

# Raising the Bar on Emergency Preparedness for IID

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## **Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers**

“We believe that, currently, in the event of a disaster, healthcare facilities across the nation will not have the necessary emergency planning and preparation in place to adequately protect the health and safety of their patients.”



Federal Register – Published 9/16/16. Effective 11/15/16. Implementation 11/15/17

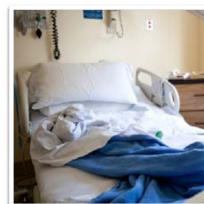


## What Events Do I Need To Prepare For?

The “full spectrum of emergencies or disasters” to which the facility is most susceptible.

As used in the rule, the terms “emergency” and “disaster” do not refer exclusively to an event resulting in an official, public declaration of a state of emergency. Even an event confined within a single facility, such as a localized power failure or cybersecurity event, falls under the rule’s scope.

“Missing Resident” specifically mentioned for IID.



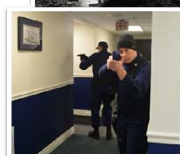
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## Natural Hazards



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## Man - Made Hazards



**CYBERSECURITY!**

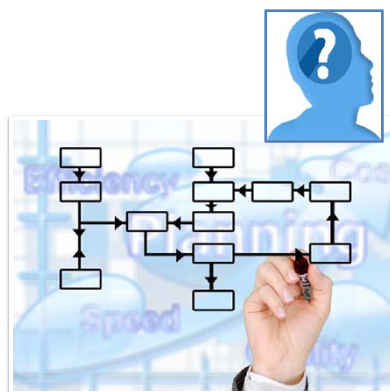


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## What Do I Need To Know?

### Four main components:


- ✓ Emergency Plan/Risk Assessment
- ✓ Policies and Procedures
- ✓ Communication Plan
- ✓ Training and Testing of the Plan




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## It is all in the details...

California Association of Health Facilities  
ICF/IID Emergency Preparedness CMS  
Final Rule Summary



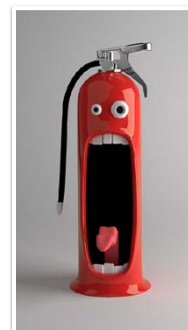
Section	Major Provisions	Notes	Resources
Part 483.475 The Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) must comply with all applicable Federal, State, and local emergency preparedness requirements. The emergency preparedness program must include, but not be limited to, the	1. Based on and include facility and community based risk assessment utilizing an all-hazards approach including missing clients.	<p>New requirement – Risk assessment – Facility specific and incorporating the community based risk assessment</p> <p>Not limited to types of hazards in local area</p> <p>Also care –related, equipment/power failures, cyber and communication attacks</p>	<p>Tool for risk analysis  <a href="http://www.cahfdisasterprep.com/PreparednessTopics/AllHazardResourcesGuides.aspx">http://www.cahfdisasterprep.com/PreparednessTopics/AllHazardResourcesGuides.aspx</a>  <a href="https://asprtracie.hhs.gov/technical-resources/3/Hazard-Vulnerability-Risk-Assessment/0">https://asprtracie.hhs.gov/technical-resources/3/Hazard-Vulnerability-Risk-Assessment/0</a></p> <p>Local authorities for collaboration on community risks</p> <ul style="list-style-type: none"> <li>• Hospital Preparedness Program Coordinator</li> <li>• Office of Emergency Services</li> <li>• Fire or Emergency Medical Services</li> <li>• Local Public health</li> </ul> <p>An all-hazards approach is an integrated approach to emergency preparedness planning that focuses on capacities and capabilities that are critical to preparedness for a full spectrum of emergencies or disasters.</p> <p>This approach is specific to the location of the provider or supplier and</p>



## Part 483.73 (a) Emergency Plan

Based on and include facility and community-based Risk Assessment:

- High probability and impact events
- Address facility population at risk because of their resident/clients unique needs
- Identification of services that must be provided in the emergency
- **Continuity of operations/Delegation of Authority**
- Process for cooperation with community response
- All Hazards Approach
- Reviewed and updated annually



## What Does “All Hazards” mean?

- An all-hazards approach is an integrated approach to emergency preparedness planning that focuses on **capacities** and **capabilities** that are critical to preparedness for a full spectrum of emergencies or disasters.



- This approach is specific to the location of the provider or supplier and considers the particular types of hazards most likely to occur in their areas.

## What is a Community Based and Facility Specific Risk Assessment?

- In every city and/or county emergency response professionals do risk assessments.
- Build on that but develop one for your facility that asks and answers:
  - What do we need to prepare for?
  - What shareable resources are required in order to be prepared?
  - What actions could be employed to avoid, divert, lessen, or eliminate a threat or hazard?

## What Tools Can I Use?

**Kaiser Permanente**

**Emergency Management**

Hazards - Enter name of hospital  
Hazard and Vulnerability Assessment Tool  
Naturally Occurring Events

Event	PROBABILITY Likelihood this will occur	ALERTS Number of Alerts	ACTIVATIONS Number of Activations	SEVERITY (MAGNITUDE - MITIGATION)						RISK Relative threat
				HUMAN IMPACT Possibility of death or injury	PROPERTY IMPACT Physical losses and damages	BUSINESS IMPACT Interruption of services	PREPAREDNESS Preparation	INTERNAL RESPONSE Time effectiveness, resources	EXTERNAL RESPONSE Community Mutual Aid staff and supplies	
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High			0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low	0 = N/A 1 = High 2 = Moderate 3 = Low	0 = 100%	

**HAZARD VULNERABILITY ASSESSMENT**

For each hazard listed in column 1, rate the probability of the event occurring, and the severity of the result in column 6. This will help you consider which hazards to use as "most likely" strategies and plans.

EVENT	SEVERITY (MAGNITUDE - MITIGATION)		
	PROBABILITY 2	HUMAN IMPACT 3	PROPERTY 4
1	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High

**Natural Hazards**

- Flood
- Earthquake
- Fire
- Wildfire/Urban fire
- Severe Weather
- Other (specify)

**Man-made Hazards**

- Active Shooter
- Acts of intent
- Bomb Threat
- Building collapse
- Chemical Exposure, External
- Civil Unrest
- Communication / Technology failure
- Open Failure
- Droughts
- Earthquake
- Epidemic
- Eviction/Displacement
- Explosion
- External Flood
- Fire
- Flood
- Forensic Admission
- Gas / Emissions Leak
- Generational Failure
- Hospital Incident
- Hospital Incident with Mass Casualties

checklists or a spreadsheet with number ratings  
Examples [www.cahfdpp.org](http://www.cahfdpp.org)

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## Plan Must Reflect Your Population's Unique Needs



**WanderGuard**  
DEPARTURE ALERT SYSTEM



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## Integrated Response Planning

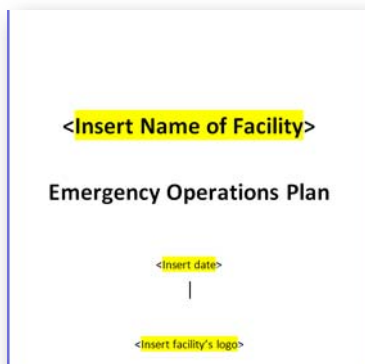
- Include process for ensuring cooperation and collaboration with local, ...state and federal emergency prep officials to maintain an integrated response during disaster or emergency
- Include documentation of the LTC facility's efforts to contact such officials and when applicable of its participation in collaborative/cooperative planning
- Include contact info in the plan for emergency officials you should be contacting during emergencies



## Policies and Procedures Based on Risk Assessment and a Communication Plan



## Hazard Specific Procedures



The results of our HVA that identify the most relevant threats to our facility have been incorporated into our EOP (See Appendix A – Hazard Vulnerability Assessment).

Types of Incidents	See Page
Bomb Threat	5
Earthquake	6
Evacuation	8
Extreme Weather – Cold	10
Extreme Weather – Heat	11
Fire (External)	12
Fire (Internal)	13
Flood	14
Hazardous Material/Waste Spill	15
Infectious Disease (e.g., Pandemic Influenza)	16
Missing Resident	17
Shelter In Place	18
Utility Failure (e.g., Power, Water, etc.)	19
Workplace Violence (e.g., Armed Intruder, Active Shooter, Hostage, etc.)	20

<http://www.cahfdisasterprep.com/PreparednessTopics/AllHazardResourcesGuides/PlanningTemplatesChecklists.aspx>

## Quick Reference Guides



	<b>Bomb Threat</b>	<b>2</b>
	<b>Cold Weather Procedures</b>	<b>4</b>
	<b>Earthquake</b>	<b>5</b>
	<b>Fire</b>	<b>7</b>
	<b>Flood</b>	<b>10</b>
	<b>Hazardous Material/Waste Spill</b>	<b>11</b>
	<b>Hot Weather Procedure</b>	<b>13</b>
	<b>Pandemic Influenza</b>	<b>14</b>
	<b>Missing Resident</b>	<b>15</b>
	<b>Utility Outage</b>	<b>17</b>
	<b>Workplace Violence</b>	<b>18</b>
	<b>Evacuation</b>	<b>20</b>
	<b>Shelter In Place</b>	<b>22</b>

[www.cahfdownload.com/cahf/dpp/CAHFDP\\_ResourceGuide.pdf](http://www.cahfdownload.com/cahf/dpp/CAHFDP_ResourceGuide.pdf)



## Policies & Procedures must be:

reviewed and updated annually and address at a minimum:

- Provision of **subsistence needs for staff** and residents/clients, whether evacuation or shelter in place
- Food, water, medical and pharmaceutical supplies



## CMS Clarifies

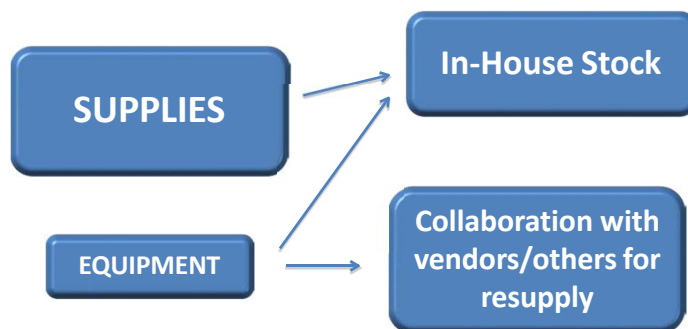


“This does not mean that facilities would need to store provisions themselves. We agree that once [patients] have been evacuated to other facilities, it would be the responsibility of the receiving facility to provide for the patients' subsistence needs.

Local, state and regional agencies and organizations often participate with facilities in addressing subsistence needs, emergency shelter, etc.

Secondly, we are not specifying the amount of subsistence that must be provided as we believe that such a requirement would be overly prescriptive.”

## Food, Water, Pharmaceutical Supplies



## Packaging To Take With You Enroute



## Alternate Sources of Energy



To maintain:

- Temps to protect resident/client health and safety and safe storage of provisions
- Emergency lighting
- Fire detection, extinguishing, and alarm systems
- Sewage and waste disposal

## Additional Clarification for LTC/IID

- Rule requires SNFs to have generators
- Does not specify generator must support HVAC or whole building (unless needed to meet temp, lighting etc. requirement)
- Does not specify IID must have generator (unless needed to meet temp, lighting etc.. requirement)

CMS FAQs 11/15/16

“...we encourage facilities to establish policies and procedures in their emergency preparedness plan that would address providing auxiliary electrical power to power dependent residents during an emergency or evacuating such residents to alternate facilities.

CMS Final Rule Comment Section Page 198-199



## CMS Clarifies re: Sewage

“...the provision and restoration of sewage and waste disposal systems could be beyond the operational control of some providers.

However, we are not requiring LTC facilities to have onsite treatment of sewage or to be responsible for public services.

LTC facilities would only be required to make provisions for maintaining the necessary services.”

Final Rule Comment Section Page 199-200



## Systems to Track Clients and On-duty Staff

**NHICS FORM #12.1 SECTION PERSONNEL TIME SHEET**

**1. FACILITY NAME:** \_\_\_\_\_

**2. FROM DATE/TIME:** \_\_\_\_\_ **3. TO DATE/TIME:** \_\_\_\_\_

**4. SECTION:** \_\_\_\_\_ **5. TEAM LEADER:** \_\_\_\_\_

**6. TIME REQUIRED**

#	EMPLOYEE (S) VOLUNTEER IN NAME (PLEASE PRINT)	E/V	EMPLOYED NUMBER	NHICS ASSIGNMENT RESPONSE / FUNCTION	DATE/TIME IN	DATE/TIME OUT	SIGNATURE	TOTAL HOURS
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

NOTE: USE LEGAL NAME/NAME ONLY (VOLUNTEERS NOT AFFILIATED VOLUNTEERS FROM COMMUNITY)

**7. CERTIFYING OFFICER:** \_\_\_\_\_ **8. DATE/TIME SUBMITTED:** \_\_\_\_\_

WARNING: RECORD EACH SECTION PERSONNEL TIME AND ACTIVITY ORGANIZATION SECTION LEADER ORIGINALLY TO THIS LAST COLUMN EVERY 15 MINUTES. (SAMPLE TO ADD ORGANIZATION AND PHONE)

**NHICS FORM #12.2 BULKY RESIDENT EVACUATION TRACKING FORM**

**1. INCIDENT NAME:** \_\_\_\_\_ **2. FACILITY NAME:** \_\_\_\_\_

**3. DATE PREPARED:** \_\_\_\_\_ **4. RESIDENT TRACKING MANAGER:** \_\_\_\_\_

**5. RESIDENT EVACUATION INFORMATION**

DEPOSITION	INCIDENT NAME	MODE OF TRANSPORTATION	ACCEPTING FACILITY NAME & CONTACT INFO	TIME FACILITY CONTACTED & REPORT GIVEN	TRANSFER INITIATED (PHYS. TRANSPORT OR)	MEDICAL RECORDS IN	
						YES <input type="checkbox"/>	NO <input type="checkbox"/>
<input type="checkbox"/> HOME							
<input type="checkbox"/> FACILITY TRANSFER							
<input type="checkbox"/> TEMP SHELTER							

**6. RESIDENT NAME:** \_\_\_\_\_

DEPOSITION	MODE OF TRANSPORTATION	ACCEPTING FACILITY NAME & CONTACT INFO	TIME FACILITY CONTACTED & REPORT GIVEN	TRANSFER INITIATED (PHYS. TRANSPORT OR)	MEDICAL RECORDS IN	
					YES <input type="checkbox"/>	NO <input type="checkbox"/>
<input type="checkbox"/> HOME						
<input type="checkbox"/> FACILITY TRANSFER						
<input type="checkbox"/> TEMP SHELTER						

**7. RESIDENT NAME:** \_\_\_\_\_

DEPOSITION	MODE OF TRANSPORTATION	ACCEPTING FACILITY NAME & CONTACT INFO	TIME FACILITY CONTACTED & REPORT GIVEN	TRANSFER INITIATED (PHYS. TRANSPORT OR)	MEDICAL RECORDS IN	
					YES <input type="checkbox"/>	NO <input type="checkbox"/>
<input type="checkbox"/> HOME						
<input type="checkbox"/> FACILITY TRANSFER						
<input type="checkbox"/> TEMP SHELTER						

**8. CERTIFYING OFFICER:** \_\_\_\_\_ **9. DATE/TIME SUBMITTED:** \_\_\_\_\_

WARNING: RECORD INFORMATION CONCERNING RESIDENT DEPOSITION DURING A FACILITY EVACUATION ORGANIZATION SECTION LEADER ORIGINALLY TO THIS LAST COLUMN EVERY 15 MINUTES. (SAMPLE TO ADD ORGANIZATION AND PHONE)

# Safe Evacuation

## INCLUDES:

- Care and treatment of evacuees
- Staff responsibilities
- Transportation
- Evacuation locations
- Primary and alternate means of communication with external sources of assistance



<http://www.cahfdisasterprep.com/NHICS.aspx>



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## CAHF DPP EOP Template

**EMERGENCY OPERATIONS PLAN**

APPENDIX B - FACILITY EVACUATION AND MAPS

It is the policy of **residents name of facility** to prepare for all anticipated hazards to minimize the stress and danger to our residents and staff. In light of recent incidents the increased risk of mortality and morbidity related to the events, who are elderly and/or suffer from chronic health conditions, sheltering in place our first response choice if it is at all feasible. When sheltering in place is not feasible, residents are evacuated to an alternate facility or when given a mandatory order appropriate authorities, the Incident Commander (IC) has the authority to initiate an emergency evacuation plan.

The following terms are important to understand how we evacuate our:

- There are two types of evacuation:
  - emergent which unfolds in minutes to hours and
  - urgent/planned which unfolds in hours to days
- There are two types of partial evacuation:
  - reluctant evacuation involves moving residents, staff and all areas on the same floor. Accomplished by compartmentalization of resident floors and resident assemblies - smoke partitions, fire, adjacent smoke-free compartment.
  - vertical evacuation involves moving residents, staff and all areas and down stairs and elevators to safe areas within the facility.
- The Zoning Area is the last place to move residents before leaving. Residents may be sent to a staging area based on level of safety.
- Complete evacuation involves moving residents, staff and visitors to areas outside of the building.
- Emergency Check Down involves turning off electricity, gas, etc. to the facility.
- Relocation involves moving residents to an alternate facility (also called facility efforts).

Agreements for transporting residents to evacuation sites have been made with transportation and ambulance companies. Our facility also maintains at least one relocation **copies and/or relevant documentation of verbal orders** **agreements is included in Appendix - Emergency Agreements**. See below information.

**RESOURCE AGREEMENTS FOR EVACUATION TRANSPORT & ALTERNATE FACILITIES**

Transportation	Alternate
Name of Company:	Name of Company:
Company Address:	Company Address:
Company Phone Number:	Company Phone Number:
Contact Person/Phone:	Contact Person/Phone:

Alternate Facility A	Alternate Facility B
Name of Setting/Shelter:	Name of Setting/Shelter:
Facility Address:	Facility Address:
Facility Phone Number:	Facility Phone Number:
Contact Person/Phone:	Contact Person/Phone:

**LOGISTICS**

Based on the unique needs of our residents, including mobility status, cognitive ability, health status, our staff community has developed evacuation logistics as part of our transportation.

- Residents who are independent in ambulation may be evacuated from one emergency circumstances. They should load first on vehicles where they multiple rows of seats and move to the back of the vehicle. They may be met by a designated staff member to the designated mode of transportation, if appropriate. Families may be offered an opportunity to take their family member home for care during the anticipated period of disruption to services.
- Residents who require assistance with ambulation will be accompanied by **designated staff member to the designated mode of transportation. If applicable**

**PROCEDURES**

**INITIAL RESPONSE** (See Rapid Response Guide - Evacuation)

- Call in additional staff as needed.
- Periodically brief staff on the incident, check-in on their well-being and perform assignments. Reassign as the situation changes.
- Continue assessing and updating transportation requirements based on the number of residents, medical needs and mobility status.
- Coordinate with other facilities in the healthcare system or neighbor/facility facilities with whom you have a pre-existing relationship.
- If the above resources are unavailable or inadequate, request assistance from the LA County Department of Public Health, Health Facilities Inspection Division (DPH-HFID) at 1-800-328-1000 or via text.
- Obtain transportation resources by contacting the contracted ambulance providers.
  - If the above resources are unavailable or inadequate, request assistance from the LA County Department of Public Health, Health Facilities Inspection Division (DPH-HFID) at 1-800-328-1000 or via text.
- Complete evacuation of the facility, as appropriate:
  - Collect and package resident's equipment and medications
  - Secure existing plan medications and medical equipment, as appropriate.
  - Secure patient valuables.
  - Collect and package resident's belongings for transport, including glasses, dentures, hearing aids, etc.
  - Prepare water and snacks to accompany residents during transport period.
  - Prepare medical documentation to accompany resident, as appropriate.
- Verify that planned evacuation routes are safe to travel with the public safety agency.
  - Track residents to destinations and continue to notify family members of evacuation and planned destination.
- Assign a trained nurse to each vehicle carrying a large number of residents to ensure residents are assessed, and emergency medications are issued and safeguarded. Emergency medications may be transported in resident storage or secured in medication carts.
- Provide comfort and reassurance to residents throughout the entire evacuation.
- Secure the facility. Ensure all electronics have been powered down and unplugged. (See Appendix K - Emergency Shutdown)

## Evacuation Locations



....the development of arrangements in collaboration with other facilities to receive residents/clients is necessary in order to provide the continued needed care and treatment for all ....

## Transportation

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**LONG-TERM CARE FACILITY EVACUATION RESIDENT ASSESSMENT FORM FOR TRANSPORT AND DESTINATION**

Adapted from the Shelter Medical Group Report: Evacuation, Care and Discharge of the Medically-Fragile.

FACILITY NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_ TIME: \_\_\_\_\_

LEVEL OF CARE	FACILITY TYPE	TRANSPORT TYPE	NUMBER OF RESIDENTS
<b>LEVEL I</b> Description: Patients/residents are usually transferred from in-patient medical treatment facilities and require a level of care only available in hospital or skilled nursing or Sub-Acute Care facilities. Examples: • Residents, mostly dependent, difficulty ambulating • Require dialysis • Tracheostomy dependent • Require constant support to remain in bed • Critical medications requiring daily or QID lab monitoring • Require continuous IV therapy • Tracheostomy at	Like Facility Hospital SNF or Subacute	ALS	
<b>LEVEL II</b> Description: Patients/residents have no acute medical conditions but require medical monitoring, treatment or personal care beyond what is available in home setting or public shelters. Examples: • Incontinent, unable, able to ambulate • Ventilator breath requiring complex assistance • Tracheostomy dependent unable to monitor own blood sugar or to self-inject • Require assistance with tube feeding • Chronic wounds requiring frequent sterile dressing changes • Oxygen dependent requires respiratory therapy or assistance with oxygen	Like Facility Medical Care Shelter	In some circumstances, may be able to evacuate to family/long-term home BLS Wheelchair Van Car/Van/Bus	





## Shelter in Place

- Clients + Staff + Volunteers

Emergency Operations Plan Appendix J - Shelter in Place

### APPENDIX J - SHELTER IN PLACE

**DECISION TO SHELTER IN PLACE**

The biggest decision our Incident Commander (IC) (the Administrator or designee) may need to make is whether to stay or go in response to a threatened or actual emergency. This decision is always based on the best interests of the residents; shelter in place is often the preferred method over facility evacuation due to the stress to residents associated with evacuation to another facility or alternate care site.

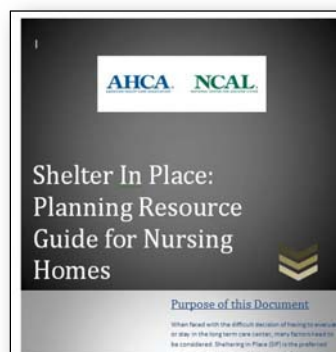
If the threat is fast moving (e.g., an internal building fire), the decision may be made rapidly, without the opportunity to consult with local fire, law, or county emergency management officials. Situations that may warrant shelter in place include:

- Severe weather
- Hazardous materials incidents
- Nuclear accidents
- Earthquakes
- Riots
- **Add any facility specific hazards**

**PROCEDURES**

Once our IC makes the decision to shelter in place, the following activities occur:

**INITIAL** See Rapid Response Guide - Shelter in Place



## NEW REQUIREMENT:

Medical Documentation That Preserves Client Information, Protects Confidentiality  
And Maintains The Availability Of Records

**RESIDENT EMERGENCY EVACUATION TAG**

FACILITY NAME \_\_\_\_\_ PHONE \_\_\_\_\_

RESIDENT'S NAME \_\_\_\_\_ DOB \_\_\_\_\_

LANGUAGE(S) SPOKEN \_\_\_\_\_ ABLE TO COMMUNICATE Y / N \_\_\_\_\_

FAMILY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

CRITICAL DIAGNOSIS AND CRITICAL MEDICATIONS: \_\_\_\_\_

TREATMENTS: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

FACILITY PHARMACY: \_\_\_\_\_ PHONE: \_\_\_\_\_

DNR ORDER: Y / N \_\_\_\_\_ Other \_\_\_\_\_ No Hospitalization \_\_\_\_\_  
(attach MOLST Form)

MENTAL STATUS (Dementia: Y / N)  
Vest ☐ Lethargic ☐ Oriented ☐ Confused/Mildly ☐ Severely ☐

BEHAVIOR PROBLEMS / SAFETY RISK \_\_\_\_\_

*Document all care provided to Resident DURING TRANSFER and/or concerns in the space below*

**R.E.D. (Resident Emergency Documentation)**

JANE Q. PATIENT  
PT 0603020 MR 296128  
AD 04/02/2007 Q 1.8 - ROM 1.23  
M 42V ODR 05/11/2016 FCH  
C8016122

## Use of Volunteers and Other Emergency Staffing Strategies

“...in an emergency a facility or community would need to accept volunteer support from individuals with varying levels of skills and training and that policies and procedures should be in place to facility this support.

Health care volunteers would be allowed to perform services within their scope of practice and training and non-medical volunteers would perform non-medical task”

CMS Final Rule Comments Page 91 and 92



## Emergency Admits (Surge)

- Develop arrangements with other providers to receive clients in the event of limitations or cessation of operations to maintain continuity of services to clients



## Communication Plan

### Updated Annually, Including:

- ✓ Names and contact info for staff
- ✓ Entities providing services
- ✓ Resident's physicians
- ✓ Other LTC facilities
- ✓ Volunteers
- ✓ Emergency Prep staff
- ✓ State enforcement agency
- ✓ Ombudsman
- ✓ Other sources of assistance



## When Cell Phones Don't Work...

### Primary and alternate means for communication with:

- Staff
- federal, state, tribal, regional or local EMS



## Method for Sharing Info and Medical Documentation as Necessary...

- With other health care providers to maintain continuity of care
- Means to release info in event of evacuation as permitted under HIPPA
- Means of providing info about general condition and locations of residents/clients
- And regarding the occupancy, needs and ability to provide assistance to authority having jurisdiction or incident commander



## Method of Sharing Info from the Emergency Plan with Clients and Their Families/Reps

- Expectation is that this info precedes the event
- Consider at orientation, post-admission, and annually
- Could be a great trust builder with families and a way to get them to cooperate and communicate in accordance with plan during event



## Training And Testing



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## TRAINING:

Training program must do all the following:

- ✓ Initial training in emergency prep to all new and existing staff, on hire
- ✓ Individuals providing services under arrangement,
- ✓ And volunteers consistent with their role
- ✓ Provide at least annually
- ✓ Maintain documentation
- ✓ Ensure that staff can demonstrate knowledge



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## TESTING:

- ✓ Participate in a full scale exercise that is community –based at least annually
- ✓ If not available, conduct a facility-based full scale exercise
- ✓ Conduct a second formal exercise that can be a table top at least annually involving a narrated clinically relevant emergency scenario and questions/problems to challenge the plan
- ✓ Analyze response to exercise and table top



## Full Scale Drills (Community)...





## Discussion-based Exercises or Table Tops



## Table Top Exercises



## Integrated Health Care Systems

- If facility is part of a healthcare system with multiple facilities they can elect to have a unified and integrated EP program
- Must demonstrate that each facility participated in the development of EP
- Must reflect each facility's unique circumstances, population, and services based on their facility-specific assessment
- Have integrated P&Ps for coordinated communication plan and testing and training



## Questions...?

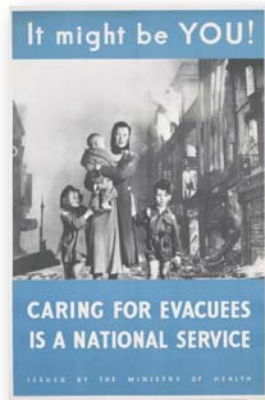


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## **CONTACT INFORMATION**

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[www.cahfdisasterprep.com](http://www.cahfdisasterprep.com)

**Thank You!**

