

## Long-Term Care Survey Alert

### Emergency Readiness Planning: Make "Be Prepared" This New Year's Resolution

**Beware survey-related snafus if you aren't ready.**

2014 brought news of several tragic nursing home shootings — as well as a lawsuit triggered by a nursing home's overly realistic "active shooter" drill. Not surprisingly, the feds closed out the year by issuing a new guidance on just how long-term care providers should ready themselves for gun-related crises. What's a provider to do? Resolve to make 2015 a year of careful emergency preparedness planning, experts say, including attention to related survey issues.

**Background:** Shootings last year included a murder-suicide at San Francisco's 92-bed **Central Gardens Nursing Facility**, in which a daughter shot her 93-year-old mother, a resident at the facility, before fatally turning the gun on herself. In April, a former Ku Klux Klan leader let bullets fly outside a **Jewish Community Center** and a nearby retirement community near Kansas City, Missouri, killing three before being subdued. In December, **Monte Siesta Nursing and Rehabilitation** in Austin, Texas, was robbed by an armed gunman demanding a cache of prescription medications.

Also in the news last year was a lawsuit against a Carbondale, Colorado, provider. In that case, an employee charged in a federal lawsuit that the facility's active shooter drill, complete with police officer posing as a shooter, left her so traumatized she had to quit her nursing job.

Against a backdrop of such drama, it may seem hard to plan for a calm, orderly response in the event of a shooting emergency, but long-term care providers must accept the call to do just that, says **Stan Szytek**, the president of **Fire and Life Safety** and a disaster planning consultant for the **Arizona Health Care Association** and **California Association of Health Facilities**. All nursing homes are vulnerable to shooting incidents and should have plans in place to manage risk and response, he says.

The new 33-page guidance from the **Office of the Assistant Secretary for Preparedness and Response** — [Incorporating Active Shooter Incident Planning into Health Care Facility Emergency Operations Plans] — seeks to guide providers on prevention, protection, mitigation, response, and recovery.

Although the document does not create any additional requirements for nursing homes, it calls attention to an important and timely need — and could spur surveyors to greater scrutiny of facilities' efforts to protect residents from such threats.

**Survey alert:** For example, the **Centers for Medicare & Medicaid Services** (CMS) updated a document titled Survey & Certification, Emergency Preparedness for Every Emergency: Emergency Preparedness Checklist, which outlines tasks that may relate to survey requirements and guidance. (See the story on the cover to learn how to ensure your emergency plan supports regulatory requirements.)

#### Heed This Definition

According to CMS, "active shooter" incidents are defined as those where an individual is "actively engaged in killing or attempting to kill people in a confined and populated area." Another term, "armed intruder," is also used in some emergency preparedness materials.

The guidance calls on health care workers to accept three key responsibilities:

1. Learn signs of a potentially volatile situation and ways to prevent such an incident,

2. Learn steps to increase survival of self and others in an active shooter incident, and

3. Be prepared to work with law enforcement during the response.

Proactive steps include training that helps employees identify individuals who "may be on a trajectory for a violent act." The guidance goes on to say that a facility security plan must address the need to understand "indications of workplace violence ... taking immediate remedial actions accordingly."

**Real life lesson:** After a shooter killed eight people at the **Pinelake Health & Rehabilitation Center** in Carthage, North Carolina, a group of family members brought a civil suit charging that administrators at a nursing home knew there was a threat but did nothing to secure the facility.

### **Run, Hide, Fight**

If a shooter is on site, communication should be clear ☐ and probably not coded, according to the feds.

While there is a sense in the popular culture that a clear warning may induce panic, research shows that "people do not panic when given clear and informative warnings," the guidance relays.

Steps to take in advance include educating staff about the concept of "Run, Hide, Fight," meaning that the best initial response to an active shooter incident is to run. "Visualize possible escape routes, including physically accessible routes for patients, visitors, or staff with disabilities," the guidance advises. Furthermore, staff should "take others with them but not stay behind because others will not go."

To accommodate the "hide" step, plans should stipulate safe spots for use when escaping the scene is not possible. Related bullet points from the guidance include:

- Identify a safe location in each unit before an incident occurs where staff, patients, and visitors may safely barricade themselves during an event.
- Train people in how to lock down an area and secure the unit, including providing a checklist of instructions on the back of doors and by phones.

Szpytek advises reaching out to local law enforcement agencies to determine if any resource assistance is available. State trade groups may also provide valuable information.

If you have a plan in place and are ready to go live with an Active Shooter drill, be sure your staff is well prepared (remember, at least one facility has been sued for traumatizing an employee with an overly realistic drill). One good source of information is the **Hospital Association of Southern California**, [www.hasc.org/active-shooter-drill-resources](http://www.hasc.org/active-shooter-drill-resources).