

## **Emergency Preparedness Tool**

The IDPH surveyors (both Life Safety and Health) will be using a similar survey document to verify compliance with the new CMS Emergency Preparedness (EP) requirements. Facilities (both LTC and ICF/IID) can use this tool to evaluate their compliance with the required Emergency Preparedness regulatory provisions.

**E-0001 – Establishment of the Emergency Program** – The facility must comply with all applicable Federal, State, and local Emergency Preparedness (EP) requirements. The 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 development of an EP program that describes a facility's comprehensive approach to meeting the health, safety, and security needs of their staff and residents during an emergency or disaster situation. The EP program must also address how the facility would coordinate with other healthcare facilities as well as the whole community during an emergency or disaster. **MET NOT MET**

**E-0004 – Develop and Maintain EP Program** – The facility must develop and maintain an EP plan that must be reviewed and updated at least annually. **MET NOT MET**

**E-0006 – Maintain and Update EP Plan Annually** – The EP plan must be based on and include a documented, facility based and community based risk assessment, utilizing an all-hazards approach, including missing residents. The EP plan must also include strategies for addressing emergency events identified by the risk assessment. **MET NOT MET**

**E-0007 – EP Program/Resident Population** – The EP plan must address resident population, including, but not limited to, persons at-risk, the type of services the facility has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plan. **MET NOT MET**

**E-0009 – Process for EP Collaboration** – The EP plan must include a process for cooperation and collaboration with local, regional, State and federal EP officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the facility efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts. **MET NOT MET**

**E-0013 – Development of EP Policies and Procedures** – Facilities must develop and implement EP policies and procedures, based on the emergency plan, risk assessment and the communication plan. The policies and procedures must be reviewed and updated at least annually. **MET NOT MET**

**E-0015 – Subsistence Needs for Staff and Residents** – At a minimum, the policies and procedures must address the following: (1) the provision of subsistence needs for staff and residents whether they evacuate or shelter in place including food, water, medical and pharmaceutical supplies; and (2) an alternate source of power to maintain temperatures to protect resident health and safety, safe and sanitary storage of provisions, emergency lighting, fire detection, extinguishing, alarm systems and sewage and waste disposal. **MET NOT MET**

**E-0018 – Procedures for Tracking of Staff and Residents** – A system to track the location of on-duty staff and residents in the facility's care during an emergency, both if sheltering in place or evacuation

and relocation of residents. The LTC facility must document the specific name and location of the receiving facility or other location in an evacuation/relocation. **MET NOT MET**

**E-0020** – Policies and Procedures for an Evacuation – Safe evacuation from the facility, which includes consideration of care and treatment needs of evacuees; staff responsibilities, transportation, identification of evacuation locations(s); and primary and alternate means of communication with external sources of assistance. **MET NOT MET**

**E-0022** – Policies and Procedures for Sheltering in Place – The facility must have a means to shelter in place for residents, staff and volunteers who remain in the facility during an emergency situation. **MET NOT MET**

**E-0023** – Policies and Procedures for Medical Documentation – The facility must have a system of medical documentation that preserves resident information, protects confidentiality of resident information, and secures and maintains availability of records. **MET NOT MET**

**E-0024** – Policies and Procedures for Volunteers – The facility must plan for the use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State and federal designated health care professionals to address surge needs during an emergency. **MET NOT MET**

**E-0025** – Arrangement with Other Facilities – The facility must develop arrangements with other facilities and other providers to receive residents in the event of limitations or cessation of operations to maintain the continuity of services to facility residents. **MET NOT MET**

**E-0026** – Roles Under a 1135 Waiver Declared by the Secretary of HHS – The role of the facility under a waiver declared by the HHS 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. **MET NOT MET**

**E-0029** – Development of a Communication Plan – The facility must develop and maintain an EP communication plan that complies with federal, State and local laws. This communication plan must be reviewed and updated at least annually. **MET NOT MET**

**E-0030** – Communication Plan, Names and Contact Information – The communication plan must include names and contact information for staff, resident's physicians, other facilities and volunteers. **MET NOT MET**

**E-0031** – Communication Plan, Emergency Officials Contact Information – The communication plan must include contact information for federal, State, regional and local emergency preparedness staff; the State Licensing and Certification agency (IDPH); the Office of the State Long-Term Care Ombudsman; and any other identified sources of assistance. **MET NOT MET**

**E-0032** – Primary/Alternate Means for Communication – The facility must have primary and alternate means for communicating with the facility's staff and federal, State, regional and local emergency management agencies. **MET NOT MET**

**E-0033 – Methods for Sharing Information** – The facility must develop a method for sharing information and medical documentation for residents under the facility’s care, as necessary, with other health providers to maintain the continuity of care. **MET NOT MET**

**E-0034 – Sharing Information of Occupancy/Needs** – The facility must have a method for providing information about the facility’s occupancy, needs, and its ability to provide assistance to the authority having jurisdiction, the Incident Command Center, or designee. **MET NOT MET**

**E-0035 – LTC and ICF/IID Family Notifications** – The facility must have a method for sharing information from the emergency plan, that the facility has determined is appropriate, with the residents and their families or representatives. **MET NOT MET**

**E-0036 – Emergency Preparation Training and Testing** – The facility must develop and maintain an EP training and testing program that is based on the facility’s emergency plan, risk assessment, policies and procedures and communication plan. The training and testing program must be reviewed and updated at least annually.  
**MET NOT MET**

**E-0037 – Emergency Preparation Training Program** – The facility must provide initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement/contracts, and volunteers consistent with their respective roles; provide EP training at least annually; maintain documentation of the training; and demonstrate staff knowledge of emergency procedures.  
**MET NOT MET**

**E-0039 – Emergency Preparation Testing Requirements** – The facility must conduct 2 exercises to test the emergency plan at least annually, including unannounced drills using emergency procedures. The facility must participate in (1) a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility based exercise. If the facility experiences an actual natural or man-made emergency that requires activation for the facility emergency plan, the facility is exempt from engaging in a community-based or individual facility based exercise for 1 year following the onset of the actual event; and (2) conduct an additional exercise that is either community-based or individual facility based that could also be a tabletop exercise. A tabletop exercise is one 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. The facility must analyze its response to and maintain documentation of all drills, tabletop exercises and emergency events, and revise the facility’s emergency plan as needed. **MET NOT MET**

**E-0041 – LTC Emergency Power (ICF/IID facilities are exempt from this requirement)** - LTC facilities must implement emergency and standby power systems (generators) based on the emergency plan. The generator must be located according to NFPA requirements. The LTC facility must implement the emergency [power system inspection, testing, and maintenance requirements found in NFPA. The LTC facility must maintain an onsite fuel source to power emergency generators and must have a plan for how it will keep emergency power systems operational during an emergency, unless or until it evacuates. **MET NOT MET**

**E-0042 – Integrated Healthcare Systems** – If a 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 facility may choose to participate in the healthcare’s coordinated emergency preparedness program. If elected, the unified and integrated EP program must do 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 individual certified facility is capable of actively using the unified and integrated EP program and is in compliance with the program; (4) the unified and integrated emergency plan must be based on both a documented community-based risk assessment and a documented individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach; and (5) include integrated policies and procedures, coordinated communication plan, and training and testing programs that meet all of the above requirements. **MET NOT MET**

**NOTE:** The IDPH Life Safety Code surveyors will review tags E-0015, E-0022 and E-0041. The IDPH health surveyors will review all of the other EP requirements.