

Emergency Preparedness: Risk Assessment

LeadingAge[®]



**PATHWAY
HEALTH**
Insight | Expertise | Knowledge

*State logo added here. If not,
delete text box*

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	
Probability: 0 = Implausible; 1 = 0-1 event/30 years; 2 = 2-3 events/30 years; 3 = 4+ events/30 years Impact: 0 = no impact expected; 1 = < 1% affected; 2 = 1 – 10% affected; 3 = > 10% affected Relative Impact Magnitude = Probability X (Sum of the 5 Impact Rankings) 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).



- **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.



**PATHWAY
HEALTH**

Insight | Expertise | Knowledge

LeadingAge[®]

- **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.

This document is for general informational purposes only.

It does not represent legal advice nor relied upon as supporting documentation or advice with CMS or other regulatory entities.
© Pathway Health Services, Inc. – All Rights Reserved – Copy with Permission Only – The Emergency Preparedness Toolkit 2017



**PATHWAY
HEALTH**

Insight | Expertise | Knowledge

LeadingAge[®]

- **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.

This document is for general informational purposes only.

It does not represent legal advice nor relied upon as supporting documentation or advice with CMS or other regulatory entities.
© Pathway Health Services, Inc. – All Rights Reserved – Copy with Permission Only – The Emergency Preparedness Toolkit 2017

- **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



**PATHWAY
HEALTH**

Insight | Expertise | Knowledge

LeadingAge[®]

- 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

This document is for general informational purposes only.

It does not represent legal advice nor relied upon as supporting documentation or advice with CMS or other regulatory entities.

© Pathway Health Services, Inc. – All Rights Reserved – Copy with Permission Only – The Emergency Preparedness Toolkit 2017

- 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>Mitigation 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>Internal: Emergency power, stockpiles, NOAA weather radio, fire suppression, building air handling isolation, partner memorandums of understanding, flood and fire insurance</p> <p>External: Law enforcement, fire/HazMat, EMS, vendor & supply, community sirens, community Emergency Management, hospital/clinic resource</p> <p>Mitigation activities take place before and after emergencies.</p>
<p>Preparedness Preparing to handle an emergency</p>	<p>Includes plans or preparations made to save lives and to help response and rescue operations.</p> <p>Internal: 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>External: Notification method to responders; responders’ resources, knowledge of the facility, agreements and memorandums of understanding</p> <p>Preparedness activities take place before an emergency occurs.</p>
<p>Response 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>Internal/External: 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 during an emergency.</p>
<p>Recovery Recovering from an emergency</p>	<p>Includes actions taken to return to a normal or an even safer situation following an emergency.</p> <p>Internal/External: 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 after 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.

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

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

CONFIDENTIAL FOR QA PURPOSES ONLY



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.

This document is for general informational purposes only.

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.

Emergency Plan Activation – Delegation of Authority			
	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.



Essential Roles and Responsibilities				
<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

Collaboration and Contact Grid – Emergency Preparedness Community Officials				
Level	Role	Contact	Phone	Email
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				