

# POST-STORM RECOVERY PLANNING CONSIDERATIONS

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*The following information was prepared using sections of the FHCA Emergency Management Guide for Nursing Homes (2008) and the Minnesota LTC Preparedness Toolkit (2013). It is shared with the FHCA EPC and FHCA member centers for use in developing post-storm recovery checklists and procedures.*

## **Overview**

Post storm, following an off-site evacuation, the facility must be inspected to ensure it is structurally sound and provides a safe care environment for residents.

- **Physical Plant Infrastructure:** Assessing the infrastructure of the facility and making determinations as to whether it is still operable and safe for taking care of residents.
- **Operational Support Infrastructure:** Evaluating and coordinating with other partners and suppliers to be sure that goods and services are in place to resume care of residents:
  - ✓ Local emergency management
  - ✓ Financial and insurance
  - ✓ Public health
  - ✓ Food and other suppliers
  - ✓ Power / Utilities
  - ✓ Medical providers (e.g., dialysis, respiratory therapy)
  - ✓ Operational staff (e.g., nursing, dietary)

## **Re-Entry Team First Steps: Initiation and Communication**

The re-entry team will likely consist of the owner, administrator, maintenance director, director of nursing, and dietary manager. Consultants such as air quality consultants or structural engineers may be called in to help make the decision to return.

## **On-site Assessment Considerations:**

- power has been restored or emergency electrical system is working with a high degree of stability
- life support equipment are functioning with a degree of certainty
- water has been restored and is safe to drink or access to reliable emergency water supply is secure
- risk of harm from structural damage is minimal
- call signals are operable
- fire alarm system has been tested and is functional
- phones are operable or alternate external communication system is reliable and adequate
- access to durable medical supplies is assured
- kitchen equipment operable, including refrigerators, freezers, and range hood exhaust fan along with selected essential kitchen lighting
- adequate access to sufficient medical supplies
- availability of staff to operate the nursing home and care for residents
- downed electrical power lines and other debris are cleared

### **Inspecting for Indoor Air Quality**

If the nursing home has had a prolonged power outage, structural damage, or water damage to the interior floor, wall, or ceiling surfaces, there is cause for concern that the indoor air quality may be compromised. If the facility has had power outages resulting in loss of air conditioning for more than 32 hours or has had water intrusion, certain steps should be taken to insure the indoor air quality has not adversely effected the care environment:

- Retain an indoor air quality consultant/contractor with the following qualifications:
  - degreed microbiologist or mycologist,
  - certified industrial hygienist trained in Indoor Air Quality
  - assessment principals, or
  - microbial remediation specialist with recognized expertise and knowledge in Indoor Air Quality and mold remediation.
- Such professionals shall have expertise in designing mold sampling protocols, sampling methods, and interpretations of laboratory results.
- The retained professional shall prepare a certified report containing the survey data, method(s) of survey, instrumentation utilized to obtain data, conclusions, and recommendations for remedial actions.
- At the conclusion of the remedial work for the affected area(s), daily monitor readings (air monitoring and moisture monitoring should show that building materials stay dry) shall be performed and recorded for a minimum of seven consecutive days after an acceptable reading has been obtained.
- Desiccant air dryers shall be used to thoroughly dry all parts of the building that have had water intrusion. The use of air fans shall not be considered to be acceptable if mold growth is observed.
- All building materials that have been wetted and proven to have mold growth shall be completely removed from the facility using the appropriate containment techniques and personal protective equipment. Potential removal areas will include walls, ceilings, and floors.
- The facility shall retain all data and test results for submittal and review by the state licensing entity

### **Recovery Checklists – Considerations & Tasks**

The following two lists outline suggested recovery considerations and tasks for LTC centers. This is not an all-inclusive list, but rather a starting point to assist centers to develop their own procedures for recovery/re-opening. Considerations are presented in terms of assessments and tasks before re-opening as well as considerations for the process of re-opening.

## Recovery Checklist – Considerations Prior to Re-opening

Date Completed	Initials	TASK
		Recovery operations coordinated with county emergency management agency.
		Recovery operations coordinated with local jurisdictions/agencies to restore normal operations.
		Recovery operations coordinated with authorities to perform search and rescue if necessary
		Recovery operations coordinated with applicable jurisdiction to reestablish essential services.
		Crisis counseling for provided residents/families as needed.
		Local and state authorities provided with a master list of displaced, injured or deceased residents.
		Next-of-kin notified of displaced, injured or deceased residents.
		Insurance agent contacted.
		Inventory taken of damaged goods.
		Protective measures taken for undamaged property, supplies and equipment.
		Access- safe access and egress assured for staff, deliveries, and ambulances.
		Building declared safe for occupancy by appropriate regulatory agency.
		Building- Fire-fighting services available including sprinklers, standpipes, alarms, etc.
		Building- Pest control/containment procedures in effect.
		Building- Adequate environmental control systems in place.
		Internal communication system functional and adequate.
		Internal Communications- Emergency call system functional and adequate.
		Internal Communications- Fire alarms system(s) functional and adequate.
		Internal Communications- Notifications made to staff regarding status of communication system(s).
		External Communications- functional to call for assistance (to fire, police, etc.).
		External Communications- Notifications made to staff regarding status of communication system(s).
		Dialysis Patients- water supply and other system components adequate and functional.
		Dietary- adequate facilities, personnel & supplies onsite.
		Dietary- adequate refrigeration for storage of food and dietary supplies.
		Dietary- food approved for re-use by appropriate agency if applicable
		Electrical Systems- Main switchboard, utility transfer switches, fuses and breakers operational.

Date Completed	Initials	TASK
		Electrical Systems- transformers reviewed.
		Electrical Systems- emergency generators, backup batteries and fuel available where needed. Transfer switches in working order. Sufficient fuel available for generators.
		Equipment & supplies located in flooded or damaged areas approved or not approved for reuse.
		Equipment & supplies- including oxygen- adequate available onsite.
		Equipment & supplies- plan in place to replenish.
		Equipment & supplies- equipment inspected and cleared prior to patient use.
		Equipment & supplies- ability to maintain patient care equipment that is in use.
		Equipment & supplies-flashlights and batteries (including radio and ventilator batteries) available.
		Facilities/Engineering- Cooling Plant operational
		Facilities/Engineering-Heating Plant operational
		Facilities/Engineering- Distribution System (ductwork, piping, valves and controls, filtration, etc.) operational.
		Facilities/Engineering- Treatment Chemicals (Water treatment, boiler treatment) operational.
		Infection Control- Procedures in place to prevent, identify, and contain infections and communicable diseases.
		Infection Control-Procedures and mechanisms in place to isolate and prevent contamination from unused portions of facility.
		Infection Control- adequate staff and resources to maintain a sanitary environment.
		Infection Control- process in place to segregate discarded, contaminated supplies, medications, etc. prior to reopening of facility.
		Info. Technology /Medical Records – systems or backup systems in place.
		Management- adequate management staff available
		Personnel- adequate types and numbers available.
		Security- adequate staff available.
		Security- adequate systems available.
		Waste Management- System in place for trash handling.
		Waste Management- System in place for handling hazardous and medical waste.
		Water systems- potable water for drinking, bathing, dietary service, patient services.
		Water systems- sewer system adequate
		Water systems- available and operational for fire suppression
		Hazard evaluation conducted prior to re-entry, to include potential structural damage, environmental concerns and items that can affect staff, volunteers, residents and appropriate personnel, coordinated with AHCA.



