

# Implementation Guide Emergency Preparedness

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## **Emergency Preparedness Implementation Checklist**

### **Purpose and Intent of Medicare and Medicaid Programs; Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers**

The Final Rule for Emergency Preparedness, published September 16, 2016 applies to all provider types with an implementation date of November 15, 2017.

§ 483.73 Emergency preparedness. The LTC facility must comply with all applicable Federal, State and local emergency preparedness requirements. The LTC facility must establish and maintain an emergency preparedness program that meets the requirements of this section.

The emergency preparedness program must include, but not be limited to, the following elements:

**Emergency Plan** - The LTC facility must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do all of the following:

- (1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing residents.
- (2) Include strategies for addressing emergency events identified by the risk assessment.
- (3) Address resident population, including, but not limited to, persons at-risk; the type of services the LTC facility has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.
- (4) Include a process for cooperation and collaboration with local, tribal, regional, State, or Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the LTC facility's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.

**RISK ASSESSMENT AND PLANNING** – all providers must develop an emergency plan using all hazards approach, plan and identify in advance essential functions and who is responsible in a crisis.

- Hazards likely in geographic area
- Care-related emergencies
- Equipment and Power failures

- Interruption in Communications, including cyber attacks
- Loss of all/portion of facility
- Loss of all/portion of supplies
- Plan is to be reviewed and updated at least annually

## **POLICIES AND PROCEDURES**

The LTC facility must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least annually. At a minimum, the policies and procedures must address the following:

- (1) The provision of subsistence needs for staff and residents, whether they evacuate or shelter in place, include, but are not limited to the following:
  - (i) Food, water, medical, and pharmaceutical supplies.
  - (ii) Alternate sources of energy to maintain-- (A) Temperatures to protect resident health and safety and for the safe and sanitary storage of provisions; (B) Emergency lighting; (C) Fire detection, extinguishing, and alarm systems; and (D) Sewage and waste disposal.
- (2) A system to track the location of on-duty staff and sheltered residents in the LTC facility's care during and after an emergency. If on-duty staff and sheltered residents are relocated during the emergency, the LTC facility must document the specific name and location of the receiving facility or other location.
- (3) Safe evacuation from the LTC facility, which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s); and primary and alternate means of communication with external sources of assistance.
- (4) A means to shelter in place for residents, staff, and volunteers who remain in the LTC facility.
- (5) A system of medical documentation that preserves resident information, protects confidentiality of resident information, and secures and maintains the availability of records.
- (6) The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State or Federally designated health care professionals to address surge needs during an emergency.

(7) The development of arrangements with other LTC facilities and other providers to receive residents in the event of limitations or cessation of operations to maintain the continuity of services to LTC residents.

(8) The role of the LTC facility under a waiver declared by the Secretary, in accordance with section 1135 of the Act, in the provision of care and treatment at an alternate care site identified by emergency management officials.

## COMMUNICATION PLAN

The LTC facility must develop and maintain an emergency preparedness communication plan that complies with Federal, State, and local laws and must be reviewed and updated at least annually. The communication plan must include all of the following:

- (1) Names and contact information for the following:
  - i. Staff
  - ii. Entities providing services under arrangement
  - iii. Residents' physicians
  - iv. Other LTC facilities
  - v. Volunteers
- (2) Contact information for the following:
  - i. Federal, State, tribal, regional, or local emergency preparedness staff.
  - ii. The State Licensing and Certification Agency.
  - iii. The Office of the State Long-Term Care Ombudsman.
  - iv. Other sources of assistance.
- (3) Primary and alternate means for communicating with the following:
  - i. LTC facility's staff.
  - ii. Federal, State, tribal, regional, or local emergency management agencies.
- (4) A method for sharing information and medical documentation for residents under the LTC facility's care, as necessary, with other health care providers to maintain the continuity of care.
- (5) A means, in the event of an evacuation, to release resident information as permitted under 45 CFR 164.510(b)(1)(ii).
- (6) A means of providing information about the general condition and location of residents under the facility's care as permitted under 45 CFR 164.510(b)(4).

(7) A means of providing information about the LTC facility's occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee.

(8) A method for sharing information from the emergency plan that the facility has determined is appropriate with residents and their families or representatives.

## **TRAINING AND TESTING PROGRAM**

The LTC facility must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least annually.

(1) *Training program.* The LTC facility must do all of the following:

- i. Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles.
- ii. Provide emergency preparedness training at least annually.
- iii. Maintain documentation of the training.
- iv. Demonstrate staff knowledge of emergency procedures.

(2) *Testing.* The LTC facility must conduct exercises to test the emergency plan at least annually, including unannounced staff drills using the emergency procedures. The LTC facility must do the following:

- i. Participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based. If the LTC facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the LTC facility is exempt from engaging in a community-based or individual, facility-based full-scale exercise for 1 year following the onset of the actual event.
- ii. Conduct an additional exercise that may include, but is not limited to the following:
  - a. A second full-scale exercise that is community-based or individual, facility-based.
  - b. A tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.



- iii. Analyze the LTC facility's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the LTC facility's emergency plan, as needed.

The “Medicare and Medicaid Programs; Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers” Final Rule (81 FR 63860, Sept. 16, 2016) (“Final Rule”) establishes national emergency preparedness requirements for participating providers and certified suppliers to plan adequately for both natural and man-made disasters, and coordinate with Federal, state, tribal, regional and local emergency preparedness systems.

The Final Rule also assists providers and suppliers to adequately prepare to meet the needs of patients, clients, residents, and participants during disasters and emergency situations, striving to provide consistent requirements across provider and supplier-types, with some variations. The new emergency preparedness Final Rule is based primarily off of the hospital emergency preparedness Condition of Participation (CoP) as a general guide for the remaining providers and suppliers, then tailored based to address the differences and or unique needs of the other providers and suppliers (e.g. inpatient versus out-patient providers).

The requirements are focused on three key essentials necessary for maintaining access to healthcare during disasters or emergencies: safeguarding human resources, maintaining business continuity, and protecting physical resources. The interpretive guidelines and survey procedures in this appendix have been developed to support the adoption of a standard all-hazards emergency preparedness program for all certified providers and suppliers while similarly including appropriate adjustments to address the unique differences of the other providers and suppliers and their patients.

Successful adoption of these requirements will enable all providers and suppliers wherever they are located to better anticipate and plan for needs, rapidly respond as a facility, as well as integrate with local public health and emergency management agencies and healthcare coalitions’ response activities and rapidly recover following the disaster.

### **Survey Protocol**

These Conditions of Participation (CoP), Conditions for Coverage (CfC), Conditions for Certification and Requirements follow the standard survey protocols currently in place for each facility type and will be assessed during initial, revalidation, recertification and complaint surveys as appropriate. Compliance with the Emergency Preparedness requirements will be determined in conjunction with the existing survey process for health and safety compliance surveys or Life Safety Code (LSC) surveys for each provider and supplier type – which includes long term care facilities.

The full interpretive guidance is available at <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/Advanced-Copy-SOM-Appendix-Z-EP-IGs.pdf> .

## Definitions

- **Emergency/Disaster:** An event that can affect the facility internally as well as the overall target population or the community at large or community or a geographic area.
- **Emergency:** A hazard impact causing adverse physical, social, psychological, economic or political effects that challenges the ability to respond rapidly and effectively. It requires a stepped-up capacity and capability (call-back procedures, mutual aid, etc.) to meet the expected outcome, and commonly requires change from routine management methods to an incident command process to achieve the expected outcome (see “disaster” for important contrast between the two terms). *Reference: Assistant Secretary for Preparedness and Response (ASPR) 2017-2022 Health Care Preparedness and Response Capabilities Document (ICDRM/GWU Emergency Management Glossary of Terms) (November 2016).*
- **Disaster:** A hazard impact causing adverse physical, social, psychological, economic or political effects that challenges the ability to respond rapidly and effectively. Despite a stepped-up capacity and capability (call-back procedures, mutual aid, etc.) and change from routine management methods to an incident command/management process, the outcome is lower than expected compared with a smaller scale or lower magnitude impact (see “emergency” for important contrast between the two terms). *Reference: Assistant Secretary for Preparedness and Response (ASPR) 2017-2022 Health Care Preparedness and Response Capabilities Document (ICDRM/GWU Emergency Management Glossary of Terms) (November 2016).*
- **Emergency Preparedness Program:** The Emergency Preparedness Program describes a facility’s comprehensive approach to meeting the health, safety and security needs of the facility, its staff, their patient population and community prior to, during and after an emergency or disaster. The program encompasses four core elements: an Emergency Plan that is based on a Risk Assessment and incorporates an all hazards approach; Policies and Procedures; Communication Plan; and the Training and Testing Program.
- **Emergency Plan:** An emergency plan provides the framework for the emergency preparedness program. The emergency plan is developed based on facility- and community-based risk assessments that assist a facility in anticipating and addressing facility, patient, staff and community needs and support continuity of business operations.
- **All-Hazards Approach:** An all-hazards approach is an integrated approach to emergency preparedness that focuses on identifying hazards and developing emergency preparedness capacities and capabilities that can address those as well as a wide spectrum of emergencies or disasters. This approach includes preparedness for natural, man-made, and

or facility emergencies that may include but is not limited to: care-related emergencies; equipment and power failures; interruptions in communications, including cyber-attacks; loss of a portion or all of a facility; and, interruptions in the normal supply of essentials, such as water and food. All facilities must develop an all-hazards emergency preparedness program and plan.

- **Facility-Based:** We consider the term “facility-based” to mean the emergency preparedness program is specific to the facility. It includes but is not limited to hazards specific to a facility based on its geographic location; dependent patient/resident/client and community population; facility type and potential surrounding community assets- i.e. rural area versus a large metropolitan area.
- **Risk Assessment:** The term risk assessment describes a process facilities use to assess and document potential hazards that are likely to impact their geographical region, community, facility and patient population and identify gaps and challenges that should be considered and addressed in developing the emergency preparedness program. The term risk assessment is meant to be comprehensive, and may include a variety of methods to assess and document potential hazards and their impacts. The healthcare industry has also referred to risk assessments as a Hazard Vulnerability Assessments or Analysis (HVA) as a type of risk assessment commonly used in the healthcare industry.
- **Facility-Based:** When discussing the terms “all-hazards approach” and facility-based risk assessments, we consider the term “facility-based” to mean that the emergency preparedness program is specific to the facility. Facility-based includes, but is not limited to, hazards specific to a facility based on the geographic location; Patient/Resident/Client population; facility type and potential surrounding community assets (i.e. rural area versus a large metropolitan area).
- **Full-Scale Exercise:** A full scale exercise is a multi-agency, multijurisdictional, multi-discipline exercise involving functional (for example, joint field office, emergency operation centers, etc.) and “boots on the ground” response (for example, firefighters decontaminating mock victims).
- **Table-top Exercise (TTX):** A table-top exercise is a group discussion led by a facilitator, using narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. It involves key personnel discussing simulated scenarios, including computer-simulated exercises, in an informal setting. TTXs can be used to assess plans, policies, and procedures.
- **Staff:** The term "staff" refers to all individuals that are employed directly by a facility. The phrase "individuals providing services under arrangement" means services furnished under arrangement that are subject to a written contract conforming with the requirements specified in section 1861(w) of the Act.



## Suggested Checklist For Implementation

Regulation	Recommended Actions
<p><b>§ 483.73 Emergency preparedness.</b> The LTC facility must comply with all applicable Federal, State and local emergency preparedness requirements. The LTC facility must establish and maintain an emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not be limited to, the following elements:</p> <p><b>(a)Emergency plan.</b> The LTC facility must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do all of the following:</p> <p><b>(1)</b> Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing residents.</p> <p><b>(2)</b> Include strategies for addressing emergency events identified by the risk assessment.</p> <p><b>(3)</b> Address resident population, including, but not limited to, persons at-risk; the type of services the LTC facility has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.</p> <p><b>(4)</b> Include a process for cooperation and collaboration with local, tribal, regional, State, or Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the LTC facility's efforts to contact such officials and, when applicable, of its</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Review and update emergency preparedness plan to incorporate all four core elements. Incorporate contact information for all key partners, Incorporate local Emergency management agency information and contacts</li> <li><input type="checkbox"/> Link EP plan to facility assessment</li> <li><input type="checkbox"/> Develop an emergency plan based on a risk assessment.</li> <li><input type="checkbox"/> Perform risk assessment using an “all-hazards” approach, focusing on capacities and capabilities.</li> <li><input type="checkbox"/> Update emergency plan at least annually.</li> <li><input type="checkbox"/> Plan must be based on a documented risk assessment using an “all hazards approach.</li> <li><input type="checkbox"/> The plan must: <ul style="list-style-type: none"> <li>2) Include strategies to address events identified in the risk assessment, plans for evacuating or sheltering in place, working with other providers in the area.</li> <li>3) Address patient population; continuity of operations; succession planning.</li> <li>4) A process for cooperation/collaboration with local, tribal, regional, state or Federal EP officials to ensure an integrated response.</li> </ul> </li> </ul> <p>The rule to allows a provider that is part of a healthcare system consisting of multiple separately certified</p>



participation in collaborative and cooperative planning efforts.

healthcare facilities to have one unified and integrated emergency preparedness program. The integrated emergency plan and policies and procedures must be developed in a manner that takes into account each separately certified facility's unique circumstances, patient populations, services offered. In addition, a risk assessment must be conducted for each separately certified facility within the system.

- An all-hazards approach is an integrated approach to emergency preparedness planning that focuses on capacities and capabilities that are critical to preparedness for a full spectrum of emergencies or disasters, including internal emergencies and a man-made emergency (or both) or natural disaster. This approach is specific to the location of the provider or supplier and considers the particular type of hazards most likely to occur in their areas. **These may include, but are not limited to, care-related emergencies, equipment and power failures, interruptions in communications, including cyber-attacks, loss of a portion or all of a facility, and interruptions in the normal supply of essentials such as water and food.**



**(b) Policies and procedures.** The LTC facility must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least annually. At a minimum, the policies and procedures must address the following:

**(1)** The provision of subsistence needs for staff and residents, whether they evacuate or shelter in place, include, but are not limited to the following:

**(i)** Food, water, medical, and pharmaceutical supplies.

**(ii)** Alternate sources of energy to maintain -

**(A)** Temperatures to protect resident health and safety and for the safe and sanitary storage of provisions;

**(B)** Emergency lighting;

**(C)** Fire detection, extinguishing, and alarm systems; and

**(D)** Sewage and waste disposal.

**(2)** A system to track the location of on-duty staff and sheltered residents in the LTC facility's care during and after an emergency. If on-duty staff and sheltered residents are relocated during the emergency, the LTC facility must document the specific name and location of the receiving facility or other location.

**(3)** Safe evacuation from the LTC facility, which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s); and primary and alternate means of

Develop and implement policies and procedures based on the emergency plan and risk assessment.

Policies and procedures must address a range of issues including subsistence needs, evacuation plans, and procedures for sheltering in place, tracking patients and staff during an emergency. Ensure specific details are included in your plan.

Review and update policies and procedures at least annually.

Policies and procedures must be based on the risk assessment and the emergency plan must address (highlights/full list in the regulations) --provision of sub-sis-ten-ce needs, alternate energy sources, sewage and waste disposal, procedures for evacuating or sheltering in place --system to track location of staff and patients (accurate, readily available, shareable)

--safe evacuation considerations (i.e. if you had to evacuate your facility, how would you ensure residents were sent to the appropriate level of care?

Which residents could be moved using buses of some description and which residents need ambulance transport? How do you know which type of transportation is needed?)

–Care and treatment needs, transportation, ID evacuation location --means to shelter in place (be specific as to the locations within your facility where you would shelter in place)

– consider ability of building to survive a disaster and proactive steps that can be taken prior to an emergency



communication with external sources of assistance.

**(4)** A means to shelter in place for residents, staff, and volunteers who remain in the LTC facility.

**(5)** A system of medical documentation that preserves resident information, protects confidentiality of resident information, and secures and maintains the availability of records.

**(6)** The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State or Federally designated health care professionals to address surge needs during an emergency.

**(7)** The development of arrangements with other LTC facilities and other providers to receive residents in the event of limitations or cessation of operations to maintain the continuity of services to LTC residents.

**(8)** The role of the LTC facility under a waiver declared by the Secretary, in accordance with section 1135 of the Act, in the provision of care and treatment at an alternate care site identified by emergency management officials.

--system to preserve medical documentation (ensures confidentiality in compliance with HIPAA) and electronic medical records  
--use of volunteers and role of State and Federal Health Officials (suggest use of Medical Reserve Corps – ensure members are screened and trained in advance) (are there systems for emergency credentialing to licensed volunteers? How would you ensure during a disaster that someone who presents as an MD or RN actually holds that medical license? Would a Federal or State level disaster declaration change your volunteer credentialing? It's best to have these issues answered in advance,  
--Arrangements with other providers to receive patients in the event of limitation or cessation of operations as well as a method for sharing medical documentation with the receiving provider. (MOU or LOA for admitting and helping/ assistance during emergencies – roles, responsibilities, etc.)

- Add to Facility Assessment as applicable
- Update orientation program and annual education requirements
- Develop specific emergent/hazards policies and procedures – i.e. storms, weather, bomb threats, community, etc.
- Develop HIPAA policies and procedures related to transferring of patient information between entities



**(c) Communication plan.** The LTC facility must develop and maintain an emergency preparedness communication plan that complies with Federal, State, and local laws and must be reviewed and updated at least annually. The communication plan must include all of the following:

**(1)** Names and contact information for the following:

- (i)** Staff.
- (ii)** Entities providing services under arrangement.
- (iii)** Residents' physicians.
- (iv)** Other LTC facilities.
- (v)** Volunteers.

**(2)** Contact information for the following:

- (i)** Federal, State, tribal, regional, or local emergency preparedness staff.
- (ii)** The State Licensing and Certification Agency.
- (iii)** The Office of the State Long-Term Care Ombudsman.
- (iv)** Other sources of assistance.

**(3)** Primary and alternate means for communicating with the following:

- (i)** LTC facility's staff.
- (ii)** Federal, State, tribal, regional, or local emergency management agencies.

**(4)** A method for sharing information and medical documentation for residents under the LTC facility's care, as necessary, with other health care providers to maintain the continuity of care.

- Develop a communication plan that complies with both Federal and State laws. Remember land lines and cell phones may not be accessible during an emergency – determine a third level of emergent communication.
- Coordinate patient care within the facility, across health care providers, and with state and local public health departments and emergency management systems.
- Communication process for evacuating your facility for any reason - clear and regular communication with the health & medical lead agency at your local emergency operations center. Communication process for why you are evacuating, where your residents and staff are evacuating to, the routes you're taking to get there, the number of residents involved, their specific acuity levels, the number of staff evacuating with residents, and any assistance needed along the way or once you've arrived. Communication process for arrival at the evacuation site(s), your local health & medical lead agency may refer you to a similar organization in the local area for assistance.
- Communication plan for sharing information with residents and resident representatives.
- Review and update plan annually.
- The Communication Plan must include --names and contact info for staff, other hospitals, volunteers, State and local EP officials --There also must be primary and alternate means of communicating



<p><b>(5)</b> A means, in the event of an evacuation, to release resident information as permitted under 45 CFR 164.510(b)(1)(ii).</p> <p><b>(6)</b> A means of providing information about the general condition and location of residents under the facility's care as permitted under 45 CFR 164.510(b)(4).</p> <p><b>(7)</b> A means of providing information about the LTC facility's occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee.</p> <p><b>(8)</b> A method for sharing information from the emergency plan that the facility has determined is appropriate with residents and their families or representatives.</p>	<p>with staff identified as well as how to contact EP officials and emergency management agencies --method to share medical records and patient information including general condition and location</p> <p><input type="checkbox"/> Add to Facility Assessment as applicable</p> <p><input type="checkbox"/> Update orientation program and annual education requirements</p>
<p><b>(d) Training and testing.</b> The LTC facility must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least annually.</p> <p><b>(1) Training program.</b> The LTC facility must do all of the following:</p> <p><b>(i)</b> Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles.</p> <p><b>(ii)</b> Provide emergency preparedness training at least annually.</p> <p><b>(iii)</b> Maintain documentation of the training.</p>	<p><input type="checkbox"/> Develop and maintain training and testing programs, including initial training in policies and procedures.</p> <p><input type="checkbox"/> Demonstrate knowledge of emergency procedures and provide training at least annually.</p> <p><input type="checkbox"/> Conduct drills and exercises to test the emergency plan.</p> <p><input type="checkbox"/> Facilities are expected to meet all Training and Testing Requirements by the implementation date (11/15/17).</p> <p><input type="checkbox"/> Add to Facility Assessment as applicable</p> <p><input type="checkbox"/> Update orientation program and annual education requirements</p> <p><input type="checkbox"/> Participation in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based exercise.</p>



<p><b>(iv)</b> Demonstrate staff knowledge of emergency procedures.</p> <p><b>(2) Testing.</b> The LTC facility must conduct exercises to test the emergency plan at least annually, including unannounced staff drills using the emergency procedures. The LTC facility must do the following:</p> <p><b>(i)</b> Participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based. If the LTC facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the LTC facility is exempt from engaging in a community-based or individual, facility-based full-scale exercise for 1 year following the onset of the actual event.</p> <p><b>(ii)</b> Conduct an additional exercise that may include, but is not limited to the following:</p> <p><b>(A)</b> A second full-scale exercise that is community-based or individual, facility-based.</p> <p><b>(B)</b> A tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.</p> <p><b>(iii)</b> Analyze the LTC facility's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the LTC facility's emergency plan, as needed.</p>	<p><input type="checkbox"/> Conduct an additional exercise that may include, but is not limited to the following:</p> <p><input type="checkbox"/> A second full-scale exercise that is individual, facility-based.</p> <p><input type="checkbox"/> A tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.</p> <p><input type="checkbox"/> Providers are required to conduct two testing exercises annually; one community based full-scale exercise and one additional exercise of their choice. In the event that a provider experiences an actual emergency that tests their plan, they would be exempt from the requirement for a community based full-scale exercise for one year following the emergency event.</p> <p><input type="checkbox"/> The regulation does allow for some flexibility for training and testing. For example, we require providers to conduct one community-based full-scale exercise and a second exercise of their choice. This will hopefully afford providers the flexibility to determine which testing exercise is most beneficial to them as they consider their specific needs.</p> <p><input type="checkbox"/> --<u>Full-Scale Exercise</u>: (Per CMS) For purposes of the requirement for a community-based full-scale exercise, we expect facilities to simulate an anticipated response to an emergency</p>
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	<p>involving their actual operations and the community.</p> <p>This would involve the creation of scenarios, the engagement and education of personnel, and mock patients/victims. In addition, this would include the involvement of other providers, suppliers, and community emergency response agencies.</p> <p>The intention of this requirement is to not only assess the feasibility of a provider's emergency plan through testing, but also to encourage providers to become engaged in their community and promote a more coordinated response within the facility, across health care providers, and with State and local public health departments and emergency systems.</p> <p><b><u>When a community-based full-scale exercise is not available:</u></b> Per CMS “We understand that participation in a community based full-scale exercise may not always be feasible or readily accessible. Therefore, if a community-based full-scale exercise is not feasible, the requirement does provide providers with the flexibility to conduct a testing exercise that is based on the individual facility”</p>
<p><b>(e)Emergency and standby power systems.</b> The LTC facility must implement <u>emergency</u> and standby power systems based on the <u>emergency plan</u> set forth in <u>paragraph (a)</u> of this section.</p> <p><b>(1)Emergency generator location.</b> The generator must be located in accordance with the location <u>requirements</u> found in the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-</p>	<p><input type="checkbox"/> Review and update policies and procedures to incorporate power systems</p> <p><input type="checkbox"/> Add to facility assessment and maintenance program</p>





<p>5, and TIA 12-6), Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4), and NFPA 110, when a new structure is built or when an existing structure or building is renovated.</p> <p><b>(2)Emergency generator inspection and testing.</b> The LTC facility must implement the <u>emergency</u> power system inspection, testing, and maintenance <u>requirements</u> found in the Health Care Facilities Code, NFPA 110, and Life Safety Code.</p> <p><b>(3)Emergency generator fuel.</b> LTC facilities that maintain an onsite fuel source to power <u>emergency</u> generators must have a <u>plan</u> for how it will keep <u>emergency</u> power systems operational during the <u>emergency</u>, unless it evacuates.</p>	
<p><b>(f)Integrated healthcare systems.</b> If a LTC facility is part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated <u>emergency</u> preparedness program, the LTC facility may choose to participate in the healthcare system's coordinated <u>emergency</u> preparedness program. If elected, the unified and integrated <u>emergency</u> preparedness program must do all of the following:</p> <p><b>(1)</b> Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated <u>emergency</u> preparedness program.</p> <p><b>(2)</b> Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, <u>patient</u> populations, and <u>services</u> offered.</p> <p><b>(3)</b> Demonstrate that each separately certified facility is capable of actively using the unified and</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Establish a corporate level emergency preparedness committee chaired by someone from executive leadership and hold meetings at least quarterly</li> <li><input type="checkbox"/> Ensure active attendance and participation from key staff at all participating healthcare facilities –</li> <li><input type="checkbox"/> Maintain detailed records of meeting agendas, meeting minutes, and formal presentations of each meeting</li> <li><input type="checkbox"/> Add to Facility Assessment as applicable</li> <li><input type="checkbox"/> Update orientation program and annual education requirements</li> </ul>



integrated emergency preparedness program and is in compliance with the program.

**(4)** Include a unified and integrated emergency plan that meets the requirements of paragraphs (a)(2), (3), and (4) of this section. The unified and integrated emergency plan must also be based on and include -

**(i)** A documented community-based risk assessment, utilizing an all-hazards approach.

**(ii)** A documented individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach.

**(5)** Include integrated policies and procedures that meet the requirements set forth in paragraph (b) of this section, a coordinated communication plan and training and testing programs that meet the requirements of paragraphs (c) and (d) of this section, respectively.

- Providers can refer to the resources on the CMS website for assistance in developing emergency preparedness plans. The website also provides important links to additional resources and organizations who can assist.

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/index.html>

# Emergency Preparedness Overview: Risk Assessment and Emergency Planning

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## Emergency Preparedness Toolkit

### Overview: Risk Assessment and Emergency Planning

#### Regulatory Background to Risk Assessment and Emergency Planning

Appendix Z of the State Operations Manual (SOM) explains that Risk Assessment and Emergency Planning involves the following actions:

- Develop an emergency preparedness plan based on facility and community risk assessments
- Utilize an all-hazards approach
- Address patient population, services offered for continuity of operations, and succession plans
- Collaborate with local, tribal, regional, state, and federal emergency preparedness officials

CMS Emergency Preparedness Appendix Z regulations contain specific terminology for which many providers requested clarification. The following definitions are contained in a Frequently Asked Questions (FAQs) document which can be downloaded from

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html>.

- **All-Hazards Approach:** An all-hazards approach is an integrated approach to emergency preparedness planning that focuses on capacities and capabilities that are critical to preparedness for a full spectrum of emergencies or disasters, including internal emergencies and a man-made emergency (or both) or natural disaster. This approach is specific to the location of the provider or supplier and considers the particular type of hazards most likely to occur in their areas. These may include, but are not limited to, care-related emergencies, equipment and power failures, interruptions in communications, including cyber-attacks, loss of a portion or all of a facility, and interruptions in the normal supply of essentials such as water and food. Rather than managing planning initiatives for a multitude of threat scenarios all-hazards planning focuses on developing capacities and capabilities that are critical to preparedness for a full spectrum of emergencies or disasters. Thus, all-hazards planning does not specifically address every possible threat but ensures those hospitals and all other providers and suppliers will have the capacity to address a broad range of related emergencies.
- **Business Impact Analysis (BIAs):** BIAs are a method of identifying and evaluating the effects various threats/ hazards may have on the ability of an organization to perform its essential functions and the resulting impact of those effects. It is through the BIA that organizations can identify problem areas (gaps, weaknesses, vulnerabilities) and in turn,

organization leadership may use the BIA results to support risk management decision making.

- **Emergency/Disaster:** An event that can affect the facility internally as well as the overall target population or the community at large.
- **Emergency Preparedness Program:** The Emergency Preparedness Program is a facility's comprehensive approach to meeting the health and safety needs of their patient population and provides facilities with guidance on how to respond to emergency situations that could impact the operation of the facility, such as natural or man-made disasters. It includes (1) all-hazards risk assessment and emergency planning, development and implementation of policies and procedures, a communication plan, and training and testing. The program as a whole consists of the Emergency Plan, which is based on the four core elements.
- **Emergency Plan:** An emergency plan is one part of a facility's emergency preparedness program and provides the framework which includes conducting facility-based and community-based risk assessments that will assist a facility in addressing patient needs along with the continuity of business operations. Additionally, a plan will support, guide and ensure a facility's ability to collaborate with local emergency preparedness officials.
- **Facility-Based:** When discussing the terms "all-hazards approach" and facility-based risk assessments, we consider the term "facility-based" to mean that the emergency preparedness program is specific to the facility. Facility-based includes, but is not limited to, hazards specific to a facility based on the geographic location; Patient/Resident/Client population; facility type and potential surrounding community assets (i.e. rural area versus a large metropolitan area).
- **Full-Scale Exercise:** A full scale exercise is a multi-agency, multijurisdictional, multi-discipline exercise involving functional (for example, joint field office, emergency operation centers, etc.) and "boots on the ground" response (for example, firefighters decontaminating mock victims).
- **Hazard Vulnerability Assessments (HVAs):** HVAs are systematic approaches to identifying hazards or risks that are most likely to have an impact on a healthcare facility and the surrounding community. The HVA describes the process by which a provider or supplier will assess and identify potential gaps in its emergency plan(s). Potential loss scenarios should be identified first during the risk assessment. Once a risk assessment has been conducted and a facility has identified the potential hazards/risks they may face, the organization can use those hazards/risks to conduct a Business Impact Analysis.

- **Risk Assessment:** This is general terminology that is within the emergency preparedness regulations and preamble to the Final Rule (81 Fed. Reg. 63860, Sept. 16, 2016) which describes a process facilities are to use to assess and document potential hazards within their areas and the vulnerabilities and challenges which may impact the facility. Additional terms currently used by the industry are all-hazards risk assessments are also referred to as Hazard Vulnerability Assessments (HVAs), or all-hazards self-assessments. For the purposes of these guidelines, we are using the term “risk assessment,” which may include a variety of current industry practices used to assess and document potential hazards and their impacts. This guidance is not specifying which type of generally accepted emergency preparedness risk assessment facilities should have, as the language used in defining risk assessment activities is meant to be easily understood by all providers and suppliers that are affected by this final rule and is aligned with the national preparedness system and terminology (81 Fed. Reg. 63860, at 63875). However, facilities are expected to conduct a full assessment of hazards based on geographical location and the individual facility dynamics, such as patient population.
- **Staff:** The term "staff" refers to all individuals that are employed directly by a facility. The phrase "individuals providing services under arrangement" means services furnished under arrangement that are subject to a written contract conforming with the requirements specified in section 1861(w) of the Social Security Act.
- **Table-top Exercise (TTX):** A table-top exercise is a group discussion led by a facilitator, using narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. It involves key personnel discussing simulated scenarios, including computer-simulated exercises, in an informal setting. TTXs can be used to assess plans, policies, and procedures.

Appendix Z consolidates the Emergency Preparedness regulations associated with the following entities:

- **Inpatient**
  - Hospitals §482.15
  - Critical Access Hospitals §485.625
  - Religious Nonmedical Health Care Institutions (RNHCIs) §403.748
  - Psychiatric Residential Treatment Facilities (PRTFs) §441.184
  - Long-Term Care (LTC) / Skilled Nursing Facilities §483.73
  - Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) §483.475

▪ **Outpatient**

- Ambulatory Surgical Centers §416.54
- Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services §485.727
- Community Mental Health Centers (CMHCs) §485.920
- Comprehensive Outpatient Rehabilitation Facilities (CORFs) §485.68
- End-Stage Renal Disease (ESRD) Facilities §494.62
- Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) §491.12,
- Home Health Agencies (HHAs) §484.22
- Hospice §418.113
- Organ Procurement Organizations (OPOs) §486.360
- Programs of All-Inclusive Care for the Elderly(PACE) §460.84
- Transplant Centers §482.78

This toolkit's focus is on Long-term Care (LTC)/Skilled Nursing Facilities; however, organizations that own or operate any of the other entities covered by Appendix Z will need to coordinate efforts to insure any entity-specific regulations are also met. Non-regulated entities under the organization's ownership or operation will also need to be addressed.

42 CFR §483.73 is associated with F517 and F518 in the State Operations Manual in effect until November 28, 2017. The complete requirement is below. The toolkit will expand upon each of the associated 4 core elements in the designated chapters.

**§483.73 Emergency preparedness.**

The LTC facility must comply with all applicable Federal, State and local emergency preparedness requirements. The LTC facility must establish and maintain an emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not be limited to, the following elements:

- a. *Emergency plan.* The LTC facility must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do all of the following:
1. Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing residents.
  2. Include strategies for addressing emergency events identified by the risk assessment.



3. Address resident population, including, but not limited to, persons at-risk; the type of services the LTC facility has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.
  4. Include a process for cooperation and collaboration with local, tribal, regional, State, or Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the LTC facility's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.
- b. *The Policies and procedures.* The LTC facility must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least annually. At a minimum, the policies and procedures must address the following:
1. The provision of subsistence needs for staff and residents, whether they evacuate or shelter in place, include, but are not limited to the following:
    - i. Food, water, medical, and pharmaceutical supplies.
    - ii. Alternate sources of energy to maintain—
      - a) Temperatures to protect resident health and safety and for the safe and sanitary storage of provisions;
      - b) Emergency lighting;
      - c) Fire detection, extinguishing, and alarm systems; and
      - d) Sewage and waste disposal.
  2. (2) A system to track the location of on-duty staff and sheltered residents in the LTC facility's care during and after an emergency. If on-duty staff and sheltered residents are relocated during the emergency, the LTC facility must document the specific name and location of the receiving facility or other location.
  3. (3) Safe evacuation from the LTC facility, which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s); and primary and alternate means of communication with external sources of assistance.
  4. (4) A means to shelter in place for residents, staff, and volunteers who remain in the LTC facility.
  5. (5) A system of medical documentation that preserves resident information, protects confidentiality of resident information, and secures and maintains the availability of records.





6. (6) The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State or Federally designated health care professionals to address surge needs during an emergency.
  7. (7) The development of arrangements with other LTC facilities and other providers to receive residents in the event of limitations or cessation of operations to maintain the continuity of services to LTC residents.
  8. (8) The role of the LTC facility under a waiver declared by the Secretary, in accordance with section 1135 of the Act, in the provision of care and treatment at an alternate care site identified by emergency management officials.
- c. *Communication plan.* The LTC facility must develop and maintain an emergency preparedness communication plan that complies with Federal, State, and local laws and must be reviewed and updated at least annually. The communication plan must include all of the following:
1. Names and contact information for the following:
    - i. Staff.
    - ii. Entities providing services under arrangement.
    - iii. Residents' physicians.
    - iv. Other LTC facilities.
    - v. Volunteers.
  2. Contact information for the following:
    - i. Federal, State, tribal, regional, or local emergency preparedness staff.
    - ii. The State Licensing and Certification Agency.
    - iii. The Office of the State Long-Term Care Ombudsman.
    - iv. Other sources of assistance.
  3. Primary and alternate means for communicating with the following:
    - i. LTC facility's staff.
    - ii. Federal, State, tribal, regional, or local emergency management agencies.
  4. (4) A method for sharing information and medical documentation for residents under the LTC facility's care, as necessary, with other health care providers to maintain the continuity of care.
  5. (5) A means, in the event of an evacuation, to release resident information as permitted under 45 CFR 164.510(b)(1)(ii).
  6. (6) A means of providing information about the general condition and location of residents under the facility's care as permitted under 45 CFR 164.510(b)(4).

7. (7) A means of providing information about the LTC facility's occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee.
  8. (8) A method for sharing information from the emergency plan that the facility has determined is appropriate with residents and their families or representatives.
- d. (d) *Training and testing.* The LTC facility must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least annually.
1. *Training program.* The LTC facility must do all of the following:
    - i. Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles.
    - ii. Provide emergency preparedness training at least annually.
    - iii. Maintain documentation of the training.
    - iv. Demonstrate staff knowledge of emergency procedures.
  2. *Testing.* The LTC facility must conduct exercises to test the emergency plan at least annually, including unannounced staff drills using the emergency procedures. The LTC facility must do the following:
    - i. Participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based. If the LTC facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the LTC facility is exempt from engaging in a community-based or individual, facility-based full-scale exercise for 1 year following the onset of the actual event.
    - ii. Conduct an additional exercise that may include, but is not limited to the following:
      - a. A second full-scale exercise that is community-based or individual, facility-based.
      - b. A tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.
    - iii. Analyze the LTC facility's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the LTC facility's emergency plan, as needed.

- e. *Emergency and standby power systems.* The LTC facility must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section.
1. *Emergency generator location.* The generator must be located in accordance with the location requirements found in the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5, and TIA 12-6), Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4), and NFPA 110, when a new structure is built or when an existing structure or building is renovated.
  2. *Emergency generator inspection and testing.* The LTC facility must implement the emergency power system inspection, testing, and maintenance requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code.
  3. *Emergency generator fuel.* LTC facilities that maintain an onsite fuel source to power emergency generators must have a plan for how it will keep emergency power systems operational during the emergency, unless it evacuates.
- f. *Integrated healthcare systems.* If a LTC facility is part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency preparedness program, the LTC facility may choose to participate in the healthcare system's coordinated emergency preparedness program. If elected, the unified and integrated emergency preparedness program must do all of the following:
1. Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.
  2. Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered.
  3. Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance with the program.
  4. Include a unified and integrated emergency plan that meets the requirements of paragraphs (a)(2), (3), and (4) of this section. The unified and integrated emergency plan must also be based on and include—
    - i. A documented community-based risk assessment, utilizing an all-hazards approach.
    - ii. A documented individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach.



5. Include integrated policies and procedures that meet the requirements set forth in paragraph (b) of this section, a coordinated communication plan and training and testing programs that meet the requirements of paragraphs (c) and (d) of this section, respectively.

The standards incorporated by reference in this section are approved for incorporation by reference by the Director of the Office of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. You may obtain the material from the sources listed below. You may inspect a copy at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: [http://www.archives.gov/federal\\_register/code\\_of\\_federal\\_regulations/ibr\\_locations.html](http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html).

If any changes in this edition of the Code are incorporated by reference, CMS will publish a document in the Federal Registrar to announce the changes.

1. National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02169, [www.nfpa.org](http://www.nfpa.org), 1.617.770.3000.
  - i. NFPA 99, Health Care Facilities Code 2012 edition, issued August 11, 2011.
  - ii. Technical interim amendment (TIA) 12-2 to NFPA 99, issued August 11, 2011.
  - iii. TIA 12-3 to NFPA 99, issued August 9, 2012.
  - iv. TIA 12-4 to NFPA 99, issued March 7, 2013.
  - v. TIA 12-5 to NFPA 99, issued August 1, 2013.
  - vi. TIA 12-6 to NFPA 99, issued March 3, 2014.
  - vii. NFPA 101, Life Safety Code, 2012 edition, issued August 11, 2011.
  - viii. TIA 12-1 to NFPA 101, issued August 11, 2011.
  - ix. TIA 12-2 to NFPA 101, issued October 30, 2012.
  - x. TIA 12-3 to NFPA 101, issued October 22, 2013.
  - xi. TIA 12-4 to NFPA 101, issued October 22, 2013.
  - xii. NFPA 110, Standard for Emergency and Standby Power Systems, 2010 edition, including TIAs to chapter 7, issued August 6, 2009.

2. (2) [Reserved]

[81 FR 64030, Sept. 16, 2016; 81 FR 80594, Nov. 16, 2016]



In addition to the 4 core elements, long term care facilities have very specific requirements related to the following measures:

- Have emergency and standby power systems
- Have a plan to account for/locate all residents
- Have a method to share appropriate information with residents/families/representatives

42 CFR §483.73 also references National Fire Protection Association (NFPA) codes. In brief, the codes state the administration of every health care facility shall have in effect and available to all supervisory personnel the following:

- Written copies of plan of protection of all persons in the event of fire – a copy readily available at all times in the telephone operator's position or at the security center
- Evacuation to areas of refuge
- Evacuation of building when necessary
- All staff periodically instructed and kept informed of duties under the plan

Occupational Safety and Health Administration (OSHA) general industry standards at 29 CFR 1910 should also be reviewed. Pay close attention to the following areas:

- Means of Egress, Emergency Action Plan 1910.35-38
- Hazardous Materials 1910.119-120
- Personal Protective Equipment 1910.132-138
- General Environmental Controls 1910.146-147
- Medical and First Aid 1910.151
- Fire Protection 1910 Subpart L; 1910.157-165
- Toxic and Hazardous Substances 1910.1030; 1910.120

Providers should also review any state nursing home licensure rules associated with Emergency Preparedness.

Compliance with Appendix Z regulations will also contribute to the Phase 3 implementation of a Facility Wide Resource Assessment (F838) §483.70(e)(1)-(3).

# Emergency Preparedness: Risk Assessment

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## Risk Assessment and Planning

Per the Emergency Preparedness requirements, long term care facilities must develop and maintain an emergency preparedness plan that is reviewed and updated annually and is coordinated/referenced to the facility assessment. The emergency preparedness plan needs to include the following elements:

- Risk Assessment
- Continuity of Operations
- Collaboration and Cooperation with local, state, federal officials

### Risk Assessment

The purpose of the risk assessment portion of the emergency plan is to conduct a facility – based and community-based risk assessment utilizing an all hazards approach including addressing scenarios involving missing residents. An all hazards risk assessment is to assist facilities in identifying the greatest threats and vulnerabilities within the facility and the community. It focuses on developing the capabilities and capacities that support and promote preparedness for a large spectrum of emergencies. Facilities are encouraged to utilize community based risk assessments developed by their state or other entities, but must maintain a copy of the risk assessment and align the emergency preparedness plan with the risk assessment findings. (Source for risk assessment tools is a facility’s health care coalition <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/By-Name-by-State-Healthcare-Coalitions.pdf>) Based upon the assessment, the emergency plan can be developed and resource or knowledge gaps can be addressed.

Earlier, the importance of a team approach was discussed. Team members can brain storm examples of internal and community-specific issues that present real or potential hazards. Assigning an educated guess can often yield a reasonable risk calculation. But when the team reaches out to local, county/parish, tribal, regional, state, and federal coalitions, they may find more solid data.

Coalition resources are plentiful and will probably save your team both time and effort in creating a plan, policies and procedures, education, drills, and exercises. Start with local law enforcement, fire department, and emergency medical staff. Check with school superintendents and hospitals. Identify state and regional contact information here: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/By-Name-by-State-Healthcare-Coalitions.pdf>.

**Example 1 - Abbreviated Template for Risk Assessment**

EXAMPLE Risk Analysis of ABC Nursing Home – Step 1 Brain Storm Potential Hazards and Establish Relative Impact Magnitude							
A	B	C	D	E	F	G	H
		Impact					
Potential Hazard	Probability	Human Impact	Service Impact	Property Impact	Business Impact	Community Impact	Relative Impact Magnitude
	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	
<b>Probability:</b> 0 = Implausible; 1 = 0-1 event/30 years; 2 = 2-3 events/30 years; 3 = 4+ events/30 years <b>Impact:</b> 0 = no impact expected; 1 = < 1% affected; 2 = 1 – 10% affected; 3 = > 10% affected <b>Relative Impact Magnitude = Probability X (Sum of the 5 Impact Rankings)</b> Range is 0 - 45							

*The higher the Relative Magnitude score, the more widespread the impact. Later, in Step 2, the team will analyze how well the facility currently manages each specific hazard.*

Emergency Preparedness is an on-going effort. You should update the risk assessment and the emergency plan annually and as new data becomes available.

**Example 2 – State Specific Facility Based Hazard Vulnerability Assessment (HVA)**

A Federal interagency workgroup developed a list of all-hazards planning scenarios for use in national, federal, state, and local preparedness planning activities. For example, the following list of scenarios was modified by the Wisconsin Department of Health Services for LTCF (<https://www.dhs.wisconsin.gov/regulations/preparedness/prep-hva.htm>) use under two categories: natural and man-made.

- **Natural Disasters**

- **Blizzard:** A blizzard means that the following conditions are expected to prevail for a period of four hours or longer: sustained wind or frequent gusts to 35 miles an hour or greater; and considerable falling and/or blowing snow (*i.e.*, reducing visibility to less than a quarter of a mile).





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- **Cold (extreme and prolonged):** A period of unusually cold weather that lasts two or more days.
- **Earthquake:** An earthquake is the sudden release of stored energy; most earthquakes occur along a fracture within the earth, called a fault. The shaking caused by this sudden shift is often very small, but occasionally large earthquakes produce very strong ground shaking. It is this strong shaking and its consequences – ground failure, landslides, liquefaction – that damages buildings and structures and upsets the regional economy. The Richter scale is logarithmic, so a recording of 7, for example, indicates a disturbance with ground motion ten times as large as a recording of 6. A quake of magnitude 2 is the smallest quake normally felt by people. Earthquakes with a Richter value of 6 or more are commonly considered major; great earthquakes have magnitude of 8 or more.
- **Flash Flooding:** A rapid and extreme flow of high water into a normally dry area or a rapid water level rise in a stream or creek above a predetermined flood level; beginning within six hours of the causative event (*e.g.*, intense rainfall, rapid melting snow). However, the actual time threshold may vary in different parts of the country.
- **Heat (extreme and prolonged):** A period of abnormally, uncomfortably hot and unusually humid weather; typically, a heat wave lasts two or more days.
- **Ice Storm:** An ice storm is used to describe occasions when damaging accumulations of ice are expected during freezing rain situations. Significant accumulations of ice pull down trees and utility lines resulting in loss of power and/or communication lines or disrupt the movement of supplies and materials. An accumulation of ice may make walking and driving extremely dangerous. Significant ice accumulations are usually of about a quarter of an inch or greater.
- **Landslide:** Landslide is the movement of rock, soil and debris down a hillside or slope. Landslides take lives, destroy homes, businesses and public buildings, interrupt transportation, undermine bridges, derail train cars, cover marine habitat and damage utilities. The term landslide includes a wide range of ground movement, such as rock falls, deep failure of slopes, and shallow debris flows. Ground failures that result in landslides occur when gravity overcomes the strength of a slope. Landslides are activated by storms, earthquakes, volcanic eruptions, fires, alternate freezing or thawing, and steepening of slopes by erosion or human modification.

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- **Tornado:** Tornadoes are nature's most violent storms. Spawned from powerful thunderstorms, tornadoes can cause fatalities and devastate a neighborhood in seconds. A tornado appears as a rotating funnel-shaped cloud that extends from a thunderstorm to the ground, with whirling winds that can reach 300 miles per hour. Damage paths can be in excess of one mile wide and 50 miles long. Every state is at some risk from this hazard.
  
- **Wild fire:** A wildfire is an uncontrollable fire spreading through vegetative fuels, exposing and possibly consuming structures. They often begin unnoticed, spread quickly and are usually signaled by dense smoke that fills the area for miles around.
  
- **Man-Made**
  - **Airplane Crash:** The impact of an airplane crash should be considered on two levels; first, the epicenter of the crash site and second, an extended debris field. The question to ask is, "Is our facility along the take-off or landing flight path of a regional airport?"
  
  - **Biological Disease Outbreak-Pandemic Flu:** Influenza pandemics occur unpredictably, with four occurring in the 20th century (1918- 1919, 1957-1958, 1968-1969 and 2011). Influenza pandemics may occur when a new influenza A virus subtype emerges and causes infection in people (termed genetic shift). If this new virus subtype, for which there is little to no immunity in the population, spreads efficiently between people, it can cause a pandemic. While influenza outbreaks occur annually, a pandemic is a unique event. Rates of influenza illness, as well as its severity, are likely to be high because most (or all) of the human population will be susceptible, having had no prior exposure to this new influenza subtype. In addition, persons not generally at high risk may develop severe or fatal disease.
  
  - **Civil Demonstration (adjacent to your facility):** A large number of people gather peacefully in one place in support of their civil liberties. This could block traffic patterns, thus disrupting staff and supply movement to or from your facility.
  
  - **Communications Disruption (major and prolonged):** There is major failure in any type of communications infrastructure through a variety of mechanisms, including physical destruction of transmission or broadcast components, disruption in supporting infrastructure and system congestion for greater than four hours. This excludes computer network or internet access failure.



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- **Computer Failure (system):** Loss of computer network or Internet access for greater than four hours.
- **Explosives Attack-Improvised Explosion:** In this scenario, agents of an adversarial group will employ a multiple prong attack to funnel personnel into predetermined locations, utilizing multiple devices such as vehicle bombs, suicide bombers, and man-delivered IEDs to inflict the greatest number of casualties.
- **Fuel Shortage:** An energy emergency or fuel shortage may involve any one or more of various types of energy resources. It might involve natural gas, heating oil, gasoline, coal, or electricity. No matter which type of resource is involved, it is the inability to produce or to transfer sufficient quantities of the resource at an acceptable cost to businesses, industry, and the public that creates the emergency. When this disrupts the normal day-to-day lives of citizens, it can become an energy emergency. This is especially true during periods of inclement weather where heating is necessary for individual safety.
- **Hazmat Release / Explosion (fixed site):** An incident resulting in the unintentional release of a hazardous material or agent (biological, chemical, physical) which has the potential to cause harm to humans, animals, or the environment, either by itself or through interaction with other factors at a fixed site.
- **Hazmat Release / Explosion (transport):** An incident resulting in the unintentional release of a hazardous material or agent (biological, chemical, physical) which has the potential to cause harm to humans, animals, or the environment, either by itself or through interaction with other factors during the loading, unloading, transportation or temporary storage of hazardous materials.
- **Nuclear Facility Incident (fixed site):** This is defined as a larger scale radiological incident at a fixed location. This includes incidents at a nuclear power plant.
- **Power Outage:** Loss of residential or commercial electrical service for greater than 4 hours.
- **Supply Disruption:** This refers to a disruption that happens at one time, due to some type of major event, excluding fuel power, water. Crucial supply distribution is interrupted for more than three days, impacting citizen health and safety.

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- **Water System Failure:** Damage to public water supply systems that impact the delivery of potable water for greater than four hours.
- **Municipal Water Contamination:** The presence of biological, chemical, or radiological contamination of a municipal potable water system.

Some organizations prefer to sort potential hazards into 3, 4, or more groupings such as the following:

- Natural disasters, Man-made disasters, and Technical disasters
- Natural hazards, Technical hazards, Human hazards, HazMat/Chemical hazards
- Infection-related hazards; *e.g.*, pandemics and food contamination, sometimes warrant a separate category as well.

To find your state or local listing of potential risks, refer to the state and local health care coalition resources at <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/By-Name-by-State-Healthcare-Coalitions.pdf> .

### **Example 3 – Comprehensive Hazard Vulnerability Assessment - Kaiser Permanente**

Large health care organizations often create comprehensive lists of hazardous events. No facility is at risk for all such events; however, one or two facilities may have experienced an event and then share their best practices to assist those facilities who have yet to experience such an event. The following alphabetical list from Kaiser Permanente hospitals in California is worth consideration when identifying potential hazards.

The tool is recommended by CMS as a best practice standard and includes the following potential risk scenarios: <https://asprtracie.hhs.gov/technical-resources/3/hazard-vulnerability-risk-assessment/1>

- Active shooter
- Acts of intent (Writer’s note: criminal activity)
- Bomb threat
- Building move (Writer’s note: temporary or permanent planned relocation of multiple residents or staff)
- Chemical exposure, external
- Civil unrest
- Communication/Telephone failure
- Dam failure
- Drought
- Earthquake
- Epidemic
- Evacuation
- Explosion
- External Flood



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- Fire
- Flood
- Forensic admission (Writer's note: criminal)
- Gas/Emissions leak
- Generator failure
- Hazmat incident
- Hazmat incident with mass casualties
- Hostage situation
- Hurricane
- HVAC failure
- Inclement weather
- Infectious disease outbreak
- Internal fire
- Internal flood
- IT system outage
- Landslide
- Large internal spill
- Mass casualty incident
- Natural gas disruption
- Natural gas failure
- Other utility failure
- Pandemic
- Patient surge
- Picketing
- Planned power outage
- Power outage
- Radiation exposure
- Seasonal influenza
- Sewer failure
- Shelter in place
- Strikes/Labor action/Work stoppage
- Suicide
- Supply chain shortage/failure
- Suspicious odor
- Suspicious package/substance
- Temperature extremes
- Tornado
- Transportation failure
- Trauma
- Tsunami
- VIP situation
- Water contamination

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- Water disruption
- Weapon
- Workplace violence/threat
- Zombies
- Other considerations - What about underground coal mine subsidence? Sink holes? Volcanic eruptions? Food contamination? Missing residents?

If your facility has a unique situation or there is a unique condition in your community, they should be added to potential hazard scenarios to the list of potential hazards and assess them with the rest. But remember, the goal is not to identify and then to plan for every possible scenario. The goal of Step 1 is to identify relative magnitude levels before moving on to the emergency plan. The plan will focus on those hazards presenting the highest risk to the lives and safety of residents, staff, and community.

#### **How to Use the Sample Risk Analysis**

In the sample Risk Analysis Step 1 above, a ranking scale indicating events per year provides a simple standardized comparison method. **Probability** refers to the likelihood of future occurrence.

- 0 = N/A (Implausible)
- 1 = Low (0-1 event/30 years)
- 2 = Moderate (2-3 events/30 years)
- 3 = High (4+ events/30 years)

When scoring probability, consider the known risk, historical data, and manufacturer/vendor statistics.

Also in the sample Risk Analysis Step 1 above, the **Impact** upon 5 different categories was considered using a standardized ranking scale of percent affected.

- 0 = N/A (No impact expected)
- 1 = Low (< 1% affected)
- 2 = Moderate (1 – 10% affected)
- 3 = High (> 10% affected)

The **“Human Impact”** is the percentage of the facility population (residents and staff) likely to be injured or killed under an average occurrence of the hazard. It can include death but also injuries requiring medical intervention.

**“Service Impact”** is the percentage of healthcare services likely to be affected under an average occurrence of the hazard. Consider direct care, facility infrastructure, resident family support, professional support, and ancillary services in ranking this item.



**“Property Impact”** is defined as the percentage of properties likely to be affected under an average occurrence of the hazard. Think about replacement costs, temporary replacements, repairs, and time to recover.

**“Business Impact”** addresses the percentage of businesses likely to be affected under an average occurrence of the hazard. This includes business disruption, employees unable to report for duty, customers unable to reach the facility, contract violations, fines, penalties, legal fees, interrupted critical supplies, reputation or image loss, and financial burden.

**“Community Impact”** is the percentage of community likely to be affected under an average occurrence of the hazard. Contamination of air, water, and food; supply distribution; facility evacuation; and disruption of utilities and transportation are key consideration factors.

A **“Relative Magnitude”** score, ranging from 0 to 45, can be calculated by multiplying the sum of the impact ranks by the probability rank.

Completing Step 1 is just the beginning. Step 2 in the analysis begins with a close look at the **“4 Cornerstones of Emergency Management.”**

- Mitigation
- Preparedness
- Response
- Recovery

#### Example 4 - Risk Assessment Process – Four Cornerstones of Emergency Management

Since World War II, emergency management has focused primarily on preparedness. Often this involved preparing for enemy attack. Community preparedness for all disasters requires identifying resources and expertise in advance, and planning how these can be used in a disaster. However, preparedness is only one phase of emergency management. Current thinking defines four phases of emergency management: mitigation, preparedness, response, and recovery. The chart below summarizes the phases.

The Four Cornerstones of Emergency Management	
<p><b>Mitigation</b> Preventing future emergencies or minimizing their effects</p>	<p>Includes any activities that prevent an emergency, reduce the chance of an emergency happening, or reduce the damaging effects of unavoidable emergencies.</p> <p><b>Internal:</b> Emergency power, stockpiles, NOAA weather radio, fire suppression, building air handling isolation, partner memorandums of understanding, flood and fire insurance</p> <p><b>External:</b> Law enforcement, fire/HazMat, EMS, vendor &amp; supply, community sirens, community Emergency Management, hospital/clinic resource</p> <p>Mitigation activities take place <b>before</b> and <b>after</b> emergencies.</p>
<p><b>Preparedness</b> Preparing to handle an emergency</p>	<p>Includes plans or preparations made to save lives and to help response and rescue operations.</p> <p><b>Internal:</b> NIMS-type emergency organization, policies and procedures, communication systems, scope of alternate sources of supply, frequency and effectiveness of training and drills, ability to self-assess</p> <p><b>External:</b> Notification method to responders; responders’ resources, knowledge of the facility, agreements and memorandums of understanding</p> <p>Preparedness activities take place <b>before</b> an emergency occurs.</p>
<p><b>Response</b> Responding safely to an emergency</p>	<p>Includes actions taken to save lives and prevent further property damage in an emergency situation. Response is putting your preparedness plans into action.</p> <p><b>Internal/External:</b> Quick access to procedures and checklists, efficient use of communication systems, access to response equipment, time needed to marshal an on-scene response, scope of response capabilities.</p> <p>Response activities take place <b>during</b> an emergency.</p>
<p><b>Recovery</b> Recovering from an emergency</p>	<p>Includes actions taken to return to a normal or an even safer situation following an emergency.</p> <p><b>Internal/External:</b> Business continuity plan, process to end a response, process to assess damages, insurance coverage, availability of temporary facilities, access to services such as safety inspection and cleaning</p> <p>Recovery activities take place <b>after</b> an emergency.</p>



In Risk Analysis Step 2, we assess the 4 cornerstones of emergency management – mitigation, preparedness, response, and recovery -- from two different perspectives: internal and external.

**Internal** refers to the resources, capabilities, and capacities that come from within the facility and its management organization. Examples include, but are not limited to:

- Types of supplies on hand
- Volume of supplies on hand
- Staff availability
- Staff knowledge of plans and procedures
- Ability to establish an incident management team
- Availability of back-up systems

**External** refers to resources, capabilities, and capacities that come from the local community response organizations or industry partners. These include, but are not limited to:

- Notification method to reach responders and partners
- The resources and authority responders bring to handle a given emergency
- Responder knowledge of the facility’s special needs
- Type of agreement or memorandum of understanding in place and pre-signed

EXAMPLE Risk Analysis of ABC Nursing Home – Step 2									
Establish Relative Management									
A	B		C		D		E		F
Hazard Ranked by Relative Impact Magnitude	Mitigation		Preparedness		Response		Recovery		Relative Management
	I	E	I	E	I	E	I	E	
#1									
#2									
#3									
	1 = Substantial 2 = Moderate 3 = Limited or None		1 = Substantial 2 = Moderate 3 = Limited or None		1 = Substantial 2 = Moderate 3 = Limited or None		1 = Substantial 2 = Moderate 3 = Limited or None		
I = Internal E = External									
Relative Management = Sum of the 4 Management Rankings Range is 8 - 24									

In Risk Analysis Step 2, sort the hazards by highest to lowest scores of Relative Impact Magnitude. Implausible hazards; *i.e.*, those with probability scores of “0” and hence a relative impact magnitude of “0” should be tabled before moving forward.

Next, using “The Four Cornerstones of Emergency Management” chart on the previous page and the internal and external perspective examples above, use the standardized ranking system:

- 1 = Substantial
- 2 = Moderate
- 3 = Limited or None

In Risk Analysis Step 2, the lower the Relative Management score, the better your facility can manage the hazard. A rough guideline for how well the facility currently manages emergencies is:

- 8 – 10 Much Above Average A
- 11 – 13 Above Average B
- 14 – 16 Average C
- 17 – 19 Below Average D
- 20 – 24 Much Below Average F

As the team approaches Risk Analysis Step 3, they must take a moment for reflection. If the team has not yet reached out to community coalitions, their perceived external rankings may be lower or higher than the actual scores. These perceptions must be verified as the team finalizes the risk analysis and develops the emergency plan.

In Risk Analysis Step 3, we establish relative risk and proceed to a work plan.

<b>EXAMPLE Risk Analysis of ABC Nursing Home – Step 3</b>			
<b>Establish Relative Risk to Proceed to Work Plan</b>			
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<b>Hazard Ranked by Relative Impact Magnitude</b>	<b>Relative Management Grade</b>	<b>Critical Thinking of Team’s Rationale for Relative Risk</b>	<b>Relative Risk Hazard Ranked by Team’s Critical Analysis of Relative Impact and Relative Management</b>
<b>#1</b>			<b>New #1</b>
<b>#2</b>			<b>New #2</b>
<b>#3</b>			<b>New #3</b>

There are no mathematical formulas for Risk Analysis Step 3. The team uses critical thinking and documents that critical thinking process. If your first listed hazard; *i.e.*, the hazard with the highest relative impact magnitude, is being managed at an “A” or “B” level, you may be able to focus your attention on other high impact hazards; at a “C” level, it warrants some increased attention; however, at a “D” or “F” level, it warrants intense, immediate attention. In column C, briefly document the factors and conclusions of the team’s critical thinking. Examples of pertinent documentation include, but are not limited to:

- High Relative Impact and Below Average Management warrants discussion with local coalition.
- High Relative Impact and Above Average Management warrants only minor review at this time.
- Moderate Relative Impact and Much Above Average Management warrants no review at this time.
- Recent table top exercise exposed gaps in response process. Refer to Performance Improvement Project team.
- Recent detour of traffic due to interstate bridge repair to last for 18 months. HazMat tankers will be traveling at high speeds within 100 feet of facility.
- Closure of gasoline refinery in area resulting in significantly reduced impact. Defer updates until next review date.

Follow through with discussion and document the factors and conclusions for each identified hazard. Finally, come to consensus on a new ranking of hazards in column D.

### **Risk Assessment - In Summary**

Once the relative risk for each hazard is determined, the team can develop and can prioritize the work plan. The hazards with the newly identified highest relative risk can be addressed by applying available resources to information gathering, policies and procedures, emergency preparedness planning, and training that will reduce the risk value of a given hazard scenario.

### **Correlation with QAPI**

The Emergency Preparedness Plan and the Facility Assessment should be integrated into the Quality Assurance and Performance Improvement process. As part of the facility’s QAPI process, use of an action plan to assign and to manage work tasks associated with Emergency Plan development is essential. A sample is located below.



**Emergency Preparedness - QAPI ACTION PLAN**

Location:		Unit or population:		Date:	
Concern (Use data)					
•					
Root Cause Analysis:					
Goals & Objectives (Measurable, compare to concern data)					
Action Items (corresponding to Root Cause Analysis)	Responsible Team Member(s)	Start Date	Estimated Completion Date	Actual Completion Date	Comments
Action Items (corresponding to Root Cause Analysis)	Responsible Team Member(s)	Start Date	Estimated Completion Date	Actual Completion Date	Comments

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The overall goal with hazard risk analysis is to continuously improve the relative management grade, then focus periodic training and exercises on those hazards that remain at the highest probability.

**Additional Risk Assessment Resources**

Department of Health and Human Services – TRACIE Healthcare Emergency Preparedness Information Gateway

<https://asprtracie.hhs.gov/technical-resources>

<https://asprtracie.hhs.gov/technical-resources/52/long-term-care-facilities/47>

**Continuity of Operations**

Facilities must address their resident population, in alignment with the facility assessment, including: at risk residents, potential diagnosis or conditions which may pose a risk, identification and plan for residents who may require additional assistance, services needed and provided in emergencies and continuity of operations. Continuity of operations must be delineated in the emergency plan including delegations of authority and succession plans. This delegation needs to outline staff roles and responsibilities as necessitated by the emergency, succession of authority and clear delineation of qualified individual who is authorized in writing to act in the absence of the administrator or person legally responsible for the operations of the facility.

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Continuity of operations portion of the emergency plan should include:

- facility and community based risk assessment findings
- identification of key personnel
- essential functions and critical resources to maintain operations internally and externally
- protection of vital medical, resident and facility data
- identification of alternate facilities for transfer
- contractual agreements
- financial resources
- staff and employee resources
- communication plan

***Emergency Operations Plan Activation Delegation of Authority***

The below is a simplified example of the delegation of authority process which documents a chain of command – responsibility for activating the emergency operations plan. The individuals indicated would be responsible for assessing the emergent situation, activating emergency operations plan as applicable, contacting local authorities, coordinating the plan and staff and overseeing the health safety and welfare of the residents and staff per plan processes.

<b>Emergency Plan Activation – Delegation of Authority</b>			
	Name	Role	Contact Number
Primary			
Back Up 1			
Back Up 2			
Local Authority			
Local Authority			
State Authority			
State Authority			

***Example of Specific Essential Roles and Responsibilities***

Per the requirements, LTC facilities need to outline essential services during emergency events and include this in the emergency preparedness plan. The services that are identified, based upon the risk assessment and resident population assessment, are services that are essential during an emergency. Delineation of roles and responsibilities should be clearly defined, staff aware of their role and responsibility and contact information.



<b>Essential Roles and Responsibilities</b>				
<i>Essential Services</i>	<i>Role/Name</i>	<i>Responsibility</i>	<i>Primary Contact</i>	<i>Secondary Contact</i>
Administration				
Clinical/Nursing				
Medical Direction				
Nutrition				
Health Information				
Financial				
Plant Operations				
Housekeeping				
Safety and Security				
Communications				
Pharmacy				
Supplies and Resources				
Transportation				
Psychosocial Needs				
Employee				



**Collaboration and Contact**

When developing the emergency preparedness plan, facilities should include a process for collaboration and cooperation with local, state and federal emergency preparedness authorities. The plan should outline contact information, process for collaboration and coordination, and cooperative planning efforts. These contacts are resources for emergency preparedness plan development, training/testing, evaluation and during emergencies. Prioritization of contact with authorities during an emergency should be outline in the overall plan.

Example of a Collaboration and Contact Grid

<b>Collaboration and Contact Grid – Emergency Preparedness Community Officials</b>				
<b>Level</b>	<b>Role</b>	<b>Contact</b>	<b>Phone</b>	<b>Email</b>
Police				
Fire				
Public Health				
Local Emergency Management				
Regional Health Care Coalition				
State Dept. of Health				
State Office of Emergency Preparedness				
Federal – CMS				
Federal – FEMA				
Federal- ASPR				

# Emergency Preparedness: Emergency Plan – SAMPLE

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## Emergency Plan – SAMPLE

An Emergency Plan is a document containing the purpose and scope for a facility's emergency preparedness program. It includes the following:

- How the elements of the National Incident Management System (NIMS) will be addressed
- Emergency plan maintenance and implementation
- Facility emergency response organization
- Scope of response action taken by facility staff members
- Scope of response help from community response partners
- Incorporating the Four Elements for an Emergency Preparedness Plan
  - Risk Assessment and Planning
  - Policies and Procedures
  - Communication Plan
  - Training and Testing

In the broadest sense, the Emergency Plan is the comprehensive document/manual/notebook/file containing all relevant information associated with emergency preparedness. In the requirements of participation at 42 CFR §483.73 the emergency plan must contain the following:

- a. *Emergency plan.* The LTC facility must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do all of the following:
  1. Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing residents.
  2. Include strategies for addressing emergency events identified by the risk assessment.
  3. Address resident population, including, but not limited to, persons at-risk; the type of services the LTC facility has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.
  4. Include a process for cooperation and collaboration with local, tribal, regional, State, or Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the LTC facility's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.



Best practice involves organizing the plan so that critical information is placed toward the front of the first section and includes a Facility Profile, Emergency Contacts, and Rapid Response Guides. The Rapid Response Guides are usually short (1-2 page), direct, colorful, essential task/communication/notification guides to be used immediately on-site when a hazard is identified by the person in charge. These should be kept in alphabetical order for ease of location. The second and third sections address foundational plan elements and operations information. The third section includes appendices that contain specific procedures, forms, and other background information.

Portions of a sample Emergency Plan are found on the following pages. Notice the organization of the Table of Contents. Notice the format of the Rapid Response Guide versus the full procedure for “Fire – Internal.”

Several states have produced Emergency Plan templates. Some are brief. Some are extensive. Several websites are listed among the resources for this toolkit. See your State Health Care Coalitions for Emergency Plan Templates - <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/By-Name-by-State-Healthcare-Coalitions.pdf> .

Even if the facility or organization is all electronic or paper-less; one or more up-to-date hard copies of the Emergency Plan should be accessible at all times. Remember, lengthy computer outages and power failures are a hazard. Do not compound such problems by a lack of access to resources in case an additional hazard occurs.

Complete an internal review of the emergency plan on an annual basis and as needed to ensure the plan reflects the most accurate and up-to-date information. Updates may be warranted under the following conditions:

- Regulatory change
- New hazards are identified or existing hazards change
- After tests, drills, or exercises when problems have been identified
- After actual disasters/emergency responses
- Infrastructure changes
- Funding or budget-level changes

Refer to FEMA (Federal Emergency Management) to assist with updating existing emergency plans. Review FEMA’s new information and updates for best practices and guidance, at each updating of the emergency plans.

**\*\*Review the State Coalition Resource Page for State Specific Long Term Care Emergency Preparedness Plan**



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## **SAMPLE Emergency Plan**

**(Insert Name and Address of Facility)**

**(Insert Date of Most Recent Revision)**

**(Insert Facility Logo)**



## **SAMPLE Table of Contents**

Organizational Approval

### **Section I RAPID RESPONSE GUIDES**

- Rapid Response Guides
- Facility Profile
- Emergency Contacts
- Bomb Threat
- Earthquake
- Evacuation
- Extreme Weather – Cold
- Extreme Weather – Heat
- Fire – External
- Fire – Internal Flood
- Hazardous Material/Waste
- Infectious Disease
- Missing Resident
- Power Outage
- Shelter in Place
- Workplace Violence

### **Section II ALL-RISK EMERGENCY OPERATIONS PLAN**

- Overview
- Purpose and Scope
- Structure and Leadership
- Incident Command System
- Risk Assessment
- Hazard Vulnerability Analysis (HVA)
- Top 3 Risks
- Mitigation
- Communication Plan
- Employee Preparedness
- Staffing During an Emergency
  - Staff Recall
  - Emergency Employee Call-Ins
  - Staff Responsibility
  - Staff Support
- Coordination with Response Partners
- Public Health and Medical System Coordination
- Disaster Resource Centers
- Resource Management

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Use of Volunteers  
Education and Training

### **Section III. RESPONSE**

Nursing Home Incident Command System (NHICS)  
Incident Management Team (IMT)  
Nursing Home Command Center  
Incident Action Planning Documentation  
Incident Recognition  
    Advance Notice vs. No Notice Incidents  
Activation of Emergency Plan  
    Leadership Roles  
    Information Sharing  
    Demobilization and Transition to Recovery

### **Section IV. CONTINUITY OF OPERATIONS**

Appendix A - Hazard Vulnerability Analysis  
Appendix B - Facility Evacuation and Maps  
Appendix C - Resident Evacuation Tracking  
Appendix D - Resident Evacuation Checklist  
Appendix E - Sample Face Sheet  
Appendix F - LTC Facility Evacuation Resident Assessment Form for Transport & Destination  
Appendix G - Fire Emergency  
Appendix H - Emergency Admit  
Appendix I - Procedure for Handling Remains  
Appendix J - Shelter-In-Place  
Appendix K - Lockdown  
Appendix L - Security Assessment  
Appendix M - Nursing Home Incident Command System (NHICS) FORMS  
Appendix N - Staff Recall and Survey  
Appendix O - Communicating Emergency Status to Local/State/Federal Emergency Agencies  
Appendix P - Medical and Health Resource Request Form  
Appendix Q - Disaster Supply Inventory  
Appendix R - Disaster Water Supplies  
Appendix S - Site Map with Shutoffs, Fire Suppression, and Emergency Supply Locations  
Appendix T - Disaster Meal Menus  
Appendix U - Vendor List  
Appendix V - Emergency Agreements  
Appendix W - Return to Facility  
Appendix X - Emergency Shutdown  
Appendix Y - List of Acronyms

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**SAMPLE Organizational Approval**

This document is (insert name of facility)'s **Emergency Plan** and states our understanding of how we manage and conduct actions under emergency conditions. It will be reviewed and updated on an annual basis and as necessary.

This plan has been reviewed and approved by our organization's leadership.

**Approved by:** \_\_\_\_\_  
Signature  
\_\_\_\_\_  
Printed Name/Title  
\_\_\_\_\_  
Date

<b>Reviewed/Revised:</b>	_____
Date	Signature
<b>Reviewed/Revised:</b>	_____
Date	Signature
<b>Reviewed/Revised:</b>	_____
Date	Signature
<b>Reviewed/Revised:</b>	_____
Date	Signature
<b>Reviewed/Revised:</b>	_____
Date	Signature



## Purpose

The Purpose of this plan is to describe the scope, capabilities, and responsibilities of the emergency preparedness program and emergency response for the facility.

## Scope

Customize your facility scope

- Remember - *The overall goal of this template is to provide a facility emergency plan that is National Incident Management System (NIMS) compliant. This section should define, preferably in an outline format, the planning elements that will be addressed in the plan (i.e. Risk Assessment and Planning, Policies and Procedures, Communication Plan, Training and Testing) include a statement that the plan is dynamic and can be changed and updated as the emergency planning environment and staff knowledge changes. The scope statement should be brief.*

The Emergency Preparedness Plan addresses the following planning elements which are included in this plan:

- Facility and Service Description
- Emergency Preparedness Committee
- Facility and Community Risk Assessment – Hazard Vulnerability Assessment (HVA)
- Policies and Procedures
- Roles and responsibilities
- Emergency Management Command and Organization
- Collaboration and Coordination with Partners
- Communication Plan
- Training and Testing
- Additional Resources – Rapid Response Guides

## Overview of the Emergency Preparedness Plan

Our facility is committed to protecting the well-being of our residents, staff, and visitors. An important aspect of this responsibility is the development and active commitment of facility leadership and staff to an effective Emergency Management Program (EMP). This document, our facility's All-Hazard Emergency Plan (EP), states our organization's understanding of how we will manage and conduct actions under emergency conditions. As such, it has been reviewed and approved by our organization's leadership (see Organizational Approval on page \_\_\_\_).

We understand that there are a variety of hazards, both natural and human-caused that may pose risks to the health and safety of residents, staff and visitors. Furthermore, these hazards may also pose risks to our on-going business operations.



This is an “all hazards” plan and we have verified through our Hazard Vulnerability Analysis (HVA) that the hazards that pose the greatest risk (a combination of probability and consequence) are given special attention in our plan, training, and exercises.

We recognize that the effectiveness of this plan requires the commitment of facility administrators and staff. The day-to-day provision of services to our residents requires considerable focus and effort, yet we have a duty to prepare for events that may have significant impact to our residents and facility.

This plan is a living document that will be reviewed at least annually and updated as necessary based on “lessons learned” during exercises or real events; the evolution of new “best practices”; or changes to local, state, and federal regulatory requirements.

### **Purpose and Scope**

The purpose of our EP is to describe our all-hazards approach to emergency management, and by so doing, support the following incident objectives:

- Maintain a safe and secure environment for residents, staff and visitors;
- Sustain our organization’s functional integrity, including our usual service and business functions (continuity of operations); and
- Integrate into the community’s emergency response system as necessary.

The scope of this plan extends to any event that disrupts, or has the potential to disrupt, our normal standards of care or business continuity. This includes the impact due to internal incidents, such as a fire, or external incidents, such as a severe weather emergency.

### **Structure and Leadership**

Our facility has an organizational structure as indicated by the Organization Chart. This structure identifies the general chain-of-command and principal roles of facility administrators and senior management staff.

The normal organizational structure and its associated processes are well suited for day-to-day operations. However, it may not be an ideal structure for emergency management. Everyday decision-making at the organizational level is typically conducted with deliberate, time-consuming methods such as scheduled committee meetings, executive deliberations, and board meetings. Reflecting our chain-of-command, the senior authority on duty at the time of the emergency is responsible for activation of our EP. Once the EP is activated, our leadership structure may switch to the emergency management system, called the Incident Command System (ICS).

This ICS emergency management system is threaded through our EP, but the day-to-day management system does not “go away” during emergencies. Instead, the emergency





management organization forms a “parallel structure” to the existing management team. The head of the emergency management system (called the “Incident Commander” or IC) reports to the facility CEO/Chief Administrator.

### **Facility and Service Description**

\_\_\_\_\_ is located at \_\_\_\_\_ (Address) \_\_\_\_\_ and maybe contacted at \_\_\_\_\_ and off hours at \_\_\_\_\_. The facility is licensed to serve \_\_\_\_\_ residents and is owned and operated by \_\_\_\_\_. The facility resident population demographics include:

(Insert information from the facility assessment – resident demographics section)

### **Emergency Preparedness Committee**

This facility has an established Emergency Preparedness Committee (EPC) which is comprised of representatives from facility administration, management, supervisory staff, clinical team members, plant operations and support services. The community response partners are invited to the committee meetings as needed to provide guidance, support, training and resources for plan and procedure development. The committee is responsible for:

- Development and maintenance of the Emergency Preparedness Plan
- Correlation of the EPP with the Facility Assessment
- Oversight of the Hazard Vulnerability Assessment
- Development and conducting of training and testing exercises
- Conducting after action reviews of training, testing, drills to determine lessons learned and necessary improvement activities for compliance
- Review results of the plan implementation via the QAPI process

### **Facility and Community Risk Assessment – Hazard Vulnerability Assessment (HVA)**

The facility will utilize the \_\_\_\_\_ (Insert tool name and reference to example at the back of the plan) which follows the HVA all hazards approach methodology to evaluate potential facility and community hazards, which will provide a guide to prioritize efforts for emergency preparedness issues.

### **Policies and Procedures**

The following policies and procedures are included in the Emergency Preparedness plan which outline emergency responses procedures based upon the HVA:

List out the policies applicable to your organization – examples may include:

- Emergency Alert Notification
- Activation of Emergency Plan

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- Incident Management Team
  - Command Center
- Business Continuity/Continuation
- Decontamination Capability
- Dietary and Water Needs
- Donation Management
- Equipment and supplies
- Evacuation
- Transfer Agreements
- Collaboration and Coordination with Health Care Partners
- Fire
- Flood
- Hazardous Material Spill
  - Internal
  - External
- Infectious Disease Outbreak
- Cyber Attack
- Loss of Electrical Power
- Loss of Heating or Cooling
- Loss of Potable Water
- Medical Records
- Communication Plan – Resident, Representative, Staff, Public and Risk Communication
- Recovery
  - Power
  - Water
  - Food
  - Financial
  - IT
  - Medical Records – Electronic
  - Service
  - Business
- Security
  - Active Shooter
  - Bomb Threat
  - Elopement (resident un-approved departure)
  - Hostile Intruder (visitor, resident, staff)
  - Suspicious Package
  - Lockdown
  - Forceful entry of the facility
  - Other

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- Severe Weather
  - Wild Fires
  - Earthquake
  - Tornado/High Winds
  - Extreme Cold
  - Extreme Heat
  - Ice/Snow Storm
  - Hurricane
- Shelter in Place
- Staffing During Emergencies
- Family Emergency Plan (for staff to enhances their availability)
- MOU, Contracts, Agreements for staff, resources, supplies
- Behavior Health of Staff
  - Prolonged Incident Response
  - Post Incident Response
- Transportation
- Volunteer Management
- (Other)

### **Maintenance and Implementation of the Plan**

The facility is committed to providing a safe and secure environment for both residents and staff. This is accomplished by the development and maintenance of an effective emergency response plan, which outlines the implementation of procedures following the guidance of the National Incident Management System (NIMS). The plan and procedures are reviewed at least annually or whenever new information or lessons learned necessitate a change. Corresponding policies and procedures will be reviewed and updated as applicable. Outcomes of the plan review will align with the facility assessment.

The Administrator (*or insert applicable title*) is responsible for maintaining an effective and current emergency preparedness plan and implementing procedures. All staff members are provided training upon orientation and at a minimum on an annual basis as it relates to the emergency preparedness plan and are responsible for understanding the scope of the emergency plan and the role they play in implementing its procedures.

### **Roles and Responsibilities-Emergency Management Command**

The facility will implement, to the extent possible, an Incident Command System (ICS) to provide command and control during an emergency incident. The ICS positions that will be established will include: (*Customize for your organization*)

- Facility Incident Commander
- Communications/Information Officer
- Liaison Officer



- Safety & Security Officer
- Logistics Lead
- Supplies and Resources Lead
- Medical/Clinical Lead
- Staff/Employee Lead
- Continuity of Operations Lead
- Finance Lead

The ICS positions identified above will form the Incident Management Team (IMT). This team will gather in a Command Center located \_\_\_\_\_ or secondary location \_\_\_\_\_.

ICS Position	Title of Facility Position
Facility Incident Commander	
Communications/Information Office	
Liaison Officer	
Safety & Security Officer	
Logistics Lead	
Supplies and Resources Lead	
Medical/Clinical Lead	
Staff/Employee Lead	
Continuity of Operations Lead	
Finance Lead	

The Facility Command location will be equipped with communication systems primary and secondary needed to communicate during an emergency incident response. The following equipment and materials will be stored in or near the Command Center. This will include but not limited to:

- Communication systems
- Contact lists and directories
- Emergency Response equipment and inventory lists
- Triage resources and labeling
- General office supplies
- Flash lights
- White boards/flip charts
- Facility blue prints
- Emergency Preparedness Plan – copy
- Other:



**Collaboration and Coordination with Partners**

The facility, via the Facility Assessment, has appropriate and needed “Letters of Agreement (LOA)” or “Memorandums of Understanding (MOU)” negotiated and signed with emergency response and support partners and vendors, copies available in the ICS. The following partners/organizations are considered planning partners and are encouraged to participate in facility emergency planning efforts. They include but are not limited to:

*(List organizations)*

Type	Organization Name	Contact Information	MOU, Agreement, Contract Effective Date

**Communication Plan**

The facility has developed a communication plan as well as communication systems and capabilities to be provided to take care of daily routine business and emergency response activities. Where possible, redundancy will be built into the communication network that will support both internal and external alerting, notification and information flow. The facility will maintain the following communication system:

Communications System				
Type	Location	Vendor or Supporting Service	Back Up Redundant Service	Staff Responsible
Business Switchboard				
Business Cell Phone				
2 way Radio				
Pagers				
Weather Radio				
IP Phone				
Internet Access				

**Managing Communications**

The facility communication process during an emergency ... *(Customize to your organizations needs and staff roles)*

- \_\_\_\_\_ is responsible for maintaining the resident family emergency contact information and where current copies will be maintained.
- \_\_\_\_\_ is responsible to identify the scope and confidentiality of contact information to be maintained for each resident during an emergency. This is obtained by .....
- The Communications Officer will utilize pre-scripted messaging for resident family members which describes where residents will be taken if the facility need to evacuate or temporarily moved. The pre-scripted messages are located ....
- The facility will provide standard format where messages may be delivered to or received from family members or outside organizations. (Who, What, When and Where)



- In case of a threat to the facility such as a bomb threat, the facility will utilize a standard form (see attached) to record preserved threatening messages such as bomb or intent to harm
- Other ...

### **Training and Testing**

Training on the facility Emergency Preparedness Plan will begin upon hire as well as conducted on an annual or as needed basis for all employees. New employees will be given comprehensive training on the overall scope of emergency planning and specific training on procedures and policies that are important to their assigned duties. The facility staff will participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based. If the facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the facility is exempt from engaging in a community-based or individual, facility-based full-scale exercise for 1 year following the onset of the actual event. The facility will conduct an additional exercise that may include, but is not limited to the following:

- A second full-scale exercise that is community-based or individual, facility-based; or
- A tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan

Following all training, drill and exercise events, staff and other participants will be given the opportunity to provide comment on the accuracy and effectiveness of established policies, the emergency plan and implementing procedures. They will also be given the opportunity to comment on the conduct of the exercise. Areas for improvement should be identified evaluated by the Emergency Preparedness Committee and the facility QAPI process. Based on this evaluation, changes will be incorporated into the emergency plan and its procedures. Retraining of for appropriate staff will be conducted that addresses changes to the emergency plan or it's supporting procedures as identified. Following emergency plan and implementing procedure changes, the changed elements will be re-tested in future drills or exercises to verify the effectiveness of the change.

### **Additional Resources and Samples**

### SAMPLE Rapid Response Guides

Follow these steps if you recognize a potential or actual emergency that may threaten or impact:

- The health and safety of occupants (including residents, staff, volunteers, and visitors),
- The facility’s ability to provide care, or
- The environment or property.

<b>STEP 1</b>	Protect yourself and those in the immediate area from harm. If appropriate, call 911 for emergency response and sound the facility alarm and/ or code/page if appropriate per the Emergency Rapid Response Guides for hazard-specific protocols.
<b>STEP 2</b>	Take a deep breath and assess the situation Gather basic facts: <ul style="list-style-type: none"> <li>➤ Type of incident, including specific hazard/agent,</li> <li>➤ Location of incident,</li> <li>➤ Number and types of injuries, and</li> <li>➤ What you have done so far.</li> </ul> If the situation allows, begin to document your actions.
<b>STEP 3</b>	Contact your immediate supervisor to report the incident and get further instructions. If you are unable to contact your supervisor, activate the Incident Commander (IC) position and the Emergency Plan. Activate code/page facility emergency alert system as appropriate.
<b>STEP 4</b>	Notify additional authorities if appropriate and indicated by protocols.
<b>STEP 5</b>	Follow facility policy for documenting actions and incident reporting.

### Critical Phone Numbers

Name/Title	Primary Telephone	Secondary Telephone





**SAMPLE Facility Profile**

Facility Name	
Facility Address	
Facility Location (Cross streets, Landmarks, Longitude and Latitude Coordinates)	
Facility Telephone #	
Facility Fax #	
Facility Email	
Facility Web Address	
Administrator/Phone #	
Emergency Contact Person/Phone #	
Maintenance Coordinator/Phone #	
Insurance Agent/Phone #	
Owner/Phone #	
Attorney/Phone #	
Year Facility Built	
Fire Alarm System/Contact #	
Security Alarm System/Contact #	
# of Licensed Beds/Average Census	
Average # of Staff – Days	
Average # of Staff - Evenings	
Average # of Staff – Nights	
Emergency Power Generator	
Type Emergency Power Generator Fuel	
Emergency Communication System	
Like-Facility #1 for Resident Evacuation*(within 10 miles)/Phone #	
Like-Facility #2 for Resident Evacuation (within 10 miles)/Phone #	
Like-Facility for Resident Evacuation (beyond 25 miles)/Phone #	
Like-Facility for Resident Evacuation (beyond 25 miles)/Phone #	
Other	
*Our facility has a Memorandum of Understanding (MOU) with at least one nearby facility (within 10 miles) and one out-of-the-immediate-area facility (beyond 25 miles) to accept evacuated residents, if able to do so.	



**SAMPLE Emergency Contacts**

Type	Telephone #/Email	Contact Name (if known)
Police		
Fire		
State Nursing Facility Licensing Agency		
Emergency Medical System		
Local Emergency Management Agency		
Local Medical and Health Coordinator		
Ambulance Company #1		
Ambulance Company #2		
Other Transportation		
Power Company		
Telephone Company		
Water System		
Sewer System		
Fire Alarm System		
Fire Protection – Sprinkler System		
Security Alarm System		
Emergency Water Supply		
Additional Staff		
Other		

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**Health Vulnerability Analysis/Assessment**

The remainder of this section provides specific information on the **initial activities** that may be undertaken in response to specific types of threats or emergencies (see table below). We recognize that there is no substitute for awareness and good judgement based on the unique circumstances of our facility, including location (proximity to threats), characteristics of our resident population, local agreements and protocols, and the results of our Hazard Vulnerability Analysis (HVA). Initial activities always include a vigilance for potential threats that may or may not be identified through our HVA process.

The results of our HVA that identify the most relevant threats to our facility have incorporated into our Emergency Plan as well as the Facility Assessment (See Appendix A – Hazard Vulnerability Assessment).

Types of Incidents	See Page
Alphabetic Listing of most relevant threats	

## SAMPLE RAPID RESPONSE GUIDE

### FIRE – INTERNAL

Initial Actions	
	Rescue anyone in immediate danger while protecting the safety of the rescuing staff member(s). Follow the facility's procedure for RACE, PASS, and other urgent response to fire.
	Alert residents and staff members; pull the fire alarm.
	Call 911 immediately to report a fire. Include the following information. <ul style="list-style-type: none"> <li>➤ Name of facility</li> <li>➤ Address of nearest cross street</li> <li>➤ Location of fire (floor, room #, etc.)</li> <li>➤ What is burning (Electrical, kitchen, trash, etc.)</li> </ul>
	Activate facility Emergency Plan and appoint a Facility Incident Commander (IC).
	Contain the fire if possible without undue risk to personal safety. Shut off air flow, including gas lines, as much as possible, since oxygen feeds fires and distributes smoke. Close all fire doors and shut off fans, ventilation systems, and air conditioning/heating systems. Use available fire extinguishers if the fire is small and this can be done safely.
	Oxygen supply lines (whether portable or central) may lead to combustion in the presence of sparks or fire. If possible, quickly re-locate oxygen-dependent residents away from fire danger.
	If the decision is made to evacuate the facility, see RAPID RESPONSE – EVACUATION.
	Notify the state agency to report an unusual occurrence and activation of facility's Emergency Plan if required.
	Add other response actions here consistent with the Emergency Plan Incident-Specific Plan or NHICS Incident Response Guide (IRG). Also, see Appendix G – Fire Emergency for more detailed information.

## **SAMPLE - FIRE EMERGENCY**

If it is readily apparent that the fire warrants immediate facility evacuation, see Rapid Response Guide Fire – External or Internal, and Appendix B – Facility Evacuation and Maps. See Appendix S for a quick site map with the location of various facility system shutoffs, fire suppression equipment, including the location of fire alarm boxes, fire exits and fire extinguishers, and detailed in-facility evacuation routes.

This procedure is designed to supplement the Rapid Response Guide and may be used in the event of an actual fire, hazardous smoke conditions, or when there is the smell of smoke in the facility.

The two most important actions employees are familiar with in the initial moments of fire are easy to remember acronyms. The first step is R.A.C.E. and the second, if time permits is P.A.S.S.

- R.A.C.E.
  - o Rescue everyone in immediate danger,
  - o Alarm – Announce Code Red and the fire's location over the loudspeaker and pull the fire Alarm,
  - o Confine the room with the fire by closing appropriate doors, and
  - o Extinguish the fire only if the above steps have been taken and size of the fire has not exceeded the capacity of the extinguishing device.
- P.A.S.S.
  - o Pull the pin,
  - o Aim at the base of the fire,
  - o Squeeze the handle, and
  - o Sweep the base of the fire.

## **PROCEDURES**

### **INITIAL RESPONSE (See Rapid Response Guide – Fire Internal or External)**

#### **INTERMEDIATE RESPONSE**

(If not already completed under Rapid Response):

1. If anyone is in immediate danger, rescue them while protecting your safety and that of your co-workers.
2. Alert resident and staff members by announcing over a loudspeaker; pull the fire alarm.
3. Call 9-1-1 immediately to report a fire. Include the following information:
  - a. Name of facility
  - b. Address and nearest cross street
  - c. Location of fire (floor, room #, etc.)
  - d. What is burning (electrical, kitchen, trash, etc.)

4. Activate facility's EP and appoint an Incident Commander, if warranted.
5. Contain the fire if possible without undue risk to personal safety. Shut off air flow, including gas lines, as much as possible, since oxygen feeds fires and distributes smoke. Close all fire doors and shut off fans, ventilation systems, and air conditioning/heating systems. Use available fire extinguishers if the fire is small and this can be done safely. Additional procedures for emergency shutdown are included in Appendix X – Emergency Shutdown.
6. Oxygen supply lines (whether portable or central) may lead to combustion in the presence of sparks or fire. If possible, quickly re-locate oxygen-dependent residents away from fire danger.
7. Utilize smoke doors to evacuate residents from the impacted area. Use this method when residents are in danger of smoke exposure
8. If not already completed, notify the nursing home licensing agency at \_\_\_\_\_ to report an unusual occurrence and activation of facility's Emergency Plan if required.
9. In a large-scale fire, the local fire department may ORDER EVACUATION of the facility. In which case, evacuate residents from the building as quickly and safely as time permits.
10. If time permits, a good rule of thumb is to evacuate ambulatory residents first.
11. Activate the recall roster, if additional staffing is needed or evacuation is issued.
12. Expand the Incident Command structure as needed to manage the incident.
13. Periodically, brief staff on the incident, check-in on their well-being and perform assignments. Reassign as the situation changes.
14. Communicate with responders and local emergency management as the situation changes.
15. The "All-Clear" will be communicated after the crisis is over and the Fire Department has deemed that re-entry safe.

The U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services continues to share a checklist revised in December 2013 regarding Emergency Preparedness for Every Emergency. It was initially developed for hospitals and hospital systems; however, it is a comprehensive guide for any healthcare entity.

It can be downloaded at [https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/SandC\\_EPChecklist\\_Provider.pdf](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/SandC_EPChecklist_Provider.pdf)



EMERGENCY PREPAREDNESS CHECKLIST			
RECOMMENDED TOOL FOR EFFECTIVE HEALTH CARE FACILITY PLANNING			
Not Started	In Progress	Completed	Tasks
			<ul style="list-style-type: none"> <li>• <b>Develop Emergency Plan:</b> Gather all available relevant information when developing the emergency plan. This information includes, but is not limited to:               <ul style="list-style-type: none"> <li>- Copies of any state and local emergency planning regulations or requirements</li> <li>- Facility personnel names and contact information</li> <li>- Contact information of local and state emergency managers</li> <li>- A facility organization chart</li> <li>- Building construction and Life Safety systems information</li> <li>- Specific information about the characteristics and needs of the individuals for whom care is provided</li> </ul> </li> </ul>
			<ul style="list-style-type: none"> <li>• <b>All Hazards Continuity of Operations (COOP) Plan:</b> Develop a continuity of operations business plan using an all-hazards approach (e.g., hurricanes, floods, tornadoes, fire, bioterrorism, pandemic, etc.) that could potentially affect the facility directly and indirectly within the particular area of location. Indirect hazards could affect the community but not the facility and as a result interrupt necessary utilities, supplies or staffing. Determine all essential functions and critical personnel.</li> </ul>
			<ul style="list-style-type: none"> <li>• <b>Collaborate with Local Emergency Management Agency:</b> Collaborate with local emergency management agencies to ensure the development of an effective emergency plan.</li> </ul>
			<ul style="list-style-type: none"> <li>• <b>Analyze Each Hazard:</b> Analyze the specific vulnerabilities of the facility and determine the following actions for each identified hazard:               <ul style="list-style-type: none"> <li>- Specific actions to be taken for the hazard</li> <li>- Identified key staff responsible for executing plan</li> <li>- Staffing requirements and defined staff responsibilities</li> <li>- Identification and maintenance of sufficient supplies and equipment to sustain operations and deliver care and services for 3-10 days, based on each facility's assessment of their hazard vulnerabilities. (Following experiences from Hurricane Katrina, it is generally felt that previous recommendations of 72 hours may no longer be sufficient during some wide-scale disasters. However, this recommendation can be achieved by maintaining 72-hours of supplies on hand, and holding agreements with suppliers for the remaining days.)</li> <li>- Communication procedures to receive emergency warning/alerts, and for communication with staff, families, individuals receiving care, before, during and after the emergency</li> <li>- Designate critical staff, providing for other staff and volunteer coverage and meeting staff needs, including transportation and sheltering critical staff members' family</li> </ul> </li> </ul>
			<ul style="list-style-type: none"> <li>• <b>Collaborate with Suppliers/Providers:</b> Collaborate with suppliers and/or providers who have been identified as part of a community emergency plan or agreement with the health care facility, to receive and care for individuals. A surge capability assessment should be included in the development of the emergency plan. Similarly, evidence of a surge capacity assessment should be included if the supplier or provider, as part of its emergency planning, anticipates the need to make housing and sustenance provisions for the staff and or the family of staff.</li> </ul>

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EMERGENCY PREPAREDNESS CHECKLIST			
RECOMMENDED TOOL FOR EFFECTIVE HEALTH CARE FACILITY PLANNING			
Not Started	In Progress	Completed	Tasks
			<ul style="list-style-type: none"> <li>• <b>Decision Criteria for Executing Plan:</b> Include factors to consider when deciding to evacuate or shelter in place. Determine who at the facility level will be in authority to make the decision to execute the plan to evacuate or shelter in place (even if no outside evacuation order is given) and what will be the chain of command.</li> </ul>
			<ul style="list-style-type: none"> <li>• <b>Communication Infrastructure Contingency:</b> Establish contingencies for the facility communication infrastructure in the event of telephone failures (e.g., walkie-talkies, ham radios, text messaging systems, etc.).</li> </ul>
			<ul style="list-style-type: none"> <li>• <b>Develop Shelter-in-Place Plan:</b> Due to the risks in transporting vulnerable patients and residents, evacuation should only be undertaken if sheltering-in-place results in greater risk. Develop an effective plan for sheltering-in-place, by ensuring provisions for the following are specified: *               <ul style="list-style-type: none"> <li>- Procedures to assess whether the facility is strong enough to withstand strong winds, flooding, etc.</li> <li>- Measures to secure the building against damage (plywood for windows, sandbags and plastic for flooding, safest areas of the facility identified. - Procedures for collaborating with local emergency management agency, fire, police and EMS agencies regarding the decision to shelter-in-place. - Sufficient resources are in supply for sheltering-in-place for at least 7 days, including:                   <ul style="list-style-type: none"> <li>- Ensuring emergency power, including back-up generators and accounts for maintaining a supply of fuel</li> <li>- An adequate supply of potable water (recommended amounts vary by population and location)</li> <li>- A description of the amounts and types of food in supply</li> <li>- Maintaining extra pharmacy stocks of common medications</li> <li>- Maintaining extra medical supplies and equipment (e.g., oxygen, linens, vital equipment)</li> <li>- Identifying and assigning staff who are responsible for each task</li> <li>- Description of hosting procedures, with details ensuring 24-hour operations for minimum of 7 days</li> <li>- Contract established with multiple vendors for supplies and transportation</li> <li>- Develop a plan for addressing emergency financial needs and providing security</li> </ul> </li> </ul> </li> </ul>
			<ul style="list-style-type: none"> <li>• <b>Develop Evacuation Plan:</b> Develop an effective plan for evacuation, by ensuring provisions for the following are specified: *               <ul style="list-style-type: none"> <li>- Identification of person responsible for implementing the facility evacuation plan (even if no outside evacuation order is given)</li> <li>- Multiple pre-determined evacuation locations (contract or agreement) with a "like" facility have been established, with suitable space, utilities, security and sanitary facilities for individuals receiving care, staff and others using the location, with at least one facility being 50 miles away. A back-up may be necessary if the first one is unable to accept evacuees.</li> <li>- Evacuation routes and alternative routes have been identified, and the proper authorities have been notified Maps are available and specified travel time has been established</li> <li>- Adequate food supply and logistical support for transporting food is described.</li> </ul> </li> </ul>

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EMERGENCY PREPAREDNESS CHECKLIST			
RECOMMENDED TOOL FOR EFFECTIVE HEALTH CARE FACILITY PLANNING			
Not Started	In Progress	Completed	Tasks
			<ul style="list-style-type: none"> <li>- The amounts of water to be transported and logistical support is described (1 gal/person).</li> <li>- The logistics to transport medications is described, including ensuring their protection under the control of a registered nurse.</li> <li>- Procedures for protecting and transporting resident/patient medical records.</li> <li>- The list of items to accompany residents/patients is described.</li> <li>- Identify how persons receiving care, their families, staff and others will be notified of the evacuation and communication methods that will be used during and after the evacuation</li> <li>- Identify staff responsibilities and how individuals will be cared for during evacuation and the back-up plan if there isn't sufficient staff.</li> <li>- Procedures are described to ensure residents/patients dependent on wheelchairs and/or other assistive devices are transported so their Equipment will be protected and their personal needs met during transit (e.g., incontinent supplies for long periods, transfer boards and other assistive devices).</li> <li>- A description of how other critical supplies and equipment will be transported is included.</li> <li>- Determine a method to account for all individuals during and after the evacuation</li> <li>- Procedures are described to ensure staff accompany evacuating residents.               <ul style="list-style-type: none"> <li>- Procedures are described if a patient/resident becomes ill or dies in route.</li> </ul> </li> <li>- Mental health and grief counselors are available at reception points to talk with and counsel evacuees.</li> <li>- Procedures are described if a patient/resident turns up missing during an evacuation:               <ul style="list-style-type: none"> <li>• Notify the patient/resident's family</li> <li>• Notify local law enforcement</li> <li>• Notify Nursing Home Administration and staff</li> </ul> </li> <li>- Ensure that patient/resident identification wristband (or equivalent identification) must be intact on all residents.</li> <li>- Describe the process to be utilized to track the arrival of each resident at the destination.</li> <li>- It is described whether staff's family can shelter at the facility and evacuate.</li> </ul>
			<ul style="list-style-type: none"> <li>• <b>Transportation &amp; Other Vendors:</b> Establish transportation arrangements that are adequate for the type of individuals being served. Obtain assurances from transportation vendors and other suppliers/contractors identified in the facility emergency plan that they have the ability to fulfill their commitments in case of disaster affecting an entire area (e.g., their staff, vehicles and other vital equipment are not "overbooked," and vehicles/equipment are kept in good operating condition and with ample fuel.). Ensure the right type of Transportation has been obtained (e.g., ambulances, buses, helicopters, etc.). *</li> </ul>



EMERGENCY PREPAREDNESS CHECKLIST			
RECOMMENDED TOOL FOR EFFECTIVE HEALTH CARE FACILITY PLANNING			
Not Started	In Progress	Completed	Tasks
			<ul style="list-style-type: none"> <li>• <b>Train Transportation Vendors/Volunteers:</b> Ensure that the vendors or volunteers who will help transport residents and those who receive them at shelters and other facilities are trained on the needs of the chronic, cognitively impaired and frail population and are knowledgeable on the methods to help minimize transfer trauma. *</li> </ul>
			<ul style="list-style-type: none"> <li>• <b>Facility Reentry Plan:</b> Describe who will authorize reentry to the facility after an evacuation, the procedures for inspecting the facility, and how it will be determined when it is safe to return to the facility after an evacuation. The plan should also describe the appropriate considerations for return travel back to the Facility. *</li> </ul>
			<ul style="list-style-type: none"> <li>• <b>Residents &amp; Family Members:</b> Determine how residents and their families/guardians will be informed of the evacuation, helped to pack, have their possessions protected and be kept informed during and following the emergency, including information on where they will be/go, for how long and how they can contact each other.</li> </ul>
			<ul style="list-style-type: none"> <li>• <b>Resident Identification:</b> Determine how residents will be identified in an evacuation; and ensure the following identifying information will be transferred with each resident:               <ul style="list-style-type: none"> <li>- Name</li> <li>- Social security number</li> <li>- Photograph</li> <li>- Medicaid or other health insurer number</li> <li>- Date of birth, diagnosis</li> <li>- Current drug/prescription and diet regimens</li> <li>- Name and contact information for next of kin/responsible person/Power of Attorney)</li> </ul> <p>Determine how this information will be secured (e.g., laminated documents, water proof pouch around resident's neck, water proof wrist tag, etc.) and how medical records and medications will be transported so they can be matched with the resident to whom they belong.</p> </li> </ul>
			<ul style="list-style-type: none"> <li>• <b>Trained Facility Staff Members:</b> Ensure that each facility staff member on each shift is trained to be knowledgeable and follow all details of the plan. Training also needs to address psychological and emotional aspects on caregivers, families, residents, and the community at large. Hold periodic reviews and appropriate drills and other demonstrations with sufficient frequency to ensure new members are fully trained.</li> </ul>
			<ul style="list-style-type: none"> <li>• <b>Informed Residents &amp; Patients:</b> Ensure residents, patients and family members are aware of and knowledgeable about the facility plan, including: -               <ul style="list-style-type: none"> <li>- Families know how and when they will be notified about evacuation plans, how they can be helpful in an emergency (example, should they come to the facility to assist?) and how/where they can plan to meet their loved ones.</li> <li>- Out-of-town family members are given a number they can call for information. Residents who are able to participate in their own evacuation are aware of their roles and responsibilities in the event of a disaster.</li> </ul> </li> </ul>

This document is for general informational purposes only.



EMERGENCY PREPAREDNESS CHECKLIST			
RECOMMENDED TOOL FOR EFFECTIVE HEALTH CARE FACILITY PLANNING			
Not Started	In Progress	Completed	Tasks
			<ul style="list-style-type: none"> <li>• <b>Needed Provisions:</b> Check if provisions need to be delivered to the facility/residents -- power, flashlights, food, water, ice, oxygen, medications -- and if urgent action is needed to obtain the necessary resources and assistance.</li> </ul>
			<ul style="list-style-type: none"> <li>• <b>Location of Evacuated Residents:</b> Determine the location of evacuated residents, document and report this information to the clearing house established by the state or partnering agency.</li> </ul>
			<ul style="list-style-type: none"> <li>• <b>Helping Residents in the Relocation:</b> Suggested principles of care for the relocated residents include:               <ul style="list-style-type: none"> <li>- Encourage the resident to talk about expectations, anger, and/or disappointment</li> <li>- Work to develop a level of trust</li> <li>- Present an optimistic, favorable attitude about the relocation</li> <li>- Anticipate that anxiety will occur</li> <li>- Do not argue with the resident</li> <li>- Do not give orders</li> <li>- Do not take the individual's behavior personally</li> <li>- Use praise liberally</li> <li>- Include the resident in assessing problems</li> <li>- Encourage staff to introduce themselves to residents - Encourage family participation</li> </ul> </li> </ul>
			<ul style="list-style-type: none"> <li>• <b>Review Emergency Plan:</b> Complete an internal review of the emergency plan on an annual basis to ensure the plan reflects the most accurate and up-to-date information. Updates may be warranted under the following conditions:               <ul style="list-style-type: none"> <li>- Regulatory change</li> <li>- New hazards are identified or existing hazards change</li> <li>- After tests, drills, or exercises when problems have been identified</li> <li>- After actual disasters/emergency responses</li> <li>- Infrastructure changes</li> <li>- Funding or budget-level changes</li> </ul>               Refer to FEMA (Federal Emergency Management) to assist with updating existing emergency plans.                Review FEMA's new information and updates for best practices and guidance, at each updating of the emergency plans.             </li> </ul>
			<ul style="list-style-type: none"> <li>• <b>Emergency Planning Templates:</b> Healthcare facilities should appropriately complete emergency planning templates and tailor them to their specific needs and geographical locations.</li> </ul>
			<ul style="list-style-type: none"> <li>• <b>Collaboration with Local Emergency Management Agencies and Healthcare Coalitions:</b> Establish collaboration with different types of healthcare providers (e.g. hospitals, nursing homes, hospices, home care, dialysis centers etc.) at the State and local level to integrate plans of and activities of healthcare systems into State and local response plans to increase medical response capabilities. *</li> </ul>

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<b>EMERGENCY PREPAREDNESS CHECKLIST</b>			
<b>RECOMMENDED TOOL FOR EFFECTIVE HEALTH CARE FACILITY PLANNING</b>			
<b>Not Started</b>	<b>In Progress</b>	<b>Completed</b>	<b>Tasks</b>
			<ul style="list-style-type: none"> <li>• <b>Communication with the Long-Term Care Ombudsman Program:</b> Prior to Any disaster, discuss the facility's emergency plan with a representative of the ombudsman program serving the area where the facility is located and provide a copy of the plan to the ombudsman program. When responding to an emergency, notify the local ombudsman program of how, when and where residents will be sheltered so the program can assign representatives to visit them and provide assistance to them and their families.</li> </ul>
			<ul style="list-style-type: none"> <li>• <b>Conduct Exercises &amp; Drills:</b> Conduct exercises that are designed to test individual essential elements, interrelated elements, or the entire plan:               <ul style="list-style-type: none"> <li>- Exercises or drills must be conducted at least semi-annually</li> <li>- Corrective actions should be taken on any deficiency identified.</li> </ul> </li> </ul>
			<ul style="list-style-type: none"> <li>• <b>Loss of Resident's Personal Effects:</b> Establish a process for the emergency management agency representative (FEMA or other agency) to visit the facility to which residents have been evacuated, so residents can report loss of personal effects. *</li> </ul>

# Emergency Preparedness: Policies Procedures

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## **Emergency Preparedness Toolkit Policies and Procedures**

The facility should develop and implement policies and procedures based upon the risk assessment, emergency, facility assessment, and communication plan. These policies should be located in an identified area – within the emergency preparedness plan, standard operating procedures, or as indicated. This should be reflected in the plan and it is recommended that the policies, along with the plan, should be co-located in case an emergent situation destroys the original documents. These policies and procedures should be reviewed and revised annually based upon the HVA and facility assessment results or as needed.

Per Appendix Z of the State Operations Manual (SOM), at a minimum, the emergency preparedness policies and procedures should address the following elements:

- Be based on the emergency plan, risk assessment, and communication plan
- Provision of subsistence needs - whether the facility evacuates or shelters in place will need to include:
  - Food
  - Water
  - Medical
  - Pharmaceutical supplies
  - Supplies
  - Alternate sources of energy – to maintain lighting, temperatures, fire detection, extinguishing, and alarm systems, waste disposal and sewage
- System for Resident and Staff tracking
- Evacuation and sheltering in place
- Protection of medical documentation
- Surge planning/volunteer use
- Arrangements with other providers to receive patients
- Any waivers granted

Collaborate with suppliers and/or providers who have been identified as part of a community emergency plan or agreement with the health care facility, to receive and care for individuals. A surge capability assessment should be included in the development of the emergency plan. Similarly, evidence of a surge capacity assessment should be included if the supplier or provider, as part of its emergency planning, anticipates the need to make housing and sustenance provisions for the staff and or the family of staff.

*Resource Checklist - S&C-14-12-ALL contains an Emergency Preparedness Checklist addressing many of these areas. The full memo and checklist can be found at:*

*<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-14-12.pdf>*

## **Developing Policies and Procedures**

When developing policies and procedures, the following should be considered:

### ***Subsistence Needs***

The policies and procedures should address subsistence needs for staff and residents. There are not set requirements for the amount of provisions that must be stored by the facility, unless deemed by local authorities, however the facility, based upon their facility assessment, should make appropriate decisions based upon the assessment. The following are considerations when developing these policies:

- Average census of the facility
- Demographics of resident population
- Additional assistance needs of resident population
- Number of staff in the facility on average
- Number of visitors on site – average
- Length of time and ability to shelter in place – access to resources and contingency
- Supplies, resources, and quantities needed to shelter in place
  - Food
  - Water (potable and non-potable)
  - Medical supplies and equipment
  - Specialty supplies
  - Enteral Supplies
  - IV and supplies
  - Pharmaceutical
  - Energy sources and alternatives to maintain temperature, lighting, equipment functioning, storage functioning, fire response, waste management)
  - Location of inventory
- Staff roles and responsibilities
- Collaboration with vendor and health care partners
- Accessibility and access to supplies/resources during an emergency

### ***Resident and Staff Tracking***

The policies and procedures should outline a system to track on-duty staff and residents during and after an emergency. Tracking should include name, location, location of receiving facility and the information should be readily accessible and available. The following are considerations when developing these policies:

- Process for tracking name and location of residents during an emergency – sheltered in place and transferred/evacuated
- Process for tracking name and location of on-duty and off-duty staff during an emergency
- Maintenance of medical records, resident information and staff information – privacy and protection
- Process in case of internet or electronic loss
- Process for information sharing with collaborative partners and officials
- Staff member responsible

### ***Evacuation and Sheltering in Place***

The policies and procedures should address a process for safe evacuation or sheltering in place for staff and residents. The following are considerations when developing these policies:

- Facility criteria for determination: evacuation and sheltering in place
- Decision authority
- Triage process – clinical, location, needs
  - Evacuation priority and order process – discharge, transfer, evacuation, shelter in place
- Treatment of resident needs during and after evacuation
- Transportation process – based upon triage
- Transportation coordinator
- Evacuation procedures for non-residents and volunteers
- Communication process - internal external , collaborative partners, residents, families and staff
- Primary and alternate means for communication
- Determine policies based on type of emergency
- Emergency staffing needs and shortages



### ***Medical Records***

The policies and procedures should address a system of medical record documentation that is readily available and protects privacy in accordance to regulations. The following are considerations when developing these policies:

- Systems, policies, procedures to provide resident medical information and documentation on a day to day basis
- Transportation and protection of privacy of medical record
- Electronic medical record – loss, non-loss and data sharing
- Redundant processes – loss of electronic medical record, power, cyberattack, etc.
- Person responsible

### ***Volunteers***

The facility policy should address emergency staffing strategies including the use of facility volunteers and state and federally designated health care professionals in the event of surge needs. Facility should consider any essential privileging or credentials processes that may become relevant in an emergency. See your state resources for that process.

### ***Transfer Agreements***

Attached is a sample transfer agreement from CMS. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/Facility-Transfer-Agreement-Example.pdf>

### ***Waiver Information***

When the President of the United States declares an emergency per requirements a 1135 Waiver may be authorized at the federal level allowing the facility to operate under the authority of the waiver. The Waiver-at-a Glance document provides more details on what 1135 waivers are, and how and when they can be implemented.

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/1135-Waivers-At-A-Glance.pdf>

## **Policy and Procedure Development List**

It is important to revise and update policies and procedures for the potential, yet not all inclusive list of disasters/hazards identified below:

- **Natural Disasters**
  - Blizzard
  - Tornado
  - Hurricanes
  - Extreme temperatures
  - Wild Fires
  - Ice Storms
  - Flood
  - Landslide
  - Fire
  - Other based upon location and community and climate
  - Poor air quality
  - Power Outage
  - Explosion within the facility
  - Explosion external
  - Floods – natural or man made
  - Fuel Shortage
  - Cyber attack
  - Hazardous Material release – within the facility, transportation, external
  
- **Man Made**
  - Nuclear incident
  - Power outage – major and prolonged
  - Firm system suppression
  - Contamination – water supply, supply, food, etc
  - Water system failure
  - Biological/infectious outbreak
  - Bomb threat
  - Active Shooter
  - Civil disturbance
  - Communication disruption
  - Computer system failure
  - E H R failure
  - Suspicious package
  - Railroad crash
  - Plane crash
  - Supply disruption

While the above policies and procedures may be needed for inclusion in the Emergency Preparedness Plan, it is important to revise specific operational policies as it relates to resident care, resident medical records, resident information, communication, transportation, shelter in place and others as identified in the regulations.

## **Additional Information and Resources**

### ***Shelter in Place***

Due to the risks in transporting vulnerable patients and residents, evacuation should only be undertaken if sheltering-in-place results in greater risk. Develop an effective plan for sheltering-in-place, by ensuring provisions for the following are specified:

- Procedures to assess whether the facility is strong enough to withstand strong winds, flooding, etc.
- Measures to secure the building against damage (plywood for windows, sandbags and plastic for flooding, safest areas of the facility identified).
- Procedures for collaborating with local emergency management agency, fire, police and EMS agencies regarding the decision to shelter-in-place.
- Sufficient resources are in supply for sheltering-in-place for at least \_\_\_\_ days, including:
  - Ensuring emergency power, including back-up generators and accounts for maintaining a supply of fuel
  - An adequate supply of potable water (recommended amounts vary by population and location)
  - A description of the amounts and types of food in supply
  - Maintaining extra pharmacy stocks of common medications
  - Maintaining extra medical supplies and equipment (e.g., oxygen, linens, vital equipment)
- Identifying and assigning staff who are responsible for each task
- Description of hosting procedures, with details ensuring 24-hour operations for minimum of \_\_\_\_ days
- Contract established with multiple vendors for supplies and transportation
- Develop a plan for addressing emergency financial needs and providing security

### ***Evacuation Considerations***

Develop an effective plan for evacuation, by ensuring provisions for the following are specified:

- Identification of person responsible for implementing the facility evacuation plan (even if no outside evacuation order is given)
- Multiple pre-determined evacuation locations (contract or agreement) with a “like” facility have been established, with suitable space, utilities, security and sanitary facilities for individuals receiving care, staff and others using the location, with at least

one facility being 50 miles away. A back-up may be necessary if the first one is unable to accept evacuees.

- Evacuation routes and alternative routes have been identified, and the proper authorities have been notified. Maps are available and specified travel time has been established.
- Adequate food supply and logistical support for transporting food is described.
- The amounts of water to be transported and logistical support is described (1 gal/person).
- The logistics to transport medications is described, including ensuring their protection under the control of a registered nurse.
- Procedures for protecting and transporting resident/patient medical records.
- The list of items to accompany residents/patients is described.
- Identify how persons receiving care, their families, staff and others will be notified of the evacuation and communication methods that will be used during and after the evacuation
- Identify staff responsibilities and how individuals will be cared for during evacuation and the back-up plan if there isn't sufficient staff.
- Procedures are described to ensure residents/patients dependent on wheelchairs and/or other assistive devices are transported so their equipment will be protected and their personal needs met during transit (*e.g.*, incontinent supplies for long periods, transfer boards and other assistive devices).
- A description of how other critical supplies and equipment will be transported is included.
- Determine a method to account for all individuals during and after the evacuation.
- Procedures are described to ensure staff accompany evacuating residents.
- Procedures are described if a patient/resident becomes ill or dies in route.
- Mental health and grief counselors are available at reception points to talk with and counsel evacuees.
- Procedures are described if a patient/resident turns up missing during an evacuation:
  - Notify the patient/resident's family
  - Notify local law enforcement
  - Notify Nursing Home Administration and staff
- Ensure that patient/resident identification wristband (or equivalent identification) must be intact on all residents.
- Describe the process to be utilized to track the arrival of each resident at the destination.
- It is described whether staff's family can shelter at the facility and evacuate.

Establish transportation arrangements that are adequate for the type of individuals being served.

Obtain assurances from transportation vendors and other suppliers/contractors identified in the facility emergency plan that they have the ability to fulfill their commitments in case of disaster affecting an entire area (e.g., their staff, vehicles and other vital equipment are not “overbooked,” and vehicles/equipment are kept in good operating condition and with ample fuel.). Ensure the right type of transportation has been obtained (e.g., ambulances, buses, helicopters, etc.).

Ensure that the vendors or volunteers who will help transport residents and those who receive them at shelters and other facilities are trained on the needs of the chronic, cognitively impaired and frail population and are knowledgeable on the methods to help minimize transfer trauma.

### ***Evacuation Considerations***

Describe who will authorize reentry to the facility after an evacuation, the procedures for inspecting the facility, and how it will be determined when it is safe to return to the facility after an evacuation. The plan should also describe the appropriate considerations for return travel back to the facility.

Determine how residents and their families/guardians will be informed of the evacuation, helped to pack, have their possessions protected and be kept informed during and following the emergency, including information on where they will be/go, for how long and how they can contact each other.

Determine how residents will be identified in an evacuation; and ensure the following identifying information will be transferred with each resident:

- Name
- Social security number
- Photograph
- Medicaid or other health insurer number
- Date of birth, diagnosis
- Current drug/prescription and diet regimens
- Name and contact information for next of kin/responsible person/Power of Attorney)

Determine how this information will be secured (e.g., laminated documents, water proof pouch around resident’s neck, water proof wrist tag, etc.) and how medical records and medications will be transported so they can be matched with the resident to whom they belong.

Ensure that each facility staff member on each shift is trained to be knowledgeable and follow all details of the evacuation plan. Training also needs to address psychological and emotional aspects on caregivers, families, residents, and the community at large. Hold periodic reviews



and appropriate drills and other demonstrations with sufficient frequency to ensure new members are fully trained.

Ensure residents, patients, and family members are aware of and knowledgeable about the facility plan, including:

- Families know how and when they will be notified about evacuation plans, how they can be helpful in an emergency (example, should they come to the facility to assist?) and how/where they can plan to meet their loved ones.
- Out-of-town family members are given a number they can call for information. Residents who are able to participate in their own evacuation are aware of their roles and responsibilities in the event of a disaster.

Check if provisions need to be delivered to the facility/residents -- power, flashlights, food, water, ice, oxygen, medications -- and if urgent action is needed to obtain the necessary resources and assistance.

Determine the location of evacuated residents, document and report this information to the clearing house established by the state or partnering agency.

Suggested principles of care for the relocated residents include:

- Encourage the resident to talk about expectations, anger, fear, and/or disappointment
- Work to develop a level of trust
- Present an optimistic, favorable attitude about the relocation
- Anticipate that anxiety will occur
- Clear and concise communication
- Include the resident in assessing problems
- Encourage staff to introduce themselves to residents
- Encourage resident representative/family participation

Best practice for Emergency Preparedness policies and procedures involves using a standardized format for each complete policy. Having this level of standardization makes it easier for anyone to locate the necessary information.

One example is noted below.



**SAMPLE Procedure Template – Administrative Activity**

<p>Title:</p> <p><i>[A brief phrase or description of the activity that is to be performed]</i></p> <p><i>(Sample)</i> Inventory Personal Protective Equipment (PPE)</p>	
<p>Approved by:</p> <p><i>[The printed and signed name of the person authorized to approve this procedure.]</i></p> <p><i>(sample)</i> <u>Christopher Kringle</u> Printed</p> <p>_____ Signature</p> <p>_____ Title</p>	<p>Revision Date:</p> <p><i>[The date on which the procedure was approved after creation or revision.]</i></p> <p>mm/dd/yyyy</p>
<p>Purpose:</p> <p><i>[A clear and concise statement that describes what will be accomplished by performing the steps of this procedure.]</i></p> <p><i>(Sample)</i> The purpose of this procedure is to accurately inventory all PPE maintained for daily and emergency use at [name of facility].</p>	
<p>When Applied:</p> <p><i>[Provide a clear description of the frequency, timetable or trip points that would cause a need for this procedure to be implemented.]</i></p> <p><i>(Sample)</i> This procedure is to be performed every six months or whenever a community or local medical incident put a high demand on existing quantities.</p>	



**Pre-Requisites:**

*[This section is used to provide instructions addressing the tools, forms, approvals or equipment needed before starting the procedure.]*

(Sample) Prior to starting this procedure obtain the following:

- A copy of the PPE inventory list from the Emergency Plan, Attachment B-4.
- Inform the Materials Coordinator that you will be performing the inventory check.
- Obtain a key to the secure storage location.

**Steps:**

*[This section is used to provide step-by-step instructions to the user for all actions needed to successfully complete the procedure and meet the purpose of the procedure.]*

(Sample)

- 1) Ensure all pre-requisites have been completed.
- 2) Verify that all PPE listed on the PPE Inventory List (Emergency Plan, Attachment B-4) are located in the designated storage area. The following verification elements should be noted:
  - a) The PPE item name matches the name on the inventory list
  - b) Containers are properly labeled
  - c) The size designations are correct
  - d) Quantity values are correct.
  - e) Check for expirations dates that have passed
- 3) Note any discrepancies on the PPE Inventory List
- 4) When completed:
  - a) Ensure the secure storage location is locked
  - b) Return the secure storage location key to the proper location
  - c) Give the completed PPE Inventory List to the Materials Coordinator

Reading a multi-page policy and procedure during an actual emergency is neither reasonable nor practical. Best practice involves creation of short, simple directions to be initiated when an emergency situation is first identified. The Rapid Response Guides noted in the previous chapter are one way of highlighting the essential tasks.

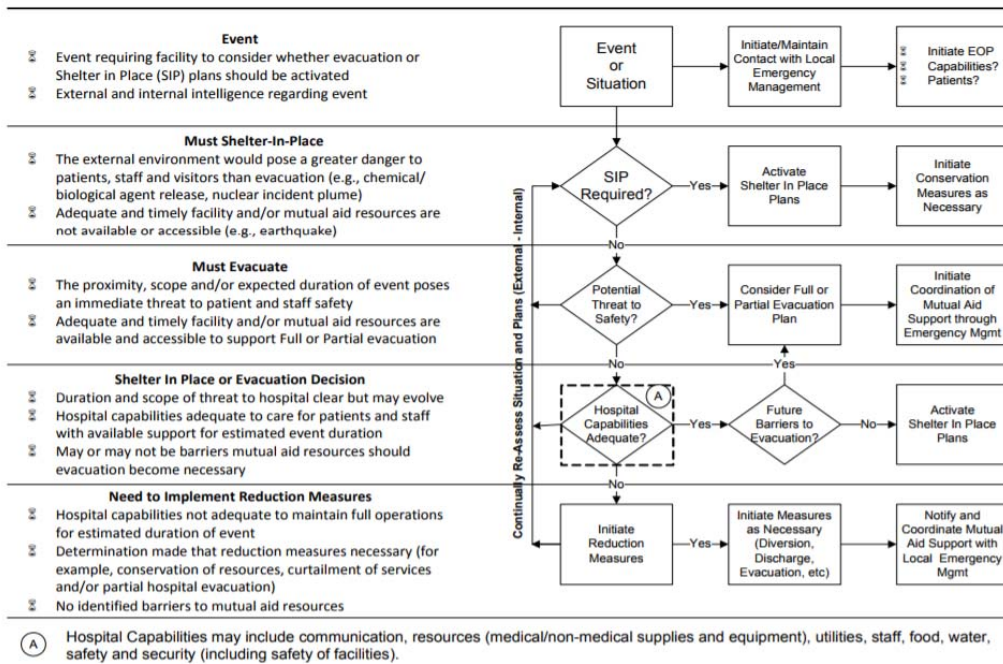


**Sample – Decision Tree Sheltering In Place**

This page illustrates a decision tree regarding sheltering in place versus evacuation. Although designed for use by California hospitals, the principles are applicable to post-acute care facilities as well.

Citation: California Hospital Association, <http://www.calhospitalprepare.org/evacuation>

Hospital Evacuation and SIP Decision Tree



# Emergency Preparedness: Incident Command System in HealthCare

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## Emergency Preparedness Toolkit Incident Command System in Health Care

### Incident Command System in HealthCare

The Incident Command System (ICS) was developed in the 1970s by an interagency task force working in a cooperative local, state, and federal effort called FIRESCOPE (Firefighting Resources of California Organized for Potential Emergencies) to combat wildland fires. Prior to the development of ICS, research into response to major incidents revealed weaknesses in a number of areas:

- Inadequate communication because of conflicting terminology or inefficient or improper use of technology
- Lack of a standardized management structure that would allow integration, command and control, and workload efficiency
- Lack of personnel accountability
- Lack of a systematic planning process

As a result of these and other failures, incidents of all sizes and types were often mismanaged, resulting in health and safety risks, unnecessary damage, ineffective resource management, and economic losses.

ICS is designed to meet these challenges by:

- Being effectual in managing all emergency, routine, or planned events, of any size or type, and by establishing a clear chain of command
- Allowing personnel from different agencies or departments to be integrated into a common structure that can effectively address issues and delegate responsibilities
- Provide needed logistical and administrative support to operational personnel
- Ensure key functions are covered and eliminate duplication

### Fundamental Features of ICS

- **Common terminology/clear text**

The use of common terminology provides for a clear message and sharing of information. It avoids the use of codes, slang, or discipline-specific nomenclature that may not be clearly understood by all planning and response partners. A common terminology helps to define the common organizational structure: as an example, the identification of sections, section chiefs, and branch directors. Another key benefit of common terminology is the ability to share resources in the response, such as personnel to oversee incident management or operations. By using consistent terminology, the opportunity to develop memorandums or agreements to share personnel is enhanced.

- **Modular organization**

The ICS structure begins from the top and expands as needed by the event. Positions within the structure are activated as dictated by the incident size or complexity. As

complexity increases, the ICS organization expands. Only those functions or positions necessary for an incident are activated. This will be clearly demonstrated in subsequent sections that detail the incident management team along with their roles and responsibilities.

- **Management by objectives**

The Incident Commander initiates the response and sets the overall command and control objectives. The mission of the response is defined for all members of the response team through a clear understanding of the organization's policy and direction. This includes an assessment of the incident from the current situation to projected impacts. To meet the overall mission, or command objectives, individual sections will establish incident objectives as well as the strategies to achieve these objectives through clear tactics. Because emergency response is not "business as usual," clearly defined objectives will allow staff to focus on the roles in the response, avoiding duplication of efforts or omission of critical actions.

- **Incident Action Planning**

The development of objectives is documented in the Incident Action Plan (IAP). A written plan provides personnel with direction for taking actions based on the objectives identified in the IAP and reflects the overall strategy for incident management while providing measurable strategic operations for the operational period. To ease this process, ICS forms are designed and developed for nursing homes and are contained within the NHICS guidebook.

- **Manageable span of control**

A key concept in ICS is maintaining a span of control that is both effective and manageable. Because emergency events are not business as usual situations, the span of control for operations that are not routine should be kept at an effective number. Within ICS, the optimum span of control is one supervisor to five reporting personnel. If the number falls outside these ratios, the incident management team should be expanded or consolidated.

- **Pre-designated incident locations/facilities**

In the planning stages, planners should determine the location of their response and coordination sites, including the coordination and command sites. Within ICS, sites are identified for both scene and regional coordination, such as helicopter landing zones, staging areas, command posts, and emergency operations centers. Planners within the nursing home or long-term care facility should identify sites for ICS management, staging areas for receipt of supplies and equipment, evacuation sites if the infrastructure is unsafe, and so on.

- **Resource management**

Resources used in the response are categorized as tactical and support. Tactical resources include personnel and major equipment available or potentially available for use in the response. Support resources are all other resources to support the incident, including food, equipment, communications, supplies, vehicles, etc. It is critical in the response to understand the availability and status of both tactical and support resources. It is important to have a clear picture of current and needed resources when working within the medical mutual aid system in the jurisdiction of state, allowing those providing the response support to provide the necessary assets through a clear understanding of current capability.

- **Integrated communications**

There are three elements within integrated communications: modes, plans and networks. The modes include the hardware systems that transfer information, such as radios, cell phones, and pagers. Plans should be developed in advance on how to best use the available modes through a clear and concise communication policy and plans (for example, determining who can use radios and what information should be communicated). The networks identified within the jurisdiction will determine the procedures and processes for transferring information internally and externally.

- **Common command structure**

The ICS provides for a common command structure that identifies core principles for an efficient chain of command. Unity of Command dictates that each person within the response structure reports to only one supervisor. A single command exists when a single agency or discipline responds to an event; for example, the fire service at a warehouse fire is commanded by a fire captain or chief. When multiple agencies or disciplines are working together at a scene, there is a unified command structure that allows for coordination in response actions. For nursing homes, this may occur when the facility is the scene of the incident, such as a fire. The nursing home administration and the fire command work together in a unified command structure.

### **Incident Management Functions**

It is important to understand that ICS is a management system and not an organizational chart. It is predicated on a number of principal tenets:

- Every incident or event requires that certain management functions be performed. The problem encountered is evaluated, a plan to remedy the problem is identified and implemented, and the necessary resources assigned. Management by Objectives (MBO) is thus a critically important component to the successful implementation of an incident command system and involves the inclusion of both control and operational period objectives.

- The ICS organization frequently does not correlate to the daily administrative structure of the agency or nursing home. This practice is purposeful and done to reduce role and title confusion. Those positions activated in the response come together to serve as the Incident Management Team (IMT), whose purpose is to respond to and recover from the event through coordinated objectives and tactics.
- Position titles within the IMT should remain unchanged; this promotes interoperability between response partners, allowing for sharing of personnel resources among organizations.
- The IMT structure consists of the command, general, branch and unit staff, with sections clearly identified by the roles and responsibilities they carry out.
  - **Incident Commander** is the only position always activated in an incident regardless of its nature. In addition to Command, which sets the objectives, devises strategies and priorities, and maintains overall responsibility for managing the incident, there are four other management functions.
  - **Operations** conducts the tactical operations (e.g., resident services, clean-up) to carry out the plan using defined objectives and directing all needed resources.
  - **Planning** collects and evaluates information for decision support, maintains resource status information, prepares documents such as the Incident Action Plan, and maintains documentation for incident reports.
  - **Logistics** provides support, resources, and other essential services to meet the operational objectives set by Incident Commander.
  - **Finance** monitors costs related to the incident while providing accounting, procurement, time recording, and cost analyses.

On small-scale incidents, **the Incident Commander may be able to accomplish all five management functions alone**, but on larger incidents effective management may require that the Incident Commander establish one or more of the four other functions and appoint Section Chiefs.

### **Building the Incident Management Team (IMT)**

The development of the IMT is based on the essential elements of ICS. The system is scalable and flexible, and uses a modular organization to respond to the event. As previously stated, **the Incident Commander is the only position that is always activated**. Activating additional positions is considered when the event duration increases, when situational information provides insight on the possible impact to the facility and when the span of control is exceeded.

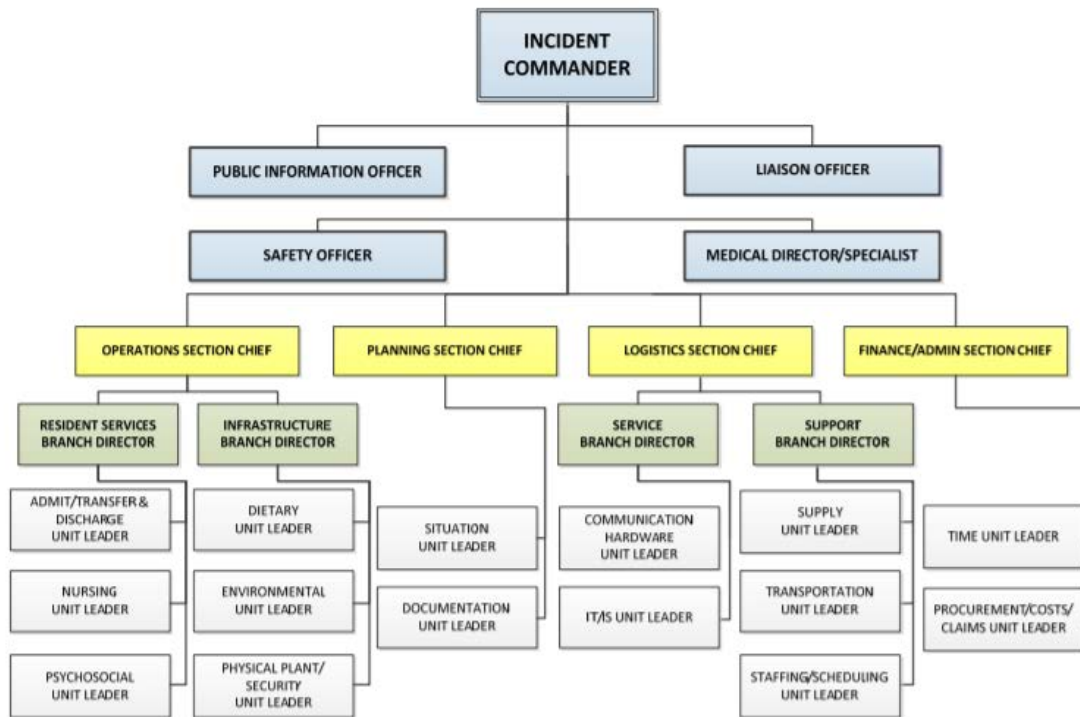
Management tools have been developed to help determine the need for activating additional positions; these tools (Job Action Sheets, Forms, and Incident Response Guides) should be customized by individual facilities based on their staffing and possible response actions.

Position titles within the IMT define the role and the tasks assigned to that role. Titles identify the hierarchy within the chain of command. These titles include:

- **Commander:** there is only one commander position during the incident response, this being the Incident Commander.
- **Officers:** officers are part of the command section. In NHICS, the officer roles are the Liaison Officer, Public Information Officer, Medical Director/Specialist and Safety Officer. Each of these positions report directly to the Incident Commander.
- **Chiefs:** oversight for the section is provided by a Section Chief.
- **Directors:** branches may be activated under the sections to maintain the chain of command and provide specific duties and actions as identified by the position title. For example, within the Operations Section, there is a Resident Services Branch and an Infrastructure Branch, with oversight provided by Directors. -
- **Leaders:** units may be activated within a branch when there is a specialized but complex set of duties that relate to a specific assignment. The person assuming responsibility for a Unit is a Leader.

The NHICS incident management team chart illustrates how authority and responsibility is laid out during an activation of the emergency plan. In traditional Incident Command, there are five sections: Command, Operations, Planning, Logistics, and Finance. The Incident Commander Position is the only one that is always activated in an emergency and in small scale incidents, the Incident Commander may be able to accomplish all five management functions without the activation of additional positions. For large incidents, additional positions may be activated, with the overall goal to maintain the span of control and meet the needs of the facility based on the available resources. An important feature of the incident command system is its scalability. NHICS positions are assigned to personnel as indicated by the situation, and may be activated or deactivated as the incident unfolds and the needs change or become more clearly defined.

Within the Incident Management Team chart, positions are demonstrated for optimal staffing. When positions cannot be activated due to staffing, the roles and responsibilities are rolled into the highest position activated. For example, if the position of Liaison Officer cannot be activated, the tasks for that position become the responsibility of the Incident Commander.



## NHICS Incident Management Team: Command

The **Incident Commander** is the only position that is always activated. The Incident Commander activates and directs the response through the development of command objectives to direct the response. In many cases, the Incident Commander may be the only position that is activated. A critical responsibility of the Incident Commander is the decision to evacuate the facility. Based on the incident hazard that causes evacuation, this can be a difficult decision and is based on overall situational information, the projected impact, the threat to life and property, and the capability for safe evacuation.

The **Safety Officer** within the Command Staff is responsible for overall safety of the response actions, modifying or suspending operations if the conditions are unsafe to continue. For example, a nursing home may be forced to evacuate all or part of the facility due to an earthquake. The Safety Officer should evaluate the site where residents are moved to, ensuring that this location is free of hazards.

The **Liaison Officer** serves as the link for the nursing home with external partners. This position provides information to external response agencies such as public health authorities, emergency management officials, and other agencies as identified by the facility during planning and response.





The **Medical Director/Specialist** is the person with specific expertise in clinical areas such as infectious disease, trauma management, and medical ethics who may be asked to provide the Incident Command staff with needed advice and coordination assistance. This role may be filled by persons outside of the facility but ideally will be filled by the facility's Medical Director/Specialist who has familiarity with the resident population, and the disaster plan for the facility. In the IMT illustrated above, the Medical Director/Specialist reports to the Incident Commander; however, in actual event, this specialist may work directly with operations personnel providing advice or guidance in the response activities.

### **NHICS Incident Management Team: Operations**

Many incidents that occur involve altered conditions of care for the residents. There could be environmental changes such as loss of power and/or poor air quality that will require emergency measures to protect residents from harm. There also could be injured or ill residents and staff who will require first aid and/or an environment that needs immediate cleaning or repair. These critical actions become the responsibility of the Operations Section who will be responsible for managing the tactical objectives outlined by the Incident Commander.

The **Operations Section** is considered the “doers” and consists of nine positions. Oversight of the Section is by a Chief. Additional positions include a Resident Services Branch Director, and an Infrastructure Branch Director. Under these two branches, the unit positions of Nursing, Psychosocial, Admit/Transfer & Discharge, Dietary, Environmental, and Physical Plant/Security may be activated depending on the situation.

The **Operations Section Chief** oversees all tactical operations carried out within the response. He/she will activate the additional positions based on the needs of the event, as well as the availability of qualified personnel to fill the positions. Remember that if a position is needed but there is insufficient staffing to fill that position, the functions of that position are assumed by the highest position activated in that section.

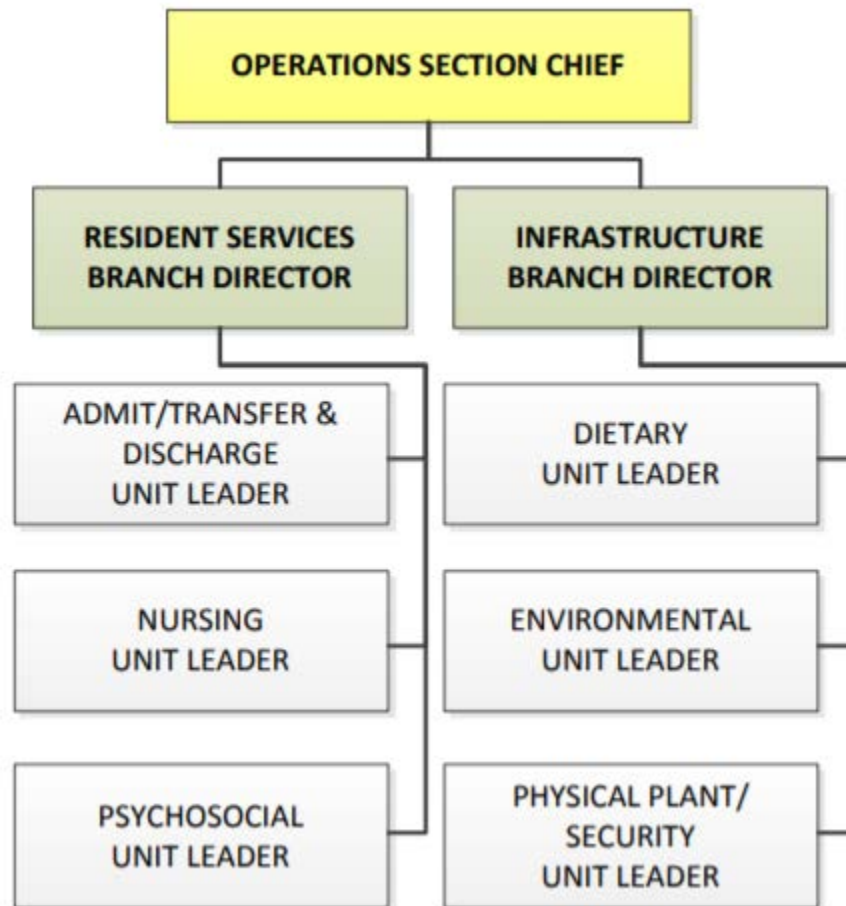
The **Resident Services Branch Director** is responsible for the continuation of resident services as well as the provision of care to residents, staff and visitors who are injured or become ill due to the incident. The Resident Services Branch Director may assign staff to ensure continuation of resident services, including rehabilitation and vocational services as provided by the facility. The Resident Services Branch Director must also ensure that residents are accounted for and tracked, and that services needed to sustain operations are identified and provided.

The **Infrastructure Branch Director** is responsible for the continuation of those services that support the care in the facility including dietary, housekeeping, power, lighting, water, sewage, and other essential services. The Infrastructure Branch Director may also be required to assess the structural soundness of the facility in the event of an assault on the building such as from

an earthquake, tornado, or fire, and then advise the Operations Section Chief on the capacity of the structure to sustain occupancy.

The **Physical Plant/Security Unit Leader** under the Infrastructure Branch is responsible for ensuring that the nursing home and the surrounding grounds are secure during the response. This may include traffic control as well as lock-down of the facility due to security threats, structural damage or infectious disease outbreaks. Planning should address the use of facility personnel to perform this role but also the integration of local law enforcement and/or private security firms if needed.

Within these established positions in the IMT, staff in day-to-day positions may continue their tasks and actions, reporting their status to the applicable branches. For example: the facility housekeeper(s) may report observed damages after an earthquake to the Infrastructure Branch Director. Those personnel who provide resident services, such as physical or occupational therapy, may report their status to the Resident Services Branch Director.



### **NHICS Incident Management Team: Logistics**

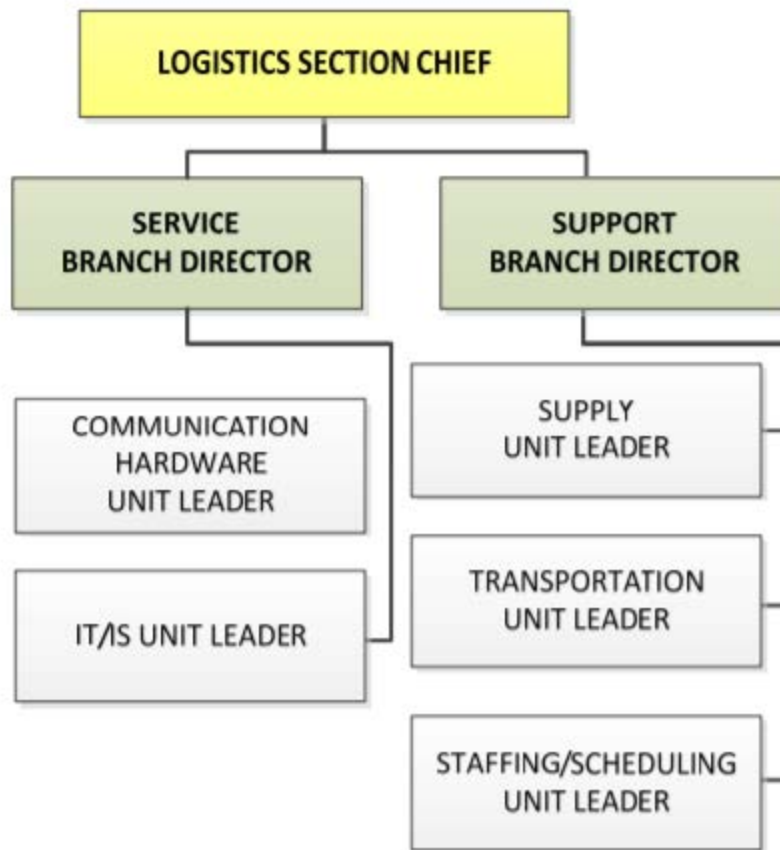
The Logistics Section is considered the “getters” for the response. Logistics provides the necessary services and support to sustain operations during the emergency response. This section identifies and inventories current resources including supplies, equipment, and personnel, and obtains those additional items needed to support operations.

The **Logistics Section Chief** oversees the provision of services and support to sustain current operations and the operational response to the incident. It consists of eight positions including the Chief, the Service and Support Branch Directors, and the Communication/Hardware, IT/IS, Supply, Staffing/Scheduling, and Transportation Units. This section’s responsibilities include personnel/manpower, supplies, equipment, pharmaceuticals, and vehicles. The Logistics Section works closely with the Operations Section, responding to supply requests and their acquisition based on the needs of the response. During pre-event planning, a staging area (or areas) should be established and identified in the Emergency Operations Plan (EOP). The staging area will be a central location, large enough to allow for the collection of personnel, vehicles, and equipment/supplies needed in the response. The Logistics Section Chief, with the assistance of the Support Branch Director provides oversight and direction at the staging area(s), maintaining an inventory of those supplies.

There are two branches within the Logistics Section: Service and Support.

- The **Service Branch** will ensure the preservation of those essential services; of communications and information technology. Under the Service Branch Director, the Communications and IT/IS Unit Leaders may be activated to assist with this function.
- The **Support Branch** organizes and maintains the facility’s supplies, equipment, transportation and labor pool in support of the residents, staff, and staff dependents in accordance with facility policy. The Support Branch must also account for those resources used and requested for operations. Under the Support Branch Director, the Supply, Staffing/Scheduling, and Transportation Unit Leaders may be activated to assist with this function.

Pre-incident planning should identify critical items that may be needed for various responses based on annual completion of a Hazard Vulnerability Analysis. The on-hand inventory documentation should be kept current and readily available for use when needed. During a response, needed items that are not “in-house” may be obtained from off the shelf stores or through standard ordering procedures, emergency procurement contracts, mutual aid agreements between facilities, corporate support, and/or requests to the local Emergency Operations Center – Emergency Support Function.



### **NHICS Incident Management Team: Planning**

When sufficient staff are available, and when the impact of the event is sustained, the Planning Section or “thinkers” may be activated. The role of the **Planning Section** within the NHICS Incident Management Team is to gather and validate information from both internal and external sources. The Planning Section must also gather, analyze, and track situational response data, providing up-to-date and accurate information regarding residents, staff, supplies, and equipment and other resources, and projecting the ability to sustain operations based on the current and future status. This section consists of three positions.

The **Planning Section Chief** oversees the section and determines the need for activation of the Situation Unit and Documentation Unit. As outlined in NIMS, the Planning Section will “collect, evaluate, and disseminate incident situation information and intelligence to Incident Command.” They will also be responsible for preparing status reports, displaying various types of information, and developing the Incident Action Plan (IAP). The effectiveness of the Planning Section has a direct impact on the availability of information needed for the critical, strategic decision-making done by the Incident Commander and the other General Staff positions.

The **Situation Unit Leader** will be responsible for writing and maintaining incident updates based on internal and external events, including those related to patient tracking and bed tracking. The status of supplies and equipment, both those available and in use for the response will be tracked by the Situation Unit Leader.

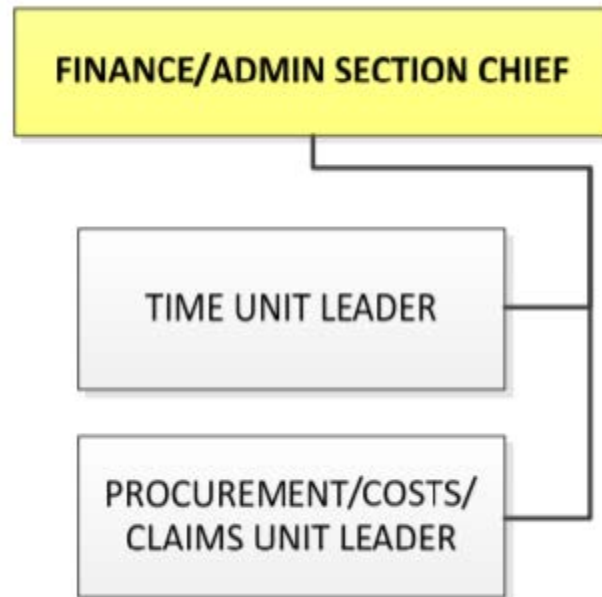
Multiple types of information should be documented during an incident. This information may originate from the incident scene, in one of the nursing home's operating service areas, or from the (facility) Command Center. The Planning Section will take the lead in coordinating documentation efforts.

The role of the **Documentation Unit Leader** is to work with other members of the incident management team to document the incident. They also are responsible for archiving the documents created during the response. Multiple methods of documentation will likely be used during an incident. Written documentation will be the primary method of information recording. Each Incident Management Team position is tasked with maintaining their own log of issues, actions, and outcomes.



### **NHICS Incident Management Team: Finance/Administration**

The **Finance/Administration Section Chief** oversees the costs and expenditures incurred by the response actions, including the purchasing of supplies and equipment. The Finance/Administration Section must also account for lost revenue associated with the response and recovery and ensure thorough investigation and documentation of incident-related claims. Additionally, the Finance/Administration Section Chief must assist in the screening of volunteers who will be assigned to duties during the response. This section consists of three positions.



The **Time Unit Leader** ensures that all staff and volunteers who are utilized in the response efforts account for their hours and assists with the screening of volunteers or newly recruited staff if possible before they are assigned to any resident areas.

The **Procurement/Claims/Costs Unit Leader** works closely with the Logistics Section to obtain those supplies and equipment needed for the response. The costs of items procured in the response will be documented, with projections for ongoing costs that may be incurred in the response and recovery phases. The position is also responsible for coordinating all claims and compensations related to response and recovery efforts. These may include insurance and government claims related to the response as well as compensation claims related to employee, visitor, or resident injury or illness.

### **Position Crosswalk**

To further explain the roles within the IMT, suggested nursing home positions that may fill the IMT roles have been identified. The identification of traditional nursing home positions to fill the IMT roles provides a source of discussion in the planning stage. A key step in this process is to review the roles and responsibilities of the position and to identify the most skilled person to fill the role.

The following chart is a list of suggested persons to fill the IMT roles.

<b><u>Suggested</u> Persons to fill the Incident Management Team Roles</b>	
<b>Nursing Home Incident Command System Position</b>	<b>Nursing Home Position</b>
<b>Incident Commander</b>	<b>Administrator</b>
Medical Director/Specialist	Medical Director/Nurse Consultant
Public Information Officer	Media Relations/Administrator
Liaison Officer	Assistant Administrator
Safety Officer	Maintenance
<b>Operations Section Chief</b>	<b>Director of Nursing</b>
Resident Services Branch Director	Director of Staff Development
Nursing Unit Leader	Charge Nurse
Psychosocial Unit Leader	Social Worker/Activities Director
Admit/Transfer/Discharge Unit Leader	Charge Nurse or Rehab Director
Infrastructure Branch Director	Housekeeping Supervisor
Dietary Unit Leader	Cook
Environmental Unit	Housekeeper
Physical Plant/Security Unit Leader	Maintenance
<b>Planning Section Chief</b>	<b>Assistant/Associate Administrator</b>
Situation Unit Leader	Admissions Director
Documentation Unit Leader	Medical Records Staff
<b>Logistics Section Chief</b>	<b>Assistant/Associate Administrator/Director of Dietary Services</b>
Service Branch Director	Accounts Manager
Communication Hardware Unit Leader	Maintenance Staff/Rehab Director
IT/IS Unit Leader	Business Office Staff
Support Branch Director	Director of Social Services
Supply Unit Leader	Central Supply or Housekeeping
Staffing/Scheduling Unit Leader	Staffing Coordinator or Lead CNA
Transportation Unit Leader	Maintenance or Activity Staff
<b>Finance/Administration Section Chief</b>	<b>Business/Finance Director</b>
Time Unit Leader	Payroll/Biller
Procurement/Costs/Claims Unit Leader	Risk Manager/Quality Manager



### **Adapting the IMT to Large and Small Facilities**

In the planning stages, nursing home administrators and managers should determine the availability of on-site staff to fill IMT positions. This should include identification of staff on all shifts; those persons readily available to fill positions during the day may not be immediately available during the night or on weekends. The IMT chart should be kept current and accessible.

For smaller facilities or during off hours for any facility, it may be necessary for administrators/managers who are working and still on-site to initially assume multiple roles until additional personnel arrive.

The use of NHICS and common training conducted by all of the nursing homes in a community will help to insure that these facilities can help one another, especially when the problem is isolated to one facility. Those not impacted may be able to share IMT trained personnel as well as other equipment and supplies.

### **Job Action Sheets**

Job Action Sheets are generic forms used in all response and recovery efforts. Each Job Action Sheet (JAS) identifies the position by title followed by a mission statement that reinforces the roles and responsibilities assigned to that position.

An information box is found at the top of each JAS, allowing for documentation of the position assignment and key response information, including location and contact data.

The Job Action Sheet provides a chronological list of tasks to consider in the response. This serves not only as a response guide but also as a documentation tool. The design allows for recording what action was taken, by whom, the time, and other pertinent details

On the JAS for Command and General (Section Chiefs) staff, actions are grouped into four separate time periods:

- Immediate 0-2 hours
- Intermediate 2-12 hours
- Extended Beyond 12 hours
- Demobilization/System Recovery

On the JAS for Branch and Unit staff, the actions are grouped into two separate time periods:

- Immediate 0-2 Hours
- On-Going Ongoing until told to resume normal duties

The JAS also includes a list of job tools: those additional items that will facilitate the response. These may include copies of specific forms, communication tools such as radios, and response-generated paperwork. As with other sections of the JAS, this area may be revised to include those response tools that will aid the person assigned to the position.





The Job Action Sheet should be customized to the individual nursing home. This can be done in the planning stage, allowing qualified persons who are identified to fill the positions to review the tasks, recommending changes to better explain the actions and incorporate additional tasks specific to the facility. In the after-action phase, the Job Action Sheets should be reviewed, noting if tasks were completed, the time of completion, and any additional actions undertaken not currently on the JAS. This will allow for revision of the JAS with the resulting enhancement and customization of the guide. Job Action Sheets for all positions identified on the IMT have been developed.

A sample Incident Commander Job Action Sheet is on the following pages. Download a copy of this and other command job action sheets at [http://www.emsa.ca.gov/hospital\\_incident\\_command\\_system\\_job\\_action\\_sheets\\_2014\\_Command](http://www.emsa.ca.gov/hospital_incident_command_system_job_action_sheets_2014_Command).

**SAMPLE**

**Mission:** Organize and direct the Hospital Command Center (HCC). Give overall strategic direction for hospital incident management and support activities, including emergency response and recovery. Approve the Incident Action Plan (IAP) for each operational period.

Position Reports to: <b>Executive Administration</b> Command Location: _____		
Position Contact Information: Phone: (    )      -      Radio Channel: _____		
Hospital Command Center (HCC): Phone: (    )      -      Fax: (    )      -		
Position Assigned to:	Date:    /    /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date:    /    /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date:    /    /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.



Immediate Response (0 – 2 hours)	Time	Initial
<p><b>Receive appointment</b></p> <ul style="list-style-type: none"> <li>• Gather intelligence, information and likely impact from the sources providing event notification</li> <li>• Assume the role of Incident Commander and activate the Hospital Incident Command System (HICS)</li> <li>• Review this Job Action Sheet</li> <li>• Put on position identification (e.g., position vest)</li> <li>• Notify your usual supervisor and the Hospital Chief Executive Officer (CEO) of the incident, activation of the Hospital Command Center (HCC), and your assignment</li> </ul>		
<p><b>Assess the operational situation</b></p> <ul style="list-style-type: none"> <li>• Activate the Hospital Emergency Operations Plan (EOP) and applicable Incident Specific Plans or Annexes</li> <li>• Brief Command Staff on objectives and issues, including:               <ul style="list-style-type: none"> <li>○ Size and complexity of the incident</li> <li>○ Expectations</li> <li>○ Involvement of outside agencies, stakeholders, and organizations</li> <li>○ The situation, incident activities, and any special concerns</li> </ul> </li> <li>• Seek feedback and further information</li> </ul>		
<p><b>Determine the incident objectives, tactics, and assignments</b></p> <ul style="list-style-type: none"> <li>• Determine incident objectives for the operational period</li> <li>• Determine which Command Staff need to be activated:               <ul style="list-style-type: none"> <li>○ Safety Officer</li> <li>○ Liaison Officer</li> <li>○ Public Information Officer</li> </ul> </li> <li>• Determine the impact on affected departments and gather additional information from the Liaison Officer</li> <li>• Appoint a Planning Section Chief to develop an Incident Action Plan (IAP)</li> <li>• Appoint an Operations Section Chief to provide support and direction to affected areas</li> <li>• Appoint a Logistics Section Chief to provide support and direction to affected areas</li> <li>• Appoint a Finance Section Chief to provide support and direction to affected areas</li> <li>• Determine the need for, and appropriately appoint or ensure appointment of Medical-Technical Specialists</li> <li>• Make assignments and distribute corresponding Job Action Sheets and position identification</li> <li>• Ensure hospital and key staff are notified of the activation of the Hospital Command Center (HCC)</li> <li>• Identify the operational period and any planned Hospital Incident Management Team (HIMT) staff shift changes</li> <li>• Conduct a meeting with HIMT staff to receive status reports from Section Chiefs and Command Staff to determine appropriate response and recovery levels, then set the time for the next briefing</li> </ul>		
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Ensure all activated positions are documented in the Incident Action Plan (IAP) and on status boards</li> <li>• Obtain current patient census and status from the Planning Section Chief</li> </ul>		



Immediate Response (0 – 2 hours)	Time	Initial
<ul style="list-style-type: none"> <li>• Determine the need to activate surge plans based on current patient status and injury projections</li> <li>• If additional beds are needed, authorize a patient prioritization assessment for the purposes of designating appropriate early discharge</li> <li>• If applicable, receive an initial hospital damage survey report from the Operations Section Infrastructure Branch and evaluate the need for evacuation</li> </ul>		
<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>• Incident Action Plan (IAP) Quick Start</li> <li>• HICS 200: Consider whether to use the Incident Action plan (IAP) Cover Sheet</li> <li>• HICS 201: Initiate the Incident Briefing form</li> <li>• HICS 204: Assign or complete the Assignment List as appropriate</li> <li>• HICS 207: Assign or complete the Hospital Incident Management Team (HIMT) Chart for assigned positions</li> <li>• HICS 213: Document all communications on a General Message Form</li> <li>• HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis</li> <li>• HICS 252: Distribute the Section Personnel Time Sheet to Command and Medical-Technical Specialist Staff and ensure time is recorded appropriately</li> </ul>		
<p><b>Resources</b></p> <ul style="list-style-type: none"> <li>• Assign one or more clerical personnel from current staffing or make a request for staff to the Logistics Section Chief, if activated, to function as Hospital Command Center (HCC) recorders</li> </ul>		
<p><b>Communication</b></p> <p><i>Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners</i></p>		
<p><b>Safety and security</b></p> <ul style="list-style-type: none"> <li>• Ensure that appropriate safety measures and risk reduction activities are initiated</li> <li>• Ensure that HICS 215A – Incident Action Plan Safety Analysis is completed and distributed</li> <li>• Ensure that a hospital damage survey is completed if the incident warrants</li> </ul>		



Intermediate Response (2 – 12 hours)	Time	Initial
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Transfer the Incident Commander role, if appropriate               <ul style="list-style-type: none"> <li>○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources and the role of external agencies in support of the hospital</li> <li>○ Address any health, medical, or safety concerns</li> <li>○ Address political sensitivities, when appropriate</li> <li>○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)</li> </ul> </li> <li>• Schedule regular briefings with Hospital Incident Management Team (HIMT) staff to identify and plan to:               <ul style="list-style-type: none"> <li>○ Ensure a patient tracking system is established and linked with appropriate outside agencies and the local Emergency Operations Center (EOC)</li> <li>○ Develop, review, and revise the Incident Action Plan (IAP), or its elements, as needed</li> <li>○ Approve the IAP revisions if developed by the Planning Section Chief, then ensure that the approved plan is communicated to HIMT staff</li> <li>○ Ensure that safety measures and risk reduction activities are ongoing and re-evaluate if necessary</li> </ul> </li> <li>• Consider deploying a Public Information Officer to the local Joint Information Center (JIC), if applicable</li> </ul>		
<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>• HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis</li> </ul>		
<p><b>Resources</b></p> <ul style="list-style-type: none"> <li>• Authorize resources as needed or requested by Command Staff or Section Chiefs</li> </ul>		
<p><b>Communication</b></p> <p><i>Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners</i></p>		
<p><b>Safety and security</b></p> <ul style="list-style-type: none"> <li>• Ensure that patient and personnel safety measures and risk reduction actions are followed</li> </ul>		



Extended Response (greater than 12 hours)	Time	Initial
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Transfer the Incident Commander role, if appropriate               <ul style="list-style-type: none"> <li>○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources and the role of external agencies in support of the hospital</li> <li>○ Address any health, medical, or safety concerns</li> <li>○ Address political sensitivities, when appropriate</li> <li>○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)</li> </ul> </li> <li>• Evaluate or re-evaluate the need for deploying a Public Information Officer to the local Joint Information Center (JIC) and a Liaison Officer to the local Emergency Operations Center (EOC), if applicable</li> <li>• Ensure that an Incident Action Plan (IAP) is developed for each operational period, approved, and provided to Section Chiefs for operational period briefings</li> <li>• With Section Chiefs, determine the recovery and reimbursement costs and ensure documentation of financial impact</li> <li>• Ensure staff, patient, and media briefings are being conducted regularly</li> </ul>		
<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>• HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis</li> </ul>		
<p><b>Resources</b></p> <ul style="list-style-type: none"> <li>• Authorize resources as needed or requested by Command Staff and Section Chiefs</li> </ul>		
<p><b>Communication</b></p> <p><i>Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners</i></p>		
<p><b>Safety and security</b></p> <ul style="list-style-type: none"> <li>• Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit Leader</li> <li>• Provide for personnel rest periods and relief</li> <li>• Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques</li> </ul>		



Demobilization/System Recovery	Time	Initial
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Transfer the Incident Commander role, if appropriate               <ul style="list-style-type: none"> <li>○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources and the role of external agencies in support of the hospital</li> <li>○ Address any health, medical, or safety concerns</li> <li>○ Address political sensitivities, when appropriate</li> <li>○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)</li> </ul> </li> <li>• Assess the plan developed by the Planning Section Demobilization Unit and approved by the Planning Section Chief for the gradual demobilization of the Hospital Command Center (HCC) and emergency operations according to the progression of the incident and hospital status</li> <li>• Demobilize positions in the HCC and return personnel to their normal jobs as appropriate, in coordination with the Planning Section Demobilization Unit</li> <li>• Brief staff, administration, and Board of Directors</li> <li>• Approve notification of demobilization to the hospital staff when the incident is no longer active or can be managed using normal operations</li> <li>• Participate in community and governmental meetings and other post-incident discussion and after action activities</li> <li>• Ensure post-incident media briefings and hospital status updates are scheduled and conducted</li> <li>• Ensure implementation of stress management activities and services for staff</li> <li>• Ensure that staff debriefings are scheduled to identify accomplishments, response, and improvement issues</li> </ul>		
<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>• HICS 221- Demobilization Check-Out</li> <li>• Ensure all Hospital Command Center (HCC) documentation is provided to the Planning Section Documentation Unit</li> </ul>		



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#### Documents and Tools

- Incident Action Plan (IAP) Quick Start
- HICS 200 - Incident Action Plan (IAP) Cover Sheet
- HICS 201 - Incident Briefing form
- HICS 203 - Organization Assignment List
- HICS 204 - Assignment List(s)
- HICS 205A - Communications List
- HICS 207: Hospital Incident Management Team (HIMT) Chart
- HICS 213 - General Message Form
- HICS 214 - Activity Log
- HICS 215A - Incident Action Plan (IAP) Safety Analysis
- HICS 221 - Demobilization Check-Out
- HICS 252 - Section Personnel Time Sheet
- HICS 258 - Hospital Resource Directory
- Hospital Emergency Operations Plan (EOP)
- Incident Specific Plans or Annexes
- Hospital organization chart
- Hospital telephone directory
- Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

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# Emergency Preparedness: Communication Plan

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## Emergency Preparedness Toolkit Communication Plan

Facilities should develop and maintain an emergency preparedness communication plan that aligns with local, state and federal requirements. The communication plan should include processes related to how the facility coordinates resident care within the facility and externally, how the facility interacts and coordinates with emergency management services, how the facility communicates resident and staff information while protecting privacy, communication of the facility's response to the emergency, how the facility coordinates with officials and across health care providers.

In accordance to Appendix Z of the State Operations Manual (SOM), the Communication Plan associated with Emergency Preparedness should incorporate the following:

- Develop an emergency preparedness communication plan that complies with federal, state, and local laws
- Include:
  - Contact information – for relevant partners
  - Methods to communicate essential information with relevant partners
  - Methods to share protected patient information
  - Primary and alternate means of communication

### ***Contact information***

The communication plan should include:

Contact information (name and contact) for internal needs:

- Residents
- Staff
- Resident physicians
- Volunteers
- Service and resource entities under arrangement
- Over health care providers

### External Resources

- Local, state, regional and federal emergency preparedness staff
- State Department of Health and Human Services
- Ombudsman
- Local authorities
- Transfer entities
- Transportation entities
- Vendors and service providers

Information should be current, accessible and readily available.

***Methods to communicate essential information with relevant partners***

The facility communication plan needs to include primary and alternative means for communicating. Included in the plan should be contact information related to local, state, regional and federal emergency authorities as well as contact information and corresponding agreements with other partners (providers, agency staffing organizations, vendors) who are part of the facility's emergency preparedness plan. Additionally, the facility should ensure that the secondary or alternate methods of communication is compatible with the communication systems of those on their contact list.

***Methods to share protected patient information***

The facility communication plan should include methods for medical and financial information sharing requirements. The facility should include in the plan the primary and alternative methods, in case of loss or failure, in which resident medical information and records are shared with agreed upon entities. These processes need to be in alignment with HIPAA and HITECH requirements. Review of the facility HIPAA compliant policies and procedures should include interventions of sharing information in case of an emergency as well as evacuation. The facility policies should be reviewed and revised to include the required transfer notice and documentation processes per the requirements of participation. See the HIPAA Decision Flow process, per CMS, at the end of this chapter.

Facility communication plan should include a process for providing facility specific information, which is readily accessible for emergency management authorities, including:

- Occupancy/Census
- Resident population demographics
- Specialty programs and special needs of residents including specialty equipment if applicable
- Assistance with evacuation needs
- Supply and pharmaceutical contingency
- Transportation needs
- Other

It is recommended that the facility share the overview of the emergency plan with residents, resident representatives and stakeholders so that they are informed of the plan and emergency processes. The facility may develop a fact sheet outlining key components of the plan and the roles/responsibilities of staff as well as communication processes including how to contact the facility during an emergency.

### ***Primary and alternate means of communication***

The facility communication plan needs to include primary and alternative means for communicating. Additionally, the facility should ensure that the secondary or alternate methods of communication is compatible with the communication systems of those on their contact list.

### ***Additional Information and Resources***

When an emergency occurs, the need to respond is immediate. That is “Job 1.” The need to communicate would be “Job 1a.” If operations are disrupted, internal and external customers will want to know how they will be impacted. Regulators may need to be notified and local government officials will want to know what is going on in their community. Employees and their families will be concerned and want information. Neighbors living near the facility may need information –especially if they are threatened by the incident. All of these “audiences” will want information before the facility has a chance to begin communicating.

An important component of the Emergency Preparedness program is the crisis communications plan. A facility must be able to respond promptly, accurately, and confidently during an emergency in the hours and days that follow. Many different audiences must be reached with information specific to their interests and needs. The image of the facility can be positively or negatively impacted by public perceptions of the handling of the incident. Understanding potential audiences is key, as each audience wants to know: “How does it affect me?” Guidance for scripting messages that are specific to the interests of the audience is another element of the communication plan.

### **Audiences**

Understanding the audiences that a facility needs to reach during an emergency is one of the first steps in the development of a crisis communications plan. There are many potential audiences that will want information during and following an incident and each has its own needs for information. The challenge is to identify potential audiences, determine their need for information and then identify who within the facility is best able to communicate with that audience.

Potential audiences include:

- Residents
- Family members of residents
- Employees
- Family members of employees
- Responders and Emergency Management
- News media
- Community – especially neighbors living near the facility
- Company management, directors, and investors
- Government officials, regulators, and other authorities
- Suppliers



### **Contact Information**

Contact information for each audience should be compiled and immediately accessible during an incident. Existing information such as resident representative, supplier, and employee contact information may be exportable from existing databases. Include as much information for each contact as possible (*e.g.*, organization name, contact name, business telephone number, cell number, fax number, and email address).

Lists should be updated regularly, secured to protect confidential information and available to authorized users at the emergency operations center or an alternate location for use by members of the crisis communications team. Electronic lists can also be hosted on a secure server for remote access with a web browser. Hard copies of lists should also be available at the alternate location.

### **Residents and Their Family Members**

Customers are the life of a business, so customer contact is a top priority. Customers may become aware of a problem as soon as their phone calls are not answered or their electronic communications are not acknowledged. The business continuity plan should include action to redirect incoming telephone calls to a second call center (if available) or to a voice message indicating that the business is experiencing a temporary problem.

### **Suppliers**

The crisis communication or business continuity plan should include documented procedures for notification of suppliers. The procedures should identify when, how, and by whom they should be notified.

### **Management**

Protocols for when to notify management should be clearly understood and documented. Consider events that occur on a holiday weekend or in the middle of the night. It should be clear to staff what situations require immediate notification of management regardless of the time of day. Similar protocols and procedures should be established for notification of directors, investors, and other like stakeholders. Management does not want to learn about a problem from the new media.

### **Government Official and Regulators**

Communications with government officials depends upon the nature and severity of the incident and regulatory requirements. Facilities that fail to notify a regulator within the prescribed time risk incurring a fine. Occupational Safety and Health Administration (OSHA) regulations require notification to OSHA when there are three or more hospitalizations from an accident or if there is a fatality. Environmental regulations require notification if there is chemical spill or release that exceeds threshold quantities. Other regulators may need to be notified if there is an incident involving product tampering, contamination, or quality.



Notification requirements specified in regulations should be documented in the crisis communication plan.

### **Employees, Victims, and Their Families**

Human Resources (HR) is responsible for the day-to-day communications with employees regarding employment issues and benefits administration. HR management should assume a similar role on the crisis communications team. HR should coordinate communications with management, supervisors, employees, and employee families. HR should also coordinate communications with those involved with the care of employees and the provision of benefits to employees and their families. Close coordination between management, company spokesperson, public agencies, and HR is needed when managing the sensitive nature of communications related to an incident involving death or serious injury.

### **The Community**

If there are hazards at a facility that could impact the surrounding community, then the community becomes an important audience. If so, community outreach should be part of the crisis communications plan. The plan should include coordination with public safety officials to develop protocols and procedures for advising the public of any hazards and the most appropriate protective action that should be taken if warned.

### **News Media**

If the incident is serious, then the news media will be on scene or calling to obtain details. There may be numerous requests for information from local, regional, or national media. The challenge of managing large numbers of requests for information, interviews, and public statements can be overwhelming. Prioritization of requests for information and development of press releases and talking points can assist with the need to communicate quickly and effectively.

Develop a company policy that only authorized spokespersons are permitted to speak to the news media. Communicate the policy to all employees explaining that it is best to speak with one informed voice.

Determine in advance who will speak to the news media and prepare that spokesperson with talking points, so they can speak clearly and effectively in terms that can be easily understood.

### **Messages**

During and following an incident, each audience will seek information that is specific to them. “How does the incident affect my family member, job, safety, community ...?” These questions need to be answered when communicating with each audience.

After identifying the audiences and the spokesperson assigned to communicate with each audience, the next step is to script messages. Writing messages during an incident can be challenging due to the pressure caused by “too much to do” and “too little time.” Therefore, it is best to script message templates in advance if possible.

Pre-scripted messages should be prepared using information developed during the risk assessment. The risk assessment process should identify scenarios that would require communications with stakeholders. There may be many different scenarios but the need for communications will relate more to the impacts or potential impacts of an incident:

- Accidents that injure employees or others
- Property damage to facilities
- Liability associated injury to or damage sustained by others
- Service interruptions
- Chemical spills or releases with potential off-site consequences, including environmental
- Care quality issues

Messages should be scripted to address the specific needs of each audience, which may include:

- Resident/Resident Representative - “Is it safe?”
- Employee – “When should I report to work?” “Will I have a job?” “Will I get paid during the shutdown or can I collect unemployment?” “Will overtime be mandated?” “What happened to my co-worker?” “What are you going to do to address my safety? My family’s safety?” “Is it safe to go back to work?”
- Government Regulator – “When did it happen?” What happened (details about the incident)?” “What are the impacts (injuries, deaths, environmental contamination, safety of residents, etc.)?”
- Elected Official – “What is the impact on the community (hazards and economy)?” “How many employees will be affected?” “When will you be back up and running?”
- Suppliers – “When should we resume deliveries and where should we ship them?” “How many and how soon do you need emergencies supplies?”
- Management – “What happened?” “When did it happen?” “Was anyone injured?” “How bad is the property damage?” “How long do you think service will be down?”
- Neighbors in the Community – “How can I be sure it’s safe to go outside?” “What are you going to do to prevent this from happening again?” “How do I get paid for the loss I incurred?”
- News Media - “What happened?” “Who was injured?” “What is the estimated loss?” “What caused the incident?” “What are you going to do to prevent it from happening again?” “Who is responsible?”

Messages can be pre-scripted as templates with blanks to be filled in when needed. Pre-scripted messages can be developed, approved by the management team and stored on a remotely accessible server for quick editing and release when needed.

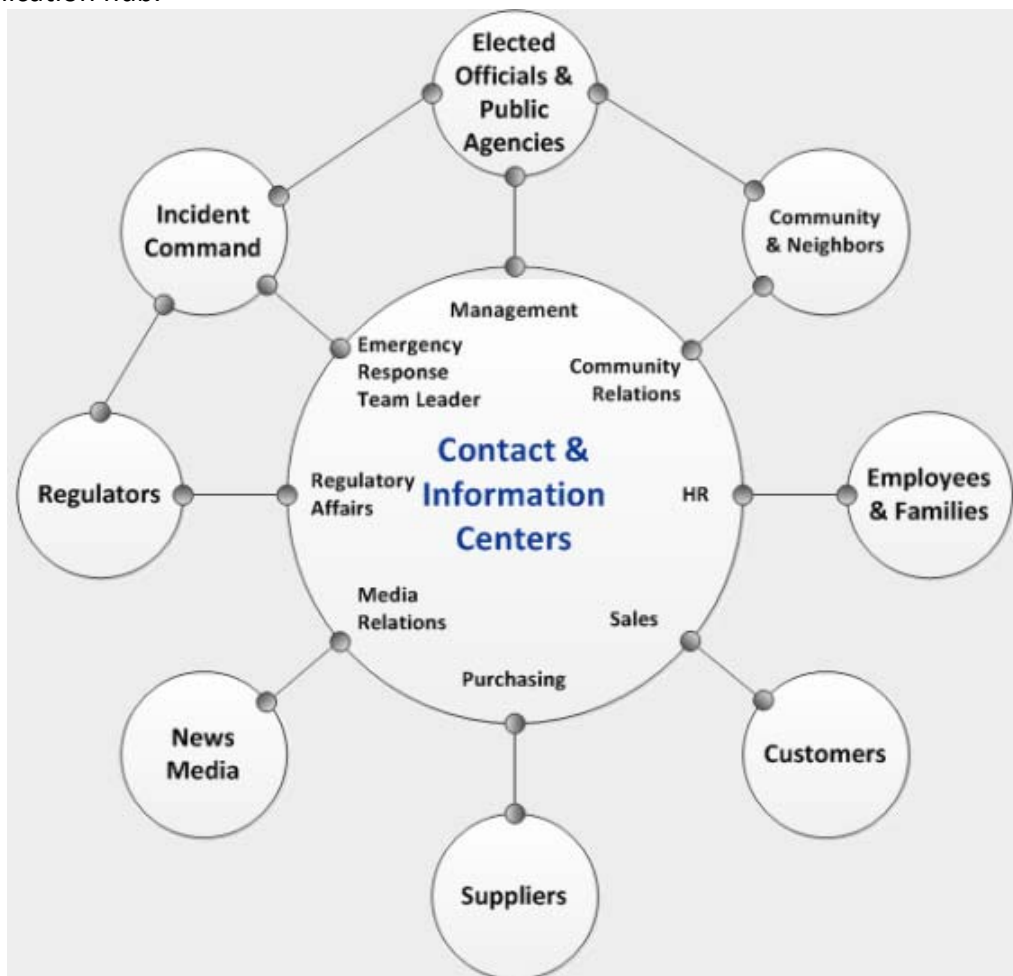
Another important element of the crisis communications plan is the need to coordinate the release of information. When there is an emergency or a major impact on the facility, there

may be limited information about the incident or its potential impacts. The “story” may change many times as new information becomes available.

One of the aims of the crisis communication plan is to ensure consistency of message. If you tell one audience one story and another audience a different story, it will raise questions of competency and credibility. Protocols need to be established to ensure that the core of each message is consistent while addressing the specific questions from each audience.

### Contact and Information Centers

Communications before, during, and following an emergency is bi-directional. Stakeholders or audiences will ask questions and request information. The facility will answer questions and will provide information. This flow of information should be managed through a communication hub.



Contact and Information Centers form the “hub” of the crisis communications plan. The centers receive requests for information from each audience and disseminate information to each audience. Employees from multiple departments may be assigned to communicate with a specific audience.



The “contact center” fields inquiries from everyone; therefore, it should be properly equipped and staffed by personnel to answer requests for information. The staff working within the contact center should be provided with scripts and a “frequently asked questions” (FAQ) document to answer questions consistently and accurately.

The “information center” consists of existing staff and technologies (*e.g.*, website, call center, bulletin boards, etc.) that field requests for information during normal business hours. The information center and its technologies can be used to push information out to audiences and post information for online reading.

The crisis communications team, consisting of members of the management team, should operate in an office environment to support the contact and information centers. The offices may be clustered near the emergency operations center or at an alternate site if the primary site cannot be occupied. The goal of the crisis communications team is to gather information about the incident. This should include monitoring the types of questions posed to call center operators or staff in the office; emails received by customer service; social media chatter or stories broadcast by the news media.

Using this input, the crisis communications team can inform management about the issues that are being raised by stakeholders. In turn, management should provide input into the messages generated by the crisis communications team. The team can then create appropriate messages and disseminate information approved for release.

### **Resources for Crisis Communications**

Resources should be available within the primary business site and provisions should be made to set up similar capabilities within an alternate site in case the primary site cannot be occupied.

- Telephones with dedicated or addressable lines for incoming calls and separate lines for outgoing calls
- Access to any electronic notification system used to inform residents and/or employees
- Electronic mail
- Fax machine (preferably one for sending and one for receiving)
- Webmaster access to company website to post updates
- Access to social media accounts
- Access to local area network, secure remote server, message template library and printers
- Hard copies of emergency response, business continuity, and crisis communications plan
- Site and building diagrams, information related to business processes and loss prevention programs (*e.g.*, safety and health, property loss prevention, physical and information/cyber security, fleet safety, environmental management, and care quality)

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- Copiers
- Forms for documenting events as they unfold
- Message boards (flipcharts, white boards, etc.)
- Pens, pencils, paper, clipboards, and other stationery supplies

### **HIPAA in Emergency Situations: Preparedness, Planning, and Response**

The Privacy Rule protects individually identifiable health information from uses and disclosures that unnecessarily compromise the privacy of an individual. The Rule is carefully designed to protect the privacy of health information, while allowing important health care communications to occur.

The process chart on the following page addresses the release of protected health information for planning or response activities in emergency situations. Additional information can be obtained at <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/decision-tool-overview/index.html>.

Additional information addresses the following:

- Who is the source of the information to be disclosed?
  - A covered entity
  - The individual consumer
  - Other agency or organization that is not a covered entity
- To whom is the information being disclosed?
  - Public Health Authority
  - A health care provider for treatment
  - Other agency for public health purposes
  - Other person(s)/agency
- Has the individual consumer signed an authorization permitting disclose?
  - Yes
  - No

### **Waivers**

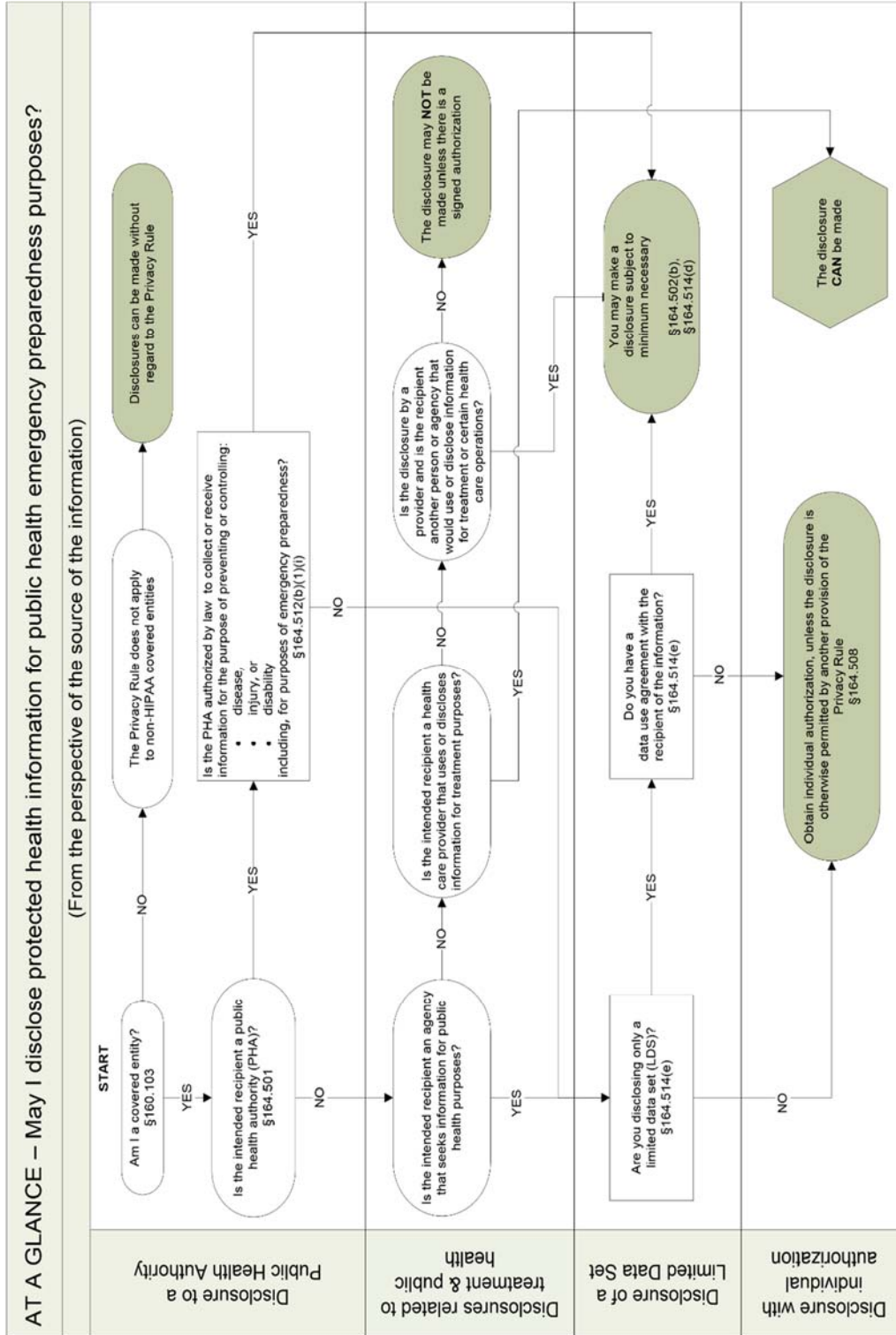
If the President declares an emergency or disaster *and* the Secretary of HHS declares a public health emergency, the Secretary may waive sanctions and penalties against a covered hospital that does not comply with certain provisions of the Privacy Rule. The Privacy Rule remains in effect. The waivers are limited and apply only for limited periods of time.

Additional information regarding waivers can be obtained at <https://www.hhs.gov/hipaa/for-professionals/faq/1068/is-hipaa-suspended-during-a-national-or-public-health-emergency/index.html>.

CMS Resource: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/OCR-Emergency-Prep-HIPPA-Disclose.pdf>

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**Incident Command Roster Form Emergency Preparedness Plan**

ICS Position	Title of Facility Position
Facility Incident Commander	
Communications/Information Office	
Liaison Officer	
Safety & Security Officer	
Logistics Lead	
Supplies and Resources Lead	
Medical/Clinical Lead	
Staff/Employee Lead	
Continuity of Operations Lead	
Finance Lead	

**Collaboration and Coordination of Partners – Information Grid**

Type	Organization Name	Contact information	MOU, Agreement, Contract effective date



**Primary and Alternate Communication System Grid**

<b>Communications System</b>				
<b>Type</b>	<b>Location</b>	<b>Vendor or Supporting Service</b>	<b>Back Up Redundant Service</b>	<b>Staff Responsible</b>
Business Switchboard				
Business Cell Phone				
2 way Radio				
Pagers				
Weather Radio				
IP Phone				
Internet Access				

**Primary and Alternate Communication Process for Key Contacts**

<b>Primary and Alternate Communication Process for Key Contacts</b>		
<b>Contact</b>	<b>Primary Method</b>	<b>Secondary Method</b>
Residents		
Resident Representatives		
Physicians		
Medical Director		
Key Management Team		
Staff		
Local EMS		
Public Health		
State EMS		
State Public Health		
State DHSS		
Federal – CMS		
FEMA		
ASPR		



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### Critical Phone Numbers

Name/Title	Primary Telephone	Secondary Telephone



**SAMPLE Facility Profile**

Facility Name	
Facility Address	
Facility Location (Cross streets, Landmarks, Longitude and Latitude Coordinates)	
Facility Telephone #	
Facility Fax #	
Facility Email	
Facility Web Address	
Administrator/Phone #	
Emergency Contact Person/Phone #	
Maintenance Coordinator/Phone #	
Insurance Agent/Phone #	
Owner/Phone #	
Attorney/Phone #	
Year Facility Built	
Fire Alarm System/Contact #	
Security Alarm System/Contact #	
# of Licensed Beds/Average Census	
Average # of Staff – Days	
Average # of Staff - Evenings	
Average # of Staff – Nights	
Emergency Power Generator	
Type Emergency Power Generator Fuel	
Emergency Communication System	
Like-Facility #1 for Resident Evacuation*(within 10 miles)/Phone #	
Like-Facility #2 for Resident Evacuation (within 10 miles)/Phone #	
Like-Facility for Resident Evacuation (beyond 25 miles)/Phone #	
Like-Facility for Resident Evacuation (beyond 25 miles)/Phone #	
Other	
*Our facility has a Memorandum of Understanding (MOU) with at least one nearby facility (within 10 miles) and one out-of-the-immediate-area facility (beyond 25 miles) to accept evacuated residents, if able to do so.	



**SAMPLE Emergency Contacts**

Type	Telephone #/Email	Contact Name (if known)
Police		
Fire		
State Nursing Facility Licensing Agency		
Emergency Medical System		
Local Emergency Management Agency		
Local Medical and Health Coordinator		
Ambulance Company #1		
Ambulance Company #2		
Other Transportation		
Power Company		
Telephone Company		
Water System		
Sewer System		
Fire Alarm System		
Fire Protection – Sprinkler System		
Security Alarm System		
Emergency Water Supply		
Additional Staff		
Other		

**Staff Emergency Contact Roster**

Facility Staff Emergency Contact					
Name	Department	Contact #	Email	Staff Role in Emergency	Contacted Staff Family?



**Resident Physician Contact Roster**

<b>Resident Physician Contact</b>			
<b>Resident Name</b>	<b>Physician</b>	<b>Contact Date</b>	<b>Documented</b>

**Volunteer Emergency Contact Roster**

<b>Volunteer Emergency Contact</b>					
<b>Name</b>	<b>Department</b>	<b>Contact #</b>	<b>Email</b>	<b>Staff Role in Emergency</b>	<b>Contacted Volunteer Family?</b>



# Emergency Preparedness: Toolkit Resources

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## **Emergency Preparedness Toolkit Training and Testing**

The facility must develop and implement a process for training and testing of the emergency preparedness plan in accordance to requirements. The training plan should be based on the risk assessment, emergency plan, policies and procedures, communication plan and in collaboration with local emergency management system partners. The training and testing must be completed annually as described in the regulations.

Training should encompass the facility's emergency preparedness education plan, consistent with expected roles including, but not limited to:

- facility leadership
- facility staff
- vendors/contractors
- volunteers
- service providers
- and other applicable stakeholders.

Training of the emergency preparedness plan must be conducted initially to all new and existing staff, annual review and updates, and as needed based upon outcomes of testing and emergency situations. The facility must document the training and results of staff knowledge of the training.

Testing of the training of the plan allows the facility to evaluate the effectiveness of the training as well as the overall emergency preparedness program. The facility must conduct annually-including unannounced staff drills -full-scale community-based exercise or, if not accessible, facility-based AND additional exercise (either 2<sup>nd</sup> full-scale or tabletop w/ facilitator designated to challenge the EP). Additionally the facility must analyze response to and maintain documentation of drills, tabletop exercises, and emergency events – revise E-Plan as needed. \*Contact local emergency management system headquarters for assistance with the exercises and drills.

Appendix Z of the State Operations Manual (SOM) further explains the Training and Testing Program associated with Emergency Preparedness should incorporate the following:

- Develop an emergency preparedness training and testing program based on the emergency plan, risk assessment, and communication plan
- Provide annual training on all emergency preparedness policies and procedures
- Participate annually in two exercises, one of which must be a full-scale community-based exercise
  - Full scale exercise: any operations-based exercise (drill, functional, or full-scale exercise) that assesses a facility's functional capabilities by simulating a response



to an emergency that would impact the facility's operations and their given community

- Typically involves multiple agencies, jurisdictions, and disciplines performing functional or operational elements
- NOT synonymous with FEMA or Homeland Security Exercise and Evaluation Program (HSEEP) full-scale exercise
- When a community-based full-scale exercise is not available, the provider may conduct a facility-based exercise.

In S&C 17-21-ALL, CMS also recommends the following:

“In order to meet these requirements, we strongly encourage providers and suppliers to seek out and to participate in a full-scale, community-based exercise with their local and/or state emergency agencies and health care coalitions and to have completed a tabletop exercise by the implementation date. We realize that some providers and suppliers are waiting for the release of the interpretive guidance to begin planning these exercises, but that is not necessary nor is it advised. Providers and suppliers that are found to have not completed these exercises, or any other requirements of the Final Rule upon their survey, will be cited for non-compliance.

“While providers and suppliers are encouraged to partner with local and state emergency agencies and health care coalitions to conduct full-scale community exercises, not all agencies and coalitions will have the ability or resources to engage with all providers and suppliers. Therefore, we understand that a full-scale, community-based exercise may not always be possible for some providers and suppliers. In such cases, we expect those who have been unable to complete a full-scale exercise by November 15, 2017 to complete an individual facility-based exercise and document the circumstances as to why a full-scale, community-based exercise was not completed. The documentation should include what emergency agencies and or health care coalitions the provider or supplier contacted to partner in a full-scale community exercise and the specific reason(s) why a full-scale exercise was not possible.”

If a provider experiences an emergency that activates their emergency plan, they are exempt from the requirement for a community-based full-scale exercise for one year following the event.

Each facility should also check state-based Emergency Preparedness requirements related to drills and exercises. Each facility must be in compliance with both sets of regulations.

## Additional Information and Resources

### Testing and Exercises

Facilities should conduct testing and exercises to evaluate the effectiveness of the preparedness program, make sure employees know what to do, and find any missing parts.

There are many benefits to testing and exercises:

- Train personnel; clarify roles and responsibilities
- Reinforce knowledge of procedures, facilities, systems, and equipment
- Improve individual performance as well as organizational coordination and communications
- Evaluate policies, plans, procedures, and the knowledge and skills of team members
- Reveal weaknesses and resource gaps
- Comply with local laws, codes, and regulations
- Gain recognition for the emergency management and business continuity program

### Testing the Plan

When you hear the word “testing,” you probably think about a pass/fail evaluation. You may, however, find that there are parts of your preparedness program that will not work in practice. Consider a recovery strategy that requires relocating to another facility and configuring equipment at that facility.

Can equipment at the alternate facility be configured in time to meet the planned recovery time objective?

Can alarm systems be heard and understood throughout the building to warn all employees to take protective action?

Can members of emergency response or business continuity teams be alerted to respond in the middle of the night?

Testing is necessary to determine whether or not the various parts of the preparedness program will work.

### Exercises

Exercising the preparedness program helps to improve the overall strength of the preparedness program and the ability of team members to perform their roles and to carry out their responsibilities. There are several different types of exercises that can help facilities evaluate their program and its capability to protect residents, employees, property, business operations, and the environment.



## Exercise Programs

Being prepared to respond to and recover from emergencies is a challenge. Most communities have plans in place that specify how to respond to a variety of disasters and emergencies. Testing those emergency plans is important. By exercising emergency plans, participants can identify areas that work well and those that need improvement. Lessons learned from exercises can be used to revise operational plans and provide a basis for training to improve proficiency in executing those plans.

There are several types of exercises that are used in emergency management. Those exercises include tabletops, functional and full-scale exercises.

### **Tabletop Exercise**

A tabletop exercise simulates an emergency situation in an informal, stress-free environment. The participants, usually people on a decision-making level, gather around a table to discuss general problems and procedures in the context of an emergency scenario. The focus is on training and familiarization with roles, procedures, or responsibilities.

### **Functional Exercise**

The functional exercise simulates an emergency in the most realistic manner possible, short of moving real people and equipment to an actual site. As the name suggests, its goal is to test or evaluate the capability of one or more functions in the context of an emergency event. Controllers and simulators inject messages to exercise participants via telephone, fax, and written copy.

### **Full-Scale Exercise**

Full-Scale Exercise - A full-scale exercise is as close to the real thing as possible. It is a lengthy exercise which involves numerous agencies participating and using the equipment and personnel that would be called upon in a real event. The full-scale exercise may be held at several locations. Firefighters may rescue "victims", police block traffic, EMS transfer "victims" to area hospitals, etc. Usually the Emergency Operations Center is also activated in the exercise.

## **Resident and Resident Representative/Family Training**

Unique to long-term care is the requirement that residents, their family members, resident representatives, and personal caregivers receive information regarding the facility's Emergency Plan.

## **SAMPLE**

The following guidance is adapted from CMS and the Wisconsin Ombudsman Program brochure for residents of facilities scheduled for closure.

**Emergency Plan:** Prior to any emergency, ask about and become familiar with the facility's emergency plan, including:

- Location of emergency exits
- How alarm system works and modifications for individuals who are hearing and/or visually impaired
- Plans for evacuation, including:
  - How residents/visitors requiring assistance will be evacuated, if necessary
  - How the facility will ensure each resident can be identified during evacuation (e.g., attach identification information to each resident prior to evacuation)
  - Facility's evacuation strategy
  - Where they will go
  - How their medical charts will be transferred
  - How families will be notified of evacuation
- Will families be able to bring their loved one home rather than evacuating, which is often less traumatic than a move to a new facility?
- How family members can keep the facility apprised of their location and contact information (e.g., address, phone number, e-mail address), so the facility will be able to contact them, and family members will be able to check with the facility to meet their loved one following an emergency
- How residents and the medicines and supplies they require will be prepared for the emergency, have their possessions protected and be kept informed during and following the emergency
- How residents (if able) and family members can be helpful (for example, should family members come to the facility to assist?)
- How residents, who are able, may be involved during the emergency, including their roles and responsibilities. Note: It is important for staff to know each resident personally, and whether involving him/her in the emergency plan will increase a sense of security or cause anxiety.. For example, residents may have prior work or personal experience that could be of value (health care, emergency services, military, amateur ham radio operators, etc.) Provide the opportunity for residents to discuss any fears and what actions may help to relieve their anxiety (e.g., a flashlight on the bed, water beside the bed, etc.).

**Helping Residents in a Relocation:** Suggested principles of care for relocated residents include:

- Encourage the resident to talk about expectations, anger, and/or disappointment
- Work to develop a level of trust
- Present an optimistic, favorable attitude about the relocation

- Anticipate that anxiety will occur
- Do not argue with the resident
- Do not give orders
- Do not take the resident's behavior personally
- Use praise liberally
- Be courteous and kind
- Include the resident in assessing problems
- Encourage family participation
- Ensure staff in the receiving facility introduce themselves to residents

### **Employees' Family Emergency Preparedness Training**

Employees are the most valuable resource during an emergency situation. Hazards affecting their community place additional stress on them.

Preparing employees to prepare themselves and their families in advance is key to families effectively confronting and recovering from a disaster. Encourage staff to create a family emergency plan that includes a communication plan, evacuation plan, and a disaster supplies kit.

The emergency plan should address how family members will contact one another, where they will meet if they are not together, safely shutting off utilities, and care of pets.

When developing an emergency plan for one's family, it is also prudent to find out about emergency plans at work, daycare, and school (the places family members might be during an emergency.)

Once all the necessary information is gathered, family members should get together to discuss the information to put in the plan. Also discuss the types of disasters that are most likely to occur in the area. Explain what to do in each case and plan accordingly. Practice the plan at least twice a year and update the plan as information changes and issues arise.

A Family Emergency Plan form and other resources are available at:

<http://www.emergencypreparednessessentials.org/images/family-emergency-planning.pdf>.



## Exercise Design Checklist

Adapted from: *Tool for Evaluating Core Elements of Hospital Disaster Drills.*  
AHRQ Publication No. 08-0019, June 2008

**Working Exercise Title:** \_\_\_\_\_

### Exercise Planning Team Members

Name	Phone	Email	Organization

### I. Scope of Exercise: who will participate, what, where, when?

A. Select the type of exercise is your hospital performing? (Check one.)

1.  Tabletop Exercise (discussion-based exercise, appropriate for 96 hr discussion)

Full Scale Exercise (operations-based exercise in real time)

Other (specify): \_\_\_\_\_

2.  Single Facility

Community-wide

Other \_\_\_\_\_

B. Determine what the exercise scenario will include?

(Check all that apply.) (This is based on the Hazard Vulnerability Assessment)

(Hospital Incident Command System (HICS) reference documents can be found at [www.emsa.ca.gov/HICS](http://www.emsa.ca.gov/HICS), select appendix H.)

Type of Hazard	Explanation





C. Identify the main objectives (also known as target capabilities or critical areas) to be evaluated during the exercise? (Check all that apply.)

Target Capabilities or Critical Areas	Included and Observed
Decontamination	
Sheltering in place	
Incident command	
Communication and information flow	
Staffing	
Triage	
Evacuation	
Security	
Resident Records	
Evacuation	

D. Determine the levels of activity will be included in the exercise? (Check all that apply.)

Levels of Activity Included in Exercise	Included and Observed
Incident Command activated	
Simulated Communication	
Lock down	
Communications	
Supplies and Services requested	
Utility failures	
Triage of victims	
Partial evacuation	
Simulated clinical procedures performed	
Victim transport	
Tracking resource availability	
Tracking of residents, staff	



E. Determine who will participate.

Participants	Active	Passive
Administration		
Management Team		
Residents		
Local EMS		
Volunteers		
Law Enforcement		
State agency(ies) (specify)		
Federal agency(ies) (specify):		
Hospital/health systems(s)		
Media		
Ambulance service		

1. Identify who will control (manage) the actual exercise: \_\_\_\_\_
2. Identify who will evaluate the exercise: \_\_\_\_\_
3. Identify the expected number of victims: \_\_\_\_\_  
Identify who will arrange for victims? \_\_\_\_\_
4. When will the exercise occur?
  - a. Proposed date: \_\_\_\_\_
  - b. Proposed start time: \_\_\_\_\_
  - c. Estimated length of the exercise: \_\_\_\_\_
  - d. Proposed location(s) of the exercise: \_\_\_\_\_

**II. Main Exercise Objectives (Based on Hazard Vulnerability Assessment and items corrected in previous exercises.)**

- Simple (straightforward, easy to read);
- Measurable (specific and quantifiable);
- Achievable (within the time of the exercise);
- Realistic (is the scenario is likely to occur);
- Task-oriented (some observable action taken: Incident Command should be set up within 10 minutes of notification.)



A. Communications

a. \_\_\_\_\_

b. \_\_\_\_\_

B. Resources

a. \_\_\_\_\_

b. \_\_\_\_\_

C. Safety and Security

a. \_\_\_\_\_

b. \_\_\_\_\_

D. Staff Roles and Responsibilities

a. \_\_\_\_\_

b. \_\_\_\_\_

E. Utilities

a. \_\_\_\_\_

b. \_\_\_\_\_

F. Resident Care

a. \_\_\_\_\_

b. \_\_\_\_\_

**VI. Identify the major and detailed events in chronological order.**

(The script that moves the action and provides information to drive objectives known as the master sequence of events list or MSEL).

Note: The Incident Command grids from the HICS website ([www.emsa.ca.gov/HICS](http://www.emsa.ca.gov/HICS), Appendix H) may be helpful.

**VII. Complete the After Action Report and Improvement Plan**

The After Action Report identifies the strengths and opportunities for improvement from the exercise. The After Action Report modified for hospitals is available in the WI Trac Knowledgebase, Exercise Section, Lesson 7 documents. [www.witrac.org](http://www.witrac.org)



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## **After Action Report/Improvement Plan Instructions and Templates – CMS**

After action reports and improvement plans are part of the testing and training process. AARs help facilities to assess their response to the exercise and determine necessary improvement activities which specifically outline how and when improvement will be made to address those identified by the exercise evaluation and AARs.

Below is the link to resources and tools that can be modified to meet your facility's specific needs. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Templates-Checklists.html>



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**Enter Organization Name**

Health Care Provider  
After Action Report/Improvement Plan

Enter Full Name of Exercise or Event

Prepared by

Prepared for

Date(s) of Exercise or Event

Publication Date

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### Executive Summary

The *Executive Summary* section should be used to briefly describe all of the information contained in the following sections of the After Action Report/Improvement Plan (AAR/IP) to highlight the report and assist partnering agencies in striving for preparedness excellence. The overview should discuss why the exercise was conducted, the exercise objectives, a list of the agencies that participated, and what target capabilities (select capabilities from Target Capabilities List included on pages 3-4 terms from the Health Care Provider AAR/IP Instruction packet), activities and scenarios were used to achieve those objectives. All of these areas will be discussed in more detail in subsequent sections of the AAR/IP.

<b>Enter a brief overview of the exercise</b>
<b>Enter the capabilities tested by the exercise (reference Targeted Capabilities List on pages 3-4 of AAR/IP Instruction packet)</b>
•
<b>Enter the major strengths identified during the exercise (include the top 3 strengths, at a minimum)</b>
•



<p><b>Enter areas for improvement identified during the exercise, including recommendations (include the top 3 areas, at a minimum)</b></p> <ul style="list-style-type: none"> <li>•</li> </ul>
<p><b>Describe the overall exercise as successful or unsuccessful, and briefly state the areas in which subsequent exercises should focus</b></p> <ul style="list-style-type: none"> <li>•</li> </ul>

## Section 1: Exercise/Event Overview

The *Exercise Overview* section should be used to briefly describe the following:

- The specific details of the exercise or event
- The agencies and organizations that participated in the exercise or event
- How the exercise or event was structured
- How the exercise or event was implemented and carried out

**Exercise/Event Name:** \_\_\_\_\_

**Exercise/Event Start Date:** \_\_\_\_\_

**Exercise/Event End Date:** \_\_\_\_\_

**Duration (insert the total length of the exercise or event in terms of days or hours, as appropriate):** \_\_\_\_\_

### Type of Exercise/Event Completed:

Check the type of exercise completed, as listed below (see key terms included on pages 4-5).

#### *Discussion-Based Exercise*

Seminar  
Games

Workshop  Tabletop

#### *Operations-Based Exercise*

Drill  
 Functional Exercise

Full-Scale Exercise

#### *Emergency Event*



Event

**Capabilities:** List the appropriate targeted capabilities of the exercise/event (refer to AAR/IP Instruction Packet, pages 3-4, TCL capabilities identified in red, e.g., medical surge, isolation & quarantine, etc.):

**Scenario:** Describe the exercise scenario type (e.g., flood, hurricane, etc.)

**Location:**

**Partners:** List all partners, contractors, supporting/co-sponsoring organizations:

-

**Participants:** List all individual participating organizations or agencies

-

**Number of Participants:**

List the total number of:

- Players:
- Victim role players:
- Controllers:
- Evaluators:
- Facilitators:
- Observers:





## Section 2: Exercise Design Summary

**Exercise Purpose and Design:** *Briefly summarize why the exercise was conducted and what the participants hoped to learn. Include a brief history of how the exercise was organized, designed, funded, etc.*

**Exercise Objectives and Capabilities:** *List the exercise objectives followed by the capabilities for each objective. The number of objectives and capabilities will vary based on the scope of the exercise and the number of participating agencies.*

**Scenario Summary:** *This section should summarize the scenario or situation initially presented to players, subsequent key events introduced, and the time in which these events occurred. For a table-top exercise, this section should outline the scenario used and/or modules presented to the participants.*

## Analysis of Critical Objectives Performance

- The *Analysis of Critical Objectives Performance* section reviews performance of the individual objectives and tasks. This section should provide the most detail regarding each behavior or action at the core of the observation. Each objective identified to be performed for the simulated event defined by the scenario should be discussed.
- Those objectives and tasks that were **performed as expected** require only a short write up that describes how the task was performed. For objectives and tasks that were **not performed** as expected, describe what did or did not happen and the root causes for the variance from the plan, established procedures, or agreements.
- This section should indicate if the variance from expected performance resulted in an improved response, which may result in a recommendation that plans or procedures be changed.
- **Recommendations** for improvement should be presented for these tasks. Innovative approaches that were used should be highlighted and described.
- **Please reference the Exercise Evaluation Guide (EEG) for each capability at [https://hseep.dhs.gov/pages/1002\\_EEGLi.aspx](https://hseep.dhs.gov/pages/1002_EEGLi.aspx).**

### Below is the recommended format for presenting each Capability

Capability - Identify the capability from the Targeted Capabilities List:	Summary of Observation:
• <b>Objective:</b> Align the capability to specific objective	
• <b>Activity:</b> List the activity and reference critical tasks from the EEG	
• <b>Task:</b> Reference the critical task from the EEG (please see applicable EEG posted at <a href="https://hseep.dhs.gov/pages/1002_EEGLi.aspx">https://hseep.dhs.gov/pages/1002_EEGLi.aspx</a> ):	
• <b>Analysis</b>	
• <b>Recommendation:</b> Insert recommendations to address identified areas for improvement, based on the judgment and experience of the evaluation team. If the observation was identified as strength, without corresponding recommendations, insert "None."	



### SECTION 3: IMPROVEMENT PLAN

This Improvement Plan (IP) should include the top three key recommendations and corrective actions (at a minimum) identified in the Critical Objectives Performance section. Insert additional rows to the table if more than three recommendations and corrective actions have been identified.

Capability	Top 3 Observations	Top 3 Recommendations	Corrective Action Description	Responsible Facility	Facility POC	Start Date	Completion Date
	Observation 1	Recommendation 1					
	Observation 2	Recommendation 2					
	Observation 3	Recommendation 3					

Capability	Top 3 Observations	Top 3 Recommendations	Corrective Action Description	Responsible Facility	Facility POC	Start Date	Completion Date
	Observation 1	Recommendation 1					
	Observation 2	Recommendation 2					
	Observation 3	Recommendation 3					

Capability	Top 3 Observations	Top 3 Recommendations	Corrective Action Description	Responsible Facility	Facility POC	Start Date	Completion Date
	Observation 1	Recommendation 1					
	Observation 2	Recommendation 2					
	Observation 3	Recommendation 3					



## Section 4: Conclusion

This section is a conclusion for the entire document, and should be used as a summary of all the sections of the AAR/IP. The Conclusion should include the following:

- Participants demonstrated capabilities
- Lessons learned
- Top 3 recommendations (at a minimum)
- Summary of what steps should be taken to ensure that the concluding results will help to further refine plans, procedures and training for this type of incident.



## APPENDIX A: ACRONYMS

Any acronym used in the AAR/IP should be listed alphabetically and spelled out.

ACRONYMS	
Acronym	Meaning

## APPENDIX B: LESSONS LEARNED (Optional)

While the After Action Report/Improvement Plan includes recommendations which support development of specific post-exercise corrective actions, exercises may also reveal lessons learned which can be shared with the broader health care and homeland security audience. The Department of Homeland Security (DHS) maintains the Lessons Learned Information Sharing (LLIS.gov) system as a means of sharing post-exercise lessons learned with the emergency response community, including health care providers. All are welcome to use this website, which provides jurisdictions and organizations the opportunity to nominate lessons learned from exercises for sharing on LLIS.gov.

For reference, the following are the categories and definitions used in LLIS.gov:

- **Lesson Learned:** Knowledge and experience, positive or negative, derived from actual incidents, such as the 9/11 attacks and Hurricane Katrina, as well as those derived from observations and historical study of operations, training, and exercises.
- **Best Practices:** Exemplary, peer-validated techniques, procedures, good ideas, or solutions that work and are solidly grounded in actual operations, training, and exercise experience.
- **Good Stories:** Exemplary, but non-peer-validated, initiatives (implemented by various jurisdictions) that have shown success in their specific environments and that may provide useful information to other communities and organizations.
- **Practice Note:** A brief description of innovative practices, procedures, methods, programs, or tactics that an organization uses to adapt to changing conditions or to overcome an obstacle or challenge.

**Exercise Lessons Learned:** *Insert an account of any lessons learned. If the account is being nominated for inclusion in the DHS LLIS.gov system (optional), include a statement to that effect:*



**APPENDIX C: PARTICIPANT FEEDBACK SUMMARY (Optional)**

Following is a sample Participant Feedback Form, which should be distributed to the exercise participants at a post-exercise session. If the Participant Feedback Form is used, include a summary of the feedback received through the form in the Exercise Design Summary.

<b>PARTICIPANT FEEDBACK FORM</b>	
Exercise Name:	Exercise Date:
Participant Name:	Agency Name:
Role: <input type="checkbox"/> Player <input type="checkbox"/> Observer <input type="checkbox"/> Facilitator <input type="checkbox"/> Evaluator	
<b>Part I: Recommendations and Corrective Actions</b>	
1. Based on the exercise today and the tasks identified, list the top 3 strengths and/or areas that need improvement.	
2. Is there anything you saw in the exercise that the evaluator(s) might not have been able to experience, observe and record?	
3. Identify the corrective actions that should be taken to address the issues identified above. For each corrective action, indicate if it a high, medium or low priority.	
4. Describe the corrective actions that relate to your area of responsibility. Who should be assigned responsibility for each corrective action?	
5. List the applicable equipment, training, policies, plans and procedures that should be reviewed, revised, or developed. Indicate the priority level for each.	



**Part II – Exercise Design and Conduct: Assessment**

Please rate on a scale of 1 to 5, your overall assessment of the exercise relative to the statements provided below, with 1 indicating strong disagreement with the statement and 5 indicating strong agreement.

**PARTICIPANT ASSESSMENT**

Assessment Factor	Strongly Agree			Strongly Disagree	
The exercise was well structured and organized.	1	2	3	4	5
The exercise scenario was plausible and realistic.	1	2	3	4	5
The facilitator/controller kept the exercise on target.	1	2	3	4	5
The exercise documentation provided to assist in preparing for and participating in the exercise was useful.	1	2	3	4	5
Participation in the exercise was appropriate for someone in my position.	1	2	3	4	5
The participants included the right people in terms of level and mix of disciplines.	1	2	3	4	5
This exercise allowed my health care facility to practice and improve priority capabilities.	1	2	3	4	5
After this exercise, I believe my health care facility is better prepared to successfully deal with the scenario that was exercised.	1	2	3	4	5

**Part III - Participant Feedback**

Please provide any recommendations on how this exercise or future exercises could be improved or enhanced.





## **APPENDIX D: EXERCISE EVENTS Synopsis (Optional)**

The *Exercise Events Synopsis* section is optional for HSEEP compliance. If completing this section, it should provide a narrative overview of the scenario used to facilitate the exercise actions taken by the players to respond to the simulated event (similar to the Hospital Incident Command System HICS-214 form). If completing present the **general timeline of events** that happened at each site. The synopsis provides a means of looking at the ramifications of the cause and effect of specific actions on others actions taken by other players and on the overall response.

**The “Exercise Events Synopsis” should include a narrative of the synopsis, the modules for the exercise, and a timeline of events for each element of play.**



## APPENDIX E: EXERCISE EVENTS SUMMARY TABLE (Optional)

In formulating its analysis the evaluation team may assemble a timeline of key exercise events. The evaluation team may find value in including a timeline as an appendix to their report. If so, this section should summarize what actually happened during the exercise in a timeline table format. Focus of this section is on what inputs were actually presented to the players and what actions the players took during the exercise. Successful development of this section is aided by the design, development and planning actions of the exercise design team. Prior to the exercise, the exercise design team should have developed a timeline of anticipated key events.

An example of the format for the Exercise Events Summary Table is presented below:

EXERCISE EVENTS SUMMARY			
Date	Time	Scenario Event	Event/Action



## **Purpose:**

The Centers for Medicare & Medicaid Services (CMS), Survey and Certification Group has developed this *Health Care Provider After Action Report/Improvement Plan (AAR/IP)* template with the assistance of the U.S. Department of Health and Human Services (HHS), Office of the Assistant Secretary for Preparedness and Response, the U.S. Department of Homeland Security (DHS), and the CMS Survey and Certification Emergency Preparedness Stakeholder Communication Forum.

The AAR/IP is intended to be a voluntary, user-friendly tool for health care providers to use to document their performance during emergency planning exercises and real emergency events to make recommendations for improvements for future performance. The AAR/IP template is modeled after the DHS Homeland and Security Exercise and Evaluation Program (HSEEP) Vol. III AAR/IP, issued in February 2007. CMS does not mandate use of this AAR/IP template; however thorough completion of the template complies with current HSEEP requirements and any CMS requirements for provider exercise documentation. DHS, HHS, CMS, nor any other agency or entities thereof, do not assume any responsibility for the accuracy, completeness, or usefulness of any information disclosed in report, nor does completion of the AAR/IP indicate a provider has met all Federal regulatory emergency preparedness requirements.

## **Background:**

### **CMS Survey & Certification Emergency Preparedness Initiative**

Following the devastating experiences by health care facilities during Hurricanes Katrina and Rita, the Centers for Medicare & Medicaid Services (CMS) Survey and Certification (S&C) Group established a series of internal working groups, with representatives from the CMS Central and Regional Offices, to develop updated emergency preparedness policies and procedures that effectively address S&C essential functions. The recommendations from the working groups are being integrated into the larger CMS and HHS national plans to provide preparation guidance for S&C essential business functions.

In addition, it makes prudent and cost-effective business sense for health care providers to be proactive in their emergency planning efforts. Robust emergency planning, including exercises, will not only help providers comply with their regulatory requirements of Federal, State and local oversight agencies, it can also help the business to recover from financial losses, loss of market share, damages to equipment, or business interruption. Effective emergency planning can also help to reduce exposure to civil or criminal liability during a disaster, enhance a facility's image and credibility with employees, customers, suppliers and the community, and reduce insurance premiums.

### **S&C Emergency Preparedness Stakeholder Communication Forum**

In September 2006, CMS kicked off a forum for discussing a variety of emergency preparedness issues. Stakeholders were invited to participate in the forum to discuss, communicate and disseminate emergency preparedness information. The stakeholders include a broad array of perspectives, and representatives include the following:

- State Survey Agencies (SAs)
- Accreditation organizations
- Health care provider associations
- Patient and resident advocates

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- Quality and safety organizations
- Other Department of Health and Human Services (HHS) operating divisions

### **S&C Emergency Preparedness Website**

CMS established the Survey and Certification Emergency Preparedness Website to provide SAs, health care providers and other partners with “one-stop-shopping” to obtain emergency preparedness information. The Website includes separate pages for SAs, health care providers, and resources. Useful tools, resources, and links to other relevant Federal emergency preparedness websites are posted on the S&C Emergency Preparedness Website.

Public health emergency declaration information and new documents are posted on the Website on a regular basis. Helpful tools, such as emergency preparedness checklists for SAs and health care providers have been developed with the input from national experts and stakeholders.

These tools provide many helpful tips for developing an effective and robust emergency planning and response process that go beyond the minimum regulatory requirements. The S&C Emergency Preparedness Website can be accessed at: <http://www.cms.hhs.gov/SurveyCertEmergPrep/>

### **AAR/IP Template Instructions for Health Care Providers:**

CMS developed this *Health Care Provider After Action Report/Improvement Plan* (AAR/IP) template to provide a voluntary, user-friendly tool with an organized, thorough approach for gathering details on emergency preparedness exercises and real emergency events to identify areas that may need further improvement. Completion of the CMS AAR/IP template meets any CMS exercise documentation requirements. The *Health Care Provider After Action Report/Improvement Plan* template also meets requirements for hospitals or other health care providers wishing to ensure their compliance with the Hospital Preparedness Program (HPP) and HSEEP requirements. There are several components marked “Optional” that are not mandatory for HPP or HSEEP compliance.

This AAR/IP template is based on the U.S. Department of Homeland and Security Exercise and Evaluation Program (HSEEP) Vol. III, issued in February 2007, which includes guidelines that are focused towards emergency management agencies and other governmental/non-governmental agencies. The HSEEP is a capabilities and performance-based exercise program that provides a standardized methodology and terminology for exercise design, development, conduct, evaluation, and improvement planning.

For more information, resources and tools regarding the Department of Homeland Security’s Exercise and Evaluation Program, including HSEEP policy guidance and training opportunities, please see the HSEEP Website, which can be accessed at: [https://hseep.dhs.gov/pages/1001\\_HSEEP7.aspx](https://hseep.dhs.gov/pages/1001_HSEEP7.aspx)

### **Key Terms**

- **Capability:** A Capability is the means to achieve a measurable outcome through the performance of Critical Tasks under specified conditions to target levels of performance. A Capability may be delivered with any combination of properly planned, organized, equipped, trained, and exercised personnel that achieves the desired outcome. Each Capability has one corresponding Emergency Evacuation Guide (EEG) posted at [https://hseep.dhs.gov/pages/1002\\_EEGLi.aspx](https://hseep.dhs.gov/pages/1002_EEGLi.aspx).

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- **Activity:** Within each Capability, Activities are groupings of Tasks with similar overall purpose that usually provide an output or outcome, which is often a required input or initial starting point for another Activity. In the AAR/IP, Activity performance will form the basis for your exercise observations.
- **Task:** In the EEGs, Tasks represent the expected individual actions of response personnel participating in the exercise. They provide the basis for evaluation, as they allow an observer the ability to indicate whether an action has been fully completed, partially completed, not completed, or is not applicable to the exercise.
- **Performance Measure:** Many Tasks are followed by corresponding Performance Measures. Performance Measures consist of a prescribed action and a quantifiable indicator (usually expressed as a time, percentage, or other quantity). Performance Measures should be recorded to supplement your evaluation, as they record more than the simple completion or non-completion of Tasks.
- **Observation Key:** Observation Keys are listed as sub-bullets for each Task and are intended to aid less experienced exercise evaluators to identify important indicators for execution of each Task. They are not intended to be inclusive of all actions to be taken by responders. Rather, they enhance the usability of EEGs as universal evaluation guides.
- **Target Capabilities:** The Target Capability List (TCL) is comprised of 37 different capabilities, which address response capabilities, immediate recovery, selected prevention and protection mission capabilities, as well as common capabilities such as planning and communications that support all missions. For these capabilities, local jurisdictions and States are the lead in conjunction with Federal and private sector support. See the following list of target capabilities (**capabilities that are relevant to health care providers are displayed in red**):

<b>Target Capabilities List</b>
<p><b>Common Capabilities</b></p> <ol style="list-style-type: none"> <li>1. Planning</li> <li>2. Communications</li> <li>3. Risk Management</li> <li>4. Community Preparedness &amp; Participation</li> <li>5. Intelligence &amp; Information Sharing &amp; Dissemination</li> </ol>
<p><b>Prevent Mission Capabilities</b></p> <ol style="list-style-type: none"> <li>6. Information Gathering &amp; Recognition of Indicators &amp; Warnings</li> <li>7. Intelligence Analysis &amp; Production</li> <li>8. Counter-Terror Investigation &amp; Law Enforcement</li> <li>9. Chemical, Biological, Radiological, Nuclear Explosives (CBRNE) Detection</li> </ol>
<p><b>Protect Mission Capabilities</b></p> <ol style="list-style-type: none"> <li>10. Critical Infrastructure Protection</li> <li>11. Food &amp; Agriculture Safety &amp; Defense</li> <li>12. Epidemiological Investigation Surveillance &amp; Investigation</li> <li>13. Laboratory Testing</li> </ol>



**Respond Mission Capabilities**

14. Onsite Incident Management
15. Emergency Operations Center (EOC) Management
16. Critical Resource Logistics & Distribution
17. Volunteer Management & Donations
18. Responder Safety and Health
19. Emergency Public Safety & Security
20. Animal Disease Emergency Support
21. Environmental Health
22. Explosive Device Response Operations
23. Fire Incident Response Support
24. Weapons of Mass Destruction (WMD) & Hazardous Materials Response & Decontamination
25. Citizen Evacuation & Shelter-In-Place
26. Isolation and Quarantine
27. Search & Rescue (Land-Based)
28. Emergency Public Information & Warning
29. Emergency Triage and Pre-Hospital Treatment
30. Medical Surge
31. Medical Supplies Management & Distribution
32. Mass Prophylaxis
33. Mass Care (Sheltering, Feeding, and Related Services)
34. Fatality Management

**Recover Mission Capabilities**

35. Structural Damage Assessment
36. Restoration of Lifelines
37. Economic & Community Recovery

The Target Capability List identified above are currently under review, and changes are likely to occur in the near future. For more information, see FEMA's website at: [www.fema.gov/pdf/government/training/tcl.pdf](http://www.fema.gov/pdf/government/training/tcl.pdf)

## Exercise Types

There are seven types of exercises defined within HSEEP, each of which is either discussions-based or operations-based.

**Discussions-based Exercises** familiarize participants with current plans, policies, agreements and procedures, or may be used to develop new plans, policies, agreements, and procedures. Types of Discussion-based Exercises include:

- **Seminar:** A seminar is an informal discussion, designed to orient participants to new or updated plans, policies, or procedures (e.g., a seminar to review a new Evacuation Standard Operating Procedure).
- **Workshop:** A workshop resembles a seminar, but is employed to build specific products, such as a draft plan or policy (e.g., a Training and Exercise Plan Workshop is used to develop a Multi-year Training and Exercise Plan).
- **Tabletop Exercise (TTX):** A tabletop exercise involves key personnel discussing simulated scenarios in an informal setting. TTXs can be used to assess plans, policies, and procedures.
- **Games:** A game is a simulation of operations that often involves two or more teams, usually in a competitive environment, using rules, data, and procedure designed to depict an actual or assumed real-life situation.

**Operations-based Exercises** validate plans, policies, agreements and procedures, clarify roles and responsibilities, and identify resource gaps in an operational environment. Types of Operations-based Exercises include:

- **Drill:** A drill is a coordinated, supervised activity usually employed to test a single, specific operation or function within a single entity (e.g., a nursing home conducts an evacuation drill).
- **Functional Exercise (FE):** A functional exercise examines and/or validates the coordination, command, and control between various multi-agency coordination centers (e.g., emergency operation center, joint field office, etc.). A functional exercise does not involve any "boots on the ground" (i.e., first responders or emergency officials responding to an incident in real time).
- **Full-Scale Exercise (FSE):** A full-scale exercise is a multi-agency, multi-jurisdictional, multi-discipline exercise involving functional (e.g., joint field office, emergency operation centers, etc.) and "boots on the ground" response (e.g., firefighters decontaminating mock victims).

**Note:** Health care providers may also use the AAR/IP to document real life emergency events.



## Completing the AAR/IP Template

Health care providers may customize or personalize the *CMS Health Care Provider AAR/IP* template to best meet their needs; however if hospitals or other providers wish to ensure compliance with the Hospital Preparedness Program and HSEEP requirements, the template sections must not be modified and each section (except for those sections marked “optional”) must be completed in its entirety.

To personalize or customize the AAR/IP template, additional graphics, such as logos, pictures and background colors may be added to the cover. The document should be labeled as “Draft” on the cover page and in the header/footer of all versions except the final AAR/IP.

If the AAR/IP contains graphics, figures, or tables, they should be numbered and listed in the Table of Contents section (e.g., Figure 1, Table 1, etc.).



# Emergency Preparedness: Training Plan

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## Training Plan: CMS Emergency Preparedness Rule

<b>Training Name: CMS Emergency Preparedness Rule</b>	
	<input type="checkbox"/> Training <input type="checkbox"/> Simulation <input type="checkbox"/> Workshop <input checked="" type="checkbox"/> Presentation
<b>Training Objectives</b>	<ol style="list-style-type: none"> <li>1. Understand the regulation that guides our practices to protect the lives and safety of residents and staff during natural, man-made, or technical emergencies.</li> <li>2. Identify the four provisions of an Emergency Preparedness Program.</li> <li>3. Identify the importance of drills and exercises.</li> </ol>
<b>Connection to Overall Project Goals</b>	This training is part of the overall project to educate and to support nursing facility operators and staff regarding Appendix Z of the State Operations Manual.
<b>Participants: Who should attend?</b>	<ul style="list-style-type: none"> <li>• Nursing Leadership</li> <li>• All Nursing Staff</li> <li>• Interdisciplinary Leadership Team</li> <li>• Direct Care Staff</li> </ul>
	<b>What training should they attend before this one?</b> <ul style="list-style-type: none"> <li>• No pre-requisite</li> </ul>
	<b>What training should they attend after this?</b> <ul style="list-style-type: none"> <li>• Drills and exercises as designated by facility</li> </ul>
<b>Facilitators: (How many trainers should participate and whom?)</b>	One presenter will be needed to facilitate the presentation, discussion and post-test
<b>Logistics Requirements</b>	<b>What is needed?</b> <ul style="list-style-type: none"> <li>• Training room</li> <li>• Laptop with Power Point downloaded or on flash drive</li> <li>• Projector</li> <li>• Screen or other blank light-colored surface</li> </ul>

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### **Training References**

CMS General Presentation Overview of Emergency Preparedness Rule

CMS (Center for Medicare and Medicaid Services)

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/index.html>

HHS/ASPR TRACIE (Health & Human Services/Assistant Secretary for Preparedness & Response Technical Resources, Assistance Center, & Information

<https://asprtracie.hhs.gov/cmsrule>



## Post Test – CMS Emergency Preparedness Rule

Question: True or False?	Answer
1. Nursing homes are one of 17 healthcare providers covered by the CMS Emergency Preparedness Rule.	
2. Fires and Weather Emergencies are the only potential hazards that nursing homes face.	
3. Emergency Plans must be updated at least once a year.	
4. Subsistence needs include food, water, shelter, and clothing.	
5. The Incident Commander is the only person responsible for the success or failure of managing an emergency.	
6. Any employee may give an official statement to the media.	
7. Nursing homes are not required to share emergency plan information with residents and family members/resident representatives.	
8. Nursing homes are required to have emergency generators only if the facility has a ventilator unit.	
9. Emergency Preparedness will be “surveyed” during a nursing Home’s annual state survey.	
10. As an employee, I am expected to participate in drills and exercises and to provide feedback to improve the Emergency Plan.	

Employee Printed Name \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

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## Post Test – CMS Emergency Preparedness Rule

<b>Question: True or False?</b>	<b>Answer</b>
1. Nursing homes are one of 17 healthcare providers covered by the CMS Emergency Preparedness Rule.	<b>True</b>
2. Fires and Weather Emergencies are the only potential hazards that nursing homes face.	<b>False</b>
3. Emergency Plans must be updated at least once a year.	<b>True</b>
4. Subsistence needs include food, water, shelter, and clothing.	<b>True</b>
5. The Incident Commander is the only person responsible for the success or failure of managing an emergency.	<b>False</b>
6. Any employee may give an official statement to the media.	<b>False</b>
7. Nursing homes are not required to share emergency plan information with residents and family members/resident representatives.	<b>False</b>
8. Nursing homes are required to have emergency generators only if the facility has a ventilator unit.	<b>False</b>
9. Emergency Preparedness will be “surveyed” during a nursing Home’s annual state survey.	<b>True</b>
10. As an employee, I am expected to participate in drills and exercises and to provide feedback to improve the Emergency Plan.	<b>True</b>

# Emergency Preparedness: CMS NFPA Crosswalk

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CMS Emergency Preparedness CoP LTC Facilities	CMS EP CoP Reference	NFPA 1600	NFPA 99
<b>October 2016</b>	<b>483.73</b>	<b>2016</b>	<b>2012 ed.</b>
Require both an emergency preparedness program and an emergency preparedness plan.	483.73		12.2.2.3 12.2.3.2 12.4.1 12.5.1
<b>Emergency Plan</b>			
Comply with all applicable Federal, State, and local emergency preparedness requirements. The emergency plan must be reviewed and updated annually.	483.73		12.2.3.3 12.4.1.2 12.5.3.6.1
The emergency plan must be based on and include a documented facility based and community based risk assessment utilizing an all hazards approach including missing residents.	483.73 (a) 1	4.4.2 5.1.3 5.1.4 5.2.1	12.5.2 12.5.3.1
The emergency plan includes strategies for addressing emergency events identified by the risk assessment.	483.73 (a) 2	5.1.5 6.6.2	12.5.2 12.5.3.1
The emergency plan must address the resident population including but not limited to, persons at risk, the types of services that the facility would be able to provide in an emergency; continuity of operations, including delegations of authority and succession plans.	483.73 (a) 3	5.2.2.2	12.2.2.3 12.5.3.1.3 (1) 12.5.3.2.3 (11) 12.5.3.3.6.4
Have a process for ensuring cooperation and collaboration with local, tribal, regional, state, or federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the facility efforts to contact such officials and, when applicable, its participation in collaborative and cooperative planning efforts.	483.73 (a) 4		12.2.3.3 12.5.3.3.6.1 (2) (6)
<b>Policies and Procedures</b>			
Develop and implement emergency preparedness policies and procedures based on the emergency plan and communications plan. The policies and procedures must be reviewed and updated at least annually.	483.73 (b)		12.5.3.3.5 12.5.3.3.6.1 12.5.3.6.1
The policies and procedures must address (1) the provision of subsistence needs for staff and residents whether they evacuate or shelter in place including but not limited to (i) food, water, medical and pharmaceutical supplies (ii) alternate sources of energy to maintain: (A) temperatures to protect resident health and safety and for the safe and sanitary storage of provisions (B) emergency lighting (C) fire detection, extinguishing and alarm systems (D) sewage and waste disposal.	483.73 (b) 1 i-ii A-D		12.5.3.3.6.2 12.5.3.3.6.4 (7) (8) 12.5.3.3.6.5 12.5.3.3.6.6
Develops a system to track the location of on-duty staff and sheltered residents in the facility's care during an emergency. If on-duty staff or sheltered residents are relocated during the emergency the LTC facility must document the specific name and location of the receiving facility or other location.	483.73 (b) 2		12.5.3.3.6.4 (9)
Have policies and procedures in place to ensure the safe evacuation from the facility, which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation locations; and primary and alternate means of communication with external sources of assistance.	483.73 (b) 3		12.5.3.3.6.1 (3) (4) 12.5.3.3.6.2 (7) 12.5.3.3.6.4 (1) (6) (7) (8) (9) 12.5.3.3.6.8
Have a means to shelter in place for residents, staff, and volunteers who remain in the facility.	483.73 (b) 4		12.5.3.3.3 12.5.3.3.6
Have a system of medical documentation that preserves resident information, protects the confidentiality of resident information, and secures and maintains availability of records.	483.73 (b) 5	4.7.2	12.5.3.3.6.1 (4)
Have policies and procedures in place to address the use of volunteers in an emergency and other emergency staffing strategies,	483.73 (b) 6	6.9.1.2	12.5.3.4.5



CMS Emergency Preparedness CoP LTC Facilities	CMS EP CoP Reference	NFPA 1600	NFPA 99
including the process and role for integration of state or federally designated health care professionals to address surge needs during an emergency.			
The development of arrangements with other facilities and providers to receive residents in the event of limitations or cessation of operations to maintain the continuity of services to residents.	483.73 (b) 7	6.9.1.2	
Policies and procedures to address the role of the LTC facility under a waiver declared by the Secretary, in accordance with section 1135 of the Act, for the provision of care and treatment at an alternate care site (ACS) identified by emergency management officials.	483.73 (b) 8		
<b>Communication Plan</b>			
Be required to develop and maintain an emergency preparedness communication plan that complies with local, state, and federal law and required to review and update the communication plan at least annually.	488.73 (c)	6.4	12.5.3.3.6.1
As part of its communication plan include in its plan the names and contact information for staff; entities providing services under arrangement; residents' physicians; other LTC facilities; and volunteers.	488.73 (c) 1 i-iv	6.4.1	
Require contact information for federal, state, tribal, regional, or local emergency preparedness staff and other sources of assistance.	488.73 (c) 2 i-iv	6.4.1	12.5.3.3.6.1 (6)
Include primary and alternate means for communicating with LTC facility staff and federal, state, tribal, regional, and local emergency management agencies.	488.73 (c) 3 i-ii	6.4.1	12.5.3.3.6.1
Include a method for sharing information and medical documentation for residents under the LTC facility's care, as necessary, with other health care providers to maintain continuity of care.	488.73 (c) 4		12.5.3.3.6.1 (4)
Have a means, in the event of an evacuation, to release resident information as permitted under 45 CFR 164.510.	488.73 (c) 5	6.4.1	12.5.3.3.6.1 (4)
Have a means of providing information about the general condition and location of residents under the facility's care, as permitted under 45 CFR 164.510(b)(4).	488.73 (c) 6		12.5.3.3.6.1 (4)
Have a means of providing information about the LTC facility's occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee.	488.73 (c) 7		12.5.3.3.6.1 (2) (6)
Have a method for sharing information from the emergency plan that the facility has determined is appropriate with residents and their families or representatives.	488.73 (c) 8		
<b>Training and Testing</b>			
Develop and maintain an emergency preparedness training and testing program based on the emergency plan, risk assessment, policies and procedures, and communication plan. The training and testing program must be reviewed and updated at least annually.	488.73 (d)	7.1	12.3.3.10
Provide initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing on-site services under arrangement and volunteers consistent with their expected roles. Provide this training annually and maintain documentation of all emergency preparedness training along with demonstration of staff knowledge of emergency procedures.	488.73 (d) 1 i-iv	7.1	12.3.3.10
Conduct exercises to test the emergency plan at least annually.	488.73 (d) 2	8.1.1 8.5.1	12.3.3.10
Participate in a full scale exercise that is community-based or when community based exercise is not available, individual, facility-based.	488.73 (d) 2 i		
If the facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the facility is exempt from engaging in a community based or individual facility based full-scale exercise for one year following the onset of the actual event.	488.73 (d) 2 ii		
Conduct a second exercise that may include but is not limited to a second full-scale exercise that is individual, facility based; a tabletop exercise that includes a group discussion led by a facilitator using a narrated, clinically relevant emergency scenario and a set of problem statements, directed messages, or prepared questions designed to challenge the emergency plan.	488.73 (d) 2 ii A-B		12.3.3.2
Analyze the response to and maintain documentation of all drills, tabletop exercises, and emergency events and revise the facility emergency plan as needed.	488.73 (d) 2 iii		12.3.3.2
<b>Emergency and Standby Power Systems</b>			
The LTC facility must implement emergency and standby power systems based on the emergency plan and the policies and procedures.	488.73 (e)		12.3.3.2

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CMS Emergency Preparedness CoP LTC Facilities	CMS EP CoP Reference	NFPA 1600	NFPA 99
Emergency generator location. The generator must be located in accordance with the location requirements found in the Health Care Facilities Code, Life Safety Code, and NFPA 110, when a new structure is built or when an existing structure or building is renovated.	488.73 (e) 1		Section 3-4
Emergency generator inspection and testing. The facility must implement emergency power system inspection and testing requirements found in the Health Care Facilities Code, NFPA 110, and the Life Safety Code.	488.73 (e) 2		
Emergency Generator Fuel. LTC facilities that maintain an onsite fuel source to power emergency generators must have a plan for how it will keep emergency power systems operational during the emergency, unless it evacuates.	488.73 (e) 3		
<b>Integrated Healthcare Systems</b>			
If the facility is part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency preparedness program, the facility may choose to participate in such a program.	488.73 (f)		
Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.	488.73 (f) 1		
The unified and integrated emergency preparedness program must be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, resident populations and services offered.	488.73 (f) 2		
Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance.	488.73 (f) 3		
Include a unified and integrated emergency plan that meets all standards of paragraphs (a) (2), (3), and (4) of this section.	488.73 (f) 4		
The plan must be based on a community risk assessment using an all hazards approach with each separately certified facility within the health system having a documented individual facility based risk assessment.	488.73 (f) 4 i		
Include integrated policies and procedures that meet the requirements set forth in paragraph (b) of this section, a coordinated communication plan and training and testing programs that meet the requirements of paragraphs (c) and (d) of this section.	488.73 (f) 5		

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# Emergency Preparedness: Toolkit Resources

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## Emergency Preparedness Toolkit Internet Resources

“Appendix Z, Emergency Preparedness Final Rule Interpretative Guidelines and Survey Procedures” was published June 2, 2017, in S&C 17-29-ALL.

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-17-29.pdf>.

Training and Testing Requirements

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-17-21.pdf>

CMS Emergency Preparedness Rule: Resources at Your Fingertips

<https://asprtracie.s3.amazonaws.com/documents/cms-ep-rule-resources-at-your-fingertips.pdf>

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Templates-Checklists.html>

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html>

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/HealthCareProviderGuidance.html>

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/StateAgencyGuidance.html>

ASPR TRACIE (Assistant Secretary for Preparedness and Response Technical Resources, Assistance Center and Information Exchange)

<https://asprtracie.hhs.gov/>

Electronic Code of Federal Regulations for Long Term Care Facilities Emergency Preparedness

[https://www.ecfr.gov/cgi-bin/text-idx?SID=7f78dc95124aca11607f26edae9a4e98&mc=true&node=se42.5.483\\_173&rgn=div8](https://www.ecfr.gov/cgi-bin/text-idx?SID=7f78dc95124aca11607f26edae9a4e98&mc=true&node=se42.5.483_173&rgn=div8)

CMS State Operations Manual Pub. 100-07: Revisions for Appendix PP for Phase 2, F-Tag Revisions, and Related Issues

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Advance-Appendix-PP-Including-Phase-2-.pdf>

Occupational Safety and Health Administration (OSHA) Emergency Preparedness and Response, General Business Preparedness for General, Construction, and Maritime Industries

<https://www.osha.gov/SLTC/emergencypreparedness/gettingstarted.html>

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State Coalitions for Emergency Preparedness

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/By-Name-by-State-Healthcare-Coalitions.pdf>.

OSHA Evacuation and Shelter-in-Place

[https://www.osha.gov/SLTC/emergencypreparedness/gettingstarted\\_evacuation.html](https://www.osha.gov/SLTC/emergencypreparedness/gettingstarted_evacuation.html)

California Hospital Association Emergency Preparedness Tools

<https://www.calhospitalprepare.org/cha-tools>

Emergency Preparedness Essentials

<http://www.emergencypreparednessessentials.org/>

Shelter-in-Place Checklist

<https://www.calhospitalprepare.org/post/shelter-place-checklist>

Computer Security Resource Center

<http://csrc.nist.gov/publications/PubsSPs.html>

Cybersecurity Planning Quick Reference Tool

[https://www.calhospitalprepare.org/sites/main/files/file-attachments/hospital\\_cybersecurity\\_planning\\_quick\\_reference\\_tool.pdf](https://www.calhospitalprepare.org/sites/main/files/file-attachments/hospital_cybersecurity_planning_quick_reference_tool.pdf)

Nursing Home Incident Command System

<https://asprtracie.hhs.gov/technical-resources/resource/661/nhics-nursing-home-incident-command-system>

Nursing Home Incident Command System

[https://www.ahcancal.org/facility\\_operations/disaster\\_planning/Documents/NHICSGuidebook\\_Final2011.pdf](https://www.ahcancal.org/facility_operations/disaster_planning/Documents/NHICSGuidebook_Final2011.pdf)

Communication Plan for Emergency Preparedness

[https://www.ahcancal.org/facility\\_operations/disaster\\_planning/Documents/EP%20Comm%20and%20Media%20Plan.pdf](https://www.ahcancal.org/facility_operations/disaster_planning/Documents/EP%20Comm%20and%20Media%20Plan.pdf)

Crisis Communication Plan <https://www.ready.gov/business/implementation/crisis>

Health Information Privacy

<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/decision-tool-overview/index.html>

Employee Resources for Family Emergency Plans

[https://www.fema.gov/media-library-data/1440449346150-1ff18127345615d8b7e1effb4752b668/Family\\_Comm\\_Plan\\_508\\_20150820.pdf](https://www.fema.gov/media-library-data/1440449346150-1ff18127345615d8b7e1effb4752b668/Family_Comm_Plan_508_20150820.pdf)

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FEMA

<https://training.fema.gov/emiweb/is/icsresource/index.htm>

CDC

<https://emergency.cdc.gov/preparedness/index.asp>

NFPA

<http://www.nfpa.org/codes-and-standards/all-codes-and-standards/list-of-codes-and-standards>

Waivers -1135 CMS

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/1135-Waivers.html>