

Long Term Care Emergency Preparedness Survey Worksheet

Date of Survey

Facility Name

Provider Number

Surveyor Name

Surveyor ID #

Emergency Plan

| Tag # | Met | Not Met | Title | Survey Procedures | Notes |
|--------|-----|---------|---|---|-------|
| E-0001 | | | Establishment of the Emergency Plan (EP) | 1. Interview the facility leadership and ask him/her/them to describe the facility's emergency preparedness program. | |
| | | | | 2. Ask to see the facility's written policy and documentation on the emergency preparedness program | |
| | | | | 3. For hospitals and CAHs only: Verify the hospital's or CAH's program was developed based on an all-hazards approach by asking their leadership to describe how the facility used an all-hazards approach when developing its program. | |
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| E-0004 | | | Develop and Maintain EP Program | 1. Verify the facility has an emergency preparedness plan by asking to see a copy of the plan | |
| | | | | 2. 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. | |
| | | | | 3. Review the plan to verify it contains all of the required elements | |

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| | | | | 4. 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 | |
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| E-0006 | | | Maintain and Annual EP Update | 1. Ask to see the written documentation of the facility's risk assessments and associated strategies. | |
| | | | | 2. 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. | |
| | | | | 3. Verify the risk-assessment is based on an all-hazards approach specific to the geographic location of the facility and encompasses potential hazards | |
| Tag # | Met | Not Met | Title | Survey Procedures | Notes |
| E-0007 | | | EP Program Patient Population | 1. The facility's patient populations that would be at risk during an emergency event; | |
| | | | | 2. Strategies the facility (except for an ASC, hospice, PACE organization, HHA, CORF, CMHC, RHC/FQHC and ESRD facility) has put in place to address the needs of at risk or vulnerable patient populations; | |
| | | | | 3. Services the facility would be able to provide during an emergency; | |
| | | | | 4. How the facility plans to continue operations during an emergency; | |
| | | | | 5. Delegations of authority and succession plans. | |
| Tag # | Met | Not Met | Title | Survey Procedures | Notes |
| | | | | 1. Ask for documentation of the facility's efforts to contact such officials and, when applicable, its participation in collaborative and cooperative planning efforts. | |

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| E-0009 | | | <p>Process of EP Collaboration</p> | <p>2. For ESRD facilities, ask to see documentation that the ESRD facility contacted the local public health and emergency management agency public official at least annually to confirm that the agency is aware of the ESRD facility’s needs in the event of an emergency and know how to contact the agencies in the event of an emergency.</p> | |
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Policies and Procedures

| Tag # | Met | Not Met | Title | Survey Procedures | Notes |
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| E-0013 | | | <p>Development of EP Policies and Procedures</p> | <p>1. Policies and procedures were developed based on the facility- and community based risk assessment and communication plan, utilizing an all-hazards approach.</p> <p>2. Ask to see documentation that verifies the policies and procedures have been reviewed and updated on an annual basis.</p> | |

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| E-0015 | | | <p>Subsistence Needs for all Staff and Patients</p> | <p>1. 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.</p> <p>2. Verify the emergency plan includes policies and procedures to ensure adequate alternate energy sources necessary to maintain:</p> <p>a. Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions;</p> <p>b. Emergency lighting; and,</p> <p>c. Fire detection, extinguishing, and alarm systems</p> <p>3. Verify the emergency plan includes policies and procedures to provide for sewage and waste disposal.</p> | |

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| E-0018 | | | <p>Procedures for Tracking of Staff and</p> | <p>1. Ask staff to describe and/or demonstrate the tracking system used to document locations of patients and staff</p> | |

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| E-0018 | | | Tracking of Staff and Patients | 2. Verify that the tracking system is documented as part of the facilities' emergency plan policies and procedures. | |
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| E-0020 | | | Policies and Procedures including Evacuation | 1. 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. | |
| | | | | 2. When surveying an RHC or FQHC, verify that exit signs are placed in the appropriate locations to facilitate a safe evacuation. | |
| Tag # | Met | Not Met | Title | Survey Procedures | Notes |
| E-0022 | | | Policies and Procedures for Sheltering | 1. 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. | |
| | | | | 2. Review the policies and procedures for sheltering in place and evaluate if they aligned with the facility's emergency plan and risk assessment. | |
| Tag # | Met | Not Met | Title | Survey Procedures | Notes |
| E-0023 | | | Policies and Procedures for Medical Documents | 1. 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. | |
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| Tag # | Met | Not Met | Title | Survey Procedures | Notes |
| E-0024 | | | Policies and Procedures for Volunteers | 1. Verify the facility has included policies and procedures for the use of volunteers and other staffing strategies in its emergency plan. | |
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| E-0025 | | | Arrangement with other Facilities | <p>1. 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.</p> <p>2. Ask facility leadership to explain the arrangements in place for transportation in the event of an evacuation.</p> | |
| Tag # | Met | Not Met | Title | Survey Procedures | Notes |
| E-0026 | | | Roles Under a Waiver Declared by Secretary | <p>1. Verify the facility has included policies and procedures in its emergency plan describing the facility's role in providing care and treatment (except for RNHCI, for care only) at alternate care sites under an 1135 waiver.</p> | |
| Communications Plan | | | | | |
| Tag # | Met | Not Met | Title | Survey Procedures | Notes |
| E-0029 | | | Development of Communication Plan | <p>1. Verify that the facility has a written communication plan by asking to see the plan.</p> <p>2. Ask to see evidence that the plan has been reviewed (and updated as necessary) on an annual basis.</p> | |
| Tag # | Met | Not Met | Title | Survey Procedures | Notes |
| E-0030 | | | Names and Contact Information | <p>1. Verify that all required contacts are included in the communication plan by asking to see a list of the contacts with their contact information.</p> <p>2. Verify that all contact information has been reviewed and updated at least annually by asking to see evidence of the annual review.</p> | |
| Tag # | Met | Not Met | Title | Survey Procedures | Notes |
| E-0031 | | | Emergency Officials Contact Information | <p>1. Verify that all required contacts are included in the communication plan by asking to see a list of the contacts with their contact information.</p> <p>2. Verify that all contact information has been reviewed and updated at least annually by asking to see evidence of the annual review.</p> | |
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| E-0032 | | | <p>Primary/Alternate Means for Communication</p> | <p>1. 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.</p> | |
| | | | | <p>2. Ask to see the communications equipment or communication systems listed in the plan.</p> | |
| Tag # | Met | Not Met | Title | Survey Procedures | Notes |
| E-0033 | | | <p>Methods for Sharing Information</p> | <p>1. 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.</p> | |
| | | | | <p>a. For RNHCIs, verify that the method for sharing patient information is based on a requirement for the written election statement made by the patient or his or her legal representative.</p> | |
| | | | | <p>2. 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.</p> | |
| Tag # | Met | Not Met | Title | Survey Procedures | Notes |
| E-0034 | | | <p>Sharing Information on Occupancy/Needs</p> | <p>1. 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.</p> | |
| | | | | <p>2. For hospitals, CAHs, RNHCIs, inpatient hospices, PRTFs, LTC facilities, and ICF/IIDs, also verify if the communication plan includes a means of providing information about their occupancy.</p> | |
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| E-0035 | | | LTC and ICF/IID Family Notifications | 1. Ask staff to demonstrate the method the facility has developed for sharing the emergency plan with residents or clients and their families or representatives. | |
| | | | | 2. Interview residents or clients and their families or representatives and ask them if they have been given information regarding the facility's emergency plan | |
| | | | | 3. 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. | |

Training and Testing Program

| Tag # | Met | Not Met | Title | Survey Procedures | Notes |
|--------|-----|---------|--|--|-------|
| E-0036 | | | Emergency Prep Training and Testing | 1. 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. | |
| | | | | 2. 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. | |
| | | | | 3. Verify that ICF/IID emergency plans also meet the requirements for evacuation drills and training at §483.470(i). | |

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| E-0037 | | | Emergency Prep Training Program | 1. Ask for copies of the facility's initial emergency preparedness training and annual emergency preparedness training offerings. | |
| | | | | 2. Interview various staff and ask questions regarding the facility's initial and annual training course, to verify staff knowledge of emergency procedures. | |
| | | | | 3. Review a sample of staff training files to verify staff have received initial and annual emergency preparedness training. | |

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| E-0039 | | | Emergency Prep Testing Requirements | 1. 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. | |
| | | | | 2. 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). | |
| | | | | 3. Request documentation of the facility's analysis and response and how the facility updated its emergency program based on this analysis. | |

Emergency Power and Integrated Health Systems

| Tag # | Met | Not Met | Title | Survey Procedures | Notes |
|--------|-----|---------|---------------------------------------|---|-------|
| E-0041 | | | Hospital, CAH and LTC Emergency Power | 1. 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 | |
| | | | | 2. 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? | |
| | | | | 3. 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 | |

| E-0041 | | | <p>***Hospital, CAH and LTC Facilities with Permanently Attached Generators</p> | <p>***1. 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.</p> <p>***2. 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.</p> | |
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| Tag # | Met | Not Met | Title | Survey Procedures | Notes |
| E-0042 | | | <p>Intergrated Health Systems</p> | <p>1. 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.</p> <p>2. Ask to see documentation that verifies the facility within the system was actively involved in the development of the unified emergency preparedness program.</p> <p>3. Ask to see documentation that verifies the facility was actively involved in the annual reviews of the program requirements and any program updates</p> <p>4. 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).</p> <p>5. 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</p> | |