

December 13, 2005

[Home](#)[Free Subscription](#)[News & Events](#)[Design](#)[OPTIMA Awards](#)[Library](#)[Buyers Guide](#)[2005 Media Planner](#)[Contact Us](#)[Reprints](#)[Submit an Article Idea](#)[Instructions for Authors](#)**Special Supplements**[AseraCare Supplement](#)[Aegis Therapies Supplement](#)[Eli Lilly & Company Supplement](#)**Current Issue**[Table of Contents](#)

# SURVEY survival

BY RETA A. UNDERWOOD, ADC

## Don't fool with Mother Nature

The record hurricane season of 2004 might have been just the beginning. Forecasters predict the Atlantic seaboard could be in for *decades* of relentless pounding. So far in 2005, 18 tropical storms or hurricanes have formed in the Atlantic Ocean. And not just Floridians, but residents of the eastern coastal regions of the United States and Central America, as well as the entire Caribbean, are getting used to it. Since 1995, the Atlantic has been producing powerful hurricanes at a hyperactive pace, doubling that of the previous quarter century. If few in the United States noticed at first, it was because atmospheric conditions mostly kept the abundant storms out at sea or headed elsewhere. But the winds shifted in 2004.



Hurricanes Katrina and Rita, which struck the Gulf Coast in summer and fall 2005, may rank among the costliest natural disasters in terms of lost human lives and destroyed property in U.S. history. Hurricane Rita was the fifth powerful hurricane to strike the Gulf Coast since August 2004. Millions of Texas and Louisiana residents fled inland to escape the deadly storm. Evacuation routes were jammed, leaving many people stranded and in despair with their futures on hold.

It's like a chemistry experiment gone awry, a witch's brew, a lethal moonshine when the elements mix water, wind, rain, or snow along with the right temperature together. We find ourselves on the defensive, in need of a solid plan.

Unlike other areas in long-term care that can be measured by quality indicators, the results of a diagnostic test, or review of a resident's medical record, a facility's disaster readiness and preparedness plan is often only truly tested during an actual emergency situation. More often than not, the heroics of some caregivers and emergency workers save the day.

As a provider who has been an eager participant in fire drills and in-service education on various topics related to emergency situations, I come with firsthand knowledge and experience that this is an area facilities need to work on. It has never been more evident or on our minds than it is today because of the graphic media coverage of the negative outcomes and actual harm to one too many seniors during the recent disasters, and the reality of the vulnerability our seniors may find themselves in under

[Visit our Sponsor](#)[Visit our Sponsor](#)

our watch. Whatever the case, service rendered during an actual emergency situation is very different from the way it is taught in a classroom.

The federal governance 483.70 Physical Environment ensures the facility standard that the facility must be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel, and the public. Recent updates to 483.70(a) Life Safety From Fire include Centers for Medicare & Medicaid Services (CMS) approval of the National Fire Protection Association (NFPA) 101 2000 edition (available at [www.nfpa.org](http://www.nfpa.org)) of the Life Safety Code, which went into effect when the new State Operations Manual was issued in November 2004. In addition, an exemption goes into effect beginning March 2006 related to sprinklers; however, the details have not been published as of press time. The NFPA issued a 2006 edition of the Life Safety Code in August 2005. CMS has yet to adopt this new edition, which includes a requirement for sprinklers in all existing nursing homes. I encourage readers to keep a close watch on future developments at CMS via its Web site, [www.cms.gov](http://www.cms.gov), as well as to download the Life Safety Code State Operations Manual Appendix I.

The federal regulations that encompass 483.70 and 483.75 tend to be very general, largely focusing on fire safety and directing the surveyor to “construct” other geographically appropriate probes in which compliance outcomes depend on the facility staff’s ability to respond appropriately to the surveyor’s questions.

The following are some suggestions that facilities can focus on to demonstrate better disaster preparedness, assist in compliance, and ensure safety.

**1. Set a standard policy and develop procedures** pertaining to the various types of natural disasters: hurricanes, tornadoes, floods, and severe thunderstorms, at a minimum. In this day and age, we also deal with potential man-made disasters, such as hazardous chemical spills and even chemical weapons, and it’s prudent to have policies and procedures in place addressing these concerns. Keep policies and procedures simple to understand and enact, as well as easily accessible to staff. Utilization of national organizations is important in developing standards, policy, and procedure.

**2. Identify the tools and other equipment needed to carry out procedures.** Determine locations and in some cases the contact numbers and contact person of the tools and equipment. Note any special information in the written procedure.

**3. Allocate the funds necessary to purchase the tools and equipment required once those needs are established.** Do not make the mistake of developing a procedure and not having the necessary tools or equipment, as this can create noncompliance status. Remember to assess the quantity versus the need. Contracts with emergency suppliers should be obtained and a copy made part of that particular procedure. Fresh water backup is a universal example. It’s difficult to keep a large quantity of fresh water available, and having a backup supplier is often the best solution, but this requires forethought planning. If you wait until the need arises, you may find yourself among thousands of other folks needing the same thing and not being able to obtain it.

**4. Educate and train staff.** It’s simply not enough to lecture; staffers must be part of an interactive study approach. For example, allowing staff to pull the pin on a fire extinguisher and put out an actual fire, or actually shutting of the main source of power. Remember that many situations occur on weekends and in the late evening hours. Conducting drills of complete evacuation during these off-hours is important to readiness. Another example is to evaluate the number of residents who are in need of assistance from staff in multilevel facilities. During a true emergency, elevators may not be an option, and many residents will have to be manually maneuvered down stairs. Ask yourself: Does staff know how to use equipment as safely and as efficiently as possible?

**5. Test staff to ensure competency after training and education.** Testing should not only include how to use equipment but also include all types of disaster procedures and expectations. Return demonstration, participation in drills, and written affirmation are good ideas. Don't forget that dates and signatures are important to correspond with policy and procedure updates and changes and can be used to determine facility compliance.

**6. Provide regular feedback to the facility governance by means of the quality assurance program,** supporting the facility's intent to be proactive. Usually a quarterly report including updates on employee education, drills conducted, tool maintenance, equipment purchases, etc., will suffice. If problems are discovered, a plan of action should be developed, implemented, and reviewed no later than the next quarter to determine a "corrected" status. ■

---

**Reta A. Underwood, ADC, is President of Consultants for Long Term Care, Inc., Louisville, Kentucky. For more information, call (877) 987-2001. To send your comments to the author and editors, please e-mail [underwood1105@nursinghomesmagazine.com](mailto:underwood1105@nursinghomesmagazine.com). To order reprints in quantities of 100 or more, call (866) 377-6454.**

[Home](#)[News & Events](#)[Design Center](#)[Library](#)[Buyers Guide](#)[2005 Media Planner](#)[Contact Us](#)[Reprints](#)

©2005 Vendome Group, LLC—Medquest Division. All rights reserved.