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
    o Food
    o Water (potable and non-potable)
    o Medical supplies and equipment
    o Specialty supplies
    o Enteral Supplies
    o IV and supplies
    o Pharmaceutical
    o Energy sources and alternatives to maintain temperature, lighting, equipment functioning, storage functioning, fire response, waste management)
    o 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 authorizes 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

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

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

Event
- Event requiring facility to consider whether evacuation or Shelter in Place (SIP) plans should be activated
- External and internal intelligence regarding event

Must Shelter-In-Place
- The external environment would pose a greater danger to patients, staff and visitors than evacuation (e.g., chemical/biological agent release, nuclear incident plume)
- Adequate and timely facility and/or mutual aid resources are not available or accessible (e.g., earthquake)

Must Evacuate
- The proximity, scope and/or expected duration of event poses an immediate threat to patient and staff safety
- Adequate and timely facility and/or mutual aid resources are available and accessible to support Full or Partial evacuation

Shelter In Place or Evacuation Decision
- Duration and scope of threat to hospital clear but may evolve
- Hospital capabilities adequate to care for patients and staff with available support for estimated event duration
- May or may not be barriers mutual aid resources should evacuation become necessary

Need to Implement Reduction Measures
- Hospital capabilities not adequate to maintain full operations for estimated duration of event
- Determination made that reduction measures necessary (for example, conservation of resources, curtailment of services and/or partial hospital evacuation)
- No identified barriers to mutual aid resources

(A) Hospital Capabilities may include communication, resources (medical/non-medical supplies and equipment), utilities, staff, food, water, safety and security (including safety of facilities).