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| NAME OF RURAL HEALTH CLINIC | Policy Number 900 |
| Subject | Emergency Preparedness |
| Effective Date | 11/15/2016 |
| Review Date | 11/15/2017 |

POLICY STATEMENT

It is the policy of **NAME OF RURAL HEALTH CLINIC** to comply with all Federal, State, and local laws regarding community emergency preparedness and to maintain an emergency preparedness program in compliance with § 491.12 Emergency preparedness as cited in the Federal Register on September 16, 2016. **NAME OF RURAL HEALTH CLINIC** will work to achieve full compliance by the effective date of November 15, 2017.

Regulation Citations

The purpose of this policy is to show the intent of **NAME OF RURAL HEALTH CLINIC** to comply with Emergency Preparedness regulations as promulgated in 491.12 of the Federal Register. **NAME OF RURAL HEALTH CLINIC** will make an ongoing effort to follow these regulations and will strive to continually improve our emergency preparedness program until we achieve full compliance with all the necessary steps as outlined in the regulations which stipulate the following:

§ 491.12 Emergency preparedness.

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

- (a) *Emergency plan* . The RHC 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.
 - (2) Include strategies for addressing emergency events identified by the risk assessment.
 - (3) Address patient population, including, but not limited to, the type of services the RHC/FQHC 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, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the RHC efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.

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

At a minimum, the policies and procedures must address the following:

- (1) Safe evacuation from the RHC, which includes appropriate placement of exit signs; staff responsibilities and needs of the patients.
- (2) A means to shelter in place for patients, staff, and volunteers who remain in the facility. **(Not Applicable to RHCs)**
- (3) A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains the availability of records.
- (4) The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency.

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

- (1) Names and contact information for the following:
 - (i) Staff.
 - (ii) Entities providing services under arrangement.
 - (iii) Patients' physicians.
 - (iv) Other RHCs.
 - (v) Volunteers.
- (2) Contact information for the following:
 - (i) Federal, State, tribal, regional, and local emergency preparedness staff.
 - (ii) Other sources of assistance.
- (3) Primary and alternate means for communicating with the following:
 - (i) RHC staff.
 - (ii) Federal, State, tribal, regional, and local emergency management agencies.

(4) A means of providing information about the general condition and location of patients under the facility's care as permitted under 45 CFR 164.510(b)(4).

(5) A means of providing information about the RHC needs, and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee.

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

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

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

(2) *Testing.* The RHC/FQHC must conduct exercises to test the emergency plan at least annually. The RHC must do the following:

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

- (iii) Analyze the RHC response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the RHC emergency plan, as needed.
- (e) *Integrated healthcare systems.* If a RHC is part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency preparedness program, the RHC may choose to participate in the healthcare system's coordinated emergency preparedness program. If elected, the unified and integrated emergency preparedness program must do all of the following:
- (1) Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.
 - (2) Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered.
 - (3) Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance with the program.
 - (4) Include a unified and integrated emergency plan that meets the requirements of paragraphs (a)(2), (3), and (4) of this section. The unified and integrated emergency plan must also be based on and include all of the following:
 - (i) A documented community-based risk assessment, utilizing an all-hazards approach.
 - (ii) A documented individual facility based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach.
 - (5) Include integrated policies and procedures that meet the requirements set forth in paragraph (b) of this section, a coordinated communication plan, and training and testing programs that meet the requirements of paragraphs (c) and (d) of this section, respectively.

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| Source: | https://www.gpo.gov/fdsys/pkg/FR-2016-09-16/pdf/2016-21404.pdf |
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Emergency Preparedness Process

1. The OFFICE MANAGER will be the Director of Emergency Preparedness for NAME OF RURAL HEALTH CLINIC and will coordinate the preparation of the following:
 - a. Emergency Plan
 - b. Emergency Policy and Procedures
 - c. Communication Plan
 - d. Training and testing of the Emergency Plan
2. The OFFICE MANAGER will research the regulations and become familiar with best practices for Emergency Preparedness by studying regulations, viewing training videos, attending local, state, and regional Emergency planning conferences and communicate the information to the staff of the clinic and conduct onsite learning and teaching sessions and assignments to assist the staff of NAME OF RURAL HEALTH CLINIC in understanding and fulfilling their role in the Emergency Preparedness of the clinic.
3. The Director of Emergency Preparedness will research potential contacts and stakeholders to collaborate, assist, communicate, and develop community-wide responses to emergencies based upon the Emergency plan and an all hazards approach to community emergency planning. There are over 500 Healthcare Coalitions for Emergency Preparedness presently. The Director of Emergency Preparedness will reach out to the most appropriate Coalition locally, state-wide, or regionally including the local hospital and indicate the clinic’s willingness to participate in the Community Emergency Preparedness activities including risk evaluation, policy development, training, drills, and table top exercises. A listing of the Coalitions is provided by CMS at the following link:

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

4. The Director of Emergency Preparedness will work from the checklist located in Table 2 and will update the Medical Director or Executive Committee of the RHC on a Monthly basis on the progress of the implementation of the Emergency Preparedness Plan and compare the actual expense of the program as compared to the budgeted expense of 6,016.

| Emergency Preparedness Budget per Federal Register | | |
|----------------------------------------------------------------------------------------------|--------------|-----------------|
| | Budgeted | Budgeted |
| <u>Emergency Preparedness Process</u> | <u>Hours</u> | <u>Dollars</u> |
| Conduct a Risk Assessment | 10 | \$ 1,080 |
| Develop an Emergency Plan | 14 | \$ 1,379 |
| Develop Policies and Procedures | 12 | \$ 1,482 |
| Develop a Communication Plan | 10 | \$ 1,126 |
| Develop Training Programs | 10 | \$ 602 |
| Conduct Tests | 5 | \$ 347 |
| | 61 | \$ 6,016 |
| Note: Budget includes no travel or staff costs besides Physicians, NPs, and Office Managers. | | |

5. The Director of Emergency Preparedness will develop and maintain an emergency preparedness plan that will be reviewed and updated at least annually and will do the following:
 - (1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.
 - (2) Include strategies for addressing emergency events identified by the risk assessment.
 - (3) Address patient population, including, but not limited to, the type of services the RHC/FQHC 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, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the RHC efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.

6. The Director of Emergency Preparedness will develop and implement emergency preparedness policies and procedures based upon the risk assessment and the emergency plan. These policies and procedures will be reviewed and updated at least annually. The policies and procedures will address the following:
 - (1) Safe evacuation from the RHC, which includes appropriate placement of exit signs; staff responsibilities and needs of the patients.
 - (2) A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains the availability of records.
 - (3) The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency.

6. The Director of Emergency Preparedness will develop a communication plan and will maintain an emergency preparedness communication plan that complies with Federal, State, and local laws. This plan will be reviewed annually. The communication plan will include all of the following:
 - (1) Names and contact information for the following:
 - (i) Staff.
 - (ii) Entities providing services under arrangement.
 - (iii) Patients' physicians.
 - (iv) Other RHCs.
 - (v) Volunteers.

- (2) Contact information for the following:
 - (i) Federal, State, tribal, regional, and local emergency preparedness staff.
 - (ii) Other sources of assistance.
 - (3) Primary and alternate means for communicating with the following:
 - (i) RHC staff.
 - (ii) Federal, State, tribal, regional, and local emergency management agencies.
 - (4) A means of providing information about the general condition and location of patients under the facility's care as permitted under 45 CFR 164.510(b)(4).
 - (5) A means of providing information about the RHC needs, and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee.
7. The Director of Emergency Preparedness will develop and maintain an emergency preparedness training and testing program that is based on the emergency plan and the risk assessment, policies and procedures and the communication plan. The training and testing program will be reviewed and updated at least annually. The Training program will do the following:
- (i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles,
 - (ii) Provide emergency preparedness training at least annually.
 - (iii) Maintain documentation of the training.
 - (iii) Demonstrate staff knowledge of emergency procedures.
8. The Director of Emergency Preparedness will conduct exercises to test the emergency plan annually which will include the following:
- A. Participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based. (unless an actual emergency occurs during the year and the emergency plan is implemented)
 - B. The RHC will conduct an additional exercise that may include, but is not limited to following:
 - (i) A second full-scale exercise that is community-based or individual, facility based.
 - (ii) 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.

Table 1
NAME OF RURAL HEALTH CLINIC
Emergency Preparedness Training Videos

Note: The following videos are recommended to help understand the role of the RHC in Emergency Preparedness and best practices for compliance with Emergency Preparedness.

| Date | Title | Link |
|-------------|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| 10/5/2016 | Emergency Preparedness Requirements MLN Connects® Call 10/5/16 | https://www.youtube.com/watch?v=GcPdvw4nZuU |
| 3/10/2014 | Understanding the Proposed Rule on Emergency Preparedness | https://www.youtube.com/watch?v=8splScqEEQM&t=1151s |
| 3/7/2017 | CMS Emergency Preparedness: Local Community Guidelines | https://www.youtube.com/watch?v=laMkR8d_BY |
| 10/6/2016 | 10 Keys to Healthcare Emergency Planning | https://www.youtube.com/watch?v=ip-mTeGqaql |

TABLE 2

Source: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/SandC_EPChecklist_Provider.pdf

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

Survey & Certification
Emergency Preparedness for Every Emergency

| EMERGENCY PREPAREDNESS CHECKLIST | | | |
|---------------------------------------------------------------------|-------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| RECOMMENDED TOOL FOR EFFECTIVE HEALTH CARE FACILITY PLANNING | | | |
| Not Started | In Progress | Completed | Tasks |
| | | | <ul style="list-style-type: none"> • Develop Emergency Plan: Gather all available relevant information when developing the emergency plan. This information includes, but is not limited to: <ul style="list-style-type: none"> - Copies of any state and local emergency planning regulations or requirements - Facility personnel names and contact information - Contact information of local and state emergency managers - A facility organization chart - Building construction and Life Safety systems information - Specific information about the characteristics and needs of the individuals for whom care is provided |
| | | | <ul style="list-style-type: none"> • All Hazards Continuity of Operations (COOP) Plan: 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. |
| | | | <ul style="list-style-type: none"> • Collaborate with Local Emergency Management Agency: Collaborate with local emergency management agencies to ensure the development of an effective emergency plan. |
| | | | <ul style="list-style-type: none"> • Analyze Each Hazard: Analyze the specific vulnerabilities of the facility and determine the following actions for each identified hazard: <ul style="list-style-type: none"> - Specific actions to be taken for the hazard - Identified key staff responsible for executing plan - Staffing requirements and defined staff responsibilities - 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.) - Communication procedures to receive emergency warning/alerts, and for communication with staff, families, individuals receiving care, before, during and after the emergency - Designate critical staff, providing for other staff and volunteer coverage and meeting staff needs, including transportation and sheltering critical staff members' family |
| | | | <ul style="list-style-type: none"> • Collaborate with Suppliers/Providers: 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. |

Note: Some of the recommended tasks may exceed the facility's minimum Federal regulatory requirements

* Task may not be applicable to agencies that provide services to clients in their own homes

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| EMERGENCY PREPAREDNESS CHECKLIST | | | |
|---------------------------------------------------------------------|--------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| RECOMMENDED TOOL FOR EFFECTIVE HEALTH CARE FACILITY PLANNING | | | |
| Not Started | In Progress | Completed | Tasks |
| | | | <ul style="list-style-type: none"> • Decision Criteria for Executing Plan: 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. |
| | | | <ul style="list-style-type: none"> • Communication Infrastructure Contingency: Establish contingencies for the facility communication infrastructure in the event of telephone failures (e.g., walkie-talkies, ham radios, text messaging systems, etc.). |
| | | | <ul style="list-style-type: none"> • Develop Shelter-in-Place Plan: 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"> - 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 7 days, including: <ul style="list-style-type: none"> - 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 7 days - Contract established with multiple vendors for supplies and transportation - Develop a plan for addressing emergency financial needs and providing security |
| | | | <ul style="list-style-type: none"> • Develop Evacuation Plan: Develop an effective plan for evacuation, by ensuring provisions for the following are specified: * <ul style="list-style-type: none"> - 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. |

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| RECOMMENDED TOOL FOR EFFECTIVE HEALTH CARE FACILITY PLANNING | | | |
| Not Started | In Progress | Completed | Tasks |
| | | | <ul style="list-style-type: none"> - 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: <ul style="list-style-type: none"> • 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. |
| | | | <ul style="list-style-type: none"> • Transportation & Other Vendors: 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.). * |

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| RECOMMENDED TOOL FOR EFFECTIVE HEALTH CARE FACILITY PLANNING | | | |
| Not Started | In Progress | Completed | Tasks |
| | | | <ul style="list-style-type: none"> • Train Transportation Vendors/Volunteers: 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. * |
| | | | <ul style="list-style-type: none"> • Facility Reentry Plan: 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. * |
| | | | <ul style="list-style-type: none"> • Residents & Family Members: 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. |
| | | | <ul style="list-style-type: none"> • Resident Identification: 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"> - 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. |
| | | | <ul style="list-style-type: none"> • Trained Facility Staff Members: 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. |
| | | | <ul style="list-style-type: none"> • Informed Residents & Patients: Ensure residents, patients and family members are aware of and knowledgeable about the facility plan, including: <ul style="list-style-type: none"> - 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. |

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| RECOMMENDED TOOL FOR EFFECTIVE HEALTH CARE FACILITY PLANNING | | | |
| Not Started | In Progress | Completed | Tasks |
| | | | <ul style="list-style-type: none"> • Needed Provisions: 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. |
| | | | <ul style="list-style-type: none"> • Location of Evacuated Residents: Determine the location of evacuated residents, document and report this information to the clearing house established by the state or partnering agency. |
| | | | <ul style="list-style-type: none"> • Helping Residents in the Relocation: Suggested principles of care for the relocated residents include: <ul style="list-style-type: none"> - Encourage the resident to talk about expectations, anger, and/or disappointment - Work to develop a level of trust - Present an optimistic, favorable attitude about the relocation - Anticipate that anxiety will occur - Do not argue with the resident - Do not give orders - Do not take the resident's behavior personally - Use praise liberally - Include the resident in assessing problems - Encourage staff to introduce themselves to residents - Encourage family participation |
| | | | <ul style="list-style-type: none"> • Review Emergency Plan: 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"> - 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. |
| | | | <ul style="list-style-type: none"> • Emergency Planning Templates: Healthcare facilities should appropriately complete emergency planning templates and tailor them to their specific needs and geographical locations. |
| | | | <ul style="list-style-type: none"> • Collaboration with Local Emergency Management Agencies and Healthcare Coalitions: 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. * |

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| RECOMMENDED TOOL FOR EFFECTIVE HEALTH CARE FACILITY PLANNING | | | |
| Not Started | In Progress | Completed | Tasks |
| | | | <ul style="list-style-type: none"> • Communication with the Long-Term Care Ombudsman Program: 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. |
| | | | <ul style="list-style-type: none"> • Conduct Exercises & Drills: Conduct exercises that are designed to test individual essential elements, interrelated elements, or the entire plan: <ul style="list-style-type: none"> - Exercises or drills must be conducted at least semi-annually - Corrective actions should be taken on any deficiency identified. |
| | | | <ul style="list-style-type: none"> • Loss of Resident's Personal Effects: 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. * |

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Table 3 ASPR TRACIE Your resource for Emergency Preparedness

ASPR TRACIE

- TECHNICAL RESOURCES**
 - Self-service collection of audience-tailored materials
 - Subject-specific, SME-reviewed "Topic Collections"
 - Unpublished and SME peer-reviewed materials highlighting real-life tools and experiences
- ASSISTANCE CENTER**
 - Personalized support and responses to requests for information and technical assistance
 - Accessible by toll-free number (1844-5-TRACIE), email (askasprtracie@hhs.gov), or web form (ASPRtracie.hhs.gov)
- INFORMATION EXCHANGE**
 - Area for password-protected discussion among vetted users in near real-time
 - Ability to support chats and the peer-to-peer exchange of user-developed templates, plans, and other materials

ASPRtracie.hhs.gov/CMSrule

- ASPR TRACIE's Topic Collections and provider- and supplier-specific resources can help organizations involved in implementing the CMS requirements with resources tailored to their specific needs
- Resources for hazard vulnerability assessments, emergency plans, policies and procedures, communications plans, trainings, and testing

ASPRtracie.hhs.gov
 1-844-5-TRACIE
 askasprtracie@hhs.gov

Emergency Preparedness Requirements MLN Connects® Call 10/5/16

Up next: CMS Emergency Preparedness Guidelines with Bob McKee, DSc, Boston University