

Introduction

This tool is designed to help you create the **Emergency Response Plan, Communication Plan and Policies/Procedures** required under the new CMS Preparedness Rule (effective November 2016). As a reminder, this rule requires you to:

1. Conduct a risk assessment (typically a Hazard Vulnerability Assessment, known as an HVA)
2. Create response and communication plans as well as policies and procedures (this tool does that)
3. Train staff on your new plans (during hiring and annually)
4. Practice your plans through participation in exercises
5. Measure your performance and continue to improve your response capabilities

We have created this specific tool to serve as a template for creating the 3 required documents (emergency plan, communication plan and policies/policies) described above. For your convenience, all 3 are combined in this one file.

Before you start writing your plan, make sure you have completed the Hazard Vulnerability Assessment (HVA), which is also provided as a separate file in this tool kit.

Once you are done planning, it is important to remember to train staff and document their performance.

Finally, CMS requires that you conduct/participate in emergency response exercises, practicing these plans (or some portion of them). This will result in you finding ways to improve you plans, and starts the processes (planning, training, exercising) again.

PLEASE NOTE: This tool was designed to cover major components of this new rule for all providers impacted by the CMS Preparedness Rule. It is not designed specifically for your agency, and your team should still review requirements and create planning/operational needs/policies specific for your facility.

If you have any questions about this tool, emergency response/preparedness, or if you would like help please feel free to contact us at any time at:

ldix@azhha.org

(602) 445-4318

2800 N. Central Ave, Suite 1450. Phoenix, AZ 85004-1054

<http://azchercentral.org>.

We hope this tool helps you easily comply with this new rule's requirements and, more importantly, be ready for emergencies when they happen.

Instructions for this tool

1. Form a team (internal and external stakeholders, clinicians, experts, representatives from government response agencies, etc.).
2. Save a blank copy of this tool, that way you can always have a blank template on hand.
3. Ensure you have completed and reviewed your HVA tool (also in this toolkit). Use this HVA to start creating your plans in this document.
4. Walk through each section in this document, using the guides, suggestions and other aids we have provided, which include:

Section Explanations: These explain what each section entails. They describe what the section covers, topics discussed, key points etc.

(Red Italicized Text) are spots where you add your information, plans, etc. We have also put some ideas about common information to put in these spots for you.

Section Checklist—Did you include:

These checklists are at the end of each section and will help you make sure you covered the most important points that you need to consider.

5. Start putting information in the outline for each section (using the aids described above to help brainstorm). It is important to be realistic in your plans. There is a misconception, even in the preparedness profession, that “more is better”. A large, complex and cumbersome plan will not be of use (or even used) in an emergency.
6. **SAVE THE FILE OFTEN.**
7. Once you have completed all sections, delete the development aids (blue boxes, red text, checklists).
8. Finally, do a final review for appearance, flow, consistency, and to deconflict any sections of the plan from each other.

Some Formatting Notes

1. We have built the template with page breaks at each section to help you write this tool. However, depending on your proficiency with word processing programs, the steps you use to modify the file, etc. may result in format issues. Make sure to look through the file in its entirety and adjust anything that looks unprofessional.
2. There are yellow highlights in the footers and some title pages where you will put your logo, facility name, etc.
3. When updating the table of contents, **ONLY** update the page numbers. When using the “update entire table” function in MS Word and other processing applications, it will likely completely change the format (and therefore functionality) of the table. Using the “update page numbers only” option is best.
4. Footers all have sections and titles designed to make using this plan, and sharing it with an evaluator, easy for your needs.
5. Delete these first two pages (without logo) from your plan once done.

Emergency Response and Communication Plan

Your Organization Name Here

Last Revised:

Enter the last date this plan was created, reviewed and updated



Your Logo Here

Signatures

This document will be reviewed (*annually*) and revised to reflect improvements identified in exercises, real-life events, and changing guidance.

Date Last Reviewed: _____

Approved: _____ Title : _____

Printed Name: _____ Date: _____

Approved: _____ Title : _____

Printed Name: _____ Date: _____

Approved: _____ Title : _____

Printed Name: _____ Date: _____

Approved: _____ Title : _____

Printed Name: _____ Date: _____

Contents

General

Executive Summary.....	1
Purpose.....	2
Scope.....	2
Assumptions.....	3
Organization Summary.....	4
Provider Type.....	4
Patient Type.....	4
Patient Acuity.....	4
Treatment Provided.....	4
Staff & Duties.....	4
Facility & Equipment.....	5
Resources.....	5
Technology.....	5
Hazard Identification (HVA).....	6
Generalized Findings.....	7
Hazard 1.....	7
Hazard 2.....	7
Hazard 3.....	7
Critical Services and Functions.....	9
Non-Essential Services and Functions.....	9

Emergency Response Plan

Concept of Operations.....	11
Upon notification of event.....	11
During an event.....	11
Prolonged event.....	11
Following an event.....	11

Communication Plan

Methods..... 14

- Communication of patient information..... 14
- Communication with staff, volunteers and partners..... 15
- Communication with families and visitors..... 15
- Communication with healthcare network..... 15
- Communication with vendors and suppliers..... 16
- Communication with government and other response agencies..... 16

Contacts..... 17

Annexes

Functional Annexes (Policies and Procedures)..... 20

Hazard-Specific Annexes..... 26

Guides, Tools and Miscellaneous Notes..... 27

Executive Summary

This Section: In this section write a summary about the plan and document. Consider this small paragraph to essentially be an introduction and summary of the document. It highlights the reason, considerations, and main points for the rest of this document. It is best to write this part last. For your convenience, we have provided a generic summary below that you can use if so desired.

The

following document outlines the Emergency Response and Communication Plan/Policies for *(Facility Name)*. It is designed to ensure our facility can continue to provide care to the patients, families, visitors and staff we safeguard every day. The goal of this plan is to ensure *(Facility Name)* can respond to and recover from internal and external emergencies that affect staff, patients, visitors, and the community. It provides a coordinated and organized response to incidents that without proper planning may overwhelm the capabilities of our organization and the community health system. Included in this plan are sections that describe:

- Assumptions about the response, and support we will receive during it, that influenced our planning process.
- Our organization, clinical/administrative teams, patient acuity and care, and facilities/equipment.
- Hazards/threats our organization may face, both natural and man-made (HVA).
- Critical services and functions we provide.
- Our response plan for emergency events.
- The communication plan we will use to coordinate internally and externally.
- Annexes, which include policies and procedures for specific tasks, functions and events, notes, guides, training aids, etc.

Specific and note-worthy components of our plan include *(any you feel worth mentioning)*.

Section Checklist—Did you include:			
An introduction describing what this document is.		A quick summary of this document's purpose.	An explanation of the different sections.
Any critical and poignant notes you would like to make up front.		Any key assumptions you feel are unique to your organization.	Any critical plan elements you feel are unique to your organization.

Purpose

This Section: In this section write a summary about the overall purpose and scope of the plan. First, describe the purpose, which is essentially the goals and objectives of the plan. This would include things such as maintaining patient safety and care, safeguarding your staff and assets, and the other things you intend this plan to accomplish. For your convenience, we have provided a generic summary below that you can use if so desired.

The

purpose of this plan is to define the roles, activities, coordination and communication necessary to provide a coordinated response within *(Facility Name)* during an emergency. It provides guidance and a general concept of potential emergency assignments before, during, and following emergency situations. It also provides for the systematic integration of emergency resources when activated and does not replace county or local emergency plans or procedures.

Section Checklist—Did you include:		
The description of what this plan is intended to accomplish.	A statement outlining that this plan describes your emergency response policies and procedures.	Any unique considerations you feel are important in defining your plan's purpose.

Scope

This Section: Describe the scope of your plan. This would include the departments, facilities, locations, and teams that this plan applies to. As an example, if you have multiple locations, the scope would need to describe if you are creating one plan for all of them, or a plan for each separate facility. For your convenience, we have provided a generic summary below with some suggestions that you can use if so desired.

encom

e of

this emergency plan).

Section Checklist—Did you include:		
A list of the facilities, addresses, etc. that this plan covers.	A list of the clinical services/patient care you are planning to maintain through this plan.	A list of the clinical and administrative staff, functions and other processes covered in this plan.

Assumptions

This Section: This section lists the assumptions you have made as part of your planning process (i.e., resource availability, external support, etc.). It helps others reading your plan understand the considerations and contingencies you had while planning. Basically, you are outlining what, in developing your emergency plan, you have assumed is true for the plan's execution. It is valid to include even "obvious" assumptions (i.e., that identified hazards will occur, etc.). The best way to complete this section is to treat it as a living document; as you write your plan, when you make an assumption, add it to this section. For your convenience, we have provided a generic summary below with some suggestions that you can use if so desired.

(Facility Name's) Emergency Response and Communication Plan is based on assumptions that provide a basic foundation for establishing operating procedures and checklists. These assumptions cover a wide range of potential hazards, from natural disasters to various man-made events. Therefore, the Emergency Response and Communication Plan assumptions will be based on the following "general" considerations:

- *This emergency plan is based on emergency events that are most likely to occur in our area (per the HVA).*
- *Basic services, including electrical, water, natural gas, heat, telecommunications, and other information systems may be interrupted.*
- *Buildings and other structures may be damaged.*
- *Normal suppliers may not be able to deliver goods.*
- *Most emergency events will occur with little or no warning.*
- *All staff/employees have read the Emergency Response and Communication plan and are familiar with it.*
- *All staff/employees have demonstrated knowledge of the policies and procedures that are contained in this plan.*
- *Staff/employees will execute their assigned responsibilities, if required due to an activation of this plan.*
- *Departments tasked by this plan are trained and ready to respond to emergency situations.*
- *Etc.*

Organization Summary

This Section: Describe your facility, the care it provides, your staff, resources, etc. It is helpful to begin a planning process by first defining these things, because it will allow you to best conceptualize the people, places and things your plan will need to account for. It is not necessary to go into great detail, as long as you capture the most critical characteristics of each section below. For your convenience, we have provided an outline of the most pertinent areas to define.

Our organization provides the following services through the listed staff, facilities, and resources. Each of these are considered an important part of the overall operating framework, and subsequently, any response plan.

Provider Type

We are a... *(Long-Term Care Facility, Critical Access Hospital, Community Mental Health Center, etc.)*.

Patient Type

Our patient population is primarily... *(inpatient, residential, acute, pediatric, etc.)*.

Patient Acuity

The patients treated by our organization are... *(low/high acuity, generally healthy, have the following comorbidities, etc.)*.

Roughly *(number or percentage)* of these patients are considered at risk, and will therefore be most vulnerable during an emergency. The breakdown of these patient volumes and their characteristics include:

- *(X number or percentage of geriatric patients)*
- *(Y number or percentage of bariatric patients)*
- *(Z number or percentage of pediatric patients)*
- *(Etc.)*

Treatment Provided

Our organization provides the following clinical treatments and services:

- *(Diagnostic and treatment)*
- *(Invasive)*
- *(Long-term care)*
- *(Etc.)*

Staff & Duties

- Our clinical staff is comprised of... *(total numbers or summary by type of providers, mid-levels, medical assistants, nurses, behavioral health specialists, etc.)*.
- Our administrative staff is comprised of... *(total numbers or summary by type of executives, office managers, etc.)*.
- Our support staff is comprised of... *(total numbers or summary by type of facility-specific staff)*.

Facility & Equipment

- Our facility’s capacity is... *(number of inpatient beds, ER rooms, ORs, exam rooms, etc.)*.
- Our facility possesses/operates the following equipment... *(unique equipment you feel is critical for a response plan or in your local healthcare network. Not a listing of every asset you own)*.

Resources

- Our facility uses the following vendors to source our supplies/services... *(unique supplies/services and associated vendors you feel are critical for the response plan or within your local healthcare network. Not a listing of every vendor you use)*.

Technology

- Our facility uses the following technology and durable medical equipment... *(unique technology, EHR, and durable medical equipment that you feel are critical for the response plan or within your local healthcare network. Not a listing of every technology or DME asset you own)*.

Section Checklist—Did you include:			
A description of the types of providers that work within your facility.		A description of the types of patients you treat, for what medical conditions, etc.	A description of general patient acuity seen in your facility.
An identification of the volume of at-risk patients that will require special considerations during an emergency (not by name).		A description of the general treatments your organization provides to patients.	A description of your clinical, administrative and support teams (in summary, not too detailed).
Unique facilities and equipment you feel are important to highlight for emergency planning.		The special supplies and vendors you consider to be critical to your response needs.	The technology, software, and DME you consider to be unique and vital to operations.

Hazard Identification (HVA)

This Section: First, in this section insert information from your hazard vulnerability assessment (HVA), which is also included in this toolkit as a Microsoft Word file. There are two common methods to do this. First, you can insert the summary graph itself into the document as a visual aid. We have provided a placeholder below if you wish to do this. The other method is to list the main (top 3-5) hazards identified as bullet points in the HVA process. If you choose to follow this route, delete the placeholder provided below, and input bullet points.

Our Organization's Hazard and Vulnerability Assessment

HVA PLACEHOLDER

Hazard Analysis

This Section: In this section, first summarize the findings and considerations from your HVA. Then, discuss the top 3-5 findings from your HVA. You can also use this section to provide some general background, context, and any helpful information that you discovered in your HVA. You can include things such as unique geographical concerns, demographics, urban/rural considerations, etc. Other things to keep in mind for this section are things such as surges caused by seasonal tourism, weather events, etc. For your convenience, we have provided a generic summary below with some suggestions that you can incorporate if so desired.

Generalized Findings

Our hazard vulnerability assessment (HVA) has identified our organization has several natural, man-made, and other threats. We face the greatest risk from (*man-made, terror, cyber-attacks, etc.*). Specific considerations unique to our facility also include (*Geographic concerns, seasonal surges, lack of infrastructure, etc.*). Our most prevalent threats/ risks are described below.

Hazard 1

Our primary hazard identified in our HVA was (*top hazard from HVA*). Evaluation and analysis of this hazard has resulted in the following conclusions and assumptions:

- (*Pertinent information about this hazard and how it will impact your ability to provide care, maintain operations, safeguard people and resources, etc.*).
- (*Pertinent information about the conclusions or assumptions you have made about this hazard*).

Hazard 2

Our secondary hazard identified in our HVA was (*secondary hazard from HVA*). Evaluation and analysis of this hazard has resulted in the following conclusions and assumptions:

- (*Pertinent information about this hazard and how it will impact your ability to provide care, maintain operations, safeguard people and resources, etc.*).
- (*Pertinent information about the conclusions or assumptions you have made about this hazard*).

Hazard 3

Our tertiary hazard identified in our HVA was (*tertiary hazard from HVA*). Evaluation and analysis of this hazard has resulted in the following conclusions and assumptions:

- (*Pertinent information about this hazard and how it will impact your ability to provide care, maintain operations, safeguard people and resources, etc.*).
- (*Pertinent information about the conclusions or assumptions you have made about this hazard*).

Section Checklist—Did you include:					
<input type="checkbox"/>	Either an insert of your HVA	<input type="checkbox"/>	A generalized summary of	<input type="checkbox"/>	A discussion (in the

summary or a bulleted description of the 3-5 main threats identified in your HVA, in the designated "HVA placeholder" area.	findings from your HVA. Include a description that encapsulates the key findings and considerations during the HVA process.	summarized findings) of any unique considerations you feel are pertinent exclusively to your facility.
A discussion (in the summarized findings) of any unique considerations you feel are pertinent exclusively to your geographic location, community, resources, etc.	A discussion (in your analysis of your top 3-5 hazards) of how each will impact your ability to provide care, maintain operations, safeguard people and resources, etc.	A discussion (in your analysis of your top 3-5 hazards) of your assumptions about each hazard.

This Section: Now that you have identified your facility’s characteristics (from the organizational summary section) and unique hazards (from the HVA section), you can accurately identify what critical services you will need to maintain during an emergency. These should focus heavily on the provision of patient care, protection of staff and property, etc. A useful process before completing this section is to list all activities your facility does, then identify which are essential for the maintenance of care/protection of staff and equipment, and which ones are not. This section, which is specified in the CMS guidance, will only focus on those processes identified as essential/critical. It is best practice to complete these activities (and emergency planning in general) with a team of stakeholders representing the different activities/services within your organization, including key decision makers.

Critical Services and Functions

The critical services that *(Facility Name)* will need to provide during an emergency include...

- *(Identify critical operations, functions or activities necessary for continuity of care and/or operations).*
- *(Identify the need for additional resources or support to maintain essential services/functions).*

Non-Essential Services and Functions

The following services have been identified as non-critical and will be reduced, or stopped entirely, during an emergency....

- *(List and/or summarize the non-essential services and functions you suspect will be reduced or stopped entirely during an emergency).*
- *(Generically outline the benefit of limiting or stopping these services or functions).*
- *(Generically describe how you will manage the reduction of these services. Specific service or unique processes for reduction in services should be described in policies and procedures annex).*

Section Checklist—Did you include:			
An identification of the critical services and functions that you will need to provide in an emergency.	Emergency Response & Communication Plan: Your Facility Name	Other critical functions vital to maintaining services/operations.	Other essential services you will need to provide both internally and as part of the healthcare network.
Administrative & support functions deemed essential to your organization.		Non-essential functions you will reduce or cut during an emergency.	A discussion of the benefit of cutting these non-essential services.

Emergency Plan

Concept of Operations

This Section: This is where you will write out your actual emergency response plan. Thinking about the steps you've done so far, we have outlined your planning assumptions, described your facility, identified the primary risks/hazards, and finally, identified critical services you will need to maintain. All of this information becomes the critical foundation for the actual response plan you will write in this section. The fundamental purpose of this part of the document is to describe your concept for how you will respond (considering the factors above) to an emergency. Think of it as an instruction manual or playbook that your organization will use to respond to a disaster. First, you will start by describing your overall response concept to an "all hazards" event. This is essentially the universal activities and processes that you will use regardless of what the event is. It is important to keep these descriptive, concise, and realistic. As a group, take time in thinking through what is feasible, based upon all the information you have identified thus far. This is your generic step-by-step process you will use in responding to all events. Specific functionalities, events, and very unique activities will be discussed in policies and procedures you will create in the annexes of this document.

Overall Response Concept Description (General/All Hazards)

During an emergency, using an all-hazards planning approach, *(Facility Name)* will respond in the following fashion... *(Describe the general sequence of the planned response, in a logical flow from the time of an impending or actual emergency situation through recovery. Essentially, write a step-by-step instruction manual for general and universal response activities, i.e. step 1, step 2, step 3, etc.)*

Upon notification of event

- Staff will...
- Next, we will...
- Etc.

During an event

- Staff will...
- Next, we will...
- Etc.

Prolonged event

- Staff will...
- Next, we will...
- Etc.

Following an event

- Staff will...
- Next, we will...
- Etc.

Section Checklist—Did you include:		
A description of considerations made using an all-hazards approach where you made a plan that is modular enough to meet the needs of a variety of incidents.	A generalized statement before your step-by-step instructions that summarizes your concept and intent in response.	Step-by-step instructions for each critical process/component in your concept of response.
Procedures for notification of staff and activation of this plan. And establishment of a decision-making/Incident Command structure.	Processes to gain situational awareness and assess the situation.	How to share information about the situation with staff and other critical partners.
Decisions and trigger points for the reduction or cessation of non-essential services.	Coordination steps to be taken both internally and externally.	Assessment and decision making processes to identify and acquire critical staff, resources, supplies, equipment, etc.
Methodologies and timing to communicate with patients, families, staff and visitors.	Trigger and decision points as needed for the activities.	Methodologies and processes to maintain your response over long-term events.
Processes to rotate staff, equipment, and other resources, allowing for downtime in long events.	Processes to protect responder/staff safety, health and welfare (including mental health).	Any other processes, activities, functionalities, communication or coordination needed for your organization to minimize impacts of the event, continue to provide the critical services you identified, and safeguard staff/property.

Communication Plan

Methods

This Section: In this section, you will identify your plans and methods for communicating patient (transfer of care), operational, response, and other needs during an emergency. Essentially, you are defining how you will communicate critical pieces of information internally and externally. Consider that during an event, you may have patients who begin treatment in your facility and will need to be sent to a different provider, which may be of a lower acuity, different area, or even a rapidly established shelter. Additionally, patient diagnoses and care needs may need to be communicated to government agencies to support the overall response. In these situations and others, you will have to communicate this patient information (in full compliance with State, Federal, local and other laws/regulations). You will also have to communicate with staff, volunteers, other partners, and the larger response infrastructure, potentially during times when phone lines, email, and your 'normal' communication methods have been disrupted. Finally, you will continue to need to communicate with the vendors who provide goods and services related to the essential services you've identified earlier in this plan. In this section, you will plan for how you will do these things.

Communication of patient information

Internally

- **Information (what):** The patient information we will communicate internally includes... *(list what you feel is appropriate such as patient status updates, status of current and evacuated patients, treatment plans, etc.)*
- **Means (how):** The primary methodology we will use to communicate this information is *(Phone, Voice, Electronic, etc.)*. In the event this means is not available, our secondary means of communication is *(Phone, Voice, Electronic, etc.)*. In the event both means are unavailable, we will use our alternate means which are *(Phone, Voice, Electronic, etc.)*.
- **Frequency (when):** We will communicate this information with appropriate staff every *(hours, days)* or as requested/deemed more appropriate.
- **Safeguards:** We will utilize several processes to protect privacy and maintain compliance with Federal, State, local and other privacy laws. These include: *(Safeguards you utilize now or deem appropriate in an emergency response)*

Externally

- **Information (what):** The patient information we will communicate externally includes... *(list what you feel is appropriate such as patient status updates, status of current and evacuated patients, treatment plans, etc. It is appropriate to include a statement saying you will communicate information as needed on a case-by-case basis)*
- **Means (how):** The primary methodology we will use to communicate this information is *(Phone, Voice, Electronic, etc.)*. In the event this means is not available, our secondary means of communication is *(Phone, Voice, Electronic, etc.)*. In the event that both means are unavailable, we will use our alternate means which are *(Phone, Voice, Electronic, etc.)*.
- **Frequency (when):** We will communicate this information with appropriate partners every *(hours, days)* or as requested/deemed more appropriate.

- **Safeguards:** We will utilize several processes to protect privacy and maintain compliance with Federal, State, local and other privacy laws. These include: *(Safeguards you utilize now or deem appropriate in an emergency response)*

Communication with staff, volunteers and partners

- **Information (what):** The information we will communicate with staff, volunteers and partners includes... *(list what you feel is appropriate such as modified hours of operation, compromised facilities, meeting locations, stand by and call status, etc.)*
- **Means (how):** The primary methodology we will use to communicate this information is *(Reports, Phone, Email, Voice, etc.)*. In the event this means is not available, our secondary means of communication is *(Phone, Voice, Electronic, etc.)*. In the event that both means are unavailable, we will use our alternate means which are *(Phone, Voice, Electronic, etc.)*.
- **Frequency (when):** We will communicate this information with appropriate staff, volunteers and partners every *(hours, days)* or as requested/deemed more appropriate.

Communication with families and visitors

- **Information (what):** The information we will communicate to patient families and visitors will include... *(status of patients, status of staff, changes to visitor policies, status of current and evacuated patients, etc.)*
- **Means (how):** The primary methodology we will use to communicate this information is *(Phone, Voice, Electronic, etc.)*. In the event this means is not available, our secondary means of communication is *(Phone, Voice, Electronic, etc.)*. In the event that both means are unavailable, we will use our alternate means which are *(Phone, Voice, Electronic, etc.)*.
- **Frequency (when):** We will communicate this information with appropriate family members and visitors every *(hours, days)* or as requested/deemed more appropriate.
- **Safeguards:** We will utilize several processes to protect privacy and maintain compliance with Federal, State, local and other privacy laws. These include: *(Safeguards you utilize now or deem appropriate in an emergency response)*

Communication with healthcare network

- **Information (what):** The information we will communicate within the healthcare network includes... *(list what you feel is appropriate such as patient status updates, status of current and evacuated patients, treatment plans, transfer of patients, mutual aid, etc. It is appropriate to include a statement saying you will communicate information as needed on a case-by-case basis)*
- **Means (how):** The primary methodology we will use to communicate this information is *(Phone, Voice, Electronic, etc.)*. In the event this means is not available, our secondary means of communication is *(Phone, Voice, Electronic, etc.)*. In the event that both means are unavailable, we will use our alternate means which are *(Phone, Voice, Electronic, etc.)*.
- **Frequency (when):** We will communicate this information with appropriate providers and partners every *(hours, days)* or as requested/deemed more appropriate.

- **Safeguards:** We will utilize several processes to protect privacy and maintain compliance with Federal, State, local and other privacy laws. These include: *(Safeguards you utilize now or deem appropriate in an emergency response)*

Communication with vendors and suppliers

- **Information (what):** The information we will communicate to vendors includes... *(list what you feel is appropriate such as supply needs, resources, utility stoppages, etc.)*
- **Means (how):** The primary methodology we will use to communicate this information is *(Phone, Voice, Electronic, etc.)*. In the event this means is not available, our secondary means of communication is *(Phone, Voice, Electronic, etc.)*. In the event that both means are unavailable, we will use our alternate means which are *(Phone, Voice, Electronic, etc.)*.
- **Frequency (when):** We will communicate this information with appropriate vendors and suppliers every *(hours, days)* or as requested/deemed more appropriate.

Communication with government and other response agencies

- **Information (what):** The patient information we will communicate with government and response agencies includes... *(list what you feel is appropriate such as availability of beds, critical patient and supply needs, other disruptions to essential operations, status of current and evacuated patients, etc. it is important to consider what you will need to tell response entities to ensure you can remain in operation during an emergency. It is appropriate to include a statement saying you will communicate information as needed on a case-by-case basis)*
- **Means (how):** The primary methodology we will use to communicate this information is *(Phone, Voice, Electronic, etc.)*. In the event this means is not available, our secondary means of communication is *(Phone, Voice, Electronic, etc.)*. In the event that both means are unavailable, we will use our alternate means which are *(Phone, Voice, Electronic, etc.)*.
- **Frequency (when):** We will communicate this information (event information) with appropriate government and response entities every *(hours, days)* or as requested/deemed more appropriate.

Section Checklist—Did you include:			
A consideration/description of what patient information you will need to communicate with staff.	A consideration of what patient information you will need to communicate with external providers.	A consideration of information you will need to communicate with staff and volunteers.	
A consideration of what response, operational and administrative information you will need to communicate with families, visitors, etc.	A consideration of what response, operational, administrative and patient information you will need to communicate with your healthcare network.	A consideration of what needs and services information you will need to communicate with vendors and suppliers.	
A consideration of what response, operational, administrative and patient information to share with response agencies.	Safeguards for communicating patient information in compliance with Federal, State, local and other laws.	Primary and secondary forms of communication for use with providers and partners in the healthcare network.	

Annexes

This Section: Annexes can essentially be looked at as a quick reference location. This is where you will put very specific, unique, or helpful things that would be too cumbersome if placed inside the plan above. Generally, the annex is broken down into three sections. First are the functional annexes (policies and procedures). The goal of the functional annexes is to describe specific and critical functions. It is helpful to describe these as policies and procedures that define roles, responsibilities, and activities that must specifically be carried out. Next, the hazard-specific annexes describe the courses of action unique to a particular threat or hazard. While your main plan is general and modular, if there was a specific risk or process that is too unique to be captured in that generalized response plan, you would describe it in this section. Finally, you can also include other helpful notes, guidance, tools, maps, visual representations, or anything that would help provide critical guidance in an emergency (these can go in the last part of the annexes).

Functional Annexes (Policies and Procedures)

This Section: Functional annexes are essentially the specific policies and procedures for how you will manage and complete very unique functions or activities. For example, how you will evacuate patients, track which patients' care was disrupted, provide subsistence to patients and staff, etc. While your overall response plan above was the generalized activities you will conduct in any response, these are the specific instructions for specific functions. Some of these (for instance, evacuating patients) will be unique to inpatient facilities. While others (for instance, tracking of staff and patients) will be more universal. It is important to recognize that this tool is not intended for any one specific facility. We have provided some suggestions of policies and procedures you will need to make, however it is incumbent upon you to work within your organization to not only identify what policies you need, but to create the specific procedures each will require.

The suggested approach is to look at the list we have provided below and create a policy for each. All are stated requirements in the CMS rule or address common response operations. There are also several very unique requirements that are listed at the end of this list. It is highly suggested that each provider also contact AzCHER-Central or reference the CMS website for additional requirements specific to their provider type.

A best practice is to create a new page (with a new page break) for each of the new policies and procedures, so it is easy to find them during a response, and show them to an inspector as needed.

Suggested Policies and Procedures in Sequence:

Initial activation and command/control

- Activation of emergency response processes
 - Describe any specific processes or operations you will use to stand up your command systems and processes for the event (outside those already in the Emergency Response Plan above). These can include details on:
 - Specific annexes to address how you will create messaging and information for patients, staff, visitors, partners that an emergency has occurred
 - Unique processes to establish the incident command center, incident management team, and other tools, locations, mechanisms, etc.
 - Step by step instructions to activate computer based, paper, or other (per your organization) incident management system
 - Other unique or detailed processes to activate your response processes/teams after an event that are not included (or are too detailed to be included) in the Emergency Response Plan above (be sure to reference these annexes in that plan)
- Delegation of Authority and Orders of Succession

- How you will transfer authority, oversight and other considerations in the event key decision makers are unable to respond, are incapacitated, and transfer authority during prolonged response events?
- During times of emergency, facilities must have employees who are capable of assuming various critical roles in the event that current staff and leadership are not available. At a minimum, there should be a qualified person who "is authorized in writing to act in the absence of the administrator or person legally responsible for the operations of the facility.

Access Control

- Shutting down and/or minimizing access to facility
 - How you will limit access to the public and others, including managing an influx of worried-well by closing entrances, etc. (larger facilities and inpatient)?
- Screening and decontamination of patients
 - How you will screen patients for communicable diseases, chemical exposure, or other agents prior to entry into the facility (primarily for larger facilities)?
 - How you will decontaminate or quarantine patients (hospitals only, all others should prevent entry and call 911)?
- Modification of visitor, family and other access
 - How, if applicable, you will modify visitation and access to your facility?
- Modification of direct admits, EMS or other receiving processes (Hospitals only)

Communication and Messaging

- Crafting and delivering messaging to staff, patients, visitors, and the public
 - How will you create and vet messages for these groups?
 - What mechanisms will you use to communicate them (overhead page, email, phone tree, social media, media, calling patients at home, etc.)?
 - Address the location and use of alarm systems/signals and methods of containing fire.
- Messaging families of victims treated at our facilities, discharged to home or other sites, fatalities, etc.
 - How will you ensure that families can be informed about where all patients are and critical care information?

Situational Awareness

- Collecting and reporting situational awareness information
 - How will departments report staffing, patient, supply, equipment and other event related information (if too specific to be included in Emergency Response Plan)?

Patient Care

- Triage and categorization of patients (inside and arriving)
 - How will clinical teams review patients and determine appropriate care, ability to be discharged/transferred outside facility, resource/treatment needs, etc.?
- Tracking staff and patients
 - How will you track and maintain records of patients throughout the event and their care?
 - During event

- After event
- Where patients were sent to
- Provision of care under declared emergency (1135 waiver)
 - Altered scope of practice and standards of care
 - How will this be communicated to clinical teams and monitored?
- Transfer and continuity of care
 - How will you ensure critical H&P and care plan information is communicated within and outside your organization during emergency transfers?
- Care for specific at-risk, non-ambulatory and other patients
 - How will you ensure adequate care is provided to at-risk and unique patients treated by your facility (surgery centers and other truly outpatient providers not applicable)?
- Processes to record patient care and medical records information
 - How will you record medical data during emergencies, downtime, etc.

Resource Management

- Resource (staff, equipment, supplies, etc..) management plan
 - How will you collect resource data?
 - How will you allocate limited supplies?
 - How will you monitor supply distribution and return processes?
- Provision of subsistence (inpatient only)
 - How will you ensure staff, visitors and patients have access to food, water, and supplies?
 - What are alternate sources of energy to maintain health, temperature, and other needs including but not limited to:
 - Lighting
 - Fire detection/extinguishing
 - Sewage/waste disposal
 - Emergency power and utilities
- Use of volunteers (medical and non-medical)
 - How will you integrate medical and non-medical volunteers in your response operations?

Multi-Agency Response and Coordination

- Engaging supporting facilities
 - How will you engage, coordinate and work with?
 - Those in the network who provide the same care and level of acuity as you
 - Those in the network you will send higher acuity patients to
 - Those (upon notification from government response) that you may send lower acuity patients to as part of a purge
- Processes to integrate with local, State and Federal response entities (including tribal)
 - How will you coordinate and communicate with local healthcare, public health, health care coalition and other partners throughout the event?
 - **NOTE:** For ESRD facilities: must be able to provide documentation showing you have contacted the local public health and emergency management agency public official at least annually to confirm that the agency is aware of your needs in the event of an emergency and know how to contact the agencies in the event of an emergency.

-
- Processes to inform officials of patients that need evacuation or are at-risk (home health, outpatient hospice, etc.)
 - How will you communicate with government and other response entities about patients who are non-ambulatory, at risk, or otherwise unable to self-transport/provide self-care?
 - Processes to coordinate with external facilities to support their response processes and operations.
 - How will you coordinate and work with external health care agencies to support their response, emergency plans, evacuation needs, surge plans, etc.?

Policies for Facility Damage, Fire, or Significant Infrastructure Disruption

- Shelter in place (patients, staff, volunteers, visitors, etc.)
 - How will you implement and maintain a shelter in place plan?
- Evacuation of patients (inpatient only)
 - Trigger point(s)?
 - Care needs of evacuees?
 - Staff responsibilities?
 - Transportation needs to support evacuation (ambulatory and non-ambulatory)?
 - Identification of evacuation locations (where patients went)?
 - Methods to communicate patient status and treatment plans— “report”?
 - Methods to ensure needed resources are available at evacuation sites?

Methods to ensure receiving facility can safely provide care

- Methods to ensure disrupted care can be resumed following the event (outpatient and interrupted services)?
- Report, transfer and continuity of care?

Methods to monitor, prevent, report and find missing patients/residents/clients (inpatient, long term care and behavioral health facilities)

- How will you prevent them from leaving the facility, report them once missing, and support finding them?

Unique Policies/Requirements

Home Health Agencies:

HHAs must include policies and procedures in its emergency plan for ensuring all patients have an individualized plan in the event of an emergency. That plan must be included as part of the patient’s comprehensive assessment.

For example, discussions to develop individualized emergency preparedness plans could include potential disasters that the patient may face within the home such as fire hazards, flooding, and tornados; and how and when a patient is to contact local emergency officials. Discussions may also include patient, care providers, patient representative, or any person involved in the clinical care aspects to educate them on steps that can be taken to improve the patient’s safety. The individualized emergency plan should be in writing and could be as simple as a detailed emergency card to be kept with the patient. HHA personnel should document that these discussions occurred and also keep a copy of the individualized emergency plan in the patient’s file as well as provide a copy to the patient and or their caregiver

Hospice, PACE and Home Health

Home bound hospices, HHAs and PACE organizations are required to inform State and local emergency preparedness officials of the need for patient evacuations. These policies and procedures must address when and how this information is communicated to emergency officials and also include the clinical care needed for these patients. For instance, in the event an in-home hospice, PACE organization or HHA patient requires evacuation, the responsible agency should provide emergency officials with the appropriate information to facilitate the patient's evacuation and transportation. This should include, but is not limited to, the following:

- Whether or not the patient is mobile.
- What type of life-saving equipment does the patient require?
- Is the life-saving equipment able to be transported? (E.g., Battery operated, transportable, condition of equipment, etc.)
- Does the patient have special needs? (E.g., Communication challenges, language barriers, intellectual disabilities, special dietary needs, etc.)

Since such policies and procedures include protected health information of patients, facilities must also ensure they are in compliance with applicable the Health Insurance Portability and Accountability Act (HIPAA) Rules at 45 CFR parts 160 and 164, as appropriate. See (81 FR 63879, Sept. 16, 2016).

NOTE: Several of these policies can be combined into "like" policies, i.e. all communication processes become one policy/procedure or left separate based on your preferences.

Policy and Procedure for (X)

This Section: We have provided this template that you can use to create all the policies/procedures described above. The best way to use this template is to insert a page break after each policy, and then paste a fresh copy of the template in and write the next policy. As a note, it is important to check how each policy and procedure from the CMS guidance applies to your specific facility and provider/supplier type.

The following is the policy and procedure for *(specific policy title)*. This document defines the expectations, understandings, and procedures related to this specific functionality and/or activity during an emergency. *(Other verbiage from your organization's standard policy and procedure format as needed)*.

Policy

It is the policy of *(Facility Name)* that during emergency situations the management and functionality of *(specific policy title)* will be conducted in a manner and fashion as describe below. *(Other verbiage from your organization's standard policy and procedure format as needed)*. Specific prescriptive expectations and measures include:

- *As many defined rules and policies as you deem appropriate for this specific activity. Examples include statements such as:*
 - *Situations under which the procedures should be used*
 - *Who has the authority to activate the procedures*
 - *Staff will report to...*
 - *The evacuation of patients will be done in such a way so as to ensure...*
 - *The management of (X) will be accomplished by...*
 - *Special situations where this policy does not apply*
 - *Any special considerations and unique rules you feel should be outlined in this policy*
 - *Etc.*

Procedure

Upon activation of this policy and procedure, and as appropriate, the following activities will be done to ensure *(specific procedure title)* is accomplished in the best interest of the patients and staff of *(Facility Name)*:

1. *The first step of this procedure (usually involves activation and notification)*
2. *Next subsequent step with details, actions, responsibilities, coordination efforts, etc.*
3. *Next subsequent step with details, actions, responsibilities, coordination efforts, etc.*
4. *Next subsequent step with details, actions, responsibilities, coordination efforts, etc.*
5. *Steps to implement in the event of any contingencies*
6. *Steps to implement as the disaster deescalates*
7. *Steps to implement after a disaster and as part of a recovery*

Hazard-Specific Annexes

This Section: This section is where you will put any specific policies, processes or documentation for very unique hazards wherein the impacts and/or response fall so severely out of your normal HVA (from the plan above) that you feel it warrants specific discussion. Do not duplicate your HVA response plan or any policies from above. This is for the very unique one-off situations only. Often, organizations mistakenly assume that every event or response is very unique, and therefore warrants a specific annex. However, not only in the interest of saving you planning time, but in the understanding that complex plans often fail in emergencies, it is important to avoid this trap. Consider that in all events you will have to communicate with staff, coordinate patient care, maintain equipment and resources, etc. Keeping these processes universal, as described in sections above, is your best opportunity to succeed in an emergency. Only use this section if you feel there is an event or response that is so unique that it should be called out specifically.

Discussion of Hazard or Need

Discuss the unique hazard or need, what makes it special, what considerations caused you to identify it as such, etc.

Plan/Policy/Procedure of Hazard or Need

Discuss the unique policies, procedures or response operations you have for this highly unique event or process.

Notes or Other

Discuss any unique notes, comments, guidelines, assumptions, etc.

Guides, Tools and Miscellaneous Notes