



Policy/Procedure

Subject: Emergency Preparedness Plan	Print Date: 6/2022
Approved By: IDT	Revision Date(s):

Policy:

This facility maintains a written emergency preparedness plan that complies with relevant regulations for plan development. The plan is reviewed and updated at least annually.

Policy Explanation and Compliance Guidelines:

1. The plan will be based on and include a documented, facility and community-based risk assessment utilizing an “all hazards” approach, including missing residents.
2. The plan will include strategies for addressing emergency events and unforeseen widespread communicable diseases identified by the risk assessment.
3. The plan will consider particular hazards most likely to occur in the surrounding area including:
 - a. Natural disasters
 - b. Man-made disasters
 - c. Facility-based disasters that include but are not limited to:
 - i. Care related emergencies
 - ii. Equipment and utility failures (power, water, gas, etc.)
 - iii. Interruptions in communication, including cyber-attacks
 - iv. Loss of all or portion of a facility
 - v. Interruptions to normal supply of essential resources such as food, water, medications, fuel, medical supplies or medical gases.
 - d. Emerging infectious diseases (EIDs) such as influenza, Ebola, Zika, SARS, COVID and others which may require modification to protocols such as isolation and PPE measures.
4. The plan will consider, among other things, the following:
 - a. All business functions essential to the facility’s operations that should be continued during an emergency;
 - b. All risks or emergencies that the facility may reasonably expect to confront;
 - c. All contingencies for which the facility should plan (e.g., evacuation, shelter-in-place, surge capacity, etc.);
 - d. The facility’s location;

- e. Assessment of the extent to which natural or man-made emergencies may cause the facility to cease or limit operations; and
 - f. What arrangements may be necessary with other health care facilities, or other entities that might be needed to ensure that essential services could be provided during an emergency.
5. The plan will address the facility's resident population and staff, including, but not limited to:
 - a. Persons at-risk and identification of residents who would require additional assistance;
 - b. The type of services the facility has the ability to provide in an emergency; and
 - c. Continuity of operations, including delegations of authority and succession plans.
 - i. The plan will identify which staff would assume specific roles in another's absence.
 - ii. The following elements will be considered: essential personnel, essential functions, critical resources, vital records and IT data protection, alternate facility identification and location, and financial resources.
 6. The facility will collaborate with local, tribal, regional, State and/or Federal emergency preparedness officials to maintain an integrated response during a disaster or emergency situation, including documentation of the facility's efforts to contact such officials.
 7. The facility will be observant for any threat level changes from Homeland Security and follow the guidance given, if indicated.
 8. A communication plan will be developed and maintained as part of the emergency plan that reflects coordination of care within the facility, across health care providers, and with state and local public health departments and emergency systems.
 9. Policies and procedures will be developed to provide additional guidance on how to carry out the plan.
 10. Training will be provided on the contents of the plan, and drills and exercises will be conducted in order to test the plan.

References:

Centers for Medicare & Medicaid Services. *State Operations Manual, Appendix Z* (March 26, 2021) E-0004.