

USDHHS-CMS
Survey & Certification
Emergency Preparedness for Every Emergency
EMERGENCY PREPAREDNESS CHECKLIST
RECOMMENDED TOOL FOR EFFECTIVE HEALTH CARE FACILITY PLANNING

Develop Emergency Plan: Gather all available relevant information when developing the emergency plan. This information includes, but is not limited to:

- **Copies of any state and local emergency planning regulations or requirements**
 - See Health Care Facility Administrator for copy of facility emergency plan
- **Facility personnel names and contact information.**
 - See Section **I.1**: Facility Quick Look Profile
 - See Appendix **4**: Contacts
- **Contact information of local and state emergency managers**
 - See Appendix **4**: Contacts
- **A facility organization chart**
 - See Section **I.6**: Organization Chart
- **Building construction and Life Safety systems information**
 - See Appendix 8: Facility Operations
- **Specific information about the characteristics and needs of the individuals for whom care is provided.**
 - See Section **I.1**: Resident Acuity Levels
 - See Section **I.4**: Executive Summary

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.

- See Section **III.16**: Continuity of Operations
- See Section **IV**: Emergency Response Disaster Templates and Job Tasks
- See Appendix **6**: Employee Personal Readiness
- See Appendix **8**: Facility Operations

Collaborate with Local Emergency Management Agency: Collaborate with local emergency management agencies to ensure the development of an effective emergency plan.

- See Section **III.3**: Coordinating with Emergency Responders
- See Section **III.4**: Coordinating with County Emergency Plan
- See Appendix **4**: Contacts

Analyze Each Hazard: Analyze the specific vulnerabilities of the facility and determine the following actions for each identified hazard:

- See Section **II.1**: Hazard and Vulnerability Analysis
- **Specific actions to be taken for the hazard.**
 - See Section **IV** : Emergency Response Disaster Templates
- **Identified key staff responsible for executing plan .**
 - See Section **III.12**: Evacuation Emergency Job Tasks
 - See Section **III.13** Shelter-in-Place Emergency Job Tasks
 - See Section **IV**: Emergency Response Disaster Templates
- **Staffing requirements and defined staff responsibilities.**
 - See Section **III.12**: Evacuation Emergency Job Tasks
 - See Section **III.13** Shelter-in-Place Emergency Job Tasks
 - See Section **IV**: Emergency Response Disaster Templates
 - See Appendix **12**: Job Action Sheets Roles and Responsibilities

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- **Identification and maintenance of sufficient supplies/equipment to sustain operations/deliver care and services for 7-10 days.**
 - See Section **II.2** : Facility Disaster Preparedness Assessment Checklist
 - See Section **III.2**: Formalized Agreements / Contingencies
- **Communication procedures to receive emergency warning/alerts, and for communication with staff, families, individuals receiving care, before, during and after the emergency.**
 - See Section **III.5** : Emergency Communications
 - See Section **IV**: Emergency Response Disaster Templates
 - See Appendix **3**: Communications
- **Designate critical staff, providing for other staff and volunteer coverage and meeting staff needs, including transportation and sheltering critical staff members' family.**
 - See Section **III.12**: Evacuation—Job Tasks
 - See Section **III.13**: Shelter-in-Place Procedures & Job Tasks
 - See Appendix **9**: Family Disaster Plan

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/care for individuals.

- See Section **III.1**: Developing Relationships/Partnerships With Emergency Resources
- See Section **III.2**: Formalized Agreements and Contingencies
- See Section **III.3** Coordinating with Local Emergency Responders/Resources
- See Appendix **2**: Letters of Agreement
- See Appendix **4**: Contacts

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.

- See Section **III.13** Shelter-in-Place Considerations Surge Capacity and Hosting

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.

- See Section **I.7**: Succession of Command
- See Section **I.8**: Incident Command Post
- See Section **III.11**: Evacuation Activation
- See Section **III.12**: Evacuation Procedures
- See Section **III.13**: Shelter- in- Place Considerations and Shelter- in- Place Procedures

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.).

- See Section **III.5**: Emergency Communications
- See Appendix **3**: Communications

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:

- See Section **III.13**: Shelter- in- Place Considerations and Shelter- in- Place Procedures
- See Section **III.15**: Capacity for Deceased Residents
- See Appendix **10**: Emergency Incident Action Plan

- **Procedures to assess whether the facility is strong enough to withstand strong winds, flooding, etc.**
 - See Section **II.2**: Hazard and Vulnerability Analysis

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Survey & Certification
Emergency Preparedness for Every Emergency
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- **Measures to secure the building against damage (plywood for windows, sandbags and plastic for flooding, safest areas of the facility identified).**
 - See Section **III.13**: Shelter-in-Place Considerations and Shelter- in -Place Procedures
 - See Section **IV**: Emergency Response Disaster Templates
- **Procedures for collaborating with local emergency management agency, fire, police and EMS agencies regarding the decision to shelter-in-place.**
 - See Section **III.13** Shelter- in-Place Considerations and Shelter-in-Place Emergency Job Tasks
- **Sufficient resources are in supply for sheltering-in-place for at least 7 days, including:**
 - **Ensuring emergency power (back-up generators, accounts for maintaining supply of fuel)**
 - See Appendix **8**: Facility Operations Generator Information and Fuel
 - **An adequate supply of potable water (recommended amounts vary by population and location)**
 - See Section **II.2**: Facility Disaster Preparedness Assessment
 - **A description of the amounts and types of food in supply.**
 - See Section **II.2** :Facility Disaster Preparedness Assessment
 - See Section **III.8**: Dietary Considerations
 - See Appendix **5**: Dietary Menus
 - **Maintaining extra pharmacy stocks of common medications.**
 - See Section **III.9**: Pharmaceuticals Considerations
 - **Maintaining extra medical supplies and equipment (e.g., oxygen, linens, vital equipment).**
 - See Section **II.2**: Facility Disaster Preparedness Assessment
- **Identifying and assigning staff who are responsible for each task.**
 - See Section **III.13**: Shelter -in -Place Considerations and Shelter- in- Place Emergency Job Tasks
- **Description of hosting procedures, with details ensuring 24-hour operations for minimum of 7 days.**
 - See Section **III.13**: Shelter- in- Place Considerations for Surge Capacity and Hosting
- **Contract established with multiple vendors for supplies and transportation.**
 - See Appendix **2**: Agreements/Mutual Aid
 - See Appendix **4**: Contacts
- **Develop a plan for addressing emergency financial needs and providing security.**
 - See Section **III.10**:Security Considerations
 - See Section **III.16**: Continuity of Operations
 - See Section **IV**: Disaster Templates
 - See Appendix **8**: Facility Operations Shutdown Procedures
- **Develop Evacuation Plan: Develop an effective plan for evacuation, by ensuring provisions for the following are specified:**
 - **Identification of person responsible for implementing the facility evacuation plan (even if no outside evacuation order is given)**
 - See Section **I.7**: Succession of Command
 - See Section **I.8**: Incident Command Post
 - See Section **III.11** Evacuation Activation
 - See Section **III.12** Evacuation Procedures

USDHHS-CMS
Survey & Certification
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EMERGENCY PREPAREDNESS CHECKLIST
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- **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.**
 - Section **II.3**: Alternate Facility Relocation Site Assessment
 - See Section **III.11**: Alternate Facilities
 - See Appendix **2**: Agreements/Mutual Aid
- **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.**
 - See Section **III.11**: Evacuation Activation Transportation and Route Planning/Awareness
 - See Appendix **7**: Evacuation Routes and Directions
- **Adequate food supply and logistical support for transporting food is described.**
 - See Section **III.12**: Evacuation Procedures
 - See Section **III.12**: Evacuation Job Tasks for Dietary/Food Service
- **The amounts of water to be transported and logistical support is described.**
 - See Section **III.12**: Evacuation Procedures
 - See Section **III.12**: Evacuation Job Tasks for Dietary/Food Service
- **The logistics to transport medications is described, including ensuring their protection under the control of a registered nurse.**
 - See Section **III.12**: Evacuation Procedures
 - See Section **III.12**: Emergency Job Tasks for Nursing Staff
- **Procedures for protecting and transporting resident/patient medical records.**
 - See Section **III.12**: Evacuation Procedures
 - See Section **III.12**: Emergency Job Tasks for Medical Records Staff
- **The list of items to accompany residents/patients is described.**
 - See Section **III.12**: Evacuation Activation Resident Emergency Packets
 - See Appendix **7**: Resident Evacuation Checklist and Resident Tracking Log
- **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.**
 - See Section **III.5 -7**: Emergency Communications
 - See Section **III.12**: Emergency Job Tasks for Social Workers
- **Identify staff responsibilities and how individuals will be cared for during evacuation, and the back-up plan if there isn't sufficient staff.**
 - See Section **III.12**: Emergency Job Tasks
- **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).**
 - See Section **III.11**: Evacuation Activation Resident Emergency Go Bag
 - See Appendix **7**: Resident Evacuation Checklist and Resident Tracking Log
 - See Appendix **14**: Pets and Service Animals

USDHHS-CMS
Survey & Certification
Emergency Preparedness for Every Emergency
EMERGENCY PREPAREDNESS CHECKLIST
RECOMMENDED TOOL FOR EFFECTIVE HEALTH CARE FACILITY PLANNING

- **A description of how other critical supplies and equipment will be transported is included.**
 - See Section **II.2**: Emergency Facility Go Box
 - See Section **III.12** : Evacuation Procedures – Job Tasks
 - See Appendix **7**: Resident Evacuation Checklist and Resident Tracking Log
 - **Determine a method to account for all individuals during and after the evacuation.**
 - See Section **III.11**: Resident Evacuation Identification Wristbands
 - See Appendix **7**: Resident Evacuation Checklist and Resident Tracking Log
 - **Procedures are described to ensure staff accompany evacuating residents.**
 - See Section **III.12**: Evacuation Emergency Job Tasks for Nursing and Nursing Assistants
 - **Procedures are described if a patient/resident becomes ill or dies in route.**
 - See Section **III.12 (AA)**: Evacuation Procedures
 - See Section **III.15** Capacity for Deceased Residents
 - See Appendix **10**: Morgue Log;
 - See Appendix **10**: Incident Action Plan
 - **Mental health and grief counselors are available at reception points to talk with and counsel.**
 - See Section **II.3** :Alternate Facility Relocation Site Assessment
 - **It is described whether staff family can shelter at the facility and evacuate.**
 - See Section **II.2**: Facility Disaster Preparedness Assessment
 - **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).**
 - See Section **III.1** : Developing Relationships & Partnerships with Emergency Resources
 - See Section **III.2**: Formalized Agreements and Contingencies
 - See Section **III.11**: Transportation
 - See Appendix **2**: Agreements/Mutual Aid
 - **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.**
 - See Section **III.11**: Transportation
 - **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.**
 - See Section **III.16**: Continuity of Operations Planning
 - See Section **V**: Recovery
 - See Appendix **16**: Recovery/Re-entry/Re-opening
- The plan should also describe the appropriate considerations for return travel back to the facility.**
- See Section **V**: Post- Evacuation Return Transportation to Facility

USDHHS-CMS
Survey & Certification
Emergency Preparedness for Every Emergency
EMERGENCY PREPAREDNESS CHECKLIST
RECOMMENDED TOOL FOR EFFECTIVE HEALTH CARE FACILITY PLANNING

- **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.**
 - See Section **III.6**: Resident/Responsibility Party/Family Communications
 - See Section **III.11**: Evacuation Activation Resident Emergency Go Bag
 - See Section **III.11**: Resident Evacuation Tracking
 - See Appendix **7**: Resident Evacuation Checklist and Resident Tracking Log
 - **Resident Identification: Determine how residents will be identified in an evacuation; and ensure the following identifying information will be transferred with each resident: 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.**
 - See Appendix **7**: Resident Tracking Log
 - See Appendix **15**: Resident Profile
- 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.
- See Section **III.11**: Resident Emergency Packets and Resident Evacuation Identification Wristbands
- **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.**
 - See Section **III.17-18**: Training/Education
 - Appendix **13**: Mental Health and Psychological First Aid
 - See Appendix **17**: Training and Education
 - **Informed Residents & Patients: Ensure residents, patients and family members are aware of and knowledgeable about the facility plan, including:**
 - **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.**
 - See Section **III.6**: Resident/Responsible Party/ Family Communications
 - Appendix **7**: Sample Letter to Family Regarding Evacuation
 - **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.**
 - See Section **III.6**: Resident/Responsible Party/ Family Communications
 - **Needed Provisions: Check if provisions need to be delivered to the facility/residents -- power, flashlights, food, water, ice, oxygen, medications -- if urgent action is needed to obtain the necessary resources and assistance.**
 - See Section **III.11**: Evacuation Emergency Resident Packets
 - See Section **III.12**: Evacuation Procedures

USDHHS-CMS
Survey & Certification
Emergency Preparedness for Every Emergency
EMERGENCY PREPAREDNESS CHECKLIST
RECOMMENDED TOOL FOR EFFECTIVE HEALTH CARE FACILITY PLANNING

- **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.**
 - See Section **III.12** :Evacuation Procedures
 - See Appendix **7**: Resident Tracking Log
 - See Appendix **15**: Resident Profile

- **Helping Residents in the Relocation: Suggested principles of care for the relocated residents include: 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 residents' behavior personally; use praise liberally; include the resident in assessing problems; encourage staff to introduce themselves to residents; encourage family participation.**
 - See Section **III.12** :Evacuation Process
 - See Appendix **13**: Mental Health/Behavioral Health/Psychological First Aid

- **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: 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.**
 - See Introduction : Promulgation, Record of Changes and Plan Maintenance

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.

- See Introduction: Plan Maintenance
- See Section **I.5**: Record of Distribution
- See Section **III.12**: Evacuation Emergency Job Tasks
- See Section **III.13**: Emergency Job Tasks Shelter-in-Place.

Conduct Exercises & Drills: Conduct exercises that are designed to test individual essential elements, interrelated elements, or the entire plan:

- **Exercises or drills must be conducted at least semi-annually**
 - See Section **III.18**: Exercise, Drill and Simulations
 - See Appendix **17**: Training & Education

- **Corrective actions should be taken on any deficiency identified**
 - See Introduction: Record of Changes and Plan Maintenance

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.

- See Section **III.12 (CC)**: Evacuation Procedures