* **Description of emergency preparedness program**
  + Position responsible
  + Committee responsibilities and structure
  + Review process (annual and/or as needed)
* **Hazard and Vulnerability Analysis (HVA)**
* **Emergency preparedness plan**
  + Facility specific hazard response procedures
    - Care-related emergencies
    - Equipment and utility failures
    - Communication and information systems interruptions
    - Loss of all or a portion of the facility
    - Interruptions to normal supply of essential resources such as water, food, fuel, medications, gases, etc.
    - Natural disasters likely to occur in the facility’s geographic area
    - Fire
      * Methods for detection, containing fires, fire extinguishers, and sprinkler systems
  + Alternate energy (heating/cooling) sources
  + Emergency lighting
  + Sewage and waste disposal
  + Description of population served
  + Services the facility will provide during an emergency
  + Staff roles and responsibilities
    - Delegation of authority
    - Staffing
      * Use of volunteers
      * Privileging and credentialing of volunteers
  + Shelter-in place preparedness measures
  + Evacuation
    - Staff roles and responsibilities
    - Patient/resident/client triage
    - Patient and on-duty staff tracking
    - Transportation
    - Alternate means of communication
    - Receiving evacuated patients/residents/clients
    - Evacuation location(s)
      * Transfer agreements/memorandums of understanding with receiving facilities
    - Transfer of medical record
      * At minimum, the following information needs to be shared with receiving facility:
        + Patient/resident/client name
        + Age
        + Date of Birth
        + Allergies
        + Current medication
        + Medical diagnoses
        + Current reason for admission (inpatient only)
        + Blood type
        + Advance directives
        + Next of kin/emergency contacts
* **Continuity of operations plan**
  + Arrangements/contracts to re-establish services such as:
    - Care-related emergencies
    - Equipment and utility failures
    - Communication and information systems interruptions
      * Preservation of the medical record documentation system
    - Loss of all or portion of facility
    - Interruptions to normal supply of essential resources such as water, food, fuel, medications, gases, etc.
    - Essential supplies and equipment
    - Hospitals, CAHs and LTC only – emergency generator power testing, inspections and fuel supply
  + Alternate care site plan
    - Location
    - Staffing
    - Supplies
    - Roles and responsibilities (inclusive of supporting agencies)
* **Communications Plan** 
  + Describes how patient care will be coordinated/communicated
  + Staff call back process and contact list
  + Contact information for supporting agencies/facilities
  + Describe how the facility will share information regarding occupancy, resource needs and ability to provide assistance to others, with the authority having jurisdiction
  + Contact information for patient’s/resident’s/client’s Provider(s)
  + Describe how contact lists will be updated for new and/or departing staff
  + Describe alternate/back-up communication means
  + How the facility will communicate closure to required individual and agencies
  + LTC only– Describe how and which plans/policies will be shared with family members and/or resident/client representatives.
* **Relationships**
  + Health care coalition participation
    - ESRD only – contact local public health and emergency management annually
  + Collaboration with responding and supporting agencies to develop the emergency preparedness plan, HVA, continuity of operations plans and communications plan.
* **Training and Testing**
  + Written training and testing program
    - ESRD only – inclusive of patient orientation
  + Initial training to all new staff, existing staff, contractors and volunteers
  + Test patient/resident/client tracking systems
  + Test transportation procedures
  + LTC only – unannounced staff drills required
  + 1 tabletop exercise/year
  + 1 full scale community based exercise/individual facility full scale exercise/year
    - Exercise documentation must be available for at least 5 years.
      * Date of exercise
      * Staff participation
      * Type of exercise
      * Agencies contacted/participated
      * Improvement plan
      * Supporting documentation