

Healthcare Facility Emergency Operations Plan "Criteria Checklist"

The CMS Emergency Preparedness rule establishes national emergency preparedness requirements for Medicare- and Medicaid-participating providers to plan adequately for both natural and man-made disasters. It will also assist providers and suppliers to adequately prepare to meet the needs of patients, residents, clients, and participants during disasters and emergency situations, as well as coordinate with federal, state, tribal, regional, and local emergency preparedness systems. The goal is to enhance patient safety during emergencies for persons served by Medicare- and Medicaid-participating facilities, and establish a more coordinated and defined response to natural and man-made disasters.

The four components of the CMS rule include: Risk Assessment and Emergency Planning, Communications, Policies and Procedures, and Training and Exercise.

This Checklist was developed to assist facilities in reviewing their existing plans, identify gaps in planning, define policy and procedures and establish a training and exercise program. This Checklist is not all-encompassing of the CMS Emergency Preparedness rule, nor does it guarantee compliance with CMS rules or regulations.

RISK ASSESSMENT

The Hazard Vulnerability Analysis (HVA) is the first step in developing your Emergency Operations Plan. The HVA serves as a needs/risk assessment for the Emergency Management program and allows you to identify gaps and create priorities. CMS facilities must update their HVA annually. The HVA should be completed with key members of your Emergency Management Committee or group (Security, Facilities, Nursing, Administration). The Regional HVA is updated every 3 years.

Mitigation and Preparedness efforts should be focused on addressing the greatest risk first, but all hazards should be addressed unless the risk is zero. Mitigation efforts are those taken to minimize or eliminate the hazard effect. Preparedness and mitigation are done to balance the risk and place appropriate contingencies in place to assure success.

There are many examples of HVA forms that may be utilized. Our Healthcare Coalition utilizes the Kaiser Permanente model. You can access that document here: <https://www.setrac.org/hazard-vulnerability-analysis/>

EMERGENCY OPERATIONS PLAN

Introduction Statement: Does your emergency plan provide a brief overview of your facility/organization?

___ Type & level (acuity) of care provided (i.e. medically dependent, assistance, independent, psychiatric, etc.)?

___ Occupancy range minimal to maximum in the facility (e.g. institutionalized, residents, occupied, etc.)?

Purpose Statement: Does your emergency plan include an overview of the purpose to include different types of hazards and the actions that will be taken for each situation (e.g. hurricane, fire, hazardous materials, utility failure, tornado, etc.)?

___ Does the purpose statement state "who" the plan applies to (e.g. staff, residents, patients, family members, etc.)?

___ Does the purpose statement indicate the emergency plan is a comprehensive all-hazards preparedness plan?

Direction and Control: The person designated having overall authority and ultimately responsible for coordinating and directing actions during a disaster.

___ Who is responsible for the Plan overall?

___ Who has authority on site 24/7 to make crucial decisions for the facility internally (may be different than daily authority)?

___ Does the facility monitor local weather conditions? If yes - how?

___ Who is responsible for ensuring residents take appropriate action and get to safety (shelter-in-place or evacuation)?

___ Who is responsible for medications and supplies?

___ Has the facility assigned or designed a leadership structure: i.e. "chain of command" for a disaster or emergency (may be different than the day-to-day organizational chain of command)?

___ Are there provisions in place for emergency workers' families (this will ensure that primary workers report to duty)?

___ Are there any policies requiring "essential" personnel during an emergency must report to work?

___ Name & title of person in charge (decision authority) to include at least one alternate authority (2 minimal designated in the plan)?

Notification/Warning: Warning is the initial communication; whether received or dispatched from local authorities in regards to an emergency.

- ___ How does your facility receive alerts/warnings (including off-hours, weekends, holidays, etc.)?
- ___ Does the facility have primary and secondary (alternate) way to notify key staff, including physicians?
- ___ Can staff be contacted at 24 hours a day/ 7 day a week?
- ___ Does the facility have an alternate communication system if regular communication avenue becomes inoperable?
- ___ Does your facility have a means to contact family members of patients/residents?

Transportation: Capability of the facility to transport residents-patients during an evacuation emergency?

- ___ Does your facility have a plan to ensure reliable transportation capacity to evacuate all residents?
- ___ If your facility does NOT own transportation assets to evacuate residents; does your facility have written contract(s) or agreement(s) with other agencies to provide transportation?
- ___ Are current copies of the transportation contract/agreement included in the Plan?
- ___ Does your facility have a Memorandum of Agreement/Understanding (MOA/MOU) with a like-facility accept your patients/residents in the event you need to evacuate?
- ___ Are there current copies of agreement(s) included in Plan?
- ___ Does the facility have an alternate transportation plan in case primary plan fails?
- ___ Does your facility have an alternate evacuation receiving location in the event your primary location cannot take all your patients?
- ___ How will your facility transport medical records, medications, and other vital care records and resources?
- ___ (If applicable) Has the facility allocated resources to ensure pets are evacuated?
- ___ Are residents registered in the "State Transportation Evacuation Assistance Registration" (STEAR) registry?

Health and Medical Needs: Capacity to ensure that health and medical care needs are sustained?

- ___ How does the facility plan to identify vital needs for its residents to ensure higher acuity care needs are met/sustained?
- ___ Will facility staff accompany and support residents throughout all phases of the disaster/emergency event?
- ___ How will you track your residents/patients during and after the emergency/disaster?
- ___ How will you track your on-duty staff during and after the emergency/disaster?

Resource Management: Capacity of the facility to ensure resources crucial to resident-patient care is appropriately managed?

- ___ Are there designated resources to ensure vital supplies (food, water, medications, supplies) are available to support residents during an emergency
- ___ Is there a detailed supply list?
- ___ Is there a process for updating detailed list of supplies?
- ___ Is there a person(s) responsible for maintaining the supply list annually?
- ___ Have the supplies/contracts been reviewed and updated annually?

POLICIES AND PROCEDURES

Develop and implement policies and procedures based on the emergency operations plan, risk assessment and communication plan

- ___ Does your facility have written policies or procedures in place regarding Activation of the Emergency Plan and authority to activate?
- ___ Does your facility have written policies or procedures for staff notification of Plan activation and what actions they should take?
- ___ Does your facility have written policies or procedures in regards to initial and annual emergency preparedness training?
- ___ Does your facility have policies or procedures in place for continuance of operations during severe weather or hurricane?
- ___ Does your facility have policies in place that address exercises and drills?
- ___ Does your facility have policies or procedures in place for tracking patients/residents and on-duty staff during and after an emergency or disaster?
- ___ Does your facility have policies or procedures in place that describe how families will be kept informed and who is responsible?
- ___ Does your facility have in place policies or procedure that identify actions to put in place during a shelter-in-place or evacuation operation?
- ___ Does your facility have policies or procedures in place that address contracted vendors, and alternate vendors for continuation of medications, supplies, food, fuel and water?
- ___ Does your facility have policies or procedures in place that address the provision of alternate sources of energy to maintain facility temperatures, emergency lighting, alarm systems, fire detection, and fire suppression? (ie: generators)
- ___ Does your facility have policies or procedures in place to outline acceptable practices for sharing of patient/resident information during a disaster/emergency that remains consistent with HIPAA?

TRAINING AND EXERCISE PLAN

Ensuring ongoing training-education for facility residents-families-staff?

- ___ Does your facility provide emergency/disaster specific training for all new staff?
- ___ Does your facility provide annual Emergency Preparedness training to all staff?
- ___ Have all employees been made aware of their role during an emergency?
- ___ Does the facility have an emergency/evacuation (all-hazards) section built into staff orientation?
- ___ Is there an annual review-revision of the facility's disaster Plan?
- ___ Is the facility's Disaster Plan readily available to all staff?
- ___ Does your facility participate in one community based functional/full scale exercise annually?
- ___ Does your facility participate in an additional exercise annually?
- ___ Following an exercise is there a formal process in place to elicit feedback to identify and correct deficiencies?
- ___ Is there a written Training and Exercise Plan?
- ___ How do you document the training that is completed?
- ___ How is the documentation updated?
- ___ Who is responsible to maintaining records of trainings and exercises?

COMMUNICATION PLAN

What occurs during a major disaster that ensures ongoing exchange of information?

- ___ How does the facility plan to communicate with potential shelter sites as well as the transfer of residents?
- ___ How does the facility plan to alert residents and/or family member of actions being taken during a major disaster?
- ___ Does the plan include contact information for other long term care facilities/hospitals?
- ___ Does the plan include name and contact number for your Office of Emergency Management?
- ___ Does the plan describe how to share information with the Medical Operations Center and/or Office of Emergency Management?
- ___ Does your plan describe how you will share patient information consistent with HIPAA?

ADDITIONAL RECOMMENDATIONS

Sheltering Arrangements:

- ___ Does your facility have a place for local or distant sheltering of residents?
- ___ Does the facility plan to "shelter in place" for a hurricane?
- ___ Are there existing memorandums of understanding with pre-designated alternate facilities?
- ___ Is there a Contingency Plan if for some reason the alternate care facility is unable to assist (facility and/or staff)?
- ___ Has the facility established a shelter-in-place procedure if requested by local authorities?
- ___ How will the facility maintain an emergency food supply (7 -- 14 days)?

Evacuation:

- ___ Does your facility have a section within the Plan for evacuating residents-patients?
- ___ Are you located in a flood/Storm Surge/Hurricane Evacuation Zone?
- ___ How do you plan to evacuate your facility? Will staff accompany residents?
- ___ Do you have an agreement with receiving host facilities? Are copies of current agreements included in the Plan?
- ___ How does the facility maintain mutual aid agreements (MOU/MOA) with host facilities?
- ___ Has criteria been established for the frequency of evacuation drills?
- ___ Does the facility have measures to keep track of residents once an evacuation is initiated (throughout evacuation)?

Re-Entry:

- ___ Identify what measures to take for returning residents/patients to respective facility?
- ___ What measures will the facility take to ensure that the geographical area including the facility is safe to re-occupy?
- ___ Following a significant emergency evacuation & closure of facility what process is in place to receive guidance local emergency management officials?

NOTE! The above criterion is considered fundamental to all-hazards emergency planning and preparedness for healthcare facilities in guiding facility emergency plan development! **It is NOT a regulatory or accrediting tool for emergency plan development! Your facility should ALWAYS follow facility specific regulatory/accrediting mandates/requirements.**

Additional planning and preparedness effort may need to be taken to address hazards unique to your facility's "Hazard Vulnerability Analysis (HVA)" assessment. Each facility is responsible for ensuring that appropriate planning and preparedness efforts take place to ensure quality Emergency Operational Plans (EOP) are developed.