



Pilot Program Report

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ARIZONA DEPARTMENT
OF HEALTH SERVICES





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Executive Summary

Introduction and Background

The Arizona Health Care Association (AHCA) created the skilled nursing facility *Disaster Ready* program in 2011 and has been providing extensive training to long term care leaders over the past decade. *Disaster Ready* is funded by the Arizona Department of Health Services (ADHS) Hospital Preparedness Program (HPP) and was designed to improve emergency preparedness in skilled nursing facilities (SNFs) throughout the state of Arizona. This innovative program is a comprehensive model of preparedness that incorporates the Nursing Home Incident Command System (NHICS) training and provides extensive emergency preparedness education, training, outreach, and technical assistance to leaders in skilled nursing facilities.

Disaster Ready has been well-received. Arizona now has an established one-of-a-kind innovative program focused on emergency preparedness specific to the long term care setting. In our effort to continually strengthen the *Disaster Ready* program, we discovered a gap in program development and recognized that the educational efforts were not reaching deep enough to impact the Certified Nursing Assistants (CNA) on the frontline. Indisputably, CNAs are the heart and soul of every skilled nursing facility, and they are the key to successfully managing any disaster scenario. To remedy this, *Disaster Ready* reached out to our partner, the National Association of Health Care Assistants (NAHCA). NAHCA represents more than 15,000 CNAs and is a nationally renowned advocacy and education resource for the frontline care givers.

In a collaborative effort, funded by the Arizona Department of Health Services in 2022, AHCA and NAHCA proceeded to design an emergency preparedness educational pilot program specific to the frontline known as “All Hands on Deck” (AHOD). AHOD was a “pilot”, which allowed us to test the efficacy of the content and delivery of the material to a very specific and new audience... *CNAs on the frontline in long term care*. This effort united subject matter experts in emergency preparedness and frontline advocacy, a unique and innovative combination of resources and skills that was designed to capitalize on the strengths of both sectors.

Objective

To develop a pilot program to test the efficacy of a basic education and training program focused on emergency preparedness for the frontline. This program will assess the appropriateness of the training content, the utility of the education to CNAs and gain feedback and insight for further program revision. This training will effectively serve as a “gap analysis” of the need for disaster readiness frontline training in long term care.

Program Design

The *All Hands on Deck* program was created based on components of the original core concepts of the *Disaster Ready* program, which focuses on gap analysis of emergency preparedness capacity, introduction to the Nursing Home Incident Command System (NHICS), understanding emergency preparedness survey and regulatory requirements, resident tracking, evacuation vs. shelter in place, hazard vulnerability and continuity of operational planning (COOP).

Program Implementation

We carefully selected three opportunities to present the AHOD training program. Our goal was to reach the target population through the presentation of a 3-hour program, both live and virtual. The goal of these trainings was both to impart information and to receive feedback. Since AHOD is the first emergency preparedness training focused on the frontline on both a state and national level, we felt it was essential to engage the audience in the creation of a final version. CNAs want a voice, and it was critical that we created a platform to invest them in this training model. The attending participants were made aware that they were a vital part of the program development and that their evaluation of our training efforts was essential to developing a model that would be well received by their frontline counterparts. Valuable feedback was obtained from these trainings and recommendations follow below.

Recommendations

- **Continue with the evolution and development of the *All Hands on Deck* training.** The training program proved to be helpful, engaging, and on target. The pilot CNA audience was enthusiastic about the success of the program and is clamoring for more. The broad content served to be comprehensive and useful, and the level of training provided was well-suited to the participants. In next steps, the program should be adapted to include the feedback gleaned from the pilot implementation.
- **Evaluate the modality of training and the potential mechanisms for delivery.** There was clear support for both in-person and virtual training and both strategies should be considered for the future. Training modules of one to two hours may be created and should be developed to be a complete focus on a singular topic - such as fire safety, active shooter, NHICS training, PTSD, emotional resilience, and operational recovery. This list can continually be expanded over time. We should also create an in-person one-day AHOD training program for the frontline that can be attended by a large audience or even delivered at a facility or company level. The content is expansive enough to allow for this.
- **Revise the AHOD training to include more personal stories.** We are all deeply touched by the stories of disaster survivors and should embrace the lessons learned by our frontline heroes. The CNA audience was especially impressed by this component of the training and is asking for more. We could include additional testimony from CNAs who have experienced disasters, and from those with personal or professional experience in emergency preparedness.
- **Further incorporate mental health resources in the training program.** The theme of disaster recovery strongly resonated with the audience. Trauma is a major factor in disaster recovery and PTSD is a common result. No one is closer to the residents than the frontline. The impact of their terror in a disaster scenario is incalculable. We must provide essential resources for recovery and not underestimate the long term impact on the frontline.
- **Include more regulatory content in AHOD.** This was included but was not a top priority in the training agenda. Evaluation feedback informs us that CNAs would like this topic expanded and want to better understand emergency preparedness regulations impacting their facilities. This would also allow us to further address the topic of Emergency Operations Plans (EOPs), which are required for skilled nursing facilities. CNAs should be familiar with the EOPs and understand the critical component of their role.

- **Educate administrators, corporate leaders, regulators, and government agencies regarding the critical need for the AHOD training.** It is both shocking and appalling that most of the frontline in long term care have not received any emergency preparedness training. We are simply not reaching them through the existing regulatory requirements. This must change, and AHOD is one solution to this problem. With workforce development as a top priority for today's long term care facilities, we must create an environment that is appealing, safe and allows the frontline to feel a semblance of control in a disaster.
- **Expand the program to assisted living centers.** The funding of the pilot program limited the program target audience to skilled nursing facilities. It was the right place to start. We believe that an important next step is to expand our reach to assisted living centers. The content would need to be revised from a regulatory perspective since there is no federal regulation of assisted living. That said, most of the content applies across settings and the AHOD program can easily be adapted to reach assisted living.
- **Consider privatizing the AHOD training program.** We believe that this program has significant value, and the training can be effectively delivered at a state and a national level by professional associations like NAHCA and AHCA and be monetized for a modest profit that will continue to allow us to develop the program and pay expert consultants to deliver the content. History has taught us that if an education program is free, it will be less valued and there will be fewer participants. There must be “skin in the game” for providers. There is a growing recognition of the importance of both the frontline and the issue of emergency preparedness, and the time is right to expand the reach of AHOD.

Conclusion

The COVID-19 pandemic made even more evident the essential role of CNAs in a disaster scenario. These individuals were the foundation of service delivery and were critical to the implementation of the emergency operations plans deployed during the pandemic. CNAs provided compassionate and capable hands-on care for vulnerable residents with complex medical conditions coping with a deadly virus day in and day out- at no small risk to their own personal health. If we have learned any lesson, it is that ***emergency preparedness and disaster readiness should be a top priority for the frontline.***

Workforce development is now an urgent concern for every long term care facility in today's post-pandemic market. If we want to retain our frontline workforce, we must train them to serve as a true “careforce”. They desire knowledge, they welcome training and they want whatever control is possible in what is often a chaotic and challenging workplace. Training on emergency preparedness checks all those boxes. **The All Hands on Deck program delivers.**



A Frontline Focus on Emergency Preparedness in Long Term Care

PART I: Introduction, Rationale and Background

Introduction

The Arizona Health Care Association (AHCA) created the skilled nursing facility *Disaster Ready* program in 2011 and has been providing extensive training to long term care leaders over the past decade. *Disaster Ready* is funded by the Arizona Department of Health Services (ADHS) Hospital Preparedness Program (HPP) and was designed to improve emergency preparedness in skilled nursing facilities (SNFs) throughout the state of Arizona. This innovative program is a comprehensive model of preparedness that incorporates the Nursing Home Incident Command System (NHICS) training and provides extensive emergency preparedness education, training, outreach, and technical assistance to leaders in skilled nursing facilities.

Disaster Ready has been well received. Arizona now has an established one-of-a-kind innovative program focused on emergency preparedness specific to the long term care setting. In our effort to continually strengthen the *Disaster Ready* program, we discovered a gap in program development and recognized that the educational efforts were not reaching deep enough to impact the Certified Nursing Assistants (CNA) on the frontline. Indisputably, CNAs are the heart and soul of every skilled nursing facility, and they are the key to successfully managing any disaster scenario. To remedy this, *Disaster Ready* reached out to our partner, the National Association of Health Care Assistants (NAHCA). NAHCA represents more than 15,000 CNAs and is a nationally renowned advocacy and education resource for the frontline care givers.

In a collaborative effort, funded by the Arizona Department of Health Services in 2022, AHCA and NAHCA proceeded to design an emergency preparedness educational pilot program specific to the frontline known as “All Hands on Deck” (AHOD). AHOD was a “pilot” which allowed us to test the efficacy of the content and delivery of the material to a very specific and new audience... *CNAs on the frontline in long term care*. This effort united subject matter experts in emergency preparedness and frontline advocacy, a unique and innovative combination of resources and skills that was designed to capitalize on the strengths of both sectors.

Rationale

In our recent program evaluation of the efficacy of past *Disaster Ready* training, we heard loud and clear that our emergency preparedness message was not being heard by the most important sector – the frontline in long term care. CNAs were often unaware of the Emergency Operations Plans (EOPs) in their own facilities. Many had not yet participated in NHICS training. They were largely operating “informally” in a crisis mode during the pandemic. We developed AHOD to correct this and strengthen the skill set of the frontline by developing a targeted curriculum to train them on emergency preparedness. *Who will always to be in the building when a disaster strikes?* The Administrator? The Director of Nursing? The Environmental Services Director? The correct answer is *the frontline...* the CNAs serving 24/7 at the bedside of vulnerable elders!

The COVID-19 pandemic highlighted the essential role of CNAs in a disaster scenario. These individuals were the foundation of service delivery and were critical to the implementation of the emergency operations plans deployed during the pandemic. CNAs provided compassionate and capable hands-on care for vulnerable residents with complex medical conditions coping with a deadly virus day in and day out ... at no small risk to their own personal health.

Residents, families, and individual CNAs will all benefit from more intense training on managing future disasters. There have been lessons learned that we have successfully incorporated in the AHOD training, including the need to always be aware of the role of the Incident Commander. By the way, the Incident Commander could be a CNA on any given day, depending upon the time and nature of the disaster.

Workforce development remains a top priority for every long term care facility in today's post- pandemic market. If we want to retain our frontline workforce, we must train them to serve as a true “careforce”. They desire knowledge, they welcome training, and they want whatever control is possible in what is often a chaotic and challenging workplace. Training on emergency preparedness checks all those boxes.

Background

There are over 1,595,642 Certified Nursing Assistants currently employed in the United States (*Source: www.zippia.com, Bureau of Labor Statistics*).

- 87.7% of all Certified Nursing Assistants are women, while 12.3% are men.
- The average age of an employed Certified Nursing Assistant is 41 years old.
- The most common ethnicity of Certified Nursing Assistants is White (66.5%), followed by Hispanic or Latino (13.9%) and Black or African American (9.1%).
- 2021 median pay was \$14.56 per hour.
- Certified Nursing Assistants average starting salary is \$24,000.

Overall employment of nursing assistants is projected to grow 8 percent from 2020-2030. About 192,800 openings for nursing assistants are projected each year on average over the decade. Many of these openings are expected to result from the need to replace staff who move to different occupations and retire (*Source: <https://www.bls.gov/ooh/healthcare/nursing-assistants.htm>*).

It is worth noting that the average age of a CNA is 41 years old. This fact should serve as a dramatic call to action for recruitment. The work of a CNA is physically and emotionally demanding, and many members of the frontline workforce will “age out” in the decade ahead. Today’s millennials and Gen Xers want a different type of employment... with diverse rewards and benefits. We must tailor the long term care workspace to meet those needs adding flexible hours, selective benefits, day care options, competitive wage and bonus structures, and career ladders. CNAs also want education and a role in leadership. A program like *All Hands on Deck* is clearly one part of the solution. It offers innovative education, ensuring a sense of power and control in the work environment. It also serves as a recognition of the value of the frontline in emergency preparedness and facility operations.

Arizona currently has 20,334 Certified Nursing Assistants and 8,852 Licensed Nursing Assistants. *(Source: Arizona State Board of Nursing, 2022)*. Arizona is also one of the top states experiencing a dramatic and compelling growth in the senior population. The number of elderly individuals in Arizona has grown from a level of around 900,000 in 2000, representing some 18 percent of the population to 1.8 million and 24 percent in 2020. Soon, it will be almost three million and 26 percent of the population in 2050 *(Source: <http://vitalysthealth.org>)*. Almost half of all people who live in nursing homes are 85 years or older.

If we are to meet the demand for the frontline workforce necessary to care for this compelling population surge, we must also address the challenge of providing meaningful careers. Most importantly, we will be called upon to provide *sufficient training to manage the potential for disasters* impacting this vulnerable population. If we have learned anything from the COVID-19 pandemic, it is that such a virus can be a “killing machine” for older adults with complex medical conditions, and we must be better prepared in the future. Our frontline staff is the key. They hold the hands of our loved ones when they are dying, and they are at the bedside day in and day out in any crisis. *All Hands on Deck* gives them the fundamentals of emergency preparedness and serves a virtual tool kit for managing emergencies and disasters.

PART II: Program Design and Implementation

Objective

To develop a pilot program to test the efficacy of a basic education and training program focused on emergency preparedness for the frontline. This program will assess the appropriateness of the training content, the utility of the education to CNAs, and gain feedback and insight for further program revision. This training will effectively serve as a “gap analysis” of the need for disaster readiness frontline training in long term care.

Action Steps

Program Design

The *All Hands on Deck* program design was based on components of the original core concepts of the *Disaster Ready* program. This program focuses on gap analysis of emergency preparedness capacity, introduction to the Nursing Home Incident Command System (NHICS), understanding emergency preparedness survey and regulatory requirements, resident tracking, evacuation vs. shelter in place, hazard vulnerability, and continuity of operational planning (COOP).

NAHCA has great familiarity with the culture of CNA leadership and advocated as our partner to maintain the delivery of the education at a high level. It was felt that oversimplifying AHOD would be a mistake and would be patronizing to the target audience of the frontline. With that in mind, the challenge became identifying what additional educational components might need to be added for this target audience, while managing the limited timeline for content delivery. We agreed that a three-hour training would be most viable for the pilot program implementation, recognizing the unique workforce demands upon facilities during the pandemic and post- pandemic timeframe. Additionally, we felt that the training agenda should include the basics of fire safety, as this is a key area often overlooked in introductory emergency preparedness training. We also decided to add emotional impact and PTSD as critical topics. NAHCA knows firsthand that these two areas are very relevant to disaster management and recovery.

Program Implementation

We carefully selected three opportunities to present the AHOD training program. Our goal was to reach the target population through the presentation of a three-hour program, both live and virtual. The goal of these trainings was both to impart information and to receive feedback.

Since AHOD is the first emergency preparedness training focused on the frontline on both a state and national level, we felt it was essential to engage the audience in the creation of a final version. CNAs want a voice, and it was critical that we created a platform to invest them in this training model. The attending participants were made aware that they were a vital part of the program development and that their evaluation of our training efforts was essential to developing a model that would be well received by their frontline counterparts.

The following events served as the three key pilot presentations to CNAs employed in skilled nursing facilities in Arizona:

2/8/22 *All Hands on Deck* 3-hour training, Devon Gables Rehabilitation Center

20 participants

This participant group represented CNAs, and some assisted living Caregivers. Nurses and administrators were also in attendance. The meeting was held in a skilled nursing facility setting to provide ease in attendance.

2/19/22 *All Hands on Deck* 3-hour training, AHCA CareForce Leadership Academy

18 participants

The AHCA Careforce Academy is an elite representation of the frontline, selected annually through a facility nomination process under the leadership of AHCA. The academy meets monthly for six months of the year. This group was an especially important target for the pilot, as the members of the academy are established frontline leaders and their feedback was especially critical in the future design of the program.

3/23/22 *All Hands on Deck* 1.5-hour summary presentation

Disaster Ready Summit, AHOD – 200 participants

The *Disaster Ready Summit* is an annual event hosted by AHCA to address a wide variety of emergency preparedness topics- this year including life safety, water management, emotional resilience in recovery, and new regulatory mandates. Stan Szpytek and Lori Porter presented a summary of the AHOD training with the intent to encourage future participation and engage the frontline in attendance.

6/23/22 *All Hands on Deck* 3-hour virtual training: national webinar

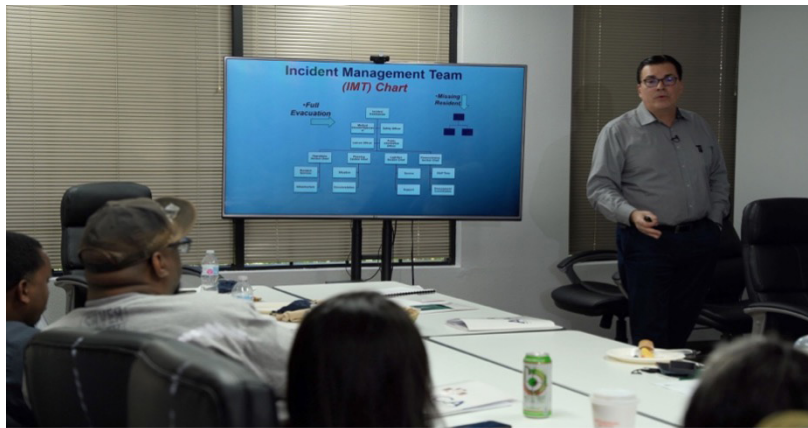
Co-hosted by AHCA and NAHCA

312 registrations, 99 live views, archived viewing continues

This virtual educational webinar was created to broaden the audience to include national CNA leaders and frontline representatives across the country. Our goal was to expand our reach in gaining feedback for our evaluation. The response of 312 registrations exceeded our hopes and is a clear indication of the priority of this topic and the interest of the frontline. We targeted the receipt of 50 completed evaluations and met that goal.



TRAINING IN ACTION



PART III: Program Evaluation

Methodology

Each of the pilot AHOD programs offered participants the opportunity to evaluate the program. In the smaller group settings (the first two pilot trainings) with the Careforce Academy and Tucson frontline leaders, feedback was requested from the participants following the event. A standard AHCA evaluation survey was also offered, but in review, all evaluations were uniformly highly ranked (5 out of 5) and didn't yield the precise information needed for feedback and revision.

By the implementation of the third and final AHOD training, it was clear that a new evaluation model was necessary to gain specific insights and comments. This new and more comprehensive model of evaluation was created and utilized the "Survey Monkey" process with an online link for completion. In total, 52 responses were received from the 312 registrants of the virtual training held on June 23, 2022.

Additional surveys continue to be submitted with archived views, but for the purpose of this report, the 52 surveys originally received will be used as the primary source for evaluation. The results are documented below. Key questions and response samples have been highlighted. The entire program evaluation summary may be found in the addendum to this report.

Measurement of Outcomes- Key Questions and Responses

This is the first training I have had in emergency preparedness and disaster readiness:

Answer Choices	Response Percent	#
Yes	40.38%	21
No	59.62%	31
	Answered	52
	Skipped	0

Have you experienced a disaster in your own facility?

Answer Choices	Response Percent	#
Yes	31.37%	16
No	68.63%	35
	Answered	51
	Skipped	1

This training was valuable to me:

Answer Choices	Response Percent	#
Yes	100.0%	51
No	0.0%	0
	Answered	51
	Skipped	1

Were the speakers good presenters and knowledgeable?

Answer Choices	Response Percent	#
Yes	100.0%	50
No	0.0%	0
	Answered	50
	Skipped	2

Should there be more training incorporated on the Nursing Home Incident Command System (NHICS)?

Answer Choices	Response Percent	#
Yes	92.0%	46
No	8.0%	4
	Answered	50
	Skipped	2

Should there be more personal stories of managing a disaster?

Answer Choices	Response Percent	#
Yes	84.0%	42
No	16.0%	8
	Answered	50
	Skipped	2

How would you prefer to participate in this type of training in the future?

Answer Choices	Percent	#
By webinar	54.0%	27
Virtual, at my own pace, on my own time	30.0%	15
Live and in person	16.0%	8
	Answered	50
	Skipped	2

Question: Describe other training you have had in emergency preparedness:

Response Sample: Tornado drills; active shooter; fire; OSHA; hurricane drills; online company training; NAHCA; Health Department disaster training; association education in emergency preparedness; *Disaster Ready* and EPIC training.

Question: Describe any disasters you have experienced in your facility:

Response Sample: Power outage; tornado; hurricane; laundry room fire; COVID-19 pandemic; tree falling on building; flash flood; Typhoon; sprinkler system burst; electrical fire; internet loss.

Question: How was the AHOD training valuable to you?

Response Sample: It was my first disaster training; I learned things; it was really detailed; it went in more

depth than other trainings; good speaker; I am new to being a CNA and this was new to me; interesting to hear the stories of what could happen; I learned things I didn't know; it opened my eyes to understand and be prepared for any situation; amazing and personal; it always pays to be prepared; warning signs to look at in case any of these disasters happen to us; knowing who is in charge; lots of real life examples; nice and easy to understand; I also appreciated the speakers and the transparency with their personal stories; it reminds you that anything can happen at any time; I didn't feel overwhelmed by the information I felt at ease; very informative, everything emotionally and how to focus; my role model is Lisa Sweet; it made me see that training needs to be offered to all frontline staff- evening and night shifts; it makes you stop and think about what is around me- who would be responsible in what role and who would lead the team if the Administrator is not there; good balance on sharing experiences and technical skills.

Question: How could we revise the AHOD training to make it stronger and more useful to you?

Response Sample: It was really good, more speakers, great job; I was a little scared after seeing everything that could happen and hope my facility has plans; it was a little long and I couldn't be on live the whole time but the recording was nice; more information on what to do in an active shooter situation; more information on hurricanes; too long; get CNAs to tell their experience; some of my coworkers don't do things on line and it would be great to have training in person; don't change anything; no revision needed; maybe have more examples of the ways staff can protect and defend in a crisis; provide more safety tips; break it into one hour presentations; send out materials to all participants; no change; we need scenarios on how to react; discuss EP regulations; we would benefit from an email with the forms and links ahead of the webinar if possible; maybe invite one of the teams that has successfully implemented NHICS share their experience; offer in-person and virtual; three hours is an odd amount of time/possibly incorporate in to a longer hands-on session in-person.

Question: What was the best part of this training for you?

Response Sample: The Incident Commander role; it showed me how much I don't know; all of the examples; there were so many things I never thought about before; Stan and Gil were very experienced; good information; I loved all of the concepts and how speakers made it relatable; it was all good; easy to watch; all of the pictures; the PTSD; personal stories of other senior care communities; active shooter- we don't get that training; personalization each person's experience; being a hero to save someone else besides yourself; Lisa's stories; Lisa Sweet had the most impact on me and it's like she was talking to me through her experience; real life scenarios and what was done right vs. what would have been a better choice; appreciated seeing the pictures; PTSD training and the free resources; panelists taking the time to answer questions; stories; this training has just proven to me that I am not prepared at all.

Summary

The response to the pilot training was very positive as documented by the participant evaluations. The content was thorough and well-received. Participating CNAs clearly affirmed our premise that there is insufficient emergency preparedness training and any education on this topic is welcomed by the frontline.

The range of disasters experienced by the survey respondents was astounding – from fire to tornado to active shooters. Many of the respondents indicated that they were personally and professionally unprepared, which put them at great risk - not to mention the vulnerable residents that they serve.

We expected a variety of responses on the length of the training and the modality. *Should the training be live and in-person, or virtual?* There was ample diversity in response to this question, which tells us that we may need to make this program available in different vehicles. We also should consider breaking the training into segments to make it more accessible to the frontline workforce that is understaffed and often an afterthought in inclusion in training.

The personal component of the training clearly resonated with this group. This is helpful for us in revising future models. Adding CNAs to tell their story would be a welcome addition. Continuing to focus on PTSD and post-disaster management was also enthusiastically received. We believe we were on target with including this and will seek strategies to enhance the mental health resource component of AHOD.

In summary, the evaluations confirmed we are on the right track with AHOD. They also provided us with an abundance of thoughts and ideas to enhance and improve future models.

PART IV: Role of the Frontline in Disasters - Media Spotlight

If there was any doubt that heroes live and work among us, the media articles below will dispel that doubt. CNAs working in long term care facilities are not just on the frontline of care, they are on the frontline of every emergency that occurs in a skilled nursing facility. As these examples show...they may, in fact, be called upon to give their life in the line of duty.

Disasters happen and they come in all shapes and sizes including floods, tornadoes, hurricanes, helicopter crashes, boiler explosions, fires, power outage just to name a few. We must provide education and resources for the valued members of the frontline to help save their lives and to protect the lives of those they so compassionately serve. This is why “*All Hands on Deck*” is so very important.

Nursing Home Staffers Hailed Heroes After Working to Save Helicopter Crash Victims

February 22, 2013 | News 9

Excerpt

Nurses and staff members -including Certified Nursing Assistants- at St. Ann Nursing Home put their lives on the line to help save others after an early morning helicopter crash in northwest Oklahoma City Friday. News 9 has learned new information from an employee at the nursing home who says heroes were working to save fellow heroes Friday. Shortly before 6 a.m., the medical helicopter crashed. Immediately following, eight selfless staff members from St. Ann’s rushed outside to help.



“They took fire extinguishers with them to see what they could do,” nursing home employee Beverly Ward said.

Heroic CNA Rachel Njafuh, staff

<https://www.koco.com/article/nursing-home-workers-came-to-aid-of-crash-victims/3791066>

5 Dead in Nursing Home Blast – Boiler Explosion – Employees Killed

November 11, 1999 | CBS News

Excerpt

Emergency workers dug through layer after layer of debris at a nursing home Thursday, hoping to find survivors of a boiler explosion that occurred the night before. Correspondent Lauren Bishop of CBS affiliate WNEM-TV in Flint, Mich., reports. The blast occurred Wednesday night shortly before 9 p.m., killing at least five people and injuring more than 20. Authorities who at first feared two or three more people were dead in the wreckage said Thursday morning that they believe everybody inside had been accounted for. The victims were believed to be employees. The explosion blew out windows and collapsed the ceiling of the Clara Barton Convalescence Center. Firefighters and neighbors scrambled to pull dazed survivors out of the burning building. As the flames progressed, rescuers tried to free trapped residents, but the force of the fire pushed them back.



First responders on the scene

<https://www.cbsnews.com/news/5-dead-in-nursing-home-blast/>

Hit by Tornado, Arkansas Nursing Home Aides Shielded Residents from Falling Debris with their Bodies

December 11, 2021 | The Washington Post

Excerpt

As a tornado ran right through the facility nurses, CNAs and residents prayed and sang hymns hoping to survive. In the center of the storm, employee Barbara Richards grabbed onto the residents in their wheelchairs beside her and hauled her body on top of them, shielding them from the worst of the debris. She noticed her fellow nurses do the same. As the wind ripped pillows out of the seniors' hands, they sobbed. One attendant was whacked in the head with debris. Richards told them all to sing hymns and start praying. They sang "all different ones, whatever ones they could think of — anything to get them thinking about something else," she said....Nurses who worked at the Monette nursing home but were not on shift that Friday showed up to help and started a checklist to account for all residents and help any way they could. Other residents in the tightknit community of nearly 1,700 also came to pitch in...But not everyone made it.



Nursing home staff hero Barbara Richard

<https://www.washingtonpost.com/nation/2021/12/11/hit-by-tornado-arkansas-nursing-home-aides-shielded-residents-falling-debris-with-their-bodies/>

Nursing Home Residents, Staff had No Place to Go

July 16, 2011 | By Emily Younker | news@joplinglobe.com

Excerpt

About 80 residents and 20 staff members were inside the Greenbriar nursing home the night of the tornado, according to Greenbriar administrator Bobbie Misner. She praised the staff for their dedication to their patients after the storm. She said some staff members stayed with residents in the ruins of the nursing home, while others traveled to different triage centers with injured patients. One heroic staff member, Keith Robinson, 50, CNA, was found in the rubble with two elderly residents in his arms, she said. All three had died of their injuries. “Caring for his residents — that was his life,” she said of Robinson.



Tornado devastation that killed CNA hero Keith Robinson

https://www.joplinglobe.com/news/local_news/nursing-home-residents-staff-had-no-place-to-go/article_cc2cef7b-611f-5597-a875-030f5a35ccb.html

PART V: Staff and Consultants

The *Disaster Ready* and *All Hands on Deck* Leadership Team



Dave Voepel

Dave Voepel oversees all grant funding, including the *Disaster Ready* program, and has served as the CEO of the Arizona Health Care Association since April 2018. Dave has been in the association management arena since the late 1980s. Before his present position, he was the Executive Director for the Illinois Health Care Association for 12 years and the National Federation of Independent Business (NFIB) for almost ten years. Dave has a Bachelor of Science degree in political science from the University of Illinois, Springfield.

He is a Certified Association Executive (CAE) from the American Society of Association Executives (ASAE).



Kathleen Collins Pagels, MSW

Kathleen Collins Pagels is the *Disaster Ready* Project Manager. Her duties in this role include the development and the implementation of the project plan for the *All Hands on Deck* program. Kathleen is also responsible for the preparation of the final report describing the pilot program, results, and recommendations. Kathleen was Executive Director of the Arizona Health Care Association from 2002-2018. She acted as the association's CEO and chief lobbyist and was instrumental in advocating for AHCA's role

in the receipt of HPP funds and the resulting development of the *Disaster Ready* Program. She now serves as a consultant to long term care companies on a state and national level and is President of KC Pagels & Associates.



Krysten Dobson

Krysten is the Director of Education and Grant Management and is responsible for the administration of *Disaster Ready* and all agency grants. She joined the Arizona Health Care Association in September of 2009 as the Administrative Assistant. Since then, her role has developed into her current position, and she now provides management of special projects including grants, the Arizona Health Care Foundation, development of all AHCA education and oversight of the Association social media and advocacy efforts.

Krysten grew up in the skilled nursing profession, starting at the age of five, helping her mom who was a nursing home administrator. She then began working with a management team of facilities throughout Arizona. Krysten graduated from Arizona State University with a bachelor's degree in political science and business.



Lori Porter, LNHA, CNA

Lori is co-founder & CEO of the National Association of Health Care Assistants (NAHCA). Having started her career in long term care 40 years ago, where she began as a dietary aide, moved on to be a CNA trainer for seven years, a nursing home administrator for nearly seven years, and then operations director of 10 skilled nursing facilities in the Midwest. In 1995, she followed her dream and created the NAHCA to honor and recognize the CNA Careforce through professional development, advocacy, and empowerment.

Lori and her staff have grown NAHCA to a membership of more than 30,000 members nationwide and a partnership with more than 800 nursing facilities across the country. Lori is a nationally sought-after speaker and author of her book, “Everything I learned in Life I learned in Long Term Care.”



Lisa Sweet, RN

Lisa is co-founder of the National Association of Health Care Assistants (NAHCA) and program instructor for the National Institute of CNA Excellence. She has worked in long-term care for more than 30 years, as a nursing assistant, unit nurse, and director of nursing. As co-founder of NAHCA, Lisa has served as the organization’s clinical director and host of the long-running NAHCA YouTube show “CNA Heroes.” She has dedicated her life to improving the care of nursing home elders and advancing the CNA profession.



Stan Szpytek

Stan is president of Fire and Life Safety, Inc., a consulting firm that provides life safety, loss control, risk management and emergency preparedness programs to providers of all types, with special focus on healthcare facilities and senior services. Stan is the life safety/disaster planning consultant for the Arizona Health Care Association. He served as deputy fire chief and fire marshal with a Chicago-area fire department for 2 years. Stan retired honorably in 2003. He is also the Life Safety Consultant for the California Association of

Health Facilities and works with many other long-term care providers and associations across the country. Stan provides emergency management leadership as a consultant to the *Disaster Ready* EPIC Program.



Gil Damiani

Gil is a retired assistant fire chief from the City of Mesa, Ariz., where he spent more than 30 years serving in multiple capacities, including the fire department’s public information officer, assistant chief of operations, assistant chief of training and emergency medical services, as well as the last five years of his career as the emergency management coordinator. Gil has been working with the Arizona Health Care Association since December of 2016 as a *Disaster Ready* consultant. He is currently a state-certified

adjunct instructor for the Arizona Department of Emergency Management, teaching courses on the Incident Command System across the state. As a consultant to the *Disaster Ready* EPIC program, Gil provides leadership and technical assistance in emergency preparedness.

PART VI: Recommendations

- **Continue with the evolution and development of the *All Hands on Deck* training.** The training program proved to be helpful, engaging, and on target. The pilot CNA audience was enthusiastic about the success of the program and is clamoring for more. The broad content served to be comprehensive and useful, and the level of training provided was well-suited to the participants. In next steps, the program should be adapted to include the feedback gleaned from the pilot implementation.
- **Evaluate the modality of training and the potential mechanisms for delivery.** There was clear support for both in-person and virtual training and both strategies should be considered for the future. Training modules of one to two hours may be created and should be developed to be an all-inclusive focus on a singular topic such as fire safety, active shooter, NHICS training, PTSD, emotional resilience, and operational recovery. This list can continually be expanded over time. We should also create an in-person one-day AHOD training program for the frontline that can be attended by a large audience or even delivered at a facility or company level. The content is expansive enough to allow for this.
- **Revise the AHOD training to include more personal stories.** We are all deeply touched by the stories of disaster survivors and should embrace the lessons learned by our frontline heroes. The CNA audience was especially impressed by this component of the training and is asking for more. We could include additional testimony from CNAs who have experienced disasters, and from those with personal or professional experience in emergency preparedness.
- **Further incorporate mental health resources in the training program.** The theme of disaster recovery strongly resonated with the audience. Trauma is a major factor in disaster recovery and PTSD is a common result. No one is closer to the residents than the frontline. The impact of their terror in a disaster scenario is incalculable. We must provide essential resources for recovery and not underestimate the long term impact on the frontline.
- **Include more regulatory content in AHOD.** This was included but was not a top priority in the training agenda. Evaluation feedback informs us that CNAs would like this topic expanded and want to better understand emergency preparedness regulations impacting their facilities. This would also allow us to further address the topic of Emergency Operations Plans (EOPs), which are required for skilled nursing facilities. CNAs should be familiar with the EOPs and understand the critical component of their role.
- **Educate administrators, corporate leaders, regulators, and government agencies regarding the critical need for the AHOD training.** It is both shocking and appalling that most of the frontline in long term care have not received any emergency preparedness training. We are simply not reaching them through the existing regulatory requirements. This must change, and AHOD is one solution to this problem. With workforce development as a top priority for today's long term care facilities, we must create an environment that is appealing, safe and allows the frontline to feel a semblance of control in a disaster.

- **Expand the program to assisted living centers.** The funding of the pilot program limited the program target audience to skilled nursing facilities. It was the right place to start. We believe that an important next step is to expand our reach to assisted living centers. The content would need to be revised from a regulatory perspective since there is no federal regulation of assisted living. That said, most of the content applies across settings and the AHOD program can easily be adapted to reach assisted living.
- **Consider privatizing the AHOD training program.** We believe that this program has significant value, and the training can be effectively delivered at a state and a national level by professional associations like NAHCA and AHCA and be monetized for a modest profit that will continue to allow us to develop the program and pay expert consultants to deliver the content. History has taught us that if an education program is free, it will be less valued and there will be fewer participants. There must be “skin in the game” for providers. There is a growing recognition of the importance of both the frontline and the issue of emergency preparedness, and the time is right to expand the reach of AHOD.

ADDENDUM

AHOD Power Point Presentation



All Hands on Deck

Emergency Preparedness & the Frontline

PowerPoint Presentation

Presenters: Gil Damiani, Lori Porter, Stan Szpytek & Lisa Sweet



R.A.C.E. Procedure



7

P.A.S.S. Procedure



8

Wildfire- Santa Rosa, CA



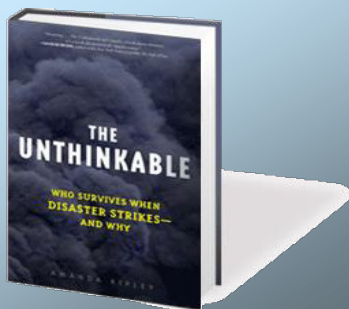
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Reaction to Disaster or Crisis...

It's not what you think...



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Failure to Respond.....

- Subconscious Need for Normalcy
- Overwhelming Sense of Denial
- Optimistic Bias
- Unable to Comprehend Scope of Event
- Acclimation to a "New Normal"
- Lack of Safety Culture
- No Planning / Preparedness
- Poor Training
- No Practice / Rehearsal



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It's a normal day, until it isn't (Flynt, MI)



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Car Crashes Into Care Center



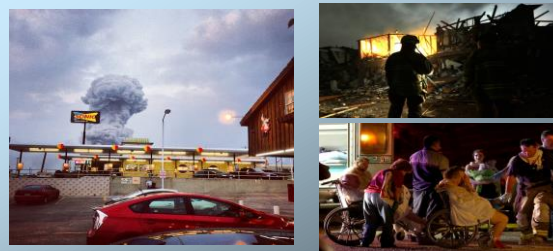
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Mesa, AZ
October 2011



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West, Texas
April 2013



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17

AR Tornado
December 2021



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Armed Intruder / Active Shooter

- Friday, May 12, 2017 - Ohio
- 2 nursing home employees killed
- Responding police chief killed



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Joplin, MO- 2011

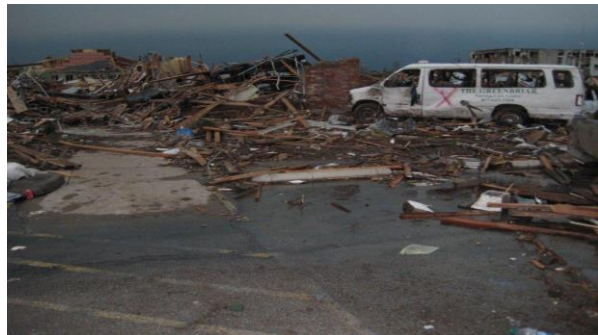


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My Joplin Story- Part 1...



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Flooding...



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Transformer Fire...



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First Responders...



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Can't Happen Here?



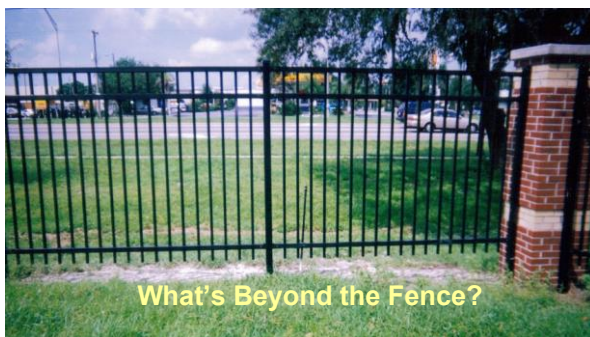
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Obvious Threats.....

- Midwest = Tornado / Severe Weather
- Coastal = Hurricane / Tropical Depression
- North / Northeast = Winter Storms
- Desert = Excessive Heat
- Fault Zones = Earthquake
- Island / Coastlines = Tsunami
- Flood Zones = Flooding

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What's Beyond the Fence?



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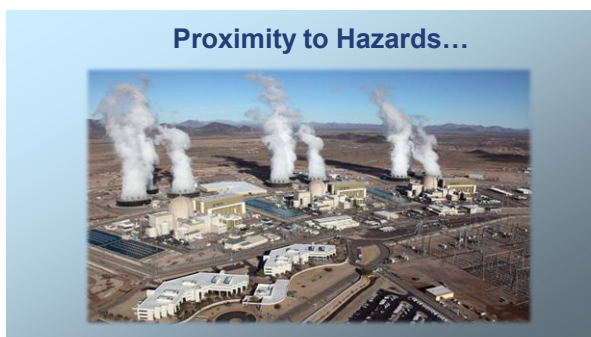
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HAZARD VULNERABILITY ASSESSMENT

HVA

WHAT potential threats and perils
may impact the community and
your facility?

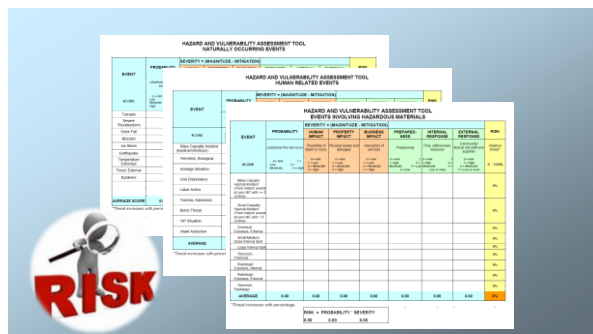
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HVA Factors.....(RISK)

EVENT TYPE (Specific)

- Probability
 - Likelihood of Occurrence
- Severity = Impact
 - Human
 - Property
 - Business
- Mitigation = Preparedness + Response
 - Preparedness
 - Internal Response
 - External Response

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50

What are your Identified Hazards?

- Weather-related hazards
 - Hurricanes, tornadoes, mudslides, forest fires, flood, extreme cold, extreme heat, earthquake, drought, tsunami, landslide, etc.
- Fire
- Internal flood
- Infectious disease outbreak
- Hazardous material/waste emergency
- Drinking water supply
- Long-term power outage
- Food supply emergency
- Missing resident
- Communication / telephone failure
- Hostage situation
- Power outage
- Water contamination
- Suspicious package
- IT systems outage
- Chemical exposure
- Bomb threat / explosion
- Active shooter / armed assailant
- Gas leak
- Generator failure
- HVAC failure
- Civil unrest

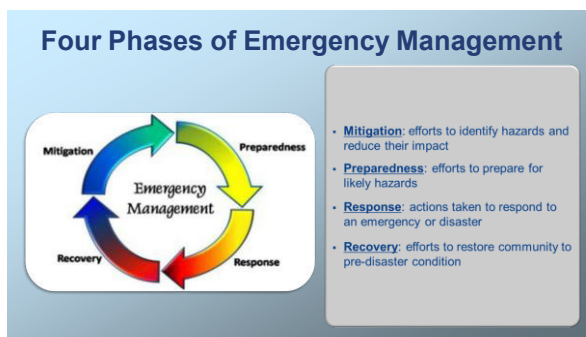
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“All Hazards” Emergency Management

- Addresses your Residents’ Unique Clinical and Support Need
- Focuses on your High Risk Threats
- Reflects Local Emergency Planning Considerations
- Includes
 - System for Command & Control = ICS
 - Communications
 - Resources and Assets and Supply Needs
 - Safety and Security
 - Staff Responsibilities

55

Large Scale Incidents



56

How do they Manage?



57



58



59


Legal Basis for ICS



60


ICS – What is it? (simply)

- A standardized, all-hazard approach to incident management
- Used to manage all types of emergencies, routine or planned events, by establishing a clear chain of command
- ICS ensures
 - Safety of responders and others
 - Achievement of tactical objectives
 - Effective use of resources



61

YOU Are All **FIRST RESPONDERS!**



62

A System . . . Not a Facility




Multiagency Coordination System

63

Incident Action Planning Management By Objectives

- Flexible, Measurable & Attainable Objectives
- Identified Time-Frames (Operational Period)



64


The First Phase of Every Unexpected Incident is Response

Leadership is critical to:

- Set the tone of calm
- Assess the situation
- Guide the response

Decisions need to be made about what to DO:

- NOW!
 - Next
 - Later



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The Second Phase is **Incident Management**

Events **DRAG ON**

- Hours
- Days
- Weeks
- Need to budget resources

Incidents go **SIDEWAYS**

- Requires a dynamic planning process
- Incidents must be monitored and plans need to be adjusted accordingly



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Incident Action Plan

Incident Action Planning: Management by Objectives

- Setting the operational period
- Determining overall priorities
- Establishing specific measurable and attainable objectives
- Setting strategies for the objectives
- Identifying needed resources
- Issuing assignments
- Monitoring and evaluating efforts
- Documenting results

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The Incident Action Plan (IAP)

The IAP is filled out and updated throughout the duration of the emergency by the Planning Section Chief, who does the following:

- Gather the needed information from the different members of the Incident Management Team (IMT)
- Talk to the Incident Commander about when Incident Command was activated
- Summarize the situation using input from IMT
- Record the objectives the Incident Commander selects, the tasks that are assigned and to whom they are delegated

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Common Terminology

- Plain English
- Common names
- Helps to define:
 - Organizational functions (e.g. Command, Logistics)
 - Resource descriptions (e.g. personnel, equipment, supplies)
 - Facilities (e.g. EOC, ICP)



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Why Plain English?

EMT	EMERGENCY MEDICAL TREATMENT
EMT	EMERGENCY MEDICAL TECHNICIAN
EMT	EMERGENCY MANAGEMENT TEAM
EMT	EASTERN MEDITERRANEAN TIME (GMT +0300)
EMT	EFFECTIVE METHODS TEAM
EMT	EFFECTS MANAGEMENT TOOL
EMT	EL MONTE, CA (AIRPORT CODE)
EMT	ELECTRON MICROSCOPE TOMOGRAPHY
EMT	EMAIL MONEY TRANSFER

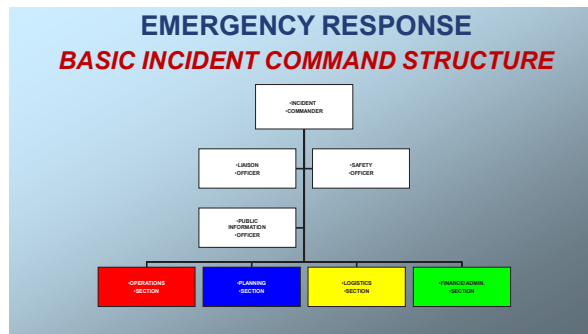
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Standard ICS Positions

- Incident Commander = Leader
- Operations = Doers
- Planning = Thinkers
- Logistics = Getters
- Finance / Admin. = Payers



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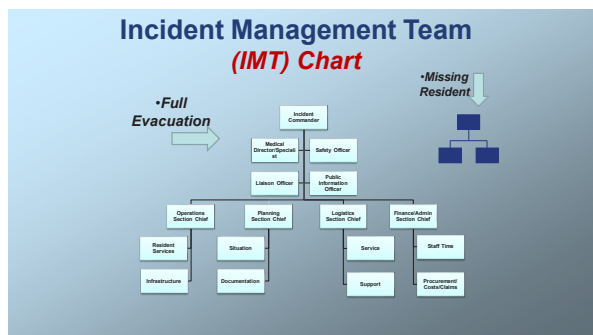
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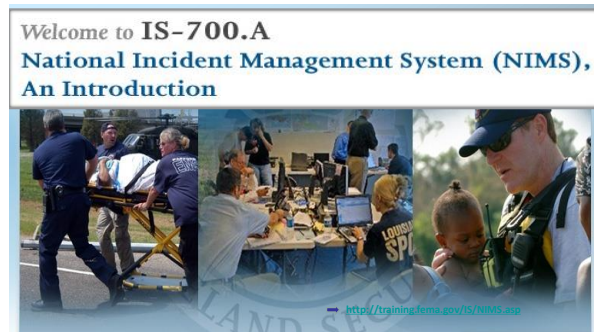
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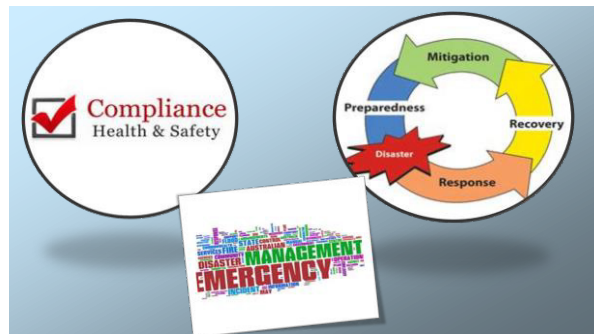
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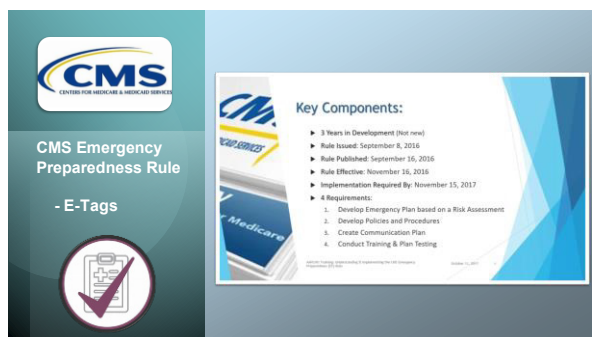
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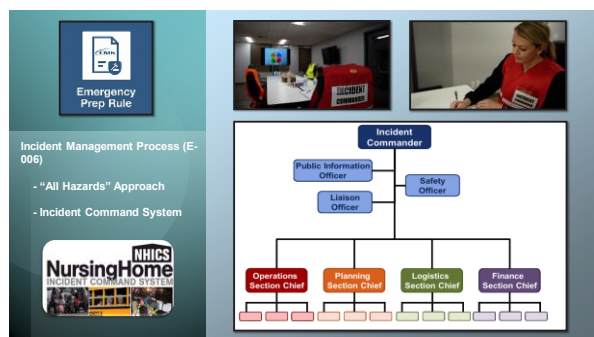
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Should the Frontline Receive NHICS Training?

Should the Frontline Staff Be Part of the IMT?

THE ANSWER IS YES

Incident Management Process (E-006)

- "All Hazards" Approach
- Incident Command System

NursingHome NHICS INCIDENT COMMAND SYSTEM

85



Training.....

WHAT NOW?

86



87



ACTIVE SHOOTER RESPONSE

LEARN HOW TO SURVIVE A SHOOTING EVENT

88



Disaster Drills (Functional)...

89



Full Scale Drills (Community)...

MOCK DISASTER DRILL IN PROGRESS

90

Tabletop Exercise (TTX)



91



92



93



94

Something to Consider...

SECURITY

95

Even if this is a Good Depiction of your Maintenance Director, this does NOT Represent a Good Site Security Plan.....



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A woman with short brown hair and glasses, wearing a black polo shirt, is sitting in front of a grey backdrop. To her left is the NAHCA logo, which includes a stylized cross icon and the text 'NAHCA'. Below the NAHCA logo is a red cross icon with the text 'DISASTER READY' in orange and red. A name tag on the woman's shirt reads 'LISA SWEET'.

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