

LONG TERM CARE

EMERGENCY PREPAREDNESS WORKSHEET

1. DATE OF SURVEY

2. NAME OF FACILITY

3. PROVIDER NUMBER

LTC Number

4. SURVEYOR

5. SURVEYOR ID

TAG #	TITLE	MET	NOT MET
E - 0001	Establishment of the Emergency Program (EP)		

Reg Text: The LTC facility must comply with all applicable Federal, State and local EP requirements. The LTC facility must establish and maintain a comprehensive EP program that meets the requirements of this section. The EP program must include, but not be limited to, the following elements:

Survey Procedure: Interview facility leadership and ask them to describe the facility's EP program. Ask to see the facility's written policy and documentation on the EP program. *Pages 5-6 (also see page 3 for definitions)*

TAG #	TITLE	MET	NOT MET
E - 0004	Develop and Maintain EP Program		

Reg Text: (a) Emergency Plan. The LTC facility must develop and maintain an EP plan that must be reviewed, and updated at least annually.

Survey Procedure: Verify the facility has an emergency plan by asking to see a copy of the plan; Ask facility leadership to identify the hazards that were identified in the facility's risk assessment and how the risk assessment was conducted. Review plan to verify it contains all the required elements. Verify that the plan is reviewed and updated annually. *Page 8*

TAG #	TITLE	MET	NOT MET
E - 0006	Maintain and Annual EP Updates		

Reg Text: (1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing residents. (2) Include strategies for addressing emergency events identified by the risk assessment.

Survey Process: Ask to see the written documentation of the facility's risk assessment and associated strategies; Interview the facility leadership and ask which hazards were included in the risk assessment and why; How was 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. *Pages 10-11*

TAG #	TITLE	MET	NOT MET
E - 0007	EP Program Patient Population		

Reg Text: (3) Address patient/client population, including, but not limited to, persons at-risk; the type of services the LTC facility has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.

Survey Process: Interview leadership and ask them to describe the following; The facility's patient population that would be at risk in an emergency; Strategies the facility has put in place to address the needs of at risk or vulnerable patient populations; Services that the facility would be able to provide during an emergency; How the facility plans to continue operations during an emergency; and Delegations of authority and succession plans. *Page 12*

TAG #	TITLE	MET	NOT MET
E - 0009	Process for EP Collaboration		

Reg Text: (4) Include a process for cooperation and collaboration with local, tribal, regional, State, and Federal EP officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the LTC facility's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.

Survey Procedure: 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 intergrated 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. *Pages 15-16*

TAG #	TITLE	MET	NOT MET
E - 0013	Development of EP Policies and Procedures		

Reg Text: (b) Policies and procedures. LTC facilities must develop and implement EP 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.

Survey Procedure: Review the written policies and procedures which address the facility's emergency plan and verify: Policies and procedures were developed based on the facility and community based risk assessment and communications plan, utilizing and all-hazards approach. Ask to see documentation that verifies the policies and procedures have been reviewed and updated on an annual basis. Pages 18-20

TAG #	TITLE	MET	NOT MET
E - 0015	Subsistence needs for staff and patients		

Reg Text: At a minimum, the policies and procedures must address the following:
 (1) The provision of subsistence needs for staff and patients whether they evacuate or shelter in place, include, but are not limited to the following:
 (i) Food, water, medical and pharmaceutical supplies
 (ii) Alternate sources of energy to maintain the following:
 (A) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions.
 (B) Emergency lighting.
 (C) Fire detection, extinguishing, and alarm systems.
 (D) Sewage and waste disposal.

Survey Procedure: 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 residents 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 resident health and safety and for the safe and sanitary storage of provisions; emergency lighting and fire protection, extinguishing and alarm systems. Verify the emergency plan includes policies and procedures to provide for sewage and waste disposal. Pages 21-24

TAG #	TITLE	MET	NOT MET
E - 0018	Procedures for Tracking of Staff and Patients		

Reg Text: (2) A system to track the location of on-duty staff and sheltered patients in the LTC facility's care during an emergency. If on-duty staff and sheltered patients are relocated during the emergency, the LTC facility must document the specific name and location of the receiving facility or other location.

Survey Process: Ask the staff to describe and/or demonstrate the tracking system used to document locations of the residents and staff. Verify that the tracking system is documented as part of the facilities' emergency plan policies and procedures. Pages 26-27

TAG #	TITLE	MET	NOT MET
E - 0020	Policies and Procedures including Evacuation		

Reg Text: Safe evacuation from the LTC facility, which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s); and primary and alternate means of communication with external sources of assistance.

Survey Process: 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. Pages 29-30

TAG #	TITLE	MET	NOT MET
E - 0022	Policies and Procedures for Sheltering		

Reg Text: (4) A means to shelter in place for patients, staff, and volunteers who remain in the LTC facility.

Survey Process: Verify the emergency plan includes policies and procedures for how it will provide a means to shelter in place for residents, 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. Pages 32-33

TAG #	TITLE	MET	NOT MET
E - 0023	Policies and Procedures for Medical Docs.		

Reg Text: (5) A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains availability of records.

Survey Process: Ask to see a copy of the policies and procedures that documents the medical record documentation system the facility has developed to preserve patient information, protects confidentiality of patient information, and secures and maintains availability of records. Pages 32-33

TAG #	TITLE	MET	NOT MET
E - 0024	Policies and Procedures for Volunteers		

Reg Text: (6) 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.

Survey Process: Verify the facility has included policies and procedures for the use of volunteers and other staffing strategies in its emergency plans. Pages 34-35
 (Use of PHS, DOD, NDMS, MRC members as well as ESAR-VHP members.)

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TAG #	TITLE	MET	NOT MET
E - 0025	Arrangement with other Facilities		

Reg Text: (7) The development of arrangements with other LTC facilities and other providers to receive patients in the event of limitations or cessation of operations to maintain the continuity of services to facility patients.

Survey Process: 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.
Pages 36-37

TAG #	TITLE	MET	NOT MET
E - 0026	Roles under a Waiver Declared by Secretary		

Reg Text: (8) The role of the LTC facility under a waiver declared by the Secretary, in accordance with section 1135 of the Act, in the provision of care and treatment at an alternate care site identified by emergency management officials.

Survey Process: Verify the facility has included policies and procedures in its emergency plan describing the facility's role in providing care and treatment at alternate sites under an 1135 waiver.
Pages 36-37

TAG #	TITLE	MET	NOT MET
E - 0029	Development of Communication Plan		

Reg Text: (c) The LTC facility must develop and maintain an EP communication plan that complies with Federal, State and local laws and must be reviewed and updated at least annually.

Survey Process: Verify that the facility has a written communications 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.
Page 40-41

TAG #	TITLE	MET	NOT MET
E - 0030	Names and Contact Information		

Reg Text: The communication plan must include all of the following:

(1) Names and contact information for the following:

- (i) Staff.
- (ii) Residents' physicians
- (iv) Other LTC facilities.
- (v) Volunteers.

Survey Process: Verify that all required contacts are included in the communications 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.
Pages 43-44

TAG #	TITLE	MET	NOT MET
E - 0031	Emergency Officials Contact Information		

Reg Text: (2) Contact information for the following: (i) Federal, State, tribal, regional, or local emergency preparedness staff.

- (ii) The State Licensing and Certification Agency.
- (iii) The Office of the State Long-Term Care Ombudsman.
- (iv) Other sources of assistance.

Survey Process: Verify that all required contacts are included in the communications 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.
Pages 44-45

TAG #	TITLE	MET	NOT MET
E - 0032	Primary/Alternate Means for Communication		

Reg Text: (3) Primary and alternate means for communicating with the following:

- (i) LTC facility's staff.
- (ii) Federal, State, tribal, regional, and local emergency management agencies.

Survey Process: Verify the communications plan includes primary and alternate means for communicating with facility staff, Federal, State, tribal and local emergency management agencies by reviewing the communications plan. Ask to see the communications equipment or communications systems listed in the plan.
Pages 45-46

Disclaimer: This is a work sheet to assist the survey process and is not a comprehensive listing of the requirements under the Emergency Planning requirements.

TAG #	TITLE	MET	NOT MET
E - 0033	Methods for Sharing Information		

Reg Text: (4) A method for sharing information and medical documentation for residents under the LTC facility's care, as necessary, with other health providers to maintain the continuity of care.

(5) A means, in the event of an evacuation, to release patient information as permitted under 45 CFR 164.510(b)(1)(ii).

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

Survey Process: Verify the communication plan includes a method for sharing information and medical documentation for patients under the facility's care, as necessary, with other health providers to maintain the continuity of care by reviewing the communications 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 communications plan. Pages 46-47

TAG #	TITLE	MET	NOT MET
E - 0034	Sharing Information on Occupancy/Needs		

Reg Text: (7) A means of providing information about the LTC facility's occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee.

Survey Process: Verify the communications 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 hospitals, CAHs, RNHCs, inpatient hospices, PRTFs, LTC facilities, and ICF/IIDs, also verify if the communication plan includes a means of providing information about their occupancy. Pages 48-50

TAG #	TITLE	MET	NOT MET
E - 0035	LTC and ICF/IID Family Notifications		

Reg Text: (8) A method for sharing information from the emergency plan, that the facility has determined is appropriate, with residents and their families or representatives.

Survey Process: • Ask staff to demonstrate the method the facility has developed for sharing the emergency plan with the 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. Page 50-51

TAG #	TITLE	MET	NOT MET
E - 0036	Emergency Prep Training and Testing		

Reg Text: (d) Training and testing. The LTC facility must develop and maintain an EP 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.

Survey Process: Verify that the facility has a written training and testing 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. Verify that ICF/IID emergency plans also meet the requirements for evacuation drills and training at 483.470(i). Pages 50-51

TAG #	TITLE	MET	NOT MET
E - 0037	Emergency Prep Training Program		

Reg Text: (1) Training program. The LTC facility 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 EP training at least annually.

(iii) Maintain documentation of the training.

(iv) Demonstrate staff knowledge of emergency procedures.

Survey Process: 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. Pages 53-56

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TAG #	TITLE	MET	NOT MET
E - 0039	Emergency Prep Testing Requirements		

Reg Text: (2) Testing. The LTC facility must conduct exercises to test the emergency plan at least annually, including unannounced staff drills using the emergency procedures. The LTC facility must do all of 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 LTC facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the LTC facility 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 the 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 LTC facility's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the LTC facility's emergency plan, as needed.

Survey Process: 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.
Pages 59-61

TAG #	TITLE	MET	NOT MET
E - 0041	Hospital CAH and LTC Emergency Power		

Reg Text: (e) Emergency and standby power systems. The [LTC facility and the CAH] must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section.

(e)(1) Emergency generator location. The generator must be located in accordance with the location requirements found in the Health Care Facilities Code (NFPA 99), Life Safety Code (NFPA 101), and NFPA 110, when a new structure is built or when an existing structure or building is renovated.

(e)(2) Emergency generator inspection and testing. The LTC facility must implement the emergency power system inspection, testing, and maintenance requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code.

(e)(3) Emergency generator fuel. LTC facilities that maintain an onsite fuel source to power emergency generators must have a plan for how it will keep emergency power systems operational during the emergency, unless it evacuates.

Survey Process: Verify that the hospital, CAH and 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 hospitals, CAHs and 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 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 hospitals, CAHs and 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.

Pages 63-67

TAG #	TITLE	MET	NOT MET
E - 0042	Integrated Health Systems		

Reg Text: (f) Integrated healthcare systems. If a LTC facility 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 LTC facility may choose to participate in the healthcare system's coordinated emergency preparedness program.

If elected, the unified and integrated EP 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 EP 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 EP 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 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.

Survey Process: • 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.

Pages 67-70

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Form CMS-#### (10/2017)