

# Emergency Preparedness Plan

## Check List

Emergency Preparedness Plans at long-term care (LTC) facilities should undergo review and renewal at least annually. Use this check list of best practices to assess your facility's Emergency Preparedness Plan to identify shortcomings and areas for improvement in your review.

### Overview

**Section 1:** Identify Hazards

**Section 2:** Communications

**Section 3:** Specific Plans

<b>Check list completed by:</b>	<b>Date:</b>
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### Section 1. Identify Hazards

Elements To Be Assessed	Element is in Place	Notes/Areas for Improvement
A facility and community-based risk assessment is conducted using an all-hazards approach (including missing residents).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The assessment includes community partners, such as local emergency management and health care coalitions.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The plan addresses the following: <ul style="list-style-type: none"> <li>▪ The resident population, including (but not limited to) persons at-risk</li> <li>▪ The type of services the long-term care (LTC) facility has the ability to provide in an emergency</li> <li>▪ Continuity of operations, including delegations of authority and succession plans</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The plan collaborates with other types of health care providers (e.g. hospitals, hospices, home care, dialysis centers) at the state and local level to increase medical response capabilities.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The plan undergoes documentation and annual review/renewal.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Section 2. Communications

Elements To Be Assessed	Element is in Place	Notes/Areas for Improvement
<p>The plan includes names and contact information for the following:</p> <ul style="list-style-type: none"> <li>▪ Staff</li> <li>▪ Entities providing services under agreement</li> <li>▪ Residents' physicians</li> <li>▪ Other facilities</li> <li>▪ Volunteers</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>The plan includes contact information for the following:</p> <ul style="list-style-type: none"> <li>▪ Federal, state, or local emergency preparedness staff</li> <li>▪ State licensing and certification agency</li> <li>▪ Office of the state LTC ombudsman</li> <li>▪ Other sources of assistance</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>The plan includes primary and alternate means for communicating with the following:</p> <ul style="list-style-type: none"> <li>▪ LTC facility's staff</li> <li>▪ Federal, state, and local emergency preparedness staff</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>The plan includes a method for sharing information and medical documentation for residents under the LTC facility's care with other health care providers to maintain continuity of care.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>In the event of an evacuation, the plan includes a means to release resident information as permitted and to provide information about the general condition and location of residents under the facility's care as permitted.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>The plan includes a means of providing information about the LTC facility's occupancy, its needs, and its ability to provide assistance to the authority having jurisdiction, such as the Incident Command Center or their designee.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>The plan includes a method for sharing information from the emergency plan that the facility has determined is appropriate with residents and their families or representatives.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>The plan includes:</p> <ul style="list-style-type: none"> <li>▪ An outline of the roles and responsibilities of different individuals (e.g., incident commander, public information officer, resident liaison)</li> <li>▪ How these specific individuals and their alternates/successors can activate the facility's emergency plans to ensure resident safety is protected and residents will receive care at the facility (or, if transferred, under what circumstances transfers will occur)</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	



## Section 3. Specific Plans

Elements To Be Assessed	Element is in Place	Notes/Areas for Improvement
The facility has policies and procedures addressing the provision of subsistence needs for staff and residents (whether they evacuate or shelter in place), including: <ul style="list-style-type: none"> <li>▪ Food, water, medical, and pharmaceutical supplies</li> <li>▪ Alternate sources of energy for temperatures, lighting, fire detection, and sewage/waste disposal</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The facility has considered written agreements with alternate vendors or others for emergency supplies and services, such as: <ul style="list-style-type: none"> <li>▪ Food and drinking water</li> <li>▪ Evacuation transport</li> <li>▪ Pharmacy and medical products supplies</li> <li>▪ Generator fuel; restoration of power with local utility</li> <li>▪ Temporary shelter in local area (e.g. school, church)</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A plan is in place for Emerging Infectious Diseases (EIDs) addressing how the facility will coordinate and respond to a localized and widespread pandemic, which: <ol style="list-style-type: none"> <li>a. aligns with state and local emergency/pandemic plans; and</li> <li>b. considers modifications to protocols, such as isolation and personal protective equipment (PPE)</li> </ol>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The shelter-in-place system allows for tracking the location of on-duty staff and residents in the facility's care during and after an emergency.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The evacuation system includes tracking and documentation of the specific name and location of the receiving facility.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Specific plans are in place addressing each hazard identified as a risk for the facility, such as a fire, tornado, bomb threat, or chemical spill.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The facility has in place an emergency preparedness training and testing program that is based on the risk assessment and emergency plans which include: <ul style="list-style-type: none"> <li>▪ Identified hazards</li> <li>▪ Communication plans</li> <li>▪ Specific plans</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The training and testing program is reviewed and updated at least annually.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

### Resources

- Centers for Medicare & Medicaid Services. "Fact Sheet: CMS Releases Updated Emergency Preparedness Guidance." March 26, 2021. <https://www.cms.gov/files/document/fact-sheet-cms-releases-updated-emergency-preparedness-guidance.pdf>
- Centers for Medicare & Medicaid Services. "State Operations Manual Appendix Z – Emergency Preparedness for All Provider and Certified Supplier Types Interpretive Guidance." March 26, 2021. <https://www.cms.gov/files/document/qso-21-15-all.pdf>