**Nursing Home** **Emergency Preparedness Plan Review**

Name of Nursing Home:

CCN Number:

Name of Reviewer:

Date Reviewed:

**Must Establish and Maintain a Comprehensive Emergency Preparedness Program (EMP)**

| **Yes / No** | **Appendix Z / Regulation** | **Description**  | **Notes** |
| --- | --- | --- | --- |
|  | E-001 | Includes a cross-walk (as applicable) for where documents are located |  |
|  | Includes two exercises per year (12 months) |  |
|  | Reviewed annually |  |
|  | E-004 and E-100 | Includes a written EPP that must be reviewed and updated at least annually |  |

**Elements of the Public Health Emergency Plan: Review for Emerging Infectious Diseases (EIDs)**

***Note:*** Other components of the plan will include Natural Disaster, Man-made Disaster and Facility-based Disaster **but they are not within scope of this review**.

| **Yes / No** | **Appendix Z / Regulation** | **Description**  | **Notes** |
| --- | --- | --- | --- |
|  | E-004 | Hazardous Waste |  |
|  | Bioterrorism |  |
|  | Pandemic Flu |  |
|  | Highly Communicable Diseases |  |

**Develop Risk Assessments Using *All-Hazards Approach***

An all-hazards approach is an integrated approach to emergency preparedness planning that focuses on capacities and capabilities that are critical to preparedness for a full spectrum of emergencies or disaster, including pandemics and Emerging Infectious Diseases (EID). For Public Health emergencies such as EIDs or pandemics, risk assessment would evaluate possible needs.

**A statement that indicates the nursing home completed a Hazard Vulnerability Assessment (all hazards approach) that addresses the following:**

| **Yes / No** | **Appendix Z / Regulation** | **Description**  | **Notes** |
| --- | --- | --- | --- |
|  | E-006 | A statement that indicates the nursing home completed a Hazard Vulnerability Assessment (all hazards approach) that address: |  |
|  | Influx in need of personal protective equipment (PPE) |  |
|  | Considerations for screening patients and visitors, which may also include testing considerations for staff, visitors, and patients for infectious diseases |  |
|  | Transfer and discharges of patients’ Home-based health care settings. (Includes any setting) |  |
|  | Physical Environment, including but not limited to changes needed for distancing, isolation or capacity/surge. (All elements should be addressed) |  |

**Address resident population including:**

| **Yes / No** | **Appendix Z / Regulation** | **Description**  | **Notes** |
| --- | --- | --- | --- |
|  | E-007 | Types of services the long-term care (LTC) facility can provide in an emergency |  |
|  | Continuity of operations, including delegations of authority and succession plans |  |
|  | Mobility and transfers |  |
|  | Surge and staffing |  |

**At a minimum the facilities must develop and implement emergency preparedness policies and procedures based on their emergency plan.**

**At a minimum the policies must address the following:**

| **Yes / No** | **Appendix Z / Regulation** | **Description**  | **Notes** |
| --- | --- | --- | --- |
|  | E-0015 | The provision of subsistence needs for staff and patients whether they evacuate or shelter in place, including but not limited to food, water, medical and pharmaceutical supplies. (Supply chain issues) |  |
|  | Alternative sources of energy to maintain:* Temperatures 71° - 81°F
* Emergency lighting
* Fire detection, extinguishing, and alarm systems
* Sewer and waste disposal
 |  |
|  | E-0018 | A system to track the location of on-duty and sheltered patients in the facilities care during an emergency |  |
|  | The specific name and location of the receiving facility or other location if on-duty staff and sheltered patients are relocated during the emergency |  |

**Safe Evacuation**

**Address these requirements of safe evacuation:**

| **Yes / No** | **Appendix Z / Regulation** | **Description**  | **Notes** |
| --- | --- | --- | --- |
|  | E-0020 | Consideration of care needs of evacuees |  |
|  | Staff responsibilities |  |
|  | Transportation |  |
|  | Identification of evacuation location(s) |  |

**The use of *volunteers* in an emergency or other emergency staffing strategies, including the process and role for integrations of State and Federally designated health care professionals to address surge needs during emergencies.**

**Address how volunteers will be utilized to meet the following elements:**

| **Yes / No** | **Appendix Z / Regulation** | **Description**  | **Notes** |
| --- | --- | --- | --- |
|  | E-0024 | Reduce morbidity and mortality |  |
|  | Minimize disease transmission |  |
|  | Protect health care personnel |  |
|  | Preserve health care system functioning |  |

**1135 Waivers**

| **Yes / No** | **Appendix Z / Regulation** | **Description**  | **Notes** |
| --- | --- | --- | --- |
|  | E-0026 | Reference to policies and procedures that specifically address the facility’s role in emergencies where the Secretary waives or modifies certain statutory and regulatory requirements under section 1135 in the provision of care and treatment at an alternative care site as designated by Emergency Management officials |  |

**Written Communication Plan**

| **Yes / No** | **Appendix Z / Regulation** | **Description**  | **Notes** |
| --- | --- | --- | --- |
|  | E-0029 | Reference to a written emergency communications plan that contains how the facility coordinates patient care within the facility, across healthcare providers and with state and local public health departments |  |

**Providing Information**

**A means of providing information about the facility’s occupancy, needs and its ability to provide assistance.**

**Reference how the facility will provide information regarding:**

| **Yes / No** | **Appendix Z / Regulation** | **Description**  | **Notes** |
| --- | --- | --- | --- |
|  | E-0034 | Shortages of PPE |  |
|  | The need to evacuate or transfer patients |  |
|  | Requests for assistance in transport |  |
|  | Temporary loss of part of all facility function |  |
|  | Staffing shortages |  |
|  | The availability of electricity-dependent medical and assistive equipment |  |
|  | E-0035 | A method of sharing information from the emergency plan that the facility has determined is appropriate, with residents and their families or representatives |  |

**Training and Testing Program**

**The Emergency Preparedness Plan must include reference to:**

| **Yes / No** | **Appendix Z / Regulation** | **Description**  | **Notes** |
| --- | --- | --- | --- |
|  | E-0036 | An emergency preparedness training and testing program (drills) based on the facility’s emergency plan |  |
|  |  | A process which includes staff and volunteer training complementing the risk assessment. (Training should address the situations identified in the risk assessment) |  |
|  |  | Maintaining records of training so surveyors can clearly ID staff training, and testing conducted |  |
|  | E-0037 | 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 role |  |
|  | E-0039 | Emergency preparedness training during orientation to the organization and at least annually thereafter (all employees) |  |
|  | Staff knowledge of emergency procedures |  |

**Definitions:**

**Emergency Preparedness Program:** The Emergency Preparedness Program describes a facility's comprehensive approach to meeting the health, safety, and security needs of the facility, its staff, their patient populations and community prior to, during, and after an emergency or disaster. The program encompasses four core elements: An Emergency Plan based on a Risk Assessment and incorporates an all-hazards approach; Policies and Procedures; Communication Plan; and the Training and Testing Program.

**Emergency Plan:** An emergency plan provides the framework for the emergency preparedness program. The emergency plan is developed based on facility and community-based risk assessments that assist a facility in anticipation and addressing facility, patient, staff, and community needs and supports continuity of business operations.

**Crosswalk:** Location(s) in the facility where all the plans are located. Helpful but not required.

**Two exercises per year (12 months):**

Must conduct exercises to test the emergency plan at least twice per year, including unannounced staff drills, using the emergency procedures. Must complete the following:

1. Participate in an annual full-scale exercise that is community –based or
	1. when a community-based full-scale exercise is not accessible, conduct an annual individual, facility-based functional exercise
	2. not necessary during this time period if the facility experiences an actual disaster
2. Conduct an additional annual exercise that may include, but not limited to:
	1. A second full scale exercise that is community- based or an individual, facility-based functional exercise, or
	2. A mock disaster drill, or
	3. A facilitator-led tabletop exercise or workshop
	4. Workshop (Exercise of Choice Only): A workshop, for the purposes of this guidance, is a planning meeting/workshop, which establishes the strategy and structure for an exercise program as defined in Homeland Security Exercise and Evaluation Program (HSEEP) guidelines. (May 26, 2022)
3. Analyze the facility’s response to and maintain documentation of all drills, tabletops exercises, and emergency events, and revise the facility’s emergency plan as needed.

**Mobility:** An important part in effective and timely evacuations. Facilities are expected to properly plan to identify patients who would require additional assistance, ensure that means for transport are accessible and available and that those involved in transport, as well as the patients and residents are made aware of the procedures to evacuate.

**Subsistence needs:** If there is a pandemic that effect everyone and supplies cannot be delivered in a timely manner. Need to ensure they address any disruptions related to the supply chain.

**Demonstrate knowledge:** Ask staff questions about their role in the emergency plan.

**Communication Plan:** Must at least be referenced in the EMP. The notes for a surveyor want them to verify the communications plan includes a method for sharing information and medical documentation for patients under the facilities care and to verify the facility has developed policies and procedures that address the means the facility will use to release patient information.

**Training and Testing:** The nursing home needs to demonstrate they are reviewing/evaluating and analyzing data from the drills to address issues, document staff and volunteer competencies, and improve processes. This may or may not be addressed in the plan.

**State Specific Resources:**

* **South Dakota Emergency Preparedness**
	+ [South Dakota Emergency Preparedness](https://dps.sd.gov/emergency-services/emergency-management/preparedness)
	+ [South Dakota Dept. of Health Preparedness and Response Related Links](https://doh.sd.gov/health-care-professionals/public-health-preparedness-and-response/related-links/)
* **North Dakota Emergency Preparedness**
	+ [North Dakota Long-Term Care Association Emergency Preparedness](https://ndltca.org/emergency-preparedness/)
	+ [North Dakota Department of Emergency Services](https://www.des.nd.gov/)

**Additional Resources:**

* Superior Health: [Emergency Preparedness Planning Resources](https://www.superiorhealthqa.org/initiatives/qin-qio/emergency-preparedness-planning/)
* CMS: [QSO-20-41-ALL Revised](https://www.cms.gov/files/document/qso-20-41-all-revised-05262022.pdf) (May 26, 2022)
* Agency for Healthcare Research and Quality (AHRQ): [Incorporating Infection Prevention and Control into an Emergency Preparedness Plan](https://www.ahrq.gov/sites/default/files/wysiwyg/nursing-home/materials/emergency-preparedness-plans.pdf)
* CMS: [Appendix Z Emergency Preparedness](https://nam11.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cms.gov%2FRegulations-and-Guidance%2FGuidance%2FManuals%2FDownloads%2Fsom107ap_z_emergprep.pdf&data=04%7C01%7CKWERGIN%40stratishealth.org%7C9713f455ed0a4ece6cf408da1666d35d%7C9ad2157e264f4c6c9c598f837b11f090%7C0%7C0%7C637846928275617971%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=OT8MwgIJbdBGQgocP4REpm5gFR9pc3KBZp7ykzrMUDY%3D&reserved=0)
* CMS: [Emergency Planning Checklist Recommended Tool for Persons in Long-Term Care Facilities and Their Family Members, Friends, Personal Caregivers, Guardians and Long-Term Care Ombudsmen](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/SandC_EPChecklist_Persons_LTCFacilities_Ombudsmen.pdf)
* CMS: [Emergency Preparedness Rule](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule), Appendix Z link included on webpage
* California Association of Health Facilities: [Nursing Home Incident Command System](https://www.cahfdisasterprep.com/nhics)
* U.S. Department of Health & Human Services (HHS): [Long-term Care Facilities](https://asprtracie.hhs.gov/technical-resources/52/long-term-care-facilities)
* [Facility Assessment Tool](https://qioprogram.org/sites/default/files/2023-02/Facility%20Assessment%20Tool_FINAL_12-14-2022.docx)
* [Great Plains QIN Long-Term Care (LTC) Emergency Preparedness Plan (EPP) Resource Document](https://greatplainsqin.org/wp-content/uploads/2023/10/LTC-Emergency-Preparedness-Plan-EPP-Resource-Document-.pdf)



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