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## LESSON LEARNED

### Community Preparedness: Receiving Status Information from Long-Term Care Facilities during Emergencies

#### SUMMARY

State emergency management and public health agencies should collaborate to develop reporting mechanisms, plans, and procedures for state-licensed, long-term facilities. This can help ensure that state agencies receive information about facility statuses after an incident. This information will enable state agencies to provide necessary assistance so that the facilities can continue to care for vulnerable populations, including persons with disabilities and other access and functional needs.

#### DESCRIPTION

On August 27, 2011, Hurricane Irene made first landfall near Cape Lookout, North Carolina, as a Category 1 hurricane. Irene tracked north to the Hampton Roads, Virginia region in the early morning hours of August 27 and moved back over the Atlantic Ocean on August 28. Hurricane Irene's high winds, heavy rain, and flooding caused the destruction of more than 100 homes, apartment buildings, and other structures throughout the state. In addition, 650 structures sustained major damage and an additional 3,600 sustained minor damage. The hurricane also caused 5 fatalities and approximately \$46 million in agricultural-related damages in 25 localities across the state.



**Debris Caused by Hurricane Irene  
(Source: Virginia National Guard)**

Soon after the storm, the Virginia Department of Health (VDH) Office of Emergency Preparedness (OEP) partnered with the VDH Office of Licensure and Certification (OLC) to identify VDH-licensed, long-term care facilities that were unable to assist vulnerable populations due to storm-related damage. This effort included facilities that had experienced structural damage and power, water, and communication outages. However, several issues hindered the ability of OEP and OLC personnel to identify, to establish communications with, and to collect damage information from VDH-licensed, long-term care facilities. These issues included:

The VDH OLC is responsible for inspecting and certifying approximately 280 facilities containing 31,927 beds in Virginia. The office also assesses compliance with Federal regulations on Intermediate Care Facilities for the Mentally Retarded throughout the commonwealth.

- **Lack of Familiarity with VDH-Licensed, Long-Term Care Facilities:** OEP and OLC personnel were not familiar with all the facilities under VDH monitoring responsibility. In several cases, OEP and OLC personnel attempted to collect data related to facilities monitored by other agencies, including the Virginia Department of Social Services and the Department of Behavioral Health and Developmental Services.
- **Lack of Procedures in Local Plans:** Many local response plans are predicated on the assumption that long-term care facility personnel would contact the local emergency operations center (EOC) after a disaster. In the absence of communications between a facility and the local EOC, it is assumed that the facility had not sustained significant damage and could still provide essential services to vulnerable populations.
- **Lack of Protocols and Reporting Mechanisms:** During the response, OEP and OLC personnel lacked clear protocols for the collection of storm-related damage information from VDH-licensed, long-term care facilities. In addition, VDH regulations did not require facilities to report their damage status to VDH after a disaster or emergency. In some cases, VDH personnel could not establish communications with these facilities because facility staff did not answer phones or reply to voice messages. The VDH 2011 Hurricane Irene After Action Report (AAR) and Improvement Plan notes that, "It was not known whether these facilities were not responding because they were unable to due to power or communications systems failures or if they simply did not see the need to reply."
- **Multiple Uncoordinated Requests:** Multiple damage information requests related to different types of facilities from various Federal agencies hindered the ability of OEP and OLC personnel to collect data effectively and caused duplication of effort. In one case, both OLC and OEP personnel submitted separate damage reports for several VDH-licensed, long-term facilities to the Centers for Medicare and Medicaid Services and to the Hospital Coordinator.

The VDH AAR recommends that OEP and OLC develop reporting mechanisms, plans, and procedures for VDH-licensed, long-term facilities. This can help ensure that VDH will receive facility status information at the onset of response operations after an incident.

State emergency management and public health agencies should collaborate to develop reporting mechanisms, plans, and procedures for state-licensed, long-term facilities. This can help ensure that state agencies receive information about facility statuses after an incident. This information will enable state agencies to provide necessary assistance so that the facilities can continue to care for vulnerable populations, including persons with disabilities and other access and functional needs.

#### CITATIONS

Virginia Department of Emergency Management. *Hurricane Irene Recovery*.  
<http://www.vaemergency.gov/disaster-recovery/hurricane-irene-recovery>

Virginia Department of Health. *Virginia Department of Health 2011 Hurricane Irene After Action Report (AAR) and Improvement Plan (IP)*. 1 Sept. 2011.  
<https://www.llis.dhs.gov/docdetails/details.do?contentID=54743>

Virginia Department of Health Division of Long Term Care.  
<http://www.vdh.virginia.gov/OLC/longtermcare/>

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