

More than just evacuation

It seems almost a quintessentially Canadian case of passing the jurisdictional buck. When it comes to ensuring the safety of residents of nursing homes and long-term care facilities during earthquakes, floods, hurricanes or other natural disasters, federal authorities say responsibility for emergency preparedness is vested with the provinces, while provincial authorities typically say it's the facilities that should have contingency plans.

Is there a need for national standards?

Again, the responses are quintessentially Canadian.

No, says Public Safety Canada spokesman Jessica Slack. "As most emergencies in Canada are local, first responders and municipal and provincial officials are responsible for addressing the immediate needs of citizens in any affected areas. Further, nursing homes in Canada are under provincial responsibility." But if a province finds itself in an emergency and needs federal help, it can seek aid from the federal government under the rubric of the Federal Emergency Response Plan (www.publicsafety.gc.ca/prg/em/_fl/ferp-2011-eng.pdf), she adds.

The provinces appear to concur.

"I could see benefit in a national collaborative, but whether there needs to be a national set of standards or national oversight, I would question that, just because some jurisdictions are quite far advanced in doing this," says Bruce West, executive director of the Alberta Continuing Care Association. "But I certainly could see benefit in working together between jurisdictions to share best practices and support those organizations and those territories or provinces that maybe don't have the resources to develop a really good process and set of procedures."

To an extent, standardization of emergency preparedness policies and programs for long-term care facilities is already occurring through informal processes, argues Garnet Matchett, director of operations of the Health



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Should there be national standards for emergency preparedness policies and programs for long-term care facilities?

Emergency Management Unit at the Saskatchewan Ministry of Health.

"There is a lot of linkage between different jurisdictions and between different levels within the jurisdictions. Is it something that is written in legislation and prescriptive? Perhaps not as much," Matchett says. "Is there one go-to place that is the be-all-end-all? I think it's coming, but it's not there yet. But I bet you if you went across the country you would find that the similarities between them would be very, very close notwithstanding, of course, that there are regional variances in terms of resources and the risk and threat profiles."

"What the feds could do is to provide more of the research, more of the program development so that we had consistency across Canada," he says.

Might the move toward standardization benefit from some manner of training or advisory program similar to one in the United States that helps long-

term care facilities implement emergency management plans, and train employees about what to do in response to disasters?

Absolutely, argues Dan Potterton, chief operating officer of Milwaukee, Wisconsin-based FEI Behavioral Health, the national network employee assistance program provider that provides crisis management, disaster planning and employee assistance program services in the US and countries including Canada. "I think governments should set a level of awareness and expectation," says Potterton. "It's not just 'do we have a plan, have we practiced a plan and have we talked to the plan?' People change constantly in this business, so the question is whether there is business continuity in terms of one person sharing information with another individual as opposed to a plan sitting on a shelf getting dusty. ... If there's no education around that, then obviously the government organization

is saying that this is not an important issue for them to support.”

Historically, emergency preparedness training in Canada was provided under the rubric of the federal Canadian Emergency Management College, which, since 1954, offered courses in the four so-called pillars of emergency management: prevention and mitigation; preparedness; response; and recovery.

But funding to the college was cut this year and the college is in the process of closing down as part of the bid to reduce the federal deficit. The college could be closed “without increasing risk to Canadians,” says Public Safety Canada spokesman Jean Paul Duval. “While the college may be closing, emergency management training will be provided in the most effective and cost-efficient manner. This decision makes sense because there has also been an increase in emergency management training programs offered across the country by the Canada School of Public Service, provincial/territorial emergency management organizations, academia and the private sector.”

By transitioning to e-learning, emergency management courses will reach an even wider audience and enhance stakeholder engagement activities, Duval argues.

Public Safety Canada also argues

that residents of long-term care facilities can access a federal website that offers a plan by which individuals can personally prepare for emergencies by, for example, stockpiling groceries.

Potterton says that when it comes to residents of health facilities, such an approach is the equivalent of “crossing their fingers.” He says the US learned the error of relying on such an approach in 2005, when Hurricane Katrina devastated Louisiana and caused the deaths of at least 140 residents in 13 nursing homes and six hospitals.

As was the case in Louisiana, Canadian regulation essentially vests responsibility with the owner/operator of a long-term care facility, Cheryl Deibert, director and deputy commissioner of Emergency Management and Fire Safety with the government of Saskatchewan, writes in an email. “According to the National Fire Code of Canada, nursing homes are required to have emergency plans specific to fire which include fire drills. These emergency plans are most often developed in collaboration with the authority having jurisdiction, i.e., local fire departments.”

But Potterton argues that preparedness constitutes much more than just quick evacuation from a facility. “The

question that the facilities have to ask is: ‘If I had to leave here with an hour’s notice, how would I transport my patients and where would they go? How would I notify my family members to that? Who goes first?’” he says. “Policing bodies and accrediting bodies really need to take these things under consideration and make sure these plans are in place.”

Without any manner of national body responsible for the area, it is difficult to ascertain how advanced facilities in various provinces are with respect to their emergency preparedness plans.

But the Ontario Ministry of Health and Long-Term Care, Alberta Health Services and the Saskatchewan Ministry of Health say all facilities within their borders have plans in place.

“There are requirements in place regarding emergency plans and this includes measures for dealing with emergencies as well as procedures for evacuating and relocating residents and staff,” says David Jensen, spokesman for the Ontario Ministry of Health and Long-Term Care, adding that those plans must be tested, evaluated and updated by facility staff. — Adam Miller, *CMAJ*

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