatment site. This area can be used for the “first push” of the supplies likely needed in the first moments of a crisis.
- If space allows, the “first push” supplies may be packaged in a cart or trailer to make deployment more rapid. Consideration should be given to the path of travel between the storage site and the destination so that the designated cart or trailer will successfully clear all obstacles.
- A detailed inventory should accompany the first push of supplies, indicating “what” and “how many” of each item is immediately available and where additional supplies are located so that they can be acquired by staff who may not be knowledgeable of how the supplies are organized and stored.

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Guidance



See **Foundational Knowledge, Section 3.9: Standardized Emergency Management System** for additional information on SEMS/NIMS.

Long-Term Care Health Facilities

How can long-term care health facilities access additional resources through SEMS during a healthcare surge?

Acquiring Additional Pharmaceuticals, Supplies, and Equipment through the Standardized Emergency Management System Long-Term Care Health Facilities Volume, Section 10.8

Even with extensive planning, long-term care health facilities may require supplies, equipment, and pharmaceuticals beyond local availability. Additional resources can be requested through the Standardized Emergency Management System (SEMS).

- California has the following resources that can be distributed through SEMS based on event-specific priorities:
 - **N-95 respirators:** CDPH purchased 50.9 million N-95 respirators for use by and protection of healthcare workers at healthcare facilities and government-authorized alternate care sites.
 - **Ventilators:** CDPH has 2400 ventilators maintained for deployment.
- Through state and federal partnerships, the following resources can also be made available during a healthcare surge:
 - **Antivirals:** CDPH maintains a total of 3.8 million courses of antivirals (90% Tamiflu, 10% Relenza). The federal government maintains an additional 5.3 million courses (80% Tamiflu and 20% Relenza) for California. Together these courses provide 9.1 million courses for treatment of approximately 25% of California's population.
 - **Strategic National Stockpile:** The federal Strategic National Stockpile contains large quantities of pharmaceuticals and medical supplies to protect the American public if there is a public health emergency severe enough to cause local supplies to run out. These caches are available to CDPH upon request and would be delivered by the state to sites pre-identified by local health departments.

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Additional Notes



An authorized local official or their designee will notify healthcare facilities that the Unified Command has been established and provide contact information. Connecting to the Unified Command during a healthcare surge will be critical as the emergency response structure will manage resource allocation so that scarce resources and supplies can be prioritized among all healthcare providers. Long-term care health facilities will work through this command structure to obtain additional supplies in response to a healthcare surge.

Requests for resources will be made through the appropriate facility Incident Command staff to the Unified Command. Resource requests should be as specific as possible to ensure resource needs are met.

Long-Term Care Health Facilities

What methods of patient tracking should long-term care health facilities develop for use during healthcare surge?

Patient Tracking Long-Term Care Health Facilities Volume, Section 11.1

Although electronic tracking systems are preferred during normal operations, in cases where electronic systems are unavailable, paper-based tracking must become a viable alternative.

- Recommendations for paper-based processes are based on the following major concepts:
 - **Collect minimum necessary data.** Given that an unanticipated disaster may severely limit the capability of the healthcare system to obtain and transfer information, a manual tracking system should be simple to use and focus on collecting minimum data elements.
 - **Patient tracking is a priority.** Tracking persons seeking treatment at healthcare system and after transfer to other care facilities during a healthcare surge is a high priority for healthcare facilities, government-authorized alternate care sites, and the community.
 - **Paper-based tracking is an essential contingency.** Although significant efforts are under way to develop robust electronic patient tracking systems for disaster and emergency purposes, manual back-up processes should be maintained in case of system failures. Paper-based processes reduce compatibility issues when sharing data and total cost associated with purchasing new technology.
- A variety of operational tools for paper-based patient tracking are provided in *The Long-Term Care Health Facilities Volume* and the *Long-Term Care Operational Tools Manual*.

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Tools



Patient Tracking Forms can be found in the *Long-Term Care Health Facilities Operational Tools Manual*. These forms are examples of the type of form that can be used to track patients during a healthcare surge.

The **Paper-Based Intra-Facility Tracking Process** can be found in the *Long-Term Care Health Facilities Operational Tools Manual*. It is an example of the type of form that can be used to track patients within a facility during a healthcare surge.

Long-Term Care Health Facilities

What methods of patient valuables tracking should long-term care health facilities develop for use during healthcare surge?

Patient Valuables Tracking Long-Term Care Health Facilities Volume, Section 11.2

L

Most long-term care health facilities currently have procedures in place to track patient valuables upon admission, as safeguards for patient money and valuables are a condition of licensure under California Title 22. Planners should evaluate current procedures related to patients valuables tracking to determine how they can be modified and/or streamlined for use in a surge event.

- Recommendations for patient valuables tracking during a healthcare surge include the following:
 - Patients should be strongly encouraged to arrange with family members or others to secure their valuables.
 - For situations when valuables must be stored in the long-term care health facility, a process for inventorying patient valuables must be established.
 - Valuables should be stored in an envelope, ideally, a **plastic, tamper-proof envelope**. If one is unavailable, consider using a large manila envelope.
 - The envelopes should be consecutively numbered for auditing and control purposes, if possible.
 - A designated manager should ensure that patient valuables envelopes are available to triage and admitting staff.
 - A **patient valuables control log** should be used to document, track, and audit valuables deposited or removed from the secured locations for patient valuables.

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Tools



The **Patient Valuables Deposit Form** can be found in the *Long-Term Care Health Facilities Operational Tools Manual*. This form is an example of the type of form that can be used to track patient valuables during a healthcare surge.

The **Patient Valuables Control Log** can be found in the *Long-Term Care Health Facilities Operational Tools Manual*. This form is an example of the type of form that can be used to track patient valuables during a healthcare surge.

Long-Term Care Health Facilities

What paper-based registration and medical records procedures can long-term care health facilities develop for use during a healthcare surge?

Paper-Based Procedures for Registration and Medical Records Numbers Long-Term Care Health Facilities Volume, Section 11.3

During an emergency, computerized systems for completing registration and obtaining medical records numbers within long-term care health facilities may be unavailable. Paper-based procedures may be necessary to maintain these administrative functions that are critical to business continuity and sustaining operations during a healthcare surge.

- Paper-Based Registration Procedures
 - Registration staff should manually complete pre-numbered face sheets (if available) which will provide a source of information by which the backlog of manual admissions and registrations can be entered retroactively into the computer once the system becomes available.
- Minimum Requirements for Medical Record Documentation
 - It may be reasonable to expect that most healthcare resources will be devoted to patient care, so administrative functions will need to be reduced to minimum requirements under healthcare surge conditions.
 - Long-term care health facilities should meet with their billing staff to discuss how changes in operations during healthcare surge may impact the billing process. Minimum documentation requirements and proposed changes in policies and forms should be discussed.
 - During a healthcare surge, a short-form medical record should be utilized to capture pertinent assessment, diagnosis, and treatment information.

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Tools



The **Sample Registration Log** can be found in the *Long-Term Care Health Facilities Operational Tools Manual*. The tool can be used to record general information of registered patients during healthcare surge.

The **Sample Paper-Based Face Sheet** can be found in the *Long-Term Care Health Facilities Operational Tools Manual*. The tool can be used to record basic registration information during healthcare surge.

The **Short-Form Medical Record** can be found in the *Long-Term Care Health Facilities Operational Tools Manual*. The tool can be used to record basic medical record information during healthcare surge.

Long-Term Care Health Facilities

What reporting requirements must long-term care health facilities meet during a healthcare surge?

Long-Term Care Health Facility Reporting Requirements Long-Term Care Health Facilities Volume, Section 11.4

L

During a declared healthcare surge, it may be difficult for long-term care health facilities to adhere to reporting requirements.

- During a healthcare surge, it is recommended that the following reporting categories remain in effect for purposes of managing resources and mitigating the adverse health effects on the population:
 - Elder Abuse & Child Abuse Reporting
 - Disease & Outbreak Reporting
 - Birth and Death Reporting
 - Reporting Transfers of Patients
 - Inventories of Medical Supplies

- For all remaining reporting requirements, a waiver of sanctions, penalties, and/or time requirements during the declared healthcare surge period may be appropriate or become necessary.

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Long-Term Care Health Facilities

To what extent will HIPAA regulations apply to long-term care health facilities during a healthcare surge?

HIPAA Compliance during Healthcare Surge Long-Term Care Health Facilities Volume, Section 11.5

The federal **Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule** protects individually identifiable health information held by "covered entities" which include health plans, healthcare clearinghouses, and healthcare providers who transmit any health information in electronic form.

- HIPAA rules were never intended to prevent the delivery of healthcare during an emergency and as such the federal Department of Health and Human Services (USHHS) has indicated they will not impose HIPAA compliance fines on providers during a healthcare surge.
- Further, 45 CFR 164.510(b)(4) indicates that "a covered entity may use or disclose protected health information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordinating with such entities the uses or disclosures permitted by 45 CFR 164.510 (b)(1)(ii). [These are the uses or disclosures permitted to notify or assist in the notification of a family member or personal representative.]
- USHHS has developed a flow chart depicting when protected health information can be disclosed during an emergency. This decision-making tool can be accessed on the USHHS website at:
<http://www.hhs.gov/ocr/privacy/hipaa/understanding/special/emergency/decisiontoolintro.html>

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Reference



- The federal Department of Health and Human Services issued additional guidelines on HIPAA emergency provisions. This guidance can be found at <http://www.hhs.gov/ocr/privacy/hipaa/understanding/special/emergency/>.

Long-Term Care Health Facilities

How can long-term care health facilities maintain existing revenue streams during a surge?

Different Funding Sources and Planning Considerations Long-Term Care Health Facilities Volume, Section 12.1

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Maintaining existing revenue streams will be critical to long-term care health facilities during a healthcare surge.

- Facility preparation should include:
 - Understanding Medi-Cal and Medicare policies for reimbursement following an emergency
 - Advance planning and collaboration with commercial health plan partners
 - Developing detailed knowledge of the resources that are available to long-term care health facilities during surge conditions and the methods to access additional financial resources from federal and state-funded programs
- Public payers can play a significant role during a healthcare surge through the issuance of waivers which focus on streamlining reimbursement, reducing administrative complexities, and removing barriers to accessing patient care. Possible waivers include:
 - Section 1135 Waivers: waiver of certain federal requirements in an emergency area during an emergency period, which affect Medicare, Medi-Cal, and the State Children's Health Insurance Program (e.g., Healthy Families)
 - Section 1115 Demonstration Waivers: mechanism to modify rules and regulations of the Medi-Cal program, which is less likely to provide primary relief during a healthcare surge

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Long-Term Care Health Facilities

How can long-term care health facilities work with health plans to maintain revenue streams during a healthcare surge?

Long-Term Care Health Facilities and Health Plans Long-Term Care Health Facilities Volume, Section 12.1.3

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Below are specific steps facilities may want to consider when working with their health plan partners to prepare for a healthcare surge. These suggestions are applicable to commercial, Medicare Advantage, Medi-Cal Managed Care, and Workers' Compensation products.

- **Reimbursement**
 - When appropriate, consider negotiating contract language to obtain an automatic increase in capitation during a surge.
 - Consider negotiating lump sum advance payments to facilitate and maintain cash flow.
- **Policies and Procedures**
 - Modify timely filing provisions to accommodate late or delayed claims, which may be due to lack of correct benefit and eligibility information.
 - Create new or modify existing contracts to include disaster provisions that address rights and obligations outside the typical force majeure clauses.
 - Create policies to expedite cash flow from payers during a declared healthcare surge.
 - Consider defining minimum required data elements for reimbursement purposes during a healthcare surge and incorporate these elements into health plan contracts.
 - Consider developing contract provisions to include third-party vendors who may assist facility with billing during an extended healthcare surge.
- **Access and Coverage**
 - For closed network models, revise pre-authorization and referral requirements to allow access to care when needed and where available.

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Long-Term Care Health Facilities

What information should long-term care health facilities collect for charge capture during a healthcare surge?

Administrative and Procedural Guidelines: General Planning Considerations Long-Term Care Health Facilities Volume, Section 12.2

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The key challenges that long-term care health facilities will face during a healthcare surge will be sustaining operations and maintaining adequate cash flow while continuing to provide uninterrupted medical care to their patient population. Long-term care health facilities can work to maintain their current revenue stream through steps and planning measures taken in advance of a healthcare surge.

- **Minimum Required Data Elements and Templates for Charge Capture**
 - During a healthcare surge, electronic systems regularly used for charge capture may be unavailable. As a result, paper-based processes for capturing charges may be the only method available.
 - The following list of recommended minimum data elements required for charge capture of long-term care services during a healthcare surge is derived from current standard charge capture elements .
 - Patient name, date of birth, and gender
 - Patient status and diagnosis codes
 - Insurance identification number and/or social security number
 - Treatment authorization number or other pre-authorization code
 - Medical record number
 - Dates of service
 - Patient's primary care physician name and phone number
 - Patient's responsible party (if applicable)
 - Mission number (defined by the California Office of Emergency Services) to identify disaster-related claims

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Tools



The **Sample Charge Capture Form** can be found in the *Long-Term Care Health Facilities Operational Tools Manual*. This tool focuses on capturing the most critical information for effective charge capture during a healthcare surge.

Long-Term Care Health Facilities

What information should long-term care health facilities collect for billing purposes during a healthcare surge?

Administrative and Procedural Guidelines: General Planning Considerations *(continued)* Long-Term Care Health Facilities Volume, Section 12.2

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- Minimum Required Data Elements for Billing
 - Whenever possible, long-term care health facilities should follow normal billing processes and submit complete data.
 - However, in the event that systems are impaired, staff become unavailable, and/or information is unavailable at provider sites, the use of minimum billing elements may become necessary.
 - It is recommended that long-term care health facilities work with their health plan or program representatives directly to discuss minimum data elements for registration and billing in the event of a healthcare surge.

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Long-Term Care Health Facilities

What other billing and coding guidance should long-term care health facilities consider when developing surge plans?

Additional Billing and Coding Guidance Long-Term Care Health Facilities Volume, Section 12.2.3

Additional guidance regarding billing and coding during an emergency can be used by long-term care health facilities as a reference during the emergency planning process.

- **Administrative Simplification Compliance Act Waiver Application**
 - The Administrative Simplification Compliance Act prohibits payment of services or supplies that a provider did not bill to Medicare electronically.
 - The Administrative Simplification Compliance Act Waiver Application allows flexibility in this rule.
- **National Modifier and Condition Code To Be Used To Identify Disaster-Related Claims**
 - After Hurricane Katrina, the federal Centers for Medicare and Medicaid Services (CMS) established national modifiers for individuals affected by an emergency.
 - The new modifier (CR – Catastrophe/Disaster Related) and condition code (DR – Disaster Related) are now effective nationwide and can be used by long-term care health facilities when submitting disaster-related claims.
- **ICD-9-CM Coding for External Causes of Injury**
 - External Cause of Injury Codes (E Codes) may be assigned to identify the cause of injury(ies) incurred as a result of a disaster. The use of E codes is limited to injuries, adverse effects, and poisonings.
 - Catastrophic emergencies, such as natural disasters, take priority over all other E codes except child and adult abuse and terrorism and should be sequenced before other E codes.

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Additional Notes



The use of E codes is limited to injuries, adverse effects, and poisonings. They should not be assigned for encounters to treat the medical conditions of individuals affected by an emergency when no injury, adverse effect, or poisoning is involved. E codes can be used in the following situations:

- Accidents due to natural and environmental factors
- Poisoning and adverse effects of drugs, medicinal substances, and biologicals
- Transport accidents
- Accidental falls
- Accidents caused by fire and flames
- Late effects of accidents, assaults, or self-injury
- Assaults or purposely inflicted injury
- Suicide or self-inflicted injury

Long-Term Care Health Facilities

How might payer's patient transfer rules impact a long-term care health facility's revenue stream during a healthcare surge?

Patient Transfer and Coverage Rules during a Healthcare Surge Long-Term Care Health Facilities Volume, Section 12.3

During a healthcare surge, public health issues or specific medical needs may require patients be transferred between healthcare facilities (e.g., hospital to long-term care health facility, between two long-term care health facilities).

- The *Long-Term Care Health Facilities Operational Tools Manual* contains an outline of commercial health plans and public payers' coverage rules and requirements for reimbursement related to patient transfers during a healthcare surge.
- This information should be used as a reference tool during surge planning.

¹Centers for Medicare and Medicaid Services, "Fact Sheet - Payment for Graduate Medical Education (GME) in the Wake of a National Disaster or Public Health Emergency." http://www.cms.hhs.gov/AcuteInpatientPPS/Downloads/Katrina_Fact_Sheet.pdf

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Tools



The **Patient Transfer Table** can be found in the *Long-Term Care Health Facilities Operational Tools Manual*. The table outlines commercial health plans and public payers' coverage rules and requirements for reimbursement related to patient transfers during a healthcare surge.

Long-Term Care Health Facilities

What other funding sources may be available to long-term care health facilities following a healthcare surge?

FEMA Public Assistance Long-Term Care Health Facilities Volume, Section 12.4.1

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The Federal Emergency Management Agency (FEMA) Public Assistance Grant Program provides supplemental federal disaster grant assistance to help state and local governments and certain private non-profit organizations recover after a disaster.

- FEMA provides two types of assistance:
 - **For the repair, replacement, or restoration of disaster-damaged facilities:** To be eligible for rebuilding assistance, repair and recovery work at a long-term care health facility must be a direct result of the disaster, in a location within the designated disaster area, and for an entity that is the legal responsibility of an eligible applicant.
 - **For reimbursement of direct costs associated with stabilizing patients following a catastrophic emergency:** FEMA compensates medical costs only when a disaster victim has made a point-of-service contact with the provider for stabilization of injuries as a direct result of the disaster or an illness that presents in a designated disaster area during the declared emergency time period.
- **FEMA does not compensate for disaster-related stabilization and care administered in a private, for-profit healthcare setting; therefore for-profit long-term care health facilities will not qualify for FEMA assistance following a disaster.**

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Guidance



For more information on the FEMA Public Assistance Grant Program, see **Volume I: Hospitals Section 12.4.1, "Federal Emergency Management Agency Public Assistance."**

Long-Term Care Health Facilities

What other funding sources may be available to long-term care health facilities following a healthcare surge?

United States SBA Disaster Loan Assistance Long-Term Care Health Facilities Volume, Section 12.4.2

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Any business or non-profit organization, regardless of size, that is located in a declared disaster area can apply for federal Small Business Administration (SBA) disaster loan assistance.

- The United States Small Business Administration offers two types of disaster loan assistance.
 - **Physical Disaster Loans:** Physical Disaster Loans cover all types of physical loss, including uninsured or underinsured damage to structures, equipment, and inventory.
 - **Economic Injury Disaster Loans:** Economic Injury Disaster Loans cover unmet financial obligations and are only available to small businesses.
- Applications are available online at <http://www.sba.gov/services/disasterassistance/>, by calling the Small Business Administration, or at any Disaster Recovery Center or Business Recovery Center in the disaster impacted area.

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Long-Term Care Health Facilities

What major payer rules and requirements should consider when developing surge plans?

How have payers responded during previous emergencies?

Reference Guide

Long-Term Care Health Facilities Volume, Section 12.6

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One of the challenges in preparing for the operational and financial consequences of a healthcare surge is the highly situational nature of any healthcare surge response.

- In some cases, laws and regulations dictate how long-term care health facilities and payers can respond to a catastrophic emergency.
- In other cases, past responses can provide a reference for facilities with specific examples of the kinds of responses that may be appropriate in the future.
- The Reference Guide in Section 12.6 highlights certain rules, requirements, and other issues that may impact long-term care health facilities, payers, and patients. Examples or applications from previous catastrophic events are incorporated so the table can serve as a reference tool to assist long-term care health facilities during the planning phase of a healthcare surge by offering examples of past practices.

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Guidance



For more information see **Volume III: Payers.**

Long-Term Care Health Facilities

Wrap Up

Long-Term Care Health Facilities Wrap Up

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Now that you have completed this training course, you should:

- Understand the potential roles of long-term care health facilities in a healthcare surge
- Understand the responsibilities of long-term care health facilities to their patients, staff, and communities
- Understand the importance of long-term care health facilities' participation in community surge planning
- Be able to articulate the ethical and behavioral principles and practice guidelines required during surge planning and a healthcare surge event
- Be familiar with existing waivers and provisions to regulations as they pertain to a health emergency situation, and be able to locate those provisions
- Be able to locate and utilize regulatory information and other resources for planning and implementing a response to a healthcare surge

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ⁱ The Florida Health Care Association, in partnership with the University of South Florida and the Florida Department of Health. *Emergency Management Guide for Nursing Homes: National Concepts and Practices for All-Hazards Planning*, p. 197.

ⁱⁱ Office of Statewide Health Planning and Development, Emergency Response Plan Memo, September 18, 2001. <http://www.oshpd.ca.gov/fdd/regulations/emergencyplan.pdf>

ⁱⁱⁱ The Self-Assessment Project Partnership between the California Department of Health Care Services and the California Healthcare Association. "Self-Assessment Manual for Proper Management of Medical Waste, 2nd edition" March 16, 1999. Available at <http://www.cdph.ca.gov/certlic/medicalwaste/Documents/MedicalWaste/SelfAssessmentManual.pdf>