Disasters Happen – Be Prepared

2 CEU’s for RCFE’s and ARF’s
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36 residents of long-term care facilities died in their beds in the aftermath of Hurricane Katrina.

We lost several RCFE’s in the San Diego fires.
Course Objectives

- Determine what is required by State regulations?
- Developing your disaster plan that is realistic
- Discuss a 72-hour shelter-in-place plan
- Discuss perishable and non-perishable food supplies
- Training your staff properly
Your Disaster Plan - Be Prepared
The Emergency Disaster Plan is discussed in both Title 22 and the Health & Safety Codes.

Title 22, Section 87212
H&S 1569.695
You also need a current LIC 610E & facility sketch
Your Disaster Plan

1. Staff assignments and training
   a. Emergency drills
   b. Types of disasters
2. Evacuations
3. Transportation
4. Relocation sites
   a. Supervising the residents
5. Emergency Agency contacts
6. Relocation plans
7. Evacuating in place
Your Disaster Plan (cont’d)

Staff assignments and training:

• Make sure your staff knows where your Disaster Binder is located and what’s in it

• Are their first aid cards current?
Your Disaster Plan (cont’d)

Staff assignments and training (cont’d):

• Where are your utility shut-offs located?

• Where are your exits located? Which ones lead directly outside?
Your Disaster Plan (cont’d)

Staff assignments and training (cont’d):

• How often do you have fire and disaster drills? How do you conduct a fire drill?

• Answer: Quarterly for each shift…and make sure this is documented in writing
Your Disaster Plan (cont’d)

Staff assignments and training (cont’d):

- Part of your new employee Orientation should be a complete review of your disaster policies and procedures

- Why not train your residents and families, too?
Your Disaster Plan (cont’d)

Staff assignments and training (cont’d):

• Who is going to call:
  • DSS
  • Families
  • Hospice
  • Physicians, if necessary
Your Disaster Plan (cont’d)

A complete and current **Resident Roster** must be kept at the facility at all times.

In the event of an emergency, this Resident Roster will be given to the emergency personnel and used to identify residents and their special needs (such as “bedridden”).

The DSS Form LIC 9020 can be utilized as a Resident Roster.
Your Disaster Plan (cont’d)

Training your staff:

1. You can use the DSS Self-Assessment Tool titled “Disaster Guide.” Note: written in 2007 – all of the reg #’s have changed

2. Call your local fire department to see if they will provide training (staff and residents!)

3. Call your local Red Cross chapter to see if they will provide training (staff and residents!)
Your Disaster Plan (cont’d)

Your Plan also needs to address how you will deal with your dementia and bedridden residents.

1. Physically evacuating them
2. Supervision while out of the facility
3. Transfer trauma
4. Delayed egress units – guard the doors!!!!
Types of Disasters
Types of Disasters

There are two types of disaster conditions - internal and external.

An internal disaster is defined as any situation that occurs within the facility causing a disruption of normal routine, injury and/or property damage. An example of an internal disaster is a gas explosion in the kitchen.
Fire

**Initial steps to take:**

1. Check the batteries in your smoke detector regularly – change at least once a year.
2. Keep your fire extinguisher in a central location (kitchen preferably).
3. Never leave the kitchen when something is on the stove.
Fire (cont’d)

Fire extinguishers:

Per the Red Cross only use a fire extinguisher if:

- The fire is confined to a small area, and is not growing.
- The room is not filled with smoke.
- Everyone has exited the building.
- The fire department has been called.
Fire (cont’d)

Remember PASS when using a fire extinguisher:

Pull the pin and hold the extinguisher with the nozzle pointing away from you.

Aim low. Point the extinguisher at the base of the fire.

Squeeze the lever slowly and evenly.

Sweep the nozzle from side to side.
Fire (cont’d)

Remember to GET OUT, STAY OUT and CALL 9-1-1 or your local emergency phone number.
Fire (cont’d)

- If closed doors or handles are warm, use your second way out. Never open doors that are warm to the touch.
- Crawl low under smoke.
- Go to your outside meeting place and then call for help.
- If smoke, heat or flames block your exit routes, stay in the room with doors closed. Place a wet towel under the door and call the fire department or 9-1-1.
Fire (cont’d)

- Open a window and wave a brightly colored cloth or flashlight to signal for help.
- Never go back into a burning building for any reason. **Get out and stay out!**
- If your clothes catch on fire, drop to the floor and roll to suffocate the fire. Keep rolling (running from the fire only “fans” the flames and makes it worse).
Power Outage

To prepare:

1. Have an emergency preparedness kit: flashlights, a cooler, water, food, extra batteries.
2. If you have delayed egress, you must have a plan in place for guarding the doors!
3. Do you have an emergency generator and does everyone know how to work it?
Power Outage

During an outage:

Keep your food safe. Per the Red Cross, if a power outage is 2 hours or less, you need not be concerned about losing your perishable foods.
Keeping your food safe:

a. Keep refrigerator and freezer doors closed as much as possible. First use perishable food from the refrigerator. An unopened refrigerator will keep foods cold for about 4 hours.

b. Then use food from the freezer. A full freezer will keep the temperature for about 48 hours (24 hours if it is half full) if the door remains closed.

c. Use your non-perishable foods and staples after using food from the refrigerator and freezer.
During an outage:

What about your delayed egress doors?

- If you have delayed egress doors, they will most likely be deactivated.
- Now what?
- Assign guards to each door.
Power Outage (cont’d)

During an outage:

✓ Use flashlights only – do not use candles or any open-flame lighting.
✓ Staff should go to each room to check on residents.
✓ Ask residents to keep their room doors open to receive light from the hallways, but secure pets if they have a pet. Also, ask residents to open their blinds/curtains for an outside light source (in daylight hours).
Power Outage (cont’d)

During an outage:

- Plan to use cell phones or walkie-talkies to communicate.
- Turn off electrical equipment that was in use when the power went out as it might surge when the power goes back on.
- If it is hot outside, move residents to areas that are cooler, such as lower floor rooms. Avoid opening windows or doors.
- Residents with motorized scooters will need to use manual wheelchairs during the outage.
During an outage:

**Assistive Devices - Oxygen Concentrators:**
Residents using an oxygen concentrator should have a portable oxygen concentrator or appropriate backup oxygen tanks available for power failures. During a power failure, the resident should be assisted to switch to the backup oxygen tank.

Portable oxygen concentrators usually can also be plugged into the DC outlet of a vehicle, and most of these devices have the ability to run from electric batteries, also, for ambulatory use.
Power Outage (cont’d)

During an outage:

Assistive Devices – CPAP machines:
Residents that use CPAP machines should have sufficient backup batteries that are kept charged at all times. The resident’s physician should be consulted for recommendations for alternative equipment to be used during long term power failure.
Power Outage (cont’d)

During an outage:

Adjustable/Motorized Beds Use for Repositioning:
Residents that use an adjustable, motorized bed for repositioning purposes will be assisted to reposition, if necessary. If the bed has mechanical controls, the bed can be adjusted manually. If not, pillows or wedges can be used for positioning, according to the resident’s needs.
During an outage:

Motorized Scooters:
Residents with motorized scooters should switch to either their battery pack or a manual wheelchair, or other assistive device that the physician recommends (i.e., walker).
Power Outage (cont’d)

Medications:

1. Check medications that require refrigeration to be sure you know if they will be affected by a prolonged interruption of power. Consult a doctor or pharmacist if you're not sure.

2. A cooler can be used to store medications that require refrigeration during a power outage, such as insulin. The cooler must be stored in a locked location.
   1. The only staff allowed access to this medication will be the Administrator and the trained medication technicians.
   2. Avoid opening the cooler unnecessarily.
Power Outage (cont’d)

Medications (cont’d):

3. Refrigerated medications should be placed into Tupperware or zip-top plastic bags that are labeled with the resident’s name and its contents and placed on the top of the ice in the cooler.

4. If a cooler is not available, ice can be placed in a bathroom sink or bathtub and the medications in the closed containers can be locked in the bathroom.

5. When power comes back on, the medications will be transferred back to their original location, when the refrigerator is at the proper temperature (between 36 and 46 degrees).
Water and Gas Outage

Other potential outages:

water
gas
Types of Disasters

There are two types of disaster conditions - internal and external.

An external disaster is defined as any situation that occurs outside the facility that causes injury, structural damage and/or general chaos. An example would be an earthquake.
Earthquake

Earthquake preparation:

1. Pick safe places in each room of your home or workplace. A safe place could be under a piece of furniture or against an interior wall away from windows, bookcases or tall furniture that could fall on you.
Earthquake (cont’d)

Earthquake preparation:

2. Did you know that doorways are no stronger than any other part of the structure?

3. Practice drop, cover and hold on in each safe place. If you do not have sturdy furniture to hold on to, sit on the floor next to an interior wall and cover your head and neck with your arms.
Earthquake (cont’d)

Earthquake preparation:

4. Keep a flashlight and sturdy shoes by each person’s bed.
5. Bolt and brace water heaters and gas appliances to wall studs.
6. Bolt bookcases, china cabinets and other tall furniture to wall studs.
Earthquake preparation:

7. Hang heavy items, such as pictures and mirrors, away from beds, couches and anywhere people sleep or sit.

8. Learn how to shut off the gas valves in your home and keep a wrench handy for that purpose.
Earthquake (cont’d)

During an earthquake (you are indoors):

- Drop, cover and hold on. Move as little as possible.
- If you are in bed, stay there, curl up and hold on. Protect your head with a pillow.
- Stay away from windows to avoid being injured by shattered glass.
Earthquake (cont’d)

During an earthquake (you are indoors):

➤ Stay **indoors** until the shaking stops and you are sure it is safe to exit. If you must leave the building after the shaking stops, use stairs rather than an elevator in case there are aftershocks, power outages or other damage.

➤ Be aware that fire alarms and sprinkler systems frequently go off in buildings during an earthquake, even if there is no fire.
Earthquake (cont’d)

During an earthquake (you are outdoors):

- Find a clear spot and drop to the ground.
- Stay there until the shaking stops (away from buildings, power lines, trees, streetlights).
Earthquake (cont’d)

After an earthquake:

 ➔ Expect and prepare for potential aftershocks.
 ➔ Check yourself for injuries and get first aid, if necessary, before helping injured or trapped persons.
 ➔ Look quickly for damage in and around your home and get everyone out if your home is unsafe.
 ➔ Call for emergency services, if necessary, and call the resident families.
 ➔ Turn off the gas, if necessary.
Earthquake (cont’d)

After an earthquake (cont’d):

➔ Turn off the gas, if necessary.
➔ Are high traffic areas, such as hallways, common areas, and doorways, clear of debris so residents may move freely throughout the facility?
➔ Check to see - Did the facility suffer any significant structural damage?
Heat Wave or Extreme Heat

In the event of a heat wave or extreme heat:

- Stay indoors as much as possible and limit exposure to the sun.
- Stay on the lowest floor out of the sunshine if air conditioning is not available.
- Keep yourself and the residents well hydrated by drinking plenty of fluids even if you/they do not feel thirsty.
In the event of a heat wave or extreme heat:

- Avoid drinks with caffeine or alcohol.
- Persons who have epilepsy or heart, kidney, or liver disease; are on fluid-restricted diets; or have a problem with fluid retention should consult a doctor before increasing liquid intake.
- Eat well-balanced, light, and regular meals.
- Serve small meals and eat more often.
Evacuations
Evacuations

Evacuation Relocation Sites:

- You must have at least 2 choices.
- What are good evacuation sites?
- Where are yours?
Evacuations (cont’d):

- How are you going to keep your residents safe?
- How are you going to inform the families and DSS?
- How are you going to evacuate your medications?
- Do your families know where they are?
Evacuations (cont’d):

Medications:

Can you evacuate them easily?
What if they need refrigeration?
Grab your Med Records!
Evacuations (cont’d)

Methods of assisting residents include:

- Walkers and wheelchairs, if available.
- Rolling the resident’s bed through doorways and down hallways (if their bed has wheels and is able to move).
- **HIP CARRY** – One person carrying one Resident (only when necessary).
- **SADDLE CARRY** – Two persons locking hands and wrists to form a chair.
- **BLANKET CARRY** – One person dragging one Resident placed on a blanket.
Evacuations (cont’d)

Idea:

Create an **Emergency Binder**

- Resident Roster
- LIC 601’s (Emergency Info)
- Physician Reports
- Medication Lists
- Insurance Cards
- DNR’s, POLST’s, etc.
Transportation

Transportation arrangements:

Your own car or a bus?
Transportation (cont’d)

In your car, have:

1. gas
2. emergency information
3. first aid kit
4. blankets

Note: When you leave, lock the facility door behind you.
If you’re transporting by bus:

- Residents should be triaged for specific buses.
- Ambulatory residents should be loaded first, then wheelchair residents who need minimal assistance.
- Loading the most dependent residents last provides the capability of caring for them until departure and unloading them off the bus first.
Transportation (cont’d)

If you’re transporting by bus (cont’d):

- Buses should be staffed according to acuity of the residents, using at least two staff members per bus.
- When possible, roommates should be placed together on the bus, as familiarity has been shown to reduce anxiety and agitation.
- When time allows, completion of a walk-through check, including all bathrooms, should be performed to ensure that no resident is left behind.
Shelter in Place
Shelter in Place

We need to come up with a plan to be self-sufficient for at least 72 hours.

What will we do?
What will we eat?
Where will your employees want to go (answer: HOME!)? Now what???
Shelter in Place (cont’d)

Let’s think about……

What if our resident uses oxygen?
What if our resident uses a nebulizer?
What if our resident uses an motorized scooter?
Shelter in Place (cont’d)

If you use emergency call buttons, they most likely won’t work. Now what?

- whistles or bells
- hourly checks on residents
- possible 24/7 supervision of dementia residents
Shelter in Place (cont’d)

When communicating with stressed residents, speak slowly and clearly, as some residents may show a delayed response to a crisis and may not comprehend the magnitude of the situation or possible dangers.

When communicating with Alzheimer’s/dementia residents, identify yourself and briefly state why you are there. It is important to talk slowly and use the appropriate tone of voice. Ask yes or no questions and maintain eye contact. Turn off bright lights and try to minimize siren noise, if possible.
Food Supplies

- DSS requires 2 days of perishables
- DSS requires 7 days of non-perishables

Good non-perishables:
- canned foods – fruit, vegetables, beans, protein (i.e. tuna)
- cereals
- peanut butter and crackers
They didn’t mention water……

How much should we have?
Suggested: 3-day supply of potable water with one gallon of water per resident per day
Disaster Kits

The Alzheimer’s Association suggests preparing an emergency kit in advance. Keep it in a watertight container and store it in an easily accessible location. Your emergency kit might include:

- Easy on/off clothes (a couple of sets).
- Supplies of medication (or minimally, a list of medications with dosages).
- Velcro shoes/sneakers.
- A spare pair of eyeglasses.
- Incontinence products.
Disaster Kits (cont’d)

- Extra identification items for the person, such as an ID bracelet and clothing tags.
- Copies of legal documents, such as a power of attorney.
- Copies of medical documents that indicate the individual’s condition and current medications.
- Copies of insurance and Social Security cards.
- Use waterproof bags to hold medications and documents.
- Physician’s name, address and phone numbers (including cell phone).
Facility Reentry

Facility Reentry Plan:

- Who will authorize reentry to the facility after an evacuation?
- Procedures for inspecting the facility
- How it will be determined when it is safe to return to the facility after an evacuation?
- How will you get the residents back to the facility?
Conclusion

Assisted Living Education thanks you for attending our course.

We look forward to seeing you again at another of our courses!