CHECKLIST FOR CMS EMERGENCY PREPAREDNESS RULE COMPLIANCE
Deadline: November 15, 2017

I. Risk Assessment and Emergency Planning
   ___ Conduct Risk Assessment
   ___ Select risk assessment tool/method
   ___ Identify likely risk factors that will cause greatest disruption to facility operations
      ___ Environmental risk factors (e.g. hurricane, flooding, earthquake, bioterrorism)
      ___ Facility-level risk factors (e.g. equipment failure, active shooter, medical surge, cyberattack)
   ___ Develop Emergency Preparedness Plan
   ___ Develop strategies for addressing emergency events identified by risk assessment
   ___ Analyze the patient population’s specific vulnerabilities in emergencies
   ___ Develop plan for the facility’s continued operation in an emergency
      ___ Delegation of authority and succession plans
      ___ Determine what services the facility will be able to offer during each type of emergency
   ___ Plan for facility cooperation and collaboration with local, tribal, regional, State, and Federal emergency officials and systems
   ___ Establish framework for reviewing and updating annually

II. Policies and Procedures
   ___ Devise strategies for meeting staff and patient subsistence needs (whether they evacuate or shelter in place)
      ___ Individual needs (e.g. food, water, medical and pharmaceutical supplies)
      ___ Alternate sources of energy to maintain facility operation (e.g. safe and sanitary storage of provisions, emergency lighting, sewage and waste disposal)
   ___ Staff responsibilities
   ___ Develop shelter-in-place procedures
   ___ Plan safe evacuation from the facility
      ___ Identify destinations appropriate for various risks and arrange for them to receive patients
      ___ Communication strategies and contingencies
      ___ Transportation strategies and contingencies
   ___ Develop system for tracking the location of on-duty staff and sheltered residents during and after an emergency, or documenting transfer to other locations
Plan for receiving patients from other facilities or as directed by emergency management officials

Develop secure system for accessing and utilizing medical documentation

Establish framework for reviewing and updating annually

III. Communication Plan

Develop protocol for coordinating patient care within the facility, across healthcare providers, and with public health departments and with emergency management agencies and systems

Establish communication channels with other providers to/from which patients might be transferred

Establish communication channels with emergency management officials and systems

Document primary and alternate means for communicating with the following, to ensure continuation of resident care:

Key facility personnel

Key personal at other facilities

Emergency management officials

State officials

Create secure system for sharing resident information and medical documentation with providers as necessary to maintain continuity of care (NOTE: HIPAA requirements are not suspended during emergencies)

Develop protocol for providing emergency response information and updates to residents and their families or representatives

Establish framework for reviewing and updating annually

IV. Training and Testing Program

Develop training program for all staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles

Create training curriculum in emergency preparedness program

Initial training program for existing personnel

Training program for onboarding process

Annual training program

Create system for maintaining documentation of trainings and making them available as resources on a continuing basis

Devise system for demonstrating staff knowledge of emergency procedures

Develop testing program

Conduct exercises to test the emergency plan at least annually, including unannounced staff drills

Design and execute a full-scale exercise

Design and execute an additional exercise (full-scale or table-top)

Develop review system
Rubric for analyzing the facility’s performance in exercises
- Maintain documentation of all drills, tabletop exercises, and live emergencies
- Revise the facility’s emergency preparedness plan, as needed
- Establish framework for reviewing and updating annually

V. Emergency and Standby Power Systems

In addition to the EP rule’s four principal components, outlined above in §§ 1-4, the rule also requires implementation of standby emergency and power systems by certain provider types, including LTC facilities

- Locate the generator in compliance with national standards
- Implement emergency power system inspection, testing, and maintenance requirements in compliance with various national standards
- Plan for maintaining operation of emergency power systems during emergencies, including fuel storage
- Establish policies and procedures for providing auxiliary electrical power to power-dependent residents during an emergency or for evacuating such residents to alternate facilities

VI. Integrated Health Care System

If a LTC facility is part of a health care system consisting of multiple separately-certified health care facilities that elects to have a unified and integrated emergency preparedness program, the LTC facility may choose to participate in the system’s coordinated emergency preparedness program

A unified and integrated emergency preparedness program must achieve the following:

- Demonstrate that each separately certified facility within the system actively participated in developing the program
- Take into account each separately certified facility’s unique circumstances, patient populations, and services offered
- Demonstrate that each separately certified facility is capable of actively using the program and is in compliance with the program
- Be supported by and include, utilizing an all-hazards approach —
  - A documented community-based risk assessment
  - A documented individual-facility-based risk assessment for each separately certified facility
- Include the following, meeting the requirements discussed above in §§ 2-4:
  - Integrated policies and procedures
  - A coordinated communication plan
  - Training and testing programs