



Final Report

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The National LTC Ombudsman Resource Center, funded by the Administration for
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Project Overview

A report by the Office of Inspector General entitled *Gaps Continue to Exist in Nursing Home Emergency Preparedness and Response During Disasters: 2007-2010*, released April, 2010, indicated that more can be done to assure that Ombudsman programs recognize their role before, during, and after emergency situations. In addition, the Administration for Community Living/Administration on Aging (ACL/AoA) recognizes that Ombudsmen need support in carrying out their role in emergency planning and response through development of appropriate policies and procedures, as well as training for preparedness, coordination, and implementation.

The ACL/AoA provided a supplemental grant to the National LTC Ombudsman Resource Center (NORC) to (1) research and analysis of effective practices by state and local LTCOPs for emergency planning and response on behalf of LTC residents; (2) development of model practices for Ombudsman programs on responding to the needs of residents before, during and after an emergency; (3) development of pertinent materials including best practices and resources information; and (4) training for state and local Ombudsmen.

Project Methodology and Findings

The NORC conducted a literature and file review of available resources related to LTCOP involvement with emergency preparedness and based on our review it was determined that surveying and interviewing state ombudsman programs would result in the the most useful information about the needs and practices of LTCOP's and emergency response. An electronic questionnaire was sent to all State and Local LTC Ombudsman programs on November 14, 2012, asking about training and activities around emergency preparedness and response, policies and procedures, collaborations with other agencies, and guidance provided to ombudsmen and volunteers at the state and local levels. Thirty-seven (37) State LTC Ombudsman programs and one hundred thirty-two (132) Local LTC Ombudsman programs responded to the questionnaire. Select state and local ombudsman programs were contacted for follow-up in-depth telephone interviews after the questionnaire results were collected and analyzed.

A high level summary of the questionnaire responses include the following conditions: (1) lack of LTCOP involvement in Emergency Management Authority planning and activities



at the state, regional, or local levels; (2) minimal communication between LTC Ombudsmen and LTC facilities about emergency planning; (3) inconsistent *Clearinghouse of Information* processes for keeping track of residents during and after emergencies; (4) annual training of Ombudsmen regarding emergency planning and response is not provided by most State LTCOPs; and (5) few written policies and effective practices regarding emergency preparedness.

Respondents identified best practice models and practices. Written responses provided were invaluable and enabled us to identify both State and Local LTCOPs to contact for phone interviews.

Phone interviews were arranged with State and/or Local Ombudsmen in the following states: Alabama (2), Arkansas, California, Florida (2), Maryland (2), Missouri, New Jersey, New York, North Carolina (2), Ohio, Oklahoma, Pennsylvania, South Carolina, Texas, and Wisconsin. Individualized interviews with state representatives were based on written comments obtained from the questionnaire.

Resource Needs Identified and Developed

During phone interviews with representatives from fifteen states, respondents frequently mentioned that Ombudsmen need to be better prepared to handle emergencies so that they in turn can assist LTC residents more effectively. In addition to individual preparedness, it became apparent that Ombudsmen, their employers, and first responders are not always clear about what the Ombudsman's job is during and after emergencies impacting LTC residents. Many ombudsmen are given roles and/or direction by the agency in which the LTCOP is housed, whether or not those roles are ombudsman related or directly impact residents.

Despite our best efforts, NORC staff was unable to locate any SLTCOP policies and/or guidance regarding emergency planning and response. It seems that LTCOPs follow any requirements or guidance related to emergency planning and response as required by their host agency.

Based on the questionnaire responses and the results of the literature review, NORC staff determined that there was a need for information, such as Tip Sheets and Best Practice

Models. The following Ombudsman tip sheets were developed and are included in the Appendix:

- *Being Prepared! Things Ombudsmen Should Do Before, During, and After an Emergency*
- *Smart Phone Apps for Ombudsmen* (both iPhone and Droid phone users)
- *Emergency Management Dictionary and Translations*

The LTCO Tip Sheet, ***Being Prepared! Things Ombudsmen Should Do Before, During, and After an Emergency***, addresses: individual and family preparedness; role of the Ombudsman as “second responders” after the emergency; reinforcement that the LTCO is always the residents’ advocate especially after emergencies; and examples of creative solutions and advocacy work.

The LTCO tip sheet, ***Smart Phone Apps for Ombudsmen*** (both iPhone and Droid phone users), was developed to educate smartphone users about free or low cost apps that are available to assist in receiving timely weather related alerts, emergency notifications, rescue location features, language translation, and FEMA resources.

Ombudsmen generally are not familiar with the language and acronyms used by emergency management officials. The tip sheet ***Emergency Management Dictionary and Translations*** was created to give Ombudsman a brief overview of the most common emergency management terms. This particular tip sheet was reviewed and approved by the Emergency Management Magazine and Alerts & Warnings Blog editors.

Based on the questionnaire summaries and resulting interviews with Ombudsmen across the country, the following Best Practice Models were written and are in the Appendix:

- *Emergency Preparedness Training*
- *Emergency Preparedness Ideas and Advocacy*
- *Clearinghouse of Information*
- *Improved Communications for Emergency Preparedness*

Emergency Preparedness Training

There are many opportunities for State Ombudsmen and Local Ombudsman Directors to educate staff and volunteer Ombudsmen about emergency preparedness as well as work in cooperation with emergency management officials, public health staff, and law enforcement to educate and train long term care facilities’ staff and residents about

emergency preparedness, planning and response. The states of North Carolina and Oklahoma provide excellent examples of working in cooperation with other entities to help all involved plan and prepare for possible emergencies impacting the lives of LTC residents.

Emergency Preparedness Ideas and Advocacy

Many local LTC Ombudsmen shared creative ideas that either they or the LTC facility staff had implemented to ensure the participation and safety of residents during and after emergencies. Examples of ideas were provided by Ombudsmen from California, Maryland, New Jersey, North Carolina, Ohio, Oklahoma, and Pennsylvania. In addition to individual advocacy on behalf of residents after an emergency, several Ombudsmen provided examples of systemic advocacy for LTC residents. These examples include working with the FEMA/State disaster recovery center and LTC residents to apply for their FEMA disaster benefits; advocating for restoration of power to LTC facilities during prolonged outages; advocating for clearing of roadways to LTC facilities after weather related events; being the voice of LTC residents at Emergency Management meetings; and educating legislators and policy leaders about the need for adequate generators in LTC facilities.

Clearinghouse of Information

The *Clearinghouse of Information* is a title used by Health & Human Services (HHS) Center for Medicare & Medicaid Services (CMS) to describe a process required of States to track nursing home residents who have been evacuated due to an incident that makes the LTC facility uninhabitable. Ombudsmen face several challenges regarding the *Clearinghouse of Information (CHI)*. State and local Ombudsmen do not always have access to the CHI. Ombudsmen may provide resident information to the entity managing the CHI but may or may not have access to the database. There are reports from State Ombudsmen that the CHI process changes frequently and seems to be an ad hoc process developed during the emergency. From our limited study, it appears that the CHI is most often managed by the licensing and certification agency, emergency management agency, or LTC provider association.

Improved Communications for Emergency preparedness



There are many free or low cost solutions to improving communications during and after emergency situations. This best practice model from California explains options for priority phone services on landlines and cell phones, satellite phones, and ham radio services. In addition, this CA local LTCOP in conjunction with the public health agency and county authorities created a system for developing identification tags for “second responders” easily recognized by first responders.

Training of LTC Ombudsmen

During the April, 2013, NORC sponsored State LTC Ombudsman training and conference in Burlington, Vermont, an overview of the LTCO and Emergency Preparedness study and questionnaire results and training on emergency preparedness planning and response by LTC Ombudsmen was presented by NORC consultant, Maria Greene. State LTC Ombudsmen and state staff representing 41 states attended. Excellent discussion on their observations and feedback regarding the study and resulting resource sheets and best practice models were provided and incorporated into this final report. Local Vermont Ombudsmen reviewed the Ombudsman Tip Sheets and provided thoughtful feedback from their recent (2012) flooding experiences in Vermont.

NORC consultant, Maria Greene and regional Ombudsmen directors, Karen Jones (CA) and John Saulitis (OH) presented a national webinar for all Ombudsmen on Emergency Planning and Response on May 29, 2013. The webinar used 150 phone lines, many of which had multiple listeners. At least one local ombudsman indicated that they had several volunteer ombudsmen listening in the room with them, and following the webinar, engaged in discussion with their volunteer and staff ombudsmen about their roles in emergency situations. A copy of the PowerPoint presentation with notes is in the Appendix. The PowerPoint presentation and recording from the webinar is posted on the NORC website. An issue page on emergency preparedness has also been updated with additional resources, best practices, trainings, checklists, and the newly developed Tip Sheets and Best Practice Models.

Maria Greene represented NORC at the Long-Term and Residential Care Disaster Preparedness training convened by the University of Nebraska Medical Center, Center for Preparedness Education (www.preped.org). Attendees represented the long-term care industry, licensing and certification agencies, emergency management entities, and public health officials. Presenters discussed real experiences of disasters in facilities and lessons

learned. A few of the outstanding speakers included Jocelyn Montgomery, CA Association of Health Facilities; Lauris Kaldjian, M.D., Ph.D., Department of Internal Medicine, Director of Bioethics and Humanities with the University of Iowa Carver College of Medicine; Matt Shaw, Director, Public Safety, Methodist Health System, Nebraska; and Donald Rush, Deputy Fire Chief, Robbins Fire Department, Illinois. The mantra during the conference was to “Plan, Train, and Exercise.” A few examples provided were that most LTC facilities do not practice evacuating individuals who are confined to their bed. The number one killer of residents is excessive heat. And it is more common now for break-ins to occur at facilities by people searching for drugs. In addition to the excellent resources provided by the University of Nebraska Medical Center, Center for Preparedness Education, resources were offered through the AHCA website, (www.ahcanacal.org) In particular AHCA provides a “red envelope” system developed for smoother evacuations and relocations of LTC residents. The Center for Disease Control (CDC), emergency.cdc.gov, will be releasing soon an emergency preparedness guide for LTC facilities. According to the Nebraska Center for Preparedness Education, this conference was the first convened for long-term care facilities. Next year’s training is scheduled for April 15-16, 2014, and would be a worthwhile event for LTC Ombudsmen to attend.

Recommendations

NORC proposes the following recommendations to better equip LTC Ombudsman Programs about emergency preparedness and response.

1. The results of our research and training to Ombudsmen indicate that **a focus on coordination between the LTC Ombudsmen and partners in emergency planning and response should become a higher priority.** ACL/AoA should consider the possibilities of co-sponsoring educational efforts with other federal partners such as DHS Homeland Security and Emergency Management, DHS FEMA Office of Disability Integration Coordination (ODIC), HHS Office of Assistant Secretary for Preparedness and Response, HHS Administration for Children and Families (ACF) Office of Human Services Emergency Preparedness and Response, and HHS Centers for Disease Control (CDC). While all of these federal entities focus on emergency preparedness and response, the state, regional, and local partners are not always aware of each other and the respective roles of each in helping to protect citizens.

2. **Joint education between LTC Ombudsmen and emergency preparedness and response partners should be held at the state and local levels about each other's roles; sharing unique vocabulary for emergency preparedness and response; and setting clear expectations that LTC Ombudsmen should be included in emergency planning** are all important factors in establishing effective practices.

3. **Educating emergency management personnel at the state and local level about the role of LTC Ombudsmen; inclusion of LTC residents in emergency planning; unique vocabulary associated with long-term care; and LTC facility staff, residents, family members, and LTC Ombudsmen should be included as active participants in emergency planning and response.**

4. **ACL/AoA and CMS Survey and Certification should consider a joint campaign to educate, state survey and certification staff, State Unit on Aging staff, State and Local LTC Ombudsmen, LTC facility staff, and facility resident and family councils on emergency planning and response.** The educational campaign should consider components such as clear expectations around a state's Clearinghouse of Information; unambiguous protocols for communication with LTC facilities, residents, residents' family members, and LTC Ombudsmen before, during and after emergencies; and sharing of best practices ideas for emergency planning and response.

4. The ACL/AOA Office of Long Term Care Ombudsman Programs should **encourage initial training and annual training for LTC Ombudsmen on their role in emergency planning and response on behalf of LTC residents.** To promote emergency planning and response, the ACL/AOA Office of LTCOP should **consider developing and promoting an emergency planning and response training suite** (suitable for in-person, webinar, and self taught modules trainings).

5. As evidenced by the LTCOP questionnaire on emergency planning and response and subsequent interviews with LTC Ombudsmen, there are no known LTC Ombudsman Program state policies and/or guidelines regarding emergency planning and response. At least two states, North Carolina and Oklahoma, had training practices that include cooperative training agreements with other partners and LTC facilities. These two training models did not include specific training on the role of LTC Ombudsmen before, during, and after emergencies. The NORC team were unable to identify any written policies and guidelines regarding the following: communications methods and protocols including the Clearing House of Information; role of LTC Ombudsmen as advocate before, during, and after emergencies; appropriate employer assignments for LTCO Ombudsmen

in emergency planning and response; and assistance to nearby (in-state and out-of-state) LTCO programs after disasters. The following best practice models were developed by NORC: Emergency Preparedness Training, Emergency Preparedness Ideas and Advocacy, Clearinghouse of Information, and Improved Communications for Emergency Preparedness. **It is recommended that work be continued on the development of LTCOP best practice models and templates** for state policies and guidelines for emergency planning and response.

Dissemination of Information

The NORC has and will continue to share the emergency planning and response materials with state and local LTC Ombudsman programs via The Consumer Voice and NORC websites, email blast, the Gazette e-newsletter, NORC Volunteer Management Network e-newsletter, and the State Ombudsman conference (April, 2013) and national webinar (May, 2103). Materials developed are also shared with partners such as NASUAD and n4a.

Appendices

1. LTC Ombudsmen Tip Sheets –
 - a. *Being Prepared! Things Ombudsmen Should Do Before, During, and After an Emergency;*
 - b. *Smart Phone Apps; and*
 - c. *Emergency Management Dictionary and Translations.*
2. LTC Ombudsmen Best Practice Models –
 - a. *Emergency Preparedness Training,*
 - b. *Emergency Preparedness Ideas and Advocacy,*
 - c. *Clearinghouse of Information, and*
 - d. *Improved Communications for Emergency Preparedness.*
3. LTC Ombudsmen PowerPoint Training on Ombudsmen and Emergency Response provided to State LTC Ombudsmen (April, 2013) and national webinar for LTC Ombudsman (May, 2013).



Best Practice Model

Emergency Preparedness: Clearinghouse of Information

States' understandings and practices of establishing a "clearinghouse of information" to be used during State and federally declared emergencies vary. The key component is establishing relationships and good communications between agencies prior to disasters.

State Examples

Maryland

According to Maryland's State LTCO, the state's emergency management agency (EMA) maintains a list of LTCFs during statewide emergencies such as Hurricane Sandy. The list reflects the status of each nursing home and assisted living including whether the facility has been evacuated and if the facility has lost electricity. The Health Department in each local emergency jurisdiction is responsible for updating the list. Depending on how the local jurisdiction is organized, the local LTCO and AAAs may assist in notifying the Health Department about the status of facilities and other issues such as whether or not the facility is using a generator. When the State Ombudsman sees that the list is not accurate, she notifies the EMA liaison from the Maryland Department of Aging of the facility status based on information from the local ombudsman. The "clearinghouse of information" is maintained in Google Docs and team members access the information and update it in "real time" through the Internet. If there is no Internet service, the information is relayed to the EMA by telephone. The State Ombudsman maintains a list of land and cell phone numbers of local ombudsmen in case information needs to be obtained to update the list or for other identified problems.

Texas

The Texas State LTCO reports that the LTCOP is housed in the State Unit on Aging (SUA) along with the regulatory agency. Their department is incorporated into the overall emergency preparedness (EP) planning for the state. Regulatory services takes the lead on maintaining the "clearinghouse of information" pertaining to LTCFs. Texas uses a statewide database for the "clearinghouse" and the LTCFs are told to login or call-in their updated information about bed vacancies and evacuations. The regulatory agency coordinates with the Ombudsmen and first responders. Although the state LTCO can get information from the "clearinghouse," she states that the regional regulatory and LTCO offices have the best information.

Wisconsin

Wisconsin's state LTCO gives credit to her predecessor for laying the groundwork for excellent communications with leaders in the state. The WI LTCOP is an independent agency and the Ombudsmen are state employees. The State Ombudsman reports that she meets with the SUA director

at least every six weeks and EP topics are covered in these regular meetings. During emergencies the Department of Health Services Quality Assurance (regulatory services) maintains information about LTCF vacant beds and relocations. State LTCO has access to collected information upon request. No formal checklist for communications is used. Regulatory services staff provide the state LTCO with regular updates about any changes in LTCFs.

Ombudsmen: What would you do?

Q. What exactly is a “clearinghouse of information”?

A. The intent is that an entity in each state shall keep track of all LTCFs, bed vacancies, and “sheltering in place” or relocation plans and actions and update these data during emergencies. It is a state decision as to which entity will maintain the information. How the information is obtained, tracked, and updated is a state decision. Most frequently it is the state emergency management agency or regulatory services agency that maintains the “clearinghouse of information”. The LTCO may contribute information and have access to the information.

Q. I am not part of an emergency preparedness planning team in my state. During emergencies I may or may not receive regular updates about the impact of the disaster on LTCFs and relocations of residents. What should I do to be included in emergency planning and response?

A. Request to meet with the emergency management agency when your state is not experiencing a major crisis. Explain the role of the LTCOP and ask to participate in the EMA preparedness and response training. Volunteer to assist in being the LTC liaison in the Emergency Operations Center (EOC) during a declared emergency.

Resources:

U.S. DHHS CMS Survey and Certification EP for Every Emergency Checklist:

<http://www.ltcombudsman.org/sites/default/files/norc/CMS-Checklist-Persons-LTC-Facilities-Ombudsmen.pdf>



Best Practice Model

Improved Communications for Emergency Preparedness

San Luis Obispo County (CA) emergency management authority, public health, LTCO, and many other representatives worked together to secure U.S. Health and Human Services (HHS) Hospital Preparation Program (HHP) and Department of Homeland Security (DHS) FEMA grant funds to improve and enhance emergency preparedness communications.

Description

The San Luis Obispo County HPP workgroup consists of representatives from the hospitals, long term care facilities (LTCF), developmental disabilities facilities, long term care Ombudsman (LTCO), public health department, nuclear power plant, emergency management authorities, and many others. Core workgroup members meet monthly. The entire group including first responders meets quarterly. All aspects of emergency planning are discussed including weather related events, flu, terrorism, etc. Emergency planning includes standardization of communication plans, resources, and equipment in addition to identification cards for second responders. Second responders are typically staff of human and social services agencies, service providers, non-profit agency volunteer workers, etc.

Communications

Communications plans include GETS, WPS, and satellite phones for key personnel including the LTCO. The Government Emergency Telecommunications System (GETS) cards are available for no cost and are to be used on landlines. According to the National Communication System's website, GETS provides emergency access and priority processing in the local and long distance segments of the Public Switched Telephone Network (PSTN). It is intended to be used in an emergency or crisis situation when the PSTN is congested and the probability of completing a call over normal or other alternate telecommunication means has significantly decreased. The Wireless Priority Services (WPS) card provides priority for emergency calls made from cellular telephones. Critical infrastructure personnel are eligible for WPS. Wireless Priority Service is an easy-to-use, add-on feature subscribed on a per-cell phone basis; no special phones are required. WPS costs approximately \$30 each year per phone. Satellite phones were purchased by the county government and provided to, among others, the LTCOP and LTCF administrators. A Cooperative agreement permits smaller residential facilities to go to the larger skilled nursing facilities to use the satellite phones. Satellite phones are a type of [mobile phone](#) that connects

to orbiting [satellites](#) instead of terrestrial [cell sites](#). Satellite phones have pre-paid cards with a total of fifty minutes on each phone.

Identification Cards

County government personnel provide the “wording” and template for photo identification cards for LTCO and LTCF personnel. The cards are numbered and have the date issued on the card. These identification cards are used for LTCO and other (2nd responders) who should have access to an area after the disaster and when the area has been secured by officials. Upon showing this identification card an LTCO will be allowed to enter areas that have been blocked to public access.

References

Hospital Preparedness Program

<http://www.phe.gov/preparedness/planning/hpp/pages/default.aspx>

Government Emergency Telecommunications System (GETS)

http://gets.ncs.gov/program_info.html

Wireless Priority Service <http://wps.ncs.gov/>



Best Practice Model

Emergency Preparedness Ideas and Advocacy for LTCOPs and Long-Term Care Facilities (LTCFs)

This best practice model focuses on the creative ideas of others in how best to serve and protect LTCF residents. Ombudsmen from Ohio, Pennsylvania, North Carolina, Maryland, and New York share practices of their program, LTCFs, and advocacy strategies.

Utility Outages Impacting Residents

In 2008, the Ohio AAA 11 LTCOP started monitoring utility outages in their four counties region. Staff primarily monitors the First Energy website which provides real time information and mapping of power outages and the local news media outlets. The Ombudsmen call all the LTCFs in the area with utility outages to see if their power has been restored within a reasonable time. If power has not been restored, the Ombudsmen call and advocate with the utility company to place a high priority on the restoration of power to affected facilities. The LTCOP has worked diligently to try and locate internal contacts within the utility companies. If the Ombudsmen have difficulty in influencing the utility company to restore power to a LTCF in need, they contact their local senators' offices. Constituent services staff in the senators' offices assists in advocating for the LTC residents. In addition if the Ombudsmen are successful in getting utilities restored to a facility, they will call the senators' offices to let them know. The Area 11 LTCOP Director, John Saulitis, reports that this effort does not take too much of the Ombudsmen's time and is greatly appreciated by the residents, facilities, and senators' constituent services staff.

FEMA Disaster Assistance

Typically when FEMA establishes a FEMA Disaster Center in a federally declared disaster area, they will insist that citizens wanting to apply for assistance come in person to the center. The Ohio AAA 11 LTCOP successfully advocated with a FEMA Disaster Recovery Center to provide the assistance forms to the LTCO who would travel to the LTCFs to assist the residents in completing the applications. Ombudsmen helped residents, whose belongings inside the LTCF were destroyed by floodwaters, complete individual applications for assistance. Each application had to have a different address so the residents' room number would be used along with the street address. The Ombudsmen were successful in getting residents' FEMA disaster

assistance payments that were helpful in replacing their destroyed clothing, shoes, and other personal items.

Emergency Preparedness for Residents

Carol Dieffebach is the PA BSST AAAA LTCO covering four very large rural areas of Pennsylvania bordering NY State. Ms. Dieffebach reports that their area has frequent power outages. Facilities have backup generators; one facility has gone one step further by providing each resident a small flashlight. Residents are informed of emergency plans and feel more prepared by having their own flashlights. Another facility has the practice of providing each resident with an extra pillowcase. During one evacuation due to flooding, residents' chart, medicines, and one change of clothing was placed in the extra pillowcase and transported with them. In addition the residents' wear an identification bracelet with colored dots that symbolize specific care needs. The volunteer first responders, EMTs, and others are aware of the coding system on the identification bracelets.

Facility Emergency Preparedness – Community and Volunteer Participation

Debi Lee is with the NC Centralina AAA LTCOP. In her region, one LTCF has a once year practice drill for a complete evacuation of their building. Families, community volunteers, law enforcement, fire fighters, EMTs, and many others are invited to attend and, if appropriate, to assist in the drill. After the drill, the firemen sponsor a cookout and everyone enjoys a great picnic. Additionally, Ms. Lee reports that the volunteer Ombudsmen do "in-reach" directly with residents and the resident and family councils about emergency preparedness and their facility's plan. Frequently the "in-reach" efforts are done during the months regarded as tornado and hurricane awareness months.

Ombudsmen: What would you do?

Q. As an Ombudsman I think that the majority of my facilities do care about the safety of the residents, but they seem to have very few ideas about how to educate and involve residents and families in emergency preparedness planning. How can we as Ombudsmen help?

A. These planning examples from Ombudsmen in Ohio, Pennsylvania, and North Carolina are just a few ideas of how to creatively involve residents, families, volunteers, and first responders. Ask the LTCF administrators and managers in your region about their ideas. Collect and write their examples and share them with administrators/managers when they are perplexed or searching for new ideas. This also gives you an opportunity to showcase facilities that have best practice models for emergency planning.

Q. I have worked in the FEMA Disaster Recovery Centers after disasters in my region and state. They would never have allowed us to take the application forms and go visit with residents who were living in facilities affected by the disaster. How can we effectively advocate for a change in how the Centers' operate?

A. Ombudsmen are the best advocates for systemic change. Before the next emergency happens in your state, begin to advocate with your employer, the State Emergency Management Agency, and the regional office of the Department of Homeland Security Federal Emergency Management Agency (DHS FEMA) to allow for "mobile" FEMA Disaster Recovery Center workers. The U.S. DHHS CMS checklist for emergency preparedness for LTCFs recommends the establishment of a "process for the emergency management agency representative (FEMA or other agency) to visit the facility to which residents have been evacuated, so residents can report loss of personal effects." Explain that for many older adults and people with disabilities, it is a barrier to receiving aid if they have to arrange transportation and go elsewhere to complete an application at the Center. In addition, adults with cognitive impairments or intellectual disabilities may need an advocate to complete the paperwork for them.

Q. How can we get the local utilities companies to make it a priority to restore power to LTCFs?

A. It may be as simple as asking the utility companies in your region to do so and providing them a listing of LTCFs and addresses. You may consider the Ohio LTCOP region 11's approach to making utility companies aware of the need during power outages.

Q. I've tried local advocacy campaigns for improvements in emergency planning and response. Is there something greater that we can be doing?

A. According to Alice Hedt, Maryland State LTCO, the Maryland state legislature is considering possible legislation to make LTCFs a higher priority to get utility services restored when there are outages. In New York State, Mark Miller, State LTCO reports that Ombudsmen are advocating that clearing road access to nursing homes be a higher priority than is currently assigned. Cleared roads allow for emergency transport services, access by utility trucks and workers, and facility staff.



Best Practice Model

Emergency Preparedness Training

Emergency preparedness and response training for LTCO may be incorporated into (a) new worker training, (b) once yearly training via webinar, web module, and in-person meeting, and (c) dissemination of written EP information during weather related awareness months.

Joint trainings may be coordinated between: (a) LTCO and Emergency Management Agency (EMA), (b) LTCO, EMA, and LTC provider associations, or (c) LTCO, State Unit on Aging (SUA), Area Agency on Aging (AAA), and LTC networks. North Carolina's strategy is joint training between LTCO, EMA, and LTC providers. Oklahoma LTCO program's strategy includes the use of a trademarked training program for LTC facilities, made available for LTCO and AAA.

State Examples

North Carolina

The North Carolina Department of Public Safety, Divisions of Health Services Regulation, Health Services, and Emergency Management are all partners in the development of emergency preparedness and disaster training. The State LTCO receives emergency management training and serves in the Emergency Operations Center during emergencies. Annually, county emergency management (EM) staff and LTCO help to organize regional and local trainings for LTCO, LTCFs, family care homes, adult care homes, and mental health facilities. Volunteer First Responders and LTCO are invited to attend the trainings. LTCFs bring their emergency preparedness (EP) plans and work to improve them during the training. County EM staff schedule dates with facilities to go on-site and "walk through" the EP plans.

Resources:

The North Carolina Department of Public Safety (formerly known as The North Carolina Department of Crime and Public Safety) <https://www.nccrimecontrol.org/>. The North Carolina Disaster Plan Template CD for Nursing Homes, Assisted Living, and Mental Health Facilities, version 1.02, October, 2010. Compact Discs are available through the NC Department of Public Safety Division of Emergency Management.

Oklahoma

Oklahoma LTCO are required to take the Mather LifeWays PREPARE training. According to the Mather LifeWays website, "PREPARE is a disaster preparedness webinar series, workshop, and toolkit that teaches senior living community staff to manage natural disasters and other public health emergencies, and trains participants as PREPARE Specialists capable of teaching the

information to others.” While the PREPARE training is oriented toward LTCF staff it has become an invaluable training tool for Area Agency on Aging (AAA) staff and LTCO. The State LTCOP office provides the PREPARE training to newly hired LTCO and AAA staff at no cost to the employers. When students go through the training they in-turn agree to train others on at least five of the seven PREPARE modules. Additionally, training is provided to LTCFs by the OK Department of Health and the regional/local emergency management agencies.

Resources:

Mather LifeWays, <http://www.matherlifewaysinstituteonaging.com/senior-living-providers/prepare/>

Training curriculum pricing is available on their website.

Ombudsmen: What would you do?

Q. Statewide approach to local EP training sounds great. How do I get our local and state agencies to do something like NC’s training?

A. The need for EP training became a reality for the state of NC after Hurricane Katrina. Often you can get people motivated to make positive changes after they receive a significant wake-up call! However don’t wait for a specific disaster to happen in your region or state. It is significant enough to remind people with data, pictures, and video of the horrendous loss of life and property after recent weather related events in the U.S.

Q. How do we go about getting LTCFs to share their EP plan with us?

A. NC LTCO are familiar with the EP template and become knowledgeable about the LTCFs plans during the training event. This is an ideal way to learn of their EP plans. However if this is not the case in your state, it will be important to ask each administrator/manager to make an appointment with you to review their EP plan.

Q. I don’t think that our EM staff even knows about the LTCOP. How can we educate the EMAs about the LTCOPs?

A. Your first step would be to make an appointment to introduce yourself to the emergency staff in your county and region. Since many rural counties have volunteer EM staff you may have to arrange to meet them in the evening or over the weekend. You may get lucky and in addition recruit new volunteer Ombudsmen.

Q. We have so many LTCO volunteers. How can we involve them in EP planning and response?

A. NC volunteer LTCO have been taught to do “in-reach” with residents during routine visits. In-reach involves talking with residents about their awareness of the facility’s emergency plans and giving them gentle reminders of EP plans during certain related weather seasons such as hurricane, tornado, etc.

Q. How should we develop a training curriculum for emergency preparedness?

A. Adopt a training curriculum from a reputable organization or develop one in conjunction with your state's emergency management agency. Add a component that explains the advocacy role of LTCO in assisting residents after an emergency.

Q. We train the LTCO on EP but their employers do not understand the LTCO's unique role of advocacy for residents.

A. Make the LTCO EP training available to the LTCO's employer. Meet with employers and give examples of an LTCO's work in advocating for residents and how they can effectively assist residents after an emergency.

Q. Without a full-time trainer how will we keep up the demand for EP trainings?

A. Consider the "train the trainer" method that expands the number of teachers. Seek training curricula such as Mathers LifeWays' PREPARE (available through the internet for on-line sessions). Partner with other state agencies that are providing EP training and ask permission for LTCO to attend their trainings.



Being Prepared!

Things Ombudsmen Should Do *Before, During, and After* an Emergency

Before an Emergency

1. Develop a safety plan for your immediate family and any persons for whom you are a caregiver.
2. If you have advance notice of possible emergencies, get fuel for vehicles and generators, and extra cash.
3. Prepare a box of food, water, batteries, flashlight, and weather radio for your home. A supply for at least 72 hours is recommended. If you have storage capacity, consider having enough supplies to live at home without utilities or road access for two weeks. Do not forget to add items needed by family members and pets such as medicines, diapers, pet food, etc. Think of common disasters in your region and pack items such as masks for fire and dust storms and rubber boots for flooding.
4. Prepare a safety kit for each vehicle. Recommendations include a First Aid Kit, bottled water, flashlight with extra batteries, blanket, gloves, traction gripper such as “kitty litter,” small shovel, phone charger, notepad & pen, some cash, etc. Duct tape can repair many things at least temporarily.
5. Know the safety and evacuation plans at the office. Request and participate in emergency practice drills. Know your office’s plan for the continuation of work if your office becomes uninhabitable due to the disaster. Offices should have at least two plans: telework from employees’ homes and alternate work site.
6. Have a safety bag at work. The bag should include bottled water, protein rich snacks, a flashlight with batteries, a whistle, and comfortable walking shoes.
7. Know the safety and evacuation plans at your child’s school. Discuss the plan with your child. If you are a caregiver for someone living in a LTCF, know and discuss safety plans with the care recipient.
8. Ombudsmen should have at work, home, and in their vehicle **paper** copies of important names and phone numbers, such as work colleagues, volunteers, and long-term care facilities. You cannot rely on phone numbers stored on your landline phone, cell phone, or computer database. You cannot assume that you will have power or access to the Internet.
9. Smartphone advice. In hopes that you have cell phone use, prepare by having at home, work, and in your vehicle extra chargers for your phone. Store important names and

numbers (including work and personal cell) for coworkers, emergency management agencies, regulatory/licensing agency, and long term care facilities.

10. Communications options. Well ahead of emergencies, develop as many communications resources and relationships as possible. The National Communications System, www.ncs.gov, has both the Government Emergency Telecommunications System (GETS) priority service for landlines and Wireless Priority Service (WPS) for cell phones, <http://wps.ncs.gov>. Both the GETS and WPS allow priority calls to be processed first during emergencies. Satellite phones may be purchased through federal/state grants for emergency preparedness; pre-paid phone cards could cover the costs for the use of the satellite phone. When all else fails, ham operators are able to establish communications during disasters. For more information go to the national association for amateur radio, <http://www.arrl.org/public-service>.

During and After an Emergency

1. Ombudsmen are **not** first responders. Leave this work to be done by law enforcement, firemen, EMTs, and other first responders designated by local authorities.
2. If you are a volunteer or paid first responder in addition to being an Ombudsman, notify your employer that during emergencies you will be a first responder.
3. If you and your family are personally affected by the emergency, take care of yourself and your family first. As soon as possible notify your employer and the state LTCO about what has happened.
4. After first responders have done their work and local authorities give approval for others to be in or near the scene of the disaster, you may then begin the work of an Ombudsman.
5. **Ombudsman responsibilities are consistent before, during, and after emergencies.** You are the residents' advocate. Visit with residents: at the facility if they were "sheltered in place"; and in mass care shelters, hospitals, or other facilities if they were transferred from their residence. If you are not physically able to visit with residents due to road closures or personal impact of the disaster, contact others to check on the residents' welfare or ask nearby Ombudsmen to visit.
6. After the emergency, everyone including Ombudsmen may be asked to assist in recovery efforts. Common additional assignments for Ombudsmen include: manning phones at emergency response operation centers and assisting people in completing forms at the disaster recovery centers (DRC) or mobile DRCs.
7. Assignments that are best left to other professionals include: transferring, transporting, personal care, and medical care for individuals. (However, advocating for such services is the Ombudsman business.)

8. If you are an Ombudsman in a nearby region or share state boundaries with a region or state impacted by a Federal/State declared emergency you can assist by:
 - Notifying the LTCO in the impacted State of nearby LTCFs with empty beds available for relocation of LTCF residents.
 - When LTCF residents are transferred to your region/state, visit with the relocated persons as soon as possible to inquire of their safety, comfort, medical care, and communications needs. Visit with the relocated residents frequently, advocate for their needs, document, and share findings with the LTCOP from their home state.
 - If available, offer to go to the affected disaster area to do Ombudsman work. This offer is especially helpful if the local LTCO is impacted by the disaster and is unable to work.
 - Offers of food, clothes, blankets, water, etc. are appreciated. However, the best option is to donate money to legitimate organizations offering on-site assistance.

Doing A Lot with Little

Ombudsmen have always known how to do a lot with little. Ombudsman responsibilities are consistent before and after emergencies. You are the residents' advocate. But we know in reality that being an advocate may be the only consistent thing about your work after the emergency.

- Unique disasters may require very unique and creative solutions.
- If one resident has this complaint, many others may also. Think of systematic resolutions.
- Weeks, months, and maybe years after the disaster, you may still be working on residents' issues related to an emergency.

Examples of LTCO Work During & After Emergencies

Note: You may find it useful to educate your employer ahead of emergencies that you will be doing such "unusual" tasks during disasters.

Communications. Immediately after the disaster residents may want assistance contacting family and friends. Family members and friends may be calling the LTCOP to ask where particular residents have been relocated. Relocated residents may be moved more than once. Prepare a spreadsheet (a database would be even better) to keep up with residents, temporary housing, and family contacts, and/or connect with the designated Clearinghouse that is tracking this information.

Financial. Residents may need assistance in obtaining their personal needs allowance from their home LTCF. Weeks after the disaster new LTCF residences will want residents to pay for their board and care. Negotiations between facilities and electronic payment systems regarding residents' funds will be arduous. Keep good records and be persistent. Also be vigilant about the potential for scam artists who will try to defraud victims of a disaster. Report incidents of financial exploitation to the state Adult Protective Services program, local law enforcement, district attorney, and Better Business Bureau.

Mental Health Services. It would be beneficial to have mental health professionals participate in the emergency preparedness planning and response. If a resident tells you, if family indicates, or you sense that a resident is struggling mentally with the effects of the disaster, seek help for them by calling on local mental health professionals or the state's mental health services agency.

Personal Belongings. During emergencies people may lose: clothing and shoes, glasses, hearing aids, dentures, purses and wallets, durable medical equipment, medicines, etc. First, check to see if any of their items are salvageable from the disaster. Second, advocate for physician orders to get replacement prescriptions, durable medical equipment, etc. You may need to negotiate with Medicare, Medicaid, and private insurance to assist with replacement costs. Third, assist residents with applying through the Disaster Recovery Center for FEMA assistance and private insurance claims. Red Cross and others' donations of clothing and small stipends may help in replacing items.

Transportation. People in need of specialized transportation to get back to their community after the disaster and cleanup may find it difficult to find accessible and affordable transportation. Search for free or low cost medical transport services. Also, do not hesitate to ask for-profit transportation providers to consider providing some pro bono services.



Emergency Management Dictionary and Translations

These basic emergency management definitions are ones the Ombudsmen will find most useful in communicating with emergency management professionals.¹

The **Emergency Management Cycle** consists of:

- Preparedness
- Prevention
- Response
- Recovery
- Mitigation

Emergency Operation Center (EOC)

This is the location where all the important people gather to develop, coordinate, and respond to declared emergencies. At least one LTCO should be in attendance at the EOC.

Evacuate

Residents are to leave their home/facility and go to designated safe shelters.

Functional Needs Support Services (FNSS)

Functional Needs Support Services enable individuals to maintain their independence in a general population shelter. FNSS includes: durable medical equipment (DME); consumable medical supplies (CMS); personal assistance services (PAS); reasonable modification to policies, practices, and procedures; and other goods and services as needed.

Manmade Disaster

A manmade disaster is a human-caused incident resulting in severe property damage, deaths, and/or multiple injuries.

Mass Care Shelters

Mass care shelter operations include sheltering, feeding operations, first aid care, distribution of emergency bulk items, and providing information on victims to family members.

Natural Disaster

The term 'natural disaster' means any hurricane, tornado, storm, flood, high water, wind-driven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm, drought, fire, or other catastrophe which causes, or which may cause, substantial damage or injury to civilian property or persons.

¹ Bristow and Wimberly, Emergency Management Magazine and Alerts & Warnings Blog editors, review and recommendations, February, 2013.

People with Access and Functional Needs

Older adults, people with disabilities, people with limited English proficiency, and any person who may need assistance during an emergency. You may still hear emergency management personnel refer to people with disabilities as “special needs” people or refer to them by the name of their disability.

Preparedness

Preparedness can best be defined as a state of readiness to respond to a disaster, crisis, or any other type of emergency situation. It includes the activities, programs, and systems that exist before an emergency that are used to support and enhance response to an emergency or disaster.

Shelter in Place

Residents are to stay in their home/facility during the emergency until notified that it is safe to go outside.

Situational Awareness

Information gathered from a variety of sources that, when communicated to emergency managers and decision-makers can form the basis for incident management decision-making.

State Coordinating Officer (SCO)

The SCO is a representative of the Governor who coordinates emergency response activities for the state.

Subject Matter Expert (SME)

Recognized expert on a particular subject, topic, or system.

Resources

Guide to Emergency Management and Related Terms, Definitions, Concepts, Acronyms, Organizations, Programs, Guidance, Executive Orders & Legislation, A Tutorial on Emergency Management, Broadly Defined, Past and Present, B. Wayne Blanchard, 2007

<http://training.fema.gov/EMIWeb/edu/docs/terms%20and%20definitions/Terms%20and%20Definitions.pdf>

Glossary and Acronyms of Emergency Management Terms, 3rd Edition, The Training Resources and Data Exchange (TRADE), Emergency Management Issues Special Interest Group, Glossary Task Force, May 1999

<http://orise.orau.gov/emi/training-products/files/glossary-emt.pdf>





Smart Phone Apps for Ombudsmen (Recommendations based on users' reviews of Apps)

Apple iPhone Users – Free or low cost apps

www.iPhone-Apps-Search.com

Weather Channel	Free	
NOAA	Free	National Oceanic and Atmospheric Administration
NOAA Radio	Free	
Earthquake	\$1.99	
Floodwatch	Free	
Hurricane	\$2.99	
FEMA	Free	
911	Free	Dials 911 with one touch. Emergency contact info
ICEcare	\$4.99	Emergency and notification info
Rescue	\$3.99	Beacon locator
English to Spanish	\$.99	Translator

Droid Phone Users – Free or low cost apps

Play.google.com/store/apps

Weather Channel	Free	
NOAA Weather Pro	Free	National Oceanic & Atmospheric Administration
Hurricane Warning	\$.99	
Earthquake – American Red Cross	Free	
Wildfire – American Red Cross	Free	
FEMA	Free	
ICE – emergency contact	Free	
Emergency Button	Free	GPS coordinates
Talking Translator Dictionary	Free	Multiple languages
Rescue Emergency Alarm	Free	
ASL – American Sign Language	Free	English to ASL translation



Emergency Preparedness & LTC Ombudsmen

National Long-Term Care Ombudsman Resource Center

Ombudsmen and Emergency Preparedness & Response

State LTC Ombudsman
National Training Conference
April, 2013

Ready or Not?



Emergency Preparedness & LTC Ombudsmen
National Long-Term Care Ombudsman Resource Center

State of Readiness 2012 Survey

- Survey sent to 57 State LTCO programs - 37 responded
- Survey sent to 1,192 Local LTCO programs - 132 responded
- Phone interviews conducted

Focus Areas

- Coordination with Emergency Management Agencies (EMA)
- LTCO Training
- Communication
- Clearing House of Information

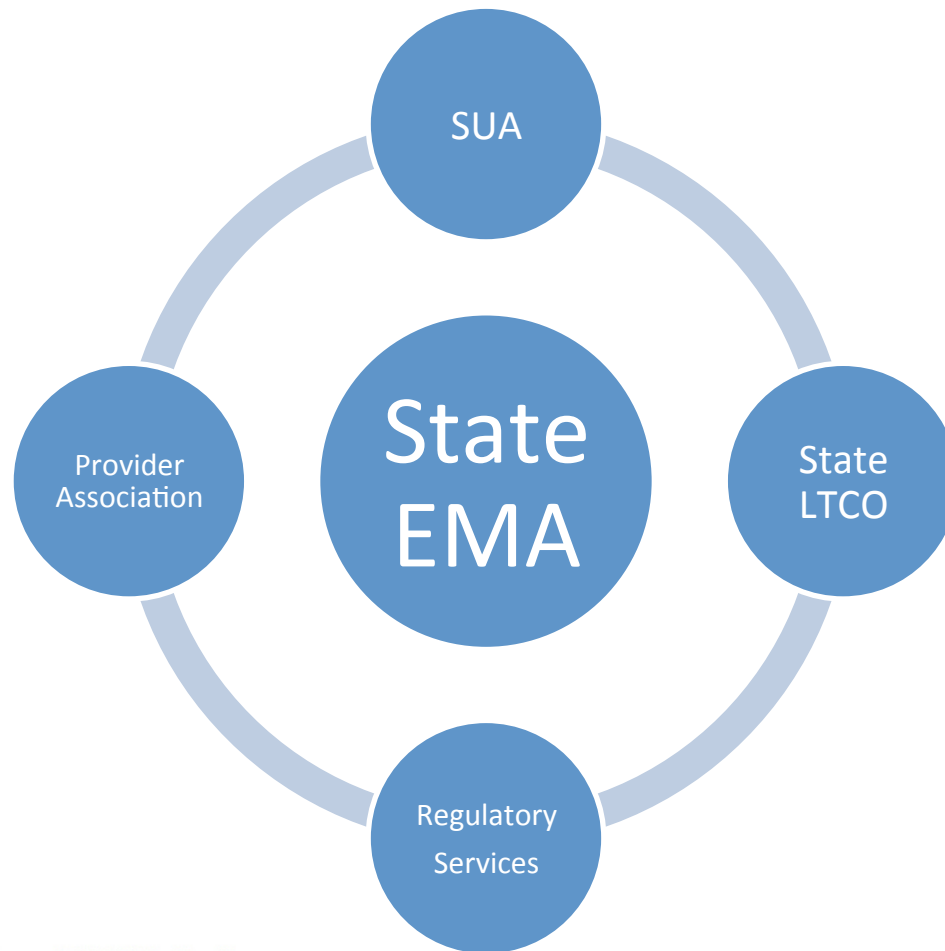


Coordination with EMA



Emergency Preparedness & LTC Ombudsmen
National Long-Term Care Ombudsman Resource Center

Coordination with EMA



Coordination with EMA

State LTCO

- Request to serve on the State EMA coordinating group
- Attend EMA training
- Volunteer to serve in the EMA Operations Center as LTC specialist
- Encourage LTCO to serve with regional/local EMAs



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National Long-Term Care Ombudsman Resource Center

LTCO Training



Emergency Preparedness & LTCOmbudsmen
National Long-Term Care Ombudsman Resource Center

LTCO Training

- Incorporate LTCO emergency preparedness & response training into
 - New worker training
 - Once yearly training via webinar, web module, in-person meeting
 - Disseminate written EP information during weather related awareness months



LTCO Training

Joint trainings between

- LTCO and EMA
- LTCO, EMA, Provider Associations
- LTCO, SUA, AAA, LTC Network



Communication

The single biggest problem in communication is the illusion that it has taken place.

George Shaw



Emergency Preparedness & LTC Ombudsmen
National Long-Term Care Ombudsman Resource Center

Communication

Before a disaster decide

- How state LTCOP & EMA will receive & give information
- Communication loop – SUA, AAA, Employer, LTCO
- Educate LTCO & employer about the communication loop & expectations



Communication

- Obtain #s (work, cell, home) of contacts.
Examples – LTCO, SUA, EMA, Regulatory
- Store #s on work and personal phones
- Keep paper copies of contacts & phone #s at work, home, and in vehicles



Communication

- Gov't Emergency Telecommunications System (GETS) priority service for line lines.
www.ncs.gov
- Wireless Priority Service (WPS) for cell phones. <http://wps.ncs.gov>
- Satellite phones
- Ham operators. www.arrl.org/public-service



Clearing House of Information



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National Long-Term Care Ombudsman Resource Center

Clearing House of Information

U.S. DHHS CMS Survey & Certification

- ☐ FAQ document (9/2011) references tracking patients and residents during public health emergencies.
- ☐ Emergency Planning Checklist (9/2007) references the establishment of a clearinghouse for facility evacuations and tracking evacuees.



Clearing House of Information

- There are no templates or formats.
- CMS does not designate which state agency should manage the information.
- Information may reside within state EMA and/or licensure & certification agencies.
- If your states does not have a clearing house, advocate for one.



We've Reviewed

- Coordination with EMA
- LTCO Training
- Communication
- Clearing House of Information



LTCO Readiness

Additional Thoughts?



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Emergency Preparedness & LTC Ombudsmen

National Long-Term Care Ombudsman Resource Center

Ombudsmen and Emergency Preparedness & Response

National Ombudsman Resource Center (NORC)

Ombudsman Webinar

May 29, 2013

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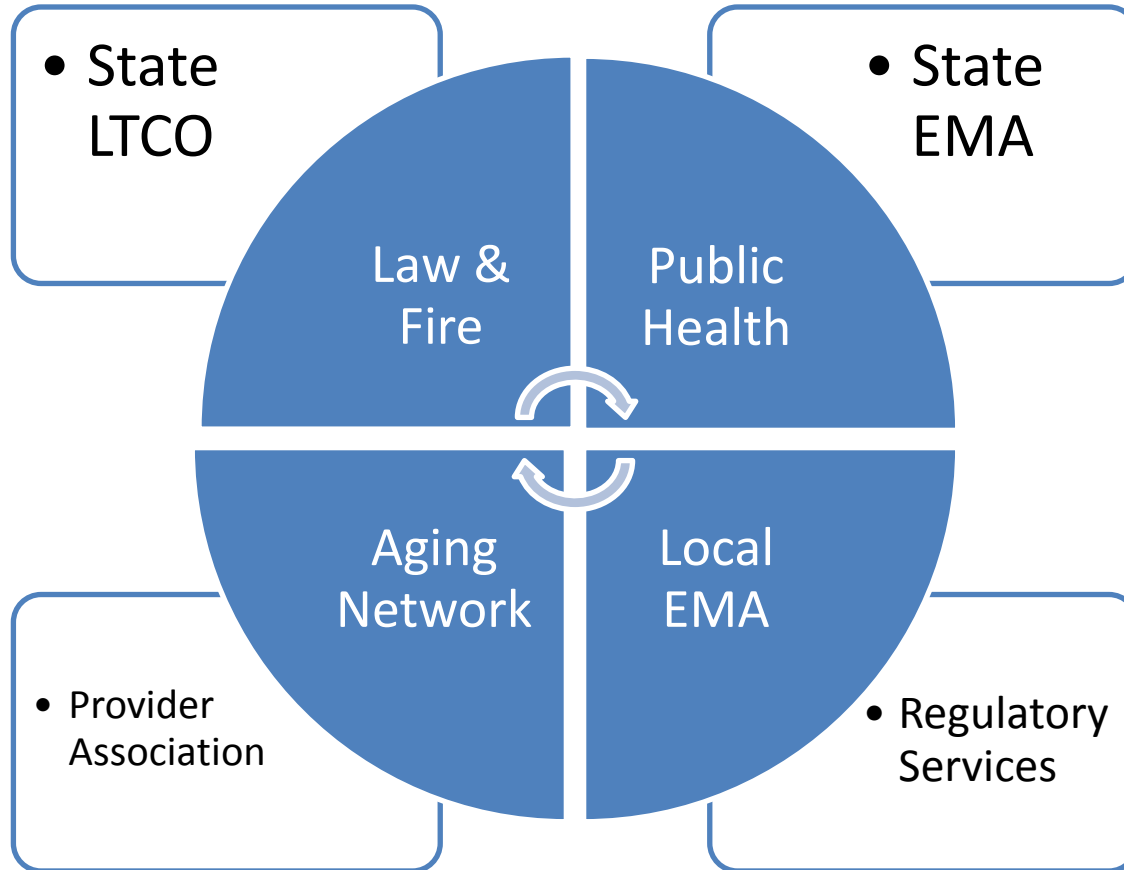
- Coordination with Emergency Management Agencies (EMA)
- LTCO Training
- Communication
- Clearing House of Information
- Creative Ideas

Coordination with EMA



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Coordination



Coordination

- Request to serve on the State/Regional/Local EMA coordinating group & Public Health coordinating council
- Attend EMA & PH trainings
- Volunteer to serve in Operations Centers as LTC specialist



LTCO Training



Emergency Preparedness & LTCOmbudsmen
National Long-Term Care Ombudsman Resource Center

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Communication

Karen Jones, Director/Program Manager
LTC Ombudsman Services of
San Luis Obispo County
(California)



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National Long-Term Care Ombudsman Resource Center

Communication

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Examples – LTCO, SUA, EMA, Regulatory, Care Facility Managers, etc.
- Store #s on work and personal phones
- Keep paper copies of contacts & phone #s at work, home, and in vehicles



Communication



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www.ncs.gov (free)
- Wireless Priority Service (WPS) for cell phones.
<http://wps.ncs.gov> (small fee)
- Satellite phones (costly)
- Ham radio operators. www.arrl.org/public-service



Clearing House of Information



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Creative Ideas

John Saulitis, Director
Ohio LTCO Program
AAA 11



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Creative Ideas



Emergency Preparedness & LTC Ombudsmen
National Long-Term Care Ombudsman Resource Center

Creative Ideas



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We've Reviewed

- Coordination with EMA
- LTCO Training
- Communication
- Clearing House of Information
- Creative Ideas



LTCO Readiness

Additional Thoughts or Questions?



Resources

Best Practices for LTCO and Emergency Preparedness and Response are located on the NORC Emergency Preparedness Issue Page:

www.ltcombudsman.org/issues/emergency-preparedness



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