**Facility:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **CCN:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Administrator:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Facility Point of Contact/Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Facility Review Participants (name/title):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HQIN Representative**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Review Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RISK ASSESSMENT AND EMERGENCY PLANNING REVIEW**

| **ELEMENT** | **Tag #** | **Yes/No** | **Location of Information within the Written Plan**  **(Section of Plan)** | **Facility Response Notes** | **Recommendations**  **(HQIN Representative Completes)** |
| --- | --- | --- | --- | --- | --- |
| The facility has completed an annual risk assessment (Hazard Vulnerability Assessment) that takes into consideration all potential internal and external emergency situations relevant to the facility's operations and geographical area.  **Date of last review\_\_\_\_\_\_\_\_\_**  The facility completes the annual CMS Facility Assessment Tool that assesses the resources needed to provide support and care during emergencies.  **Date of last review \_\_\_\_\_\_\_\_** | E0001  E0006  F883 |  |  |  |  |
| **Probing Question(s)**   * *Describe the process the facility used to identify the potential hazards that are likely to impact their geographical region, community, facility and resident population.* * *How do you identify gaps and challenges that should be considered and addressed in developing the emergency preparedness program?* | | | | | |

**RISK ASSESSMENT AND EMERGENCY PLANNING REVIEW**

| **ELEMENT** | **Tag #** | **Yes/No** | **Location of Information within the Written Plan**  **(Section of Plan)** | **Facility Response Notes** | **Recommendations**  **(HQIN Representative Completes)** |
| --- | --- | --- | --- | --- | --- |
| The emergency plan takes an all-hazards approach and is based on the risks identified in the Hazard Vulnerability Assessment to the facility and surrounding community, including strategies related to:  Natural disasters, such as tornados, earthquakes, weather disasters  Man-made disasters, such as a fire (external or internal)  Facility-based disasters that include but are not limited to care-related emergencies  Equipment and utility failures, including but not limited to power, water, gas  Interruptions in communication, including IT outages and cyber-attacks  Loss of all or portion of the facility  Interruptions to the normal supply of essential resources such as water, food, fuel (heating, cooking and generators), medications, medical supplies and oxygen  Emerging infectious diseases (EIDs) such as COVID-19, influenza, Ebola, Zika virus and others – contracts and inventory of supply needs; availability of personal protective equipment (PPE); critical care equipment; preparation for surge; outbreak management procedures | E0004  E0024 |  |  |  |  |
| **Probing Question(s)**   * *Does your facility have isolation or reverse ventilation rooms?* * *Does your plan address the following?*  *Quarantine*  *Decontamination*  *Reconfiguration of facility space for quarantine of communicable diseases and treatment of infectious disease epidemics?* | | | | | |

**RISK ASSESSMENT AND EMERGENCY PLANNING REVIEW**

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| --- | --- | --- | --- | --- | --- |
| The emergency plan identifies:  Specific resident populations that are at risk during an emergency  Strategies to address the needs of the at-risk population including contact tracking, surveillance, infection control strategies and evidence-based and merging best practices  The type of services that the facility would be able to provide during an emergency  Plans for continuing operations through the emergency including surge capacity  Delegation of authority and succession plans | E0007 |  |  |  |  |
| **Probing Question(s)**   * *What are the specific business functions essential to the facility’s operations that have been identified to be continued during an emergency?* * *What systems are in place to ensure an adequate supply of personal protective equipment, viral testing supplies, alcohol-based hand rub, etc.?* * *Is the facility prepared to institute a “burn calculator” if needed to ensure adequate supplies are available?* | | | | | |
| The plan includes documentation that the facility has the required emergency and standby power systems to meet the requirements of the emergency plan, related policies and procedures, and a plan for how to keep the power system operational during an emergency while sheltering in place. | E0041 |  |  |  |  |
| **Probing Question(s)**   * *What contracts are in place for ensuring that required standby emergency power systems are fueled and maintained to shelter in place?* * *What is the backup plan should a contractor not be able to meet the facility’s requirements during the emergency?* | | | | | |

**RISK ASSESSMENT AND EMERGENCY PLANNING REVIEW**

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| --- | --- | --- | --- | --- | --- |
| There are policies and procedures addressing how the facility will maintain the emergency generator and any fuel storage onsite in compliance with NFPA 110, including policies for:  Weekly visual inspections  Monthly testing  Maintenance of an onsite fuel source | E0041 |  |  |  |  |
| **Probing Question(s)**   * *How much fuel is stored onsite? Is there a backup plan in the absence of a delivery system?* | | | | | |
| The emergency plan includes policies and procedures for the safe evacuation of the facility, if necessary, including:  Transportation  Staff responsibilities  Identification of the evacuation location(s)  Primary and alternate means of communicating with external sources of assistance  A means to track residents and on-duty staff in the facility’s care during an emergency event  A method for tracking the location of on-duty staff and residents that are relocated, including the specific name and location of the receiving facility | E0018  E0020 |  |  |  |  |
| **Probing Question(s)**   * *How will the facility identify residents who would require additional assistance, ensure that appropriate means for transport are available and that those involved in transport of residents understand their responsibilities?* | | | | | |

**RISK ASSESSMENT AND EMERGENCY PLANNING REVIEW**

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| --- | --- | --- | --- | --- | --- | --- |
| **Probing Question(s)**   * *Does your facility have a contingency plan or procedure for giving or receiving mutual aid/support to/from?*   Local or state emergency planning agency Neighboring hospital or hospital system Another nursing home(s)  Other community health providers (home health, physician offices) | | | | | | |
| The emergency plan includes policies and procedures related to the sheltering in place for residents, staff and volunteers who remain in the facility. | | E0022 |  |  |  |  |
| **Probing Question(s)**   * *How will the facility provide for the physical needs of volunteers and staff who shelter in place and do not leave the facility? Where will they sleep? How will they be fed?* | | | | | | |
| The emergency plan includes the provision of subsistence needs for residents and staff, whether they evacuate or shelter in place, including but not limited to:  Food, water and medications  Sources of energy required to maintain safe temperatures within the facility, sanitary storage of food, emergency lighting, fire detection, oxygen, pumps, extinguishing and alarm systems  Waste disposal | | E0015 |  |  |  |  |
| **Probing Question(s)**   * *How many days would the facility have sufficient food, water, oxygen concentrators/tanks and medications for residents, in the absence of a delivery system?* * *How much food is stored onsite? Is there a backup plan in the absence of a delivery system?* * *What has the facility identified as “safe temperatures?”* | | | | | | |

**RISK ASSESSMENT AND EMERGENCY PLANNING REVIEW**

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| --- | --- | --- | --- | --- | --- |
| The facility has a documented arrangement or agreement with other facilities to receive their residents if the facility is unable to care for them during an emergency. | E0025 |  |  |  |  |
| **Probing Question(s)**   * *Who are these contracts or agreements with? Are there limitations on numbers or time?* | | | | | |
| The emergency plan includes policies for staffing strategies and the use of volunteers during an emergency. | E0024 |  |  |  |  |
| There is evidence that the emergency plan and all related policies and procedures are reviewed annually and updated as needed. | E0009 |  |  |  |  |
| **Probing Question(s)**   * *Who conducts this review and makes recommendations for updates?* * *When is the plan reviewed? Annually? New facility leadership (administrator or director of nursing)?* | | | | | |
| If the facility is part of a healthcare system with a unified and integrated emergency preparedness plan, there is documentation that the facility was actively involved in the development of all components of the plan, the annual review and updating of the unified emergency preparedness plan, and that staff participated in all required training. | E0042 |  |  |  |  |
| **Probing Question(s)**   * *Are there components in the unified and integrated emergency plan that are specific to the long-term care facility? How were specific facility needs (if any) communicated and addressed in the plan?* | | | | | |

**RISK ASSESSMENT AND EMERGENCY PLANNING REVIEW**

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| --- | --- | --- | --- | --- | --- |
| *If the facility is part of a healthcare* *system* with a unified and integrated emergency preparedness plan, there is documentation that the facility has or has **not** opted to be part of the system’s unified and integrated emergency preparedness program. | E0042 |  |  |  |  |
| Policies and procedures specifically address the facility’s role in emergencies where the Secretary waives or modifies certain statutory and regulatory requirements for healthcare facilities in response to emergencies under section 1135 of the Act related to the provision of care at an alternate care site identified by emergency management officials. | E0026 |  |  |  |  |

**COMMUNICATION PLAN REVIEW**

| **ELEMENT** | **Tag #** | **Yes/No** | **Location of Information within the Written Plan**  **(Section of Plan)** | **Facility Response Notes** | **Recommendations**  **(HQIN Representative Completes)** |
| --- | --- | --- | --- | --- | --- |
| The emergency preparedness plan includes a written communication plan, which is updated at least annually. | E0009 |  |  |  |  |
| The plan includes both primary and alternate means of communicating during an emergency (e.g., satellite telephone, shortwave transmitters, two-way radios, etc.) | E0034 |  |  |  |  |
| **Probing Question(s)**   * *Does the emergency plan call for an onsite designated command center? If yes, does the command center have access to:*   *Radio*  *2-way radio*  *NOAA radio*  *Telephone*  *Multiple phone lines*  *Internet*  *TV, local, cable*  *Satellite*  *Video conferencing*   * *In case of an emergency (after calling 911) who is your facility’s first contact?*   *Administrator*  *Medical Director*  *Director of Nursing*  *Other* | | | | | |
| The plan includes current contact information for local, tribal, regional, state and other emergency management officials and agencies. The contact information is updated at least annually, or when there are changes.  **Date of last review\_\_\_\_\_\_\_\_\_** | E0033 |  |  |  |  |
| **Probing Question(s)**   * *What individual is responsible for ensuring that the contact information is updated when there are changes? How are changes monitored? With new facility leadership?* | | | | | |
| The plan includes means of providing information to the local emergency authority or Incident Command Center regarding the facility’s occupancy, needs and ability to provide assistance. | E0030 |  |  |  |  |

**COMMUNICATION PLAN REVIEW**

| **ELEMENT** | **Tag #** | **Yes/No** | **Location of Information within the Written Plan**  **(Section of Plan)** | **Facility Response Notes** | **Recommendations**  **(HQIN Representative Completes)** |
| --- | --- | --- | --- | --- | --- |
| The plan includes a means of communicating resident information and medical documentation with other healthcare facilities to ensure continuity of care, while observing HIPAA regulations. | E0035 |  |  |  |  |
| The plan includes current facility contact information; the contact list is updated as needed and at least annually. | E0030 |  |  |  |  |
| The plan includes methods of disseminating information to medical staff, family members and legal representatives, as permitted by law. | E0035 |  |  |  |  |
| **Probing Question(s)**   * *How would this be done?* * *What individual has been designated to control the flow of accurate information?* | | | | | |
| The plan addresses the transfer and confidential handling of resident records and data. | E0033 |  |  |  |  |
| Facility staff receive annual training on the communications plan, consistent with their expected role. | E0037 |  |  |  |  |

**TRAINING AND TESTING PROGRAM REVIEW**

| **ELEMENT** | **Tag #** | **Yes/No** | **Location of Information within the Written Plan**  **(Section of Plan)** | **Facility Response Notes** | **Recommendations**  **(HQIN Representative Completes)** |
| --- | --- | --- | --- | --- | --- |
| There is an emergency training and testing program that is based on the emergency plan, policies and procedures and the communication plan. | E0036 |  |  |  |  |
| All staff and volunteers receive training (consistent with their expected role) in the facility’s emergency plan at orientation and at least annually. | E0037 |  |  |  |  |
| **Probing Question(s)**   * *How is this training conducted, and by whom? Is medical staff and consultant staff (i.e., pharmacist, hospice, etc.) included in training?* | | | | | |
| The facility has a system for documenting emergency training. | E0037 |  |  |  |  |
| The facility conducts exercises to test the emergency plan at least twice per year, including unannounced drills to practice the procedures. | E0039 |  |  |  |  |
| **Probing Question(s)**   * *How is the type of emergency exercise determined? Who participates?* * *How does the facility ensure that staff on all three shifts have exposure?* | | | | | |

**TRAINING AND TESTING PROGRAM REVIEW**

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| --- | --- | --- | --- | --- | --- |
| The facility conducts an annual, full-scale exercise, which can be either community-based or facility-based (when a community-based exercise is not available). ***NOTE:*** *If there is an actual natural or* *man-made emergency that requires activation of the emergency plan, it can take the place of the next required full-scale exercise*.  **Date of annual full-scale exercise \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | E0039 |  |  |  |  |
| **Probing Question(s)**   * *How are infection control and prevention practices incorporated into the exercise?* * *Has an exercise been conducted that is based on COVID-19 or emerging infections?* | | | | | |
| The facility conducts an additional, annual exercise that may include a second full-scale exercise (as above), a mock disaster drill or a tabletop exercise or workshop led by a facilitator. This second exercise must use a narrated, clinically relevant emergency scenario with problem statements, directed messages or prepared questions designed to challenge the emergency plan.  **Date of second exercise\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | E0039 |  |  |  |  |
| **Probing Question(s)**   * *Who is responsible to prepare the exercises to challenge the emergency plan?* * *How are infection control and prevention practices incorporated into the exercise?* * *Has an exercise been conducted that is based on COVID-19 or emerging infections?* | | | | | |

**TRAINING AND TESTING PROGRAM REVIEW**

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| --- | --- | --- | --- | --- | --- |
| The facility maintains documentation of the drills, tabletop exercises and emergency events, including an analysis of each response that is used to revise the emergency plan if needed. | E0039 |  |  |  |  |
| **Probing Question(s)**   * *What is included in an analysis of drill response?* * *Has an exercise been completed based on COVID-19 or emerging infections?* | | | | | |

**COORDINATION WITH LOCAL, STATE AND FEDERAL OFFICIALS**

| **ELEMENT** | **Tag #** | **Yes/No** | **Location of Information within the Written Plan**  **(Section of Plan)** | **Facility Response Notes** | **Recommendations**  **(HQIN Representative Completes)** |
| --- | --- | --- | --- | --- | --- |
| The plan includes a process for communication, cooperation and collaboration with local, regional, state and federal emergency preparedness efforts. | E0009 |  |  |  |  |
| The facility has procedures in place to coordinate with local and state health departments during an emerging infectious diseases outbreak. This includes procedures to maintain compliance with mandatory reporting during an outbreak.  Contact tracing  Surveillance  Testing | E0004 |  |  |  |  |
| **Probing Question(s)**   * *Describe the process for engagement and coordination with local healthcare systems/ healthcare coalitions, as well as state and local health departments, in determining ways to identify and meet surge needs in the community.* * *Who is responsible to ensure compliance with mandatory reporting requirements?* | | | | | |
| The facility has a procedure in place to monitor the Centers for Disease Control and Prevention (CDC) and other public health agencies that may issue event-specific guidance and recommendations during a public health emergency or emerging infectious disease outbreak. | E0013 |  |  |  |  |
| **Probing Question(s)**   * *Who is the individual designated to monitor guidance by public health agencies and issuing directives and recommendations to staff such as use of PPE when entering the building; isolation of patients under investigation (PUIs); and any other applicable guidance in a public health emergency?* | | | | | |

**COORDINATION WITH LOCAL, STATE AND FEDERAL OFFICIALS**

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| --- | --- | --- | --- | --- | --- |
| The facility’s emergency preparedness plan has been reviewed to ensure it aligns with the plans of state and local agencies or officials. | E0001 |  |  |  |  |
| **Probing Question(s)**   * *How was this review conducted, and by whom?* | | | | | |

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