risk reporter

for senior living

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Disaster preparedness requires planning

We last wrote about disaster planning in the aftermath of Hurricane Katrina, an event that offered tragic proof that not every facility's disaster plan was created equal. Knowing that the best emergency plans aren't static documents but are dynamic programs that must be tested frequently, updated regularly and created with the input of a variety of critical players, we offer these suggestions for continual improvement.

Involve your staff

"Ask your front-line staff for input on what works and what doesn't," said Kristi Ruderman, BS, LNHA, the regional director of operations for BMA Management, Ltd., Bradley, Ill., a company that manages senior living facilities. "They're likely to have ideas that will work well."

In addition, staff involvement helps to ensure they understand and buy into your plan—two critical elements in the event of an emergency. Integrate emergency planning topics into your in-services and training.

"You know your facility inside and out. But you don't know the lessons other facilities have learned from dealing with disasters and how your plan will fit into the overall community program in the event of a large-scale disaster," said Hannah Vick, a FEMA spokesperson.

Ask your local emergency manager to review your current plan.

"They consider assisted living facilities top priorities in an emergency and will want to help you create the best plan possible," she said.

"Never underestimate the importance of making connections with your fire, ambulance and police agencies," Ruderman agreed. "The more familiar they are with your building, your residents' needs and your management staff, the easier it will be for them to deal with an emergency at your facility."

Plan for every type of disaster

The staff at Somerset Assisted Living in South Boston, Va., created an emergency manual that deals with every possible disaster scenario.

"We did extensive research and interviews to ensure that we're ready for any kind of emergency, even those that are statistically improbable," said Rita Wilkerson, administrator at Somerset. "This breadth of preparation helps us feel confident that we can handle

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any sort of disaster."

Be aware that changing conditions can make it impossible to execute even the most perfect plan. Employees have to understand your end goals and have the knowledge and authority to make changes if needed.

If you need to rethink your plan mid-disaster, enlist the help of your emergency resources.

"Pick up the phone and see if they can suggest alternatives," Vick said.

In addition to preparing for different types of disasters, it's also important to plan for emergencies that last different amounts of time, especially those involving power outages.

"A good plan will include what happens when the power first goes out; what happens if you're on a generator for 1 to12 hours, 12 to 24 hours, etc.," Vick said. "It also considers the changes you'll face over time in staffing and food preparation and your ability to meet various resident needs."

Evacuate or sheltering in place

This will depend on the nature, scope and severity of the emergency and whether you can meet your residents' basic needs at your facility.

"You can shelter in place if the threat is temporary, your shelter is safe and you have necessary backup systems to compensate—things like bottled water, backup generators and cell phones," Ruderman said. "Consult with your local emergency disaster planning agency or the fire department for guidelines on when it's reasonably safe to shelter in place and when you should evacuate."

Emergency shelter, backup housing

Pick a location that's readily accessible from the outside and equipped with ramps and railings. Keep in mind any special needs your residents have. The location also is important.

"Choose a building that's close but not on the same block as your facility," Ruderman said. "If the power goes out or you're in jeopardy of flooding, proximity will be a disadvantage."

Coordinate transportation resources

In a large-scale disaster, transportation resources may be in short supply. "The county has told us that we can use a school bus for transportation, but in a communitywide disaster we won't be able to count on that," Wilkerson said. "As a backup, we have a facility van and staff cars."

Stock critical supplies

Typical items to have ready: flashlights and batteries, oxygen, blankets, wheelchairs, resident information (medication charts, health diagnosis, contact list and Advance Directives), a first-aid kit, a resident/staff census sheet with photographs, a telephone book, cell phones and walkie-talkies in case cell phones don't work.

BMA recommends stocking a three-day supply of water—one gallon, per person per day; and Somerset has a standing order with a food service company to supply nonperishable food and water in the event of a crisis.

Practice your plan

Practice makes perfect, and this is especially true when it comes to preparing for a disaster. Make sure that all employees know exactly what their roles are during an emergency. Ask for feedback after a practice drill so that you can pinpoint and address problem areas.

- **Online resources** offering disaster planning assistance
  - www.fema.gov
  - www.ready.gov
  - www.redcross.org

Disaster tips

Check it. Tape it. Once a staff member has checked a room and confirmed that it's empty, have them put a large piece of blue tape on the door and lock it. This announces that the room has been checked and prevents backtracking.

Create a color alert system. A red dot means the resident needs wheelchair assistance, a yellow dot means the resident uses a sleep aid and might be disoriented and a blue dot means that they're on oxygen.

Keep residents warm. Add a hook to the back of each resident's room door and ask them to keep a robe and slippers on this hook at all times.

Have a supply of benches in a central, outside location. This offers elderly residents a place to sit once they're safely out of your building.

Create an evacuation pocket guide. Put the key items of your evacuation plan on a laminated, credit card-sized card and ask staff to keep it in their wallets at all times.

Stash an extra key. Set up a key box with an extra elevator and master key somewhere on the exterior of your building.

Keep a chair with arms by the stairwell. This can help you in a situation where a manual evacuation is needed.

Place a laundry cart by your medications each night. This provides an easy way to get medications out of your building.

Buy an NOAA all-hazards weather radio.

Carbon monoxide

A resident complains of nausea, dizziness and a headache. It's not a big concern. These symptoms can be for numerous illnesses. Then a couple more residents also report flu-like symptoms. Your concern elevates, and you hope influenza is not moving through your facility. When these symptoms spread to others, including staff, it's time to quickly consider carbon monoxide poisoning and take appropriate action.

Open some windows and doors to let fresh air in, evacuate the building and call emergency personnel.

CO is an invisible, odorless and colorless gas created when fuels, such as gasoline, natural gas, propane, oil, wood and coal, burn incompletely. Most often, CO poisoning is caused by a faulty furnace, boiler, water heater, oven or other appliance in a facility. Vehicles, generators or other gas-powered motors left running in an attached garage can also produce dangerous levels of CO.

A newly built facility can be more susceptible to CO because improved construction material and techniques make a building more airtight.

High levels of CO can be fatal for anyone, causing death within minutes. About 500 people die from CO each year.

A good way to reduce the chance of CO at your facility is to have your fuel-burning equipment, vents and chimneys inspected by a professional each fall. For those facilities in the northern climates, it's smart during and after snowstorms to make sure the vents for the dryer, furnace and other appliances are clear of snow buildup.

Finally, make sure the CO detectors in your facility are working properly. All CO detectors have "test" buttons and should be tested weekly or at least monthly. Hard-wired detectors have sensor elements that typically last three to five years.

Richard J. Schaber, CPCU
Risk Control Manager

seasonal spotlight winter

Safe medication disposal: when in doubt, don't flush

In the not so distant past, it was a standard operating procedure to flush unwanted or expired medications down the toilet. But with recent evidence that many medications can survive the water treatment process—and end up in the general water supply—there's a growing awareness that this isn't an acceptable disposal method.

"You should only flush a medication if the product label specifically says it's safe to do so—and very few do," said Nicole Dengel, staff pharmacist with Mallatt Home Care in Madison, Wis.

All staff must understand the problems that can be caused by keeping medications that are expired or that your residents are no longer taking.

Designate a staff member to do a monthly check of expiration dates. Schedule it on the same day of the month to ensure that medications that were close to their expiration date the previous month are caught. Require staff to perform ongoing visual inspections when they're dispensing medications; have them look for things like unusual color changes and crumbling tablets.

"Any staff that's involved in med pass should know what to do next if they find a medication that needs to be pulled," Dengel said, "whom they should talk to and how they document pulling and disposing of the medication."

As an extra precaution, hire a pharmacist to perform comprehensive med room checks every six to 12 months. If you work with a single pharmacy, use one of their pharmacists in order to close the loop on medication oversight, removal and disposal. If you work with multiple pharmacies, you'll need to have an internal process in place that ensures these steps are taken properly.

Ask a pharmacy partner for help

Your pharmacy partner should:

- Maintain a delivery manifest that lists any medications delivered to your facility.
- Include easy-to-read expiration dates on all prescriptions.
- Pick up any non-narcotic expired medications or medications that are no longer being used—and require a facility staff member to sign a slip documenting the pickup.
- Require two people to sign off on the delivery of any controlled substances.

If your residents manage their own medications, your challenge is a bit different.

"In this situation, the first step is resident education," Dengel said. "Help your residents understand both why it's important to get rid of medication that's expired or they are no longer taking and why they can't just flush it down the toilet or put it in the garbage."

To ensure proper disposal, have regularly scheduled pharmaceutical pickups.

- **For more information** on proper disposal, please go to: http://www.whitehousedrugpolicy.gov/drugfact/factsht/proper_disposal.html

q|a

A Perspective

If we asked operators of senior living facilities to list their top risk management priorities for 2009, it's likely that "improved resident safety" would top many of the lists. It's a never-ending challenge, especially given the increasing fragility of residents as they age in place. Facilities that are successfully meeting this challenge often share this strategy: a reliance on tracking and trending accident data to uncover trouble spots. To learn more, we spoke with Elizabeth Wheatley, corporate director of clinical services of Five Star Quality Care in Newton, Mass. Five Star is one of the country's largest senior living companies with 130+ assisted living facilities.

Risk Reporter: What information do you gather when there's an incident?
E. Wheatley: We take the residents' vital signs and, if possible, ask them what happened— including what they were doing immediately prior to the incident. We ask them how they feel, if they're in a pain and if anything unusual happened right before the incident. We take a look at the immediate environment to determine any possible root causes. Is their apartment well laid out? Were there trip hazards or an issue with lighting? Were they wearing shoes? Were they using a walker? We also note the date, the time of day and what medications they are on.

Risk Reporter: Who gathers this information and what happens next?
E. Wheatley: The resident service director—the nurse in charge—gathers the information and creates an incident report. This information is then entered into a software tracking system that we've developed internally. The software lets us spot trends at the resident, building and overall system levels.

Risk Reporter: What are some things that tracking and trending could help a facility to discover that it might not have found otherwise?
E. Wheatley: It might help you to see that you need to make adjustments in staffing. For instance, if you tend to see more accidents at a shift change— when there's a lot of activity and transition—perhaps you need to juggle your shifts. Or if you have more incidents over the weekend, when many facilities have lower staffing levels, maybe you need to ramp them back up. If you have a resident who has shown a history of falling in the afternoon, it might be because they're tired and you need to schedule a nap for them. It's important to understand how interrelated everything can be and to determine the true root causes of an incident.

Risk Reporter: How do you assure that staff know how to track and trend data?
E. Wheatley: You have to be sure that your employees are clear in their understanding of what an incident is—otherwise you're going to have problems with underreporting. And you have to help them see the big picture—they might know that a resident fell today, but they might not be stepping back and looking at the bigger picture.

Risk Reporter: Once you know what's causing your incidents, how can you cut your incident levels?
E. Wheatley: Your staff has to understand the aging process and how it affects a resident's abilities. Training programs on fall management and prevention strategies are critical. Other important topics include the role of hydration, infection control and medication. You want your caregivers to see themselves as your front line, your first identifiers, when it comes to spotting problems that can affect your residents.

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