

**EMERGENCY PREPAREDNESS CHECKLIST RECOMMENDED
FOR EFFECTIVE HEALTH CARE FACILITY PLANNING**

Not Started	In Progress	Complete	Tasks
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This checklist includes Emergency Preparedness Actions recommended by CMS. Each facility’s Leadership Team should complete the checklist to audit the facility’s emergency preparedness by checking either Not Started, In Progress, or Complete, to designate the facility’s status with each item. Information gathered should be used to focus on areas to address to achieve a satisfactory emergency response plan to guide staff to prepare for, manage, and recover from identified potential hazards.

			<p>Develop Emergency Plan: Gather all available relevant information including, but not limited to:</p> <ul style="list-style-type: none"> ✓ Copies of any state/local emergency planning regulations or requirements ✓ Facility personnel names and contact information ✓ Contact information of local and state emergency managers ✓ A facility organizational chart and floor plan ✓ Building construction and Life Safety systems information ✓ Specific characteristics and needs of residents who receive care, including identifying individuals who may need additional response assistance (physical or mental disabilities, diverse cultures/backgrounds, limited or no English proficiency, chronic medical disorders, frail and totally dependent, dependent on machines such as oxygen feeding pumps, mechanical lifts, etc.)
			<p>Create All Hazards Continuity of Operations (COOP) Plan:</p> <ul style="list-style-type: none"> ✓ Develop a continuity of operations plan using an all-hazards approach ✓ Follow an “all-hazards approach,” to include addressing bomb threats, earthquakes, evacuations, hot/cold extreme weather, tornadoes, internal/external fires, floods, hazardous material/waste spills, infectious disease outbreaks, missing residents, shelter preparedness, power outages, loss of water, loss of heat or cooling, snow storms, workplace violence, and any other hazard that could potentially impact the facility directly and indirectly. (Indirect could interrupt necessary utilities, supplies, or staffing.) ✓ Determine all essential functions and critical personnel
			<p>Analyze Each Potential Risk Hazard: Conduct a risk assessment of potential hazards the facility may face; analyze specific vulnerabilities of the facility; determine the following actions for each:</p> <ul style="list-style-type: none"> ✓ Specific actions to be taken for each identified potential hazard ✓ Identified key staff responsible for executing the plan ✓ Staffing requirements and defined staff responsibilities ✓ Identification and maintenance of sufficient supplies and equipment to sustain operations and deliver care/services for 3-10 days, based on each hazard’s vulnerability. ✓ Communication procedures to receive emergency warning/alerts, and for communication with staff, families, residents before, during, and after the event ✓ Designate critical staff, providing for other staff and volunteer coverage and meeting staff needs, including transportation and sheltering of critical staff members’ family if necessary

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			<p>Resident Identification Plan:</p> <ul style="list-style-type: none"> ✓ Determine how residents will be identified in an evacuation; and ensure the following identifying information is transferred with each resident: <ul style="list-style-type: none"> ○ Name ○ Social security number ○ Photograph ○ Medicaid or other health insurer number ○ Date of birth ○ Diagnoses ○ Current drug/prescription and diet regimens ○ Allergies ○ Blood type ○ Advance directives ○ 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 attached to resident, water proof wrist tag, etc.) ✓ Determine how medical records and medications will be transported so they can be matched with the correct resident, with HIPAA privacy maintained.
			<p>Transportation Vendors/Suppliers/Contractors Plan:</p> <ul style="list-style-type: none"> ✓ Establish transportation arrangements that are adequate for all types of residents/patients being served. ✓ Obtain written assurances from transportation vendors/other suppliers/contractors identified in the emergency plan that they can fulfill their commitments in case a disaster affects the entire area (e.g., their staff, vehicles, and other vital equipment are not “overbooked,” and vehicles/equipment are kept in good operating condition with ample fuel.). <p>Ensure the right type of transportation has been obtained (e.g., ambulances, buses, helicopters, etc.).</p>
			<p>Communication Plan - Infrastructure Contingency:</p> <p>Establish contingencies for the facility communication infrastructure in the event of telephone failures (e.g., walkie-talkies, ham radios, text messaging systems, etc.).</p>
			<p>Communication Plan - Collaborate with Suppliers/Other Providers:</p> <ul style="list-style-type: none"> ✓ Collaborate with suppliers/providers identified as part of a community emergency plan/agreement to receive/care for residents ✓ Define a surge capability assessment for incoming residents ✓ Include a housing/sustenance plan for staff and/or family of staff
			<p>Communication Plan - Collaborate with Local Emergency Management Agencies and Healthcare Coalitions:</p> <ul style="list-style-type: none"> ✓ Collaborate with local emergency management agencies to ensure their involvement in the development of an effective emergency plan, including their ability to provide needed assistance.

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			<ul style="list-style-type: none"> ✓ 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. *
			<p>Communication Plan - Long-Term Care Ombudsman Program:</p> <ul style="list-style-type: none"> ✓ Prior to any disaster, discuss the facility’s emergency plan with a representative of the ombudsman program 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.
			<p>Communication Plan - Residents/Patients/Families/Responsible Parties:</p> <p>Ensure residents/patients and family members are aware of and knowledgeable about the facility plan, including:</p> <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.
			<p>Conduct Exercises & Drills:</p> <p>Conduct exercises designed to test individual essential elements, interrelated elements, or the entire plan:</p> <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.
			<p>Decision Criteria for Executing Plan:</p> <ul style="list-style-type: none"> ✓ Include factors to consider when deciding to shelter-in-place or evacuate. ✓ Determine who at the facility will have authority to make the decision to shelter in place or evacuate (even if no outside evacuation order is given), and the chain of command.
			<p>Shelter-in-Place Plan:</p> <p>Due to the risks in transporting vulnerable patients and residents, evacuation should only occur if sheltering-in-place presents a greater risk than evacuating. An effective shelter-in-place plan should specify: *</p> <ul style="list-style-type: none"> ✓ Procedures to assess if the facility can withstand high winds, flooding, etc. ✓ Measures to secure the building against damage (plywood for windows, sandbags, and plastic for flooding) ✓ Identify the safest areas of the facility ✓ Procedures for collaborating with the local emergency management agency, fire, police, EMS agencies about deciding to shelter-in-place

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			<ul style="list-style-type: none"> ✓ 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 ✓ Contracts established with multiple vendors for supplies and transportation ✓ Develop a plan for addressing emergency financial needs and providing security ✓ Written guidelines for storage of emergency fuel and associated equipment and systems as required by the 2000 edition of the Life Safety Code of the National Fire Protection Association (NFPA).
			<p>Evacuation Plan: Develop an effective plan for evacuation, ensuring provisions for the following are specified: *</p> <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 in the event all local facilities are impacted by the disaster. A back-up may be necessary if the first is unable to accept evacuees. ✓ Identify evacuation routes and alternative routes, with maps available and specific travel time established. ✓ A process to notify the proper authorities of the evacuation. ✓ Adequate food supply and description of how items will be transported. ✓ Amounts of water to be transported and how that will occur (e.g., 1 gal/person). ✓ Description of how medications will be transported, including ensuring their protection under the control of a registered nurse. ✓ Procedures for protecting/transporting residents’ medical records. ✓ A list of items to accompany residents/patients is described. ✓ Identify how residents/patients, their families, staff, and others will be notified of the evacuation, and communication methods that will be used during and after the evacuation.

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			<ul style="list-style-type: none"> ✓ Identify staff responsibilities and how residents/patients will be cared for during evacuation, and a back-up plan if there aren't sufficient staff. ✓ Describe procedures to ensure residents/patients dependent on wheelchairs and/or other assistive devices are transported so their equipment is protected and their personal needs met during transit (e.g., incontinent supplies for long periods, transfer boards, other assistive devices). ✓ Describe how other critical supplies/equipment will be transported. ✓ Tracking method to account for all residents and staff during and after an emergency/evacuation ✓ Protocol to ensure staff accompany the evacuating residents. ✓ Procedure for managing a resident/patient who becomes ill or dies in route. ✓ Provision for mental health and grief counselors at reception points to talk with and counsel evacuees. ✓ Protocol if a resident/patient turns up missing during evacuation: <ul style="list-style-type: none"> ○ Notify the patient/resident's family ○ Notify local law enforcement ○ Notify Nursing Home Administration and staff ✓ How to ensure that resident/patient identification wristband (or equivalent identification) is intact on all residents/patients. ✓ Process to track the arrival of each resident/patient at the destination. ✓ How staff and residents will be tracked during an emergency ✓ Description of whether staff's family can shelter at the facility/evacuate.
			<p>Residents & Family Members:</p> <ul style="list-style-type: none"> ✓ 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.
			<p>Location of Evacuated Residents:</p> <ul style="list-style-type: none"> ✓ Determine the location of evacuated residents, document, and report to the clearing house established by the state or partnering agency.
			<p>Needed Provisions:</p> <ul style="list-style-type: none"> ✓ Determine if provisions need to be delivered to the facility/residents, such as power, flashlights, food, water, ice, oxygen, medications, and if urgent action is needed to obtain resources and assistance.
			<p>Helping Residents in the Relocation – incoming and/or outgoing: Suggested principles of care for relocated residents include:</p> <ul style="list-style-type: none"> ✓ Encourage the resident/patient 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

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			<ul style="list-style-type: none"> ✓ 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
			<p>Training for Facility Staff Members:</p> <ul style="list-style-type: none"> ✓ Ensure that each facility staff member on each shift is trained to be knowledgeable and follow all details of the plan. ✓ Training should address psychological and emotional aspects on caregivers, families, residents, and the community at large. ✓ Hold periodic reviews, drills, and other demonstrations with sufficient frequency to ensure everyone is fully trained. ✓ Provide training to all new hires during orientation.
			<p>Training for Transportation Vendors/Volunteers:</p> <ul style="list-style-type: none"> ✓ Ensure that vendors/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, frail population and are knowledgeable on how to help minimize transfer trauma. *
			<p>Annual Review of Emergency Plan:</p> <p>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:</p> <ul style="list-style-type: none"> ✓ Regulatory change ✓ New hazards are identified or existing hazards change ✓ After tests, drills, or exercises when problems are identified ✓ After actual disasters/emergency responses ✓ Infrastructure changes ✓ Change of key personnel
			<p>Required Policies and Procedures:</p> <ul style="list-style-type: none"> ✓ Resident and Family Emergency Preparedness Instructions ✓ Collaboration with other Healthcare Facilities and the Community ✓ Residents with special needs and Residents “At Risk” including: <ul style="list-style-type: none"> ○ Residents with limited mobility ○ Missing residents ✓ Evacuation, shelter-in-place, triage, and tracking of residents ✓ Sustenance <ul style="list-style-type: none"> ○ Food, water, medical, and pharmaceutical supplies ○ Alternate sources of energy ✓ Communication Plan: how the facility will coordinate patient care within the facility, across healthcare providers, and with state and local public health departments. Include names and contact information for the following: <ul style="list-style-type: none"> ○ Staff ○ Entities providing services under an arrangement ○ Patients’/residents’ physicians ○ Other facilities ○ Volunteers

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			<ul style="list-style-type: none"> ○ Federal, State, tribal, regional, and local emergency preparedness staff ○ State Licensing and Certification Agency ○ Office of the State Long-Term Care Ombudsman ○ Other sources of assistance specific to the facility ✓ Staffing strategy ✓ Surge capacity strategy ✓ Use of volunteers ✓ Evacuation/transportation plans and backup plan if alternate location is impacted by the disaster ✓ Continuity of operations <ul style="list-style-type: none"> ○ Resident records ○ Sharing information ○ Alternate facilities
			<p>Facility Reentry Plan:</p> <ul style="list-style-type: none"> ✓ Describe who will authorize reentry to the facility after an evacuation, the procedures for inspecting the facility, and how it will be determined it is safe to return after an evacuation. ✓ Describe the appropriate considerations for return travel. *
			<p>Loss of Resident's Personal Effects:</p> <ul style="list-style-type: none"> ✓ Establish a process for locating lost resident personnel effects for residents who have been evacuated.

Adapted from CMS *Survey & Certification Emergency Preparedness for Every Emergency*

Name/Title of individuals completing checklist:

Date Completed: _____

Date of Next Scheduled Review: _____