

Emergency Preparedness Inspection Checklist

001 Establishment of the Emergency Program (EP)

- Interview** the facility leadership and ask him/her/them to describe the facility's emergency preparedness program.
- Ask** to see the facility's written policy and documentation on the emergency preparedness program.

004 Develop and Maintain EP Program

- Verify** the facility has an emergency preparedness plan by asking to see a copy of the plan.
- Ask** facility leadership to identify the hazards (e.g. natural, man-made, facility, geographic, etc.) that were identified in the facility's risk assessment and how the risk assessment was conducted.
- Review** the plan to verify it contains all the required elements.
- Verify** that the plan is reviewed and updated annually by looking for documentation of the date of the review and updates that were made to the plan based on the review.

006 Maintain and Annual EP Updates

- Ask** to see the written documentation of the facility's risk assessments and associated strategies.
- Interview** the facility leadership and ask which hazards (e.g. natural, man-made, facility, geographic) were included in the facility's risk assessment, why they were included and how the risk assessment was conducted.
- Verify** the risk-assessment is based on an all-hazards approach specific to the geographic location of the facility and encompasses potential hazards.

007 EP Program Patient Population

Interview leadership and ask them to describe the following:

- The facility's patient populations that would be at risk during an emergency event;
- Strategies the facility has put in place to address the needs of at-risk or vulnerable patient populations;
- Services the facility would be able to provide during an emergency;
- How the facility plans to continue operations during an emergency;
- Delegations of authority and succession plans.
- Verify that all of the above are included in the written emergency plan.

009 Process for EP Collaboration

- Interview** facility leadership and ask them to describe their process for ensuring cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to ensure an integrated response during a disaster or emergency situation.
- Ask** for documentation of the facility's efforts to contact such officials and, when applicable, its participation in collaborative and cooperative planning efforts.

0013 Development of EP Policies and Procedures

- Review** the written policies and procedures which address the facility's emergency plan and verify the following:
- Policies** and procedures were developed based on the facility- and community-based risk assessment and communication plan, utilizing an all-hazards approach.
- Ask** to see documentation that verifies the policies and procedures have been reviewed and updated on an annual basis.

0015 Subsistence needs for Staff and Residents/Patients

- Verify** the emergency plan includes policies and procedures for the provision of subsistence needs including, but not limited to, food, water and pharmaceutical supplies for patients and staff by reviewing the plan.
- Verify** the emergency plan includes policies and procedures to ensure adequate alternate energy sources necessary to maintain:
- Temperatures** to protect patient health and safety and for the safe and sanitary storage of provisions; Emergency lighting; and, Fire detection, extinguishing, and alarm systems.
- Verify** the emergency plan includes policies and procedures to provide for sewage and waste disposal.

0018 Procedures for Tracking of Staff and Patients

- Ask** staff to describe and/or demonstrate the tracking system used to document locations of patients and staff.
- Verify** that the tracking system is documented as part of the facilities' emergency plan policies and procedures.

0020 Policies and Procedures including Evacuation

- Review** the emergency plan to verify it includes policies and procedures for safe evacuation from the facility and that it includes all of the required elements.

0022 Policies and Procedures for Sheltering

- Verify** the emergency plan includes policies and procedures for how it will provide a means to shelter in place for patients, staff and volunteers who remain in a facility.
- Review** the policies and procedures for sheltering in place and evaluate if they aligned with the facility's emergency plan and risk assessment

0023 Policies and Procedures for Medical Docs.

- Ask** to see a copy of the policies and procedures that documents the medical record documentation system the facility has developed to preserves patient (or potential and actual donor for OPOs) information, protects confidentiality of patient (or potential and actual donor for OPOs) information, and secures and maintains availability of records.

0024 Policies and Procedures for Volunteers

- Verify** the facility has included policies and procedures for the use of volunteers and other staffing strategies in its emergency plan.

0025 Arrangement with other Facilities

- Ask to** see copies of the arrangements and/or any agreements the facility has with other facilities to receive patients in the event the facility is not able to care for them during an emergency.
- Ask facility** leadership to explain the arrangements in place for transportation in the event of an evacuation.

0026 Roles under a Waiver Declared by Secretary

- Verify** the facility has included policies and procedures in its emergency plan describing the facility's role in providing care and treatment at alternate care sites under an 1135 waiver.

0029 Development of Communication Plan

- Verify** that the facility has a written communication plan by asking to see the plan.
- Ask** to see evidence that the plan has been reviewed (and updated as necessary) on an annual basis.

0030 Names and Contact Information

- Verify** that all required contacts are included in the communication plan by asking to see a list of the contacts with their contact information.
- Verify** that all contact information has been reviewed and updated at least annually by asking to see evidence of the annual review.

0031 Emergency Officials Contact Information

- Verify** that all required contacts are included in the communication plan by asking to see a list of the contacts with their contact information.
- Verify** that all contact information has been reviewed and updated at least annually by asking to see evidence of the annual review.

0032 Primary/Alternate Means for Communication

- Verify** the communication plan includes primary and alternate means for communicating with facility staff, Federal, State, tribal, regional and local emergency management agencies by reviewing the communication plan.
- Ask** to see the communications equipment or communication systems listed in the plan.

0033 Methods for Sharing Information

- Verify** the communication plan includes a method for sharing information and medical (or for RNHCIs only, care) documentation for patients under the facility's care, as necessary, with other health (or care for RNHCIs) providers to maintain the continuity of care by reviewing the communication plan.
- Verify** the facility has developed policies and procedures that address the means the facility will use to release patient information to include the general condition and location of patients, by reviewing the communication plan

0034 Sharing Information on Occupancy/Needs

- Verify** the communication plan includes a means of providing information about the facility's needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee by reviewing the communication plan.
- For PRTFs and LTC** facilities verify if the communication plan includes a means of providing information about their occupancy.

0035 LTC Family Notifications

- Ask staff** to demonstrate the method the facility has developed for sharing the emergency plan with residents or clients and their families or representatives.
- Interview residents** or clients and their families or representatives and ask them if they have been given information regarding the facility's emergency plan.
- Verify** the communication plan includes a method for sharing information from the emergency plan, and that the facility has determined it is appropriate with residents or clients and their families or representatives by reviewing the plan.

0036 Emergency Prep Training and Testing

- Verify** that the facility has a written training and testing (and for ESRD facilities, a patient orientation) program that meets the requirements of the regulation.
- Verify** the program has been reviewed and updated on, at least, an annual basis by asking for documentation of the annual review as well as any updates made.

0037 Emergency Prep Training Program

- Ask for copies** of the facility's initial emergency preparedness training and annual emergency preparedness training offerings.
- Interview** various staff and ask questions regarding the facility's initial and annual training course, to verify staff knowledge of emergency procedures.
- Review** a sample of staff training files to verify staff have received initial and annual emergency preparedness training.

0039 Emergency Prep Testing Requirements

- Ask** to see documentation of the annual tabletop and full-scale exercises (which may include, but is not limited to, the exercise plan, the AAR, and any additional documentation used by the facility to support the exercise).
- Ask** to see the documentation of the facility's efforts to identify a full-scale community based exercise if they did not participate in one (i.e. date and personnel and agencies contacted and the reasons for the inability to participate in a community based exercise).
- Request** documentation of the facility's analysis and response and how the facility updated its emergency program based on this analysis.

0041 LTC Emergency Power

- Verify** LTC facility has the required emergency and standby power systems to meet the requirements of the facility's emergency plan and corresponding policies and procedures
- Review** the emergency plan for "shelter in place" and evacuation plans. Based on those plans, does the facility have emergency power systems or plans in place to maintain safe operations while sheltering in place?
- For** LTC facilities which are under construction or have existing buildings being renovated, verify the facility has a written plan to relocate the EPSS by the time construction is completed

For LTC facilities with generators:

- For new** construction that takes place between November 15, 2016 and is completed by November 15, 2017, verify the generator is located and installed in accordance with NFPA 110 and NFPA 99 when a new structure is built or when an existing structure or building is renovated. The applicability of both NFPA 110 and NFPA 99 addresses only new, altered, renovated or modified generator locations.
- Verify** that the LTC facilities with an onsite fuel source maintains it in accordance with NFPA 110 for their generator, and have a plan for how to keep the generator operational during an emergency, unless they plan to evacuate.

0042 Integrated Health Systems

- Verify** whether or not the facility has opted to be part of its healthcare system's unified and integrated emergency preparedness program. Verify that they are by asking to see documentation of its inclusion in the program.
- Ask** to see documentation that verifies the facility within the system was actively involved in the development of the unified emergency preparedness program.
- Ask** to see documentation that verifies the facility was actively involved in the annual reviews of the program requirements and any program updates.
- Ask** to see a copy of the entire integrated and unified emergency preparedness program and all required components (emergency plan, policies and procedures, communication plan, training and testing program).
- Ask** facility leadership to describe how the unified and integrated emergency preparedness program is updated based on changes within the healthcare system such as when facilities enter or leave the system