

# 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  
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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

**Reviewed/Revised:**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Reviewed/Revised:**

\_\_\_\_\_  
Date

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Signature

**Reviewed/Revised:**

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Date

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Signature

**Reviewed/Revised:**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Reviewed/Revised:**

\_\_\_\_\_  
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

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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 enhance 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		



### 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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			<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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			<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>



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			<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>

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			<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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			<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>

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