

Name of Facility: _____

Date of Survey: _____

Provider Number: _____

| EMERGENCY PREPAREDNESS REQUIREMENTS | | | LONG TERM CARE FACILITIES | | |
|-------------------------------------|---|--|---------------------------|---------|---------|
| Tag # | Title | Tag Text (Regulatory Text) | MET | NOT MET | REMARKS |
| E0001 | Establishment of the Emergency Program (EP) - 483.73 or 483.475 | The facility must provide an Emergency Preparedness Program. | | | |
| E0004 | Develop and Maintain EP Program - 483.73(a) or 483.475(a) | The facility must develop, establish and maintain a comprehensive emergency preparedness program, that must be reviewed, and updated at least annually. | | | |
| E0006 | Risk Assessment - 483.73(a)1 - 2 or 483.475(a)1 - 2 | The following must be reviewed, and updated at least annually. Must be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing residents/clients. | | | |
| E0007 | EP Program Resident/Client Population - 483.73(a)3 or 483.475(a)3 | The following must be reviewed, and updated at least annually. Address resident/client population, including, but not limited to, persons at-risk The type of services the facility has the ability to provide in an emergency Continuity of operations, including delegations of authority and succession plans Do all staff have access to the Emergency Preparedness Book | | | |
| E0009 | Process for EP Collaboration - 483.73(a)4 or 483.475(a)4 | The following must be reviewed, and updated at least annually. Include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials and efforts to maintain an integrated response during a disaster or emergency situation; such as participation with their Coalition or EMA. | | | |
| E0013 | Development of EP Policies and Procedures - 483.73(b) or 483.475(b) | The policies and procedures must be reviewed and updated at least annually. Facilities must develop and implement emergency preparedness policies and procedures, based on the risk assessment, and the communication plan. | | | |

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| E0015 | Subsistence needs for staff and residents/clients - 483.73(b)1 or 483.475(b)1 | <p>The policies and procedures must be reviewed and updated at least annually. At a minimum, the policies and procedures must address the following:</p> <p>The provision of subsistence needs for staff and residents/clients whether they evacuate or shelter in place, to include, but are not limited to the following:</p> <ul style="list-style-type: none"> Food, water, medical and pharmaceutical supplies Alternate sources of energy to maintain the following: <ul style="list-style-type: none"> Temperatures to protect resident/client health and safety and for the safe and sanitary storage of provisions Emergency lighting Fire detection, extinguishing, and alarm systems Sewage and waste disposal | | | |
| E0018 | Procedures for Tracking of Staff and Residents/Clients - 483.73(b)2 or 483.475(b)2 | <p>The policies and procedures must be reviewed and updated at least annually. At a minimum, the policies and procedures must address the following:</p> <p>A system to track the location of on-duty staff and sheltered residents/clients in the facility's care during an emergency. If on-duty staff and sheltered residents/clients are relocated during the emergency, the facility must document the specific name and location of the receiving facility or other location.</p> | | | |
| E0020 | Policies and Procedures including Evacuation - 483.73(b)3 or 483.475(b)3 | <p>The policies and procedures must be reviewed and updated at least annually. At a minimum, the policies and procedures must address the following:</p> <p>Safe evacuation from the facility, which includes:</p> <ul style="list-style-type: none"> Consideration of care and treatment needs of evacuees Staff responsibilities Transportation Identification of evacuation location(s) Primary and alternate means of communication with external sources of assistance | | | |
| E0022 | Policies and Procedures for Sheltering - 483.73(b)4 or 483.475(b)4 | <p>The policies and procedures must be reviewed and updated at least annually. At a minimum, the policies and procedures must address the following:</p> <p>A means to shelter in place for residents/clients, staff, and volunteers who remain in the facility.</p> | | | |

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| E0023 | Policies and Procedures for Medical Docs. - 483.73(b)5 or 483.475(b)5 | <p>The policies and procedures must be reviewed and updated at least annually. At a minimum, the policies and procedures must address the following:</p> <p>A system of medical documentation that preserves resident/client information, protects confidentiality of resident/client information, and secures and maintains availability of records.</p> | | | |
| E0024 | Policies and Procedures for Volunteers - 483.73(b)6 or 483.475(b)6 | <p>The policies and procedures must be reviewed and updated at least annually. At a minimum, the policies and procedures must address the following:</p> <p>The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency.</p> | | | |
| E0025 | Arrangement with other Facilities - 483.73(b)7 or 483.475(b)7 | <p>The policies and procedures must be reviewed and updated at least annually. At a minimum, the policies and procedures must address the following:</p> <p>The development of arrangements with other facilities and/or other providers to receive residents/clients in the event of limitations or cessation of operations to maintain the continuity of services to facility residents/clients. Updated Contracts or MOUs (Memorandum of Understanding).</p> | | | |
| E0026 | Roles under a Waiver Declared by Secretary - 483.73(b)8 or 483.475(b)8 | <p>The policies and procedures must be reviewed and updated at least annually. At a minimum, the policies and procedures must address the following:</p> <p>The role of the facility under a waiver declared by the Secretary, in accordance with section 1135 of the Act, in the provision of care and treatment at an alternate care site identified by emergency management officials.</p> | | | |
| E0029 | Development of Communication Plan - 483.73(c) or 483.475(c) | <p>The policies and procedures must be reviewed and updated at least annually. At a minimum, the policies and procedures must address the following:</p> <p>The facility must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws.</p> | | | |

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| E0030 | Names and Contact Information - 483.73(c)1 or 483.475(c)1 | <p>The policies and procedures must be reviewed and updated at least annually. The communication plan must include all of the following:</p> <p>Names and contact information for the following: Staff - would probably need to be updated monthly/quarterly Entities providing services under arrangement Residents'/Clients' physicians Other facilities Volunteers</p> | | | |
| E0031 | Emergency Officials Contact Information - 483.73(c)2 or 483.475(c)2 | <p>The policies and procedures must be reviewed and updated at least annually. The communication plan must include all of the following:</p> <p>Contact information for the following: Federal, State, tribal, regional, or local emergency management agencies The State Licensing and Certification Agency Other sources of assistance</p> <p>For LTC Facilities also: The Office of the State Long-Term Care Ombudsman</p> <p>For ICF/IIDs also: The State Protection and Advocacy Agency</p> | | | |
| E0032 | Primary/Alternate Means for Communication - 483.73(c)3 or 483.475(c)3 | <p>The policies and procedures must be reviewed and updated at least annually. The communication plan must include all of the following:</p> <p>Primary and alternate means for communicating with the following: Facility staff Federal, State, tribal, regional, and local emergency management agencies</p> | | | |
| E0033 | Methods for Sharing Information - 483.73(c)4 - 6 or 483.475(c)4 - 6 | <p>The policies and procedures must be reviewed and updated at least annually. The communication plan must include all of the following:</p> <p>A method for sharing information and medical documentation for residents under the facility's care, as necessary, with other health providers to maintain the continuity of care.</p> <p>A means, in the event of an evacuation, to release resident/client information as permitted under 45 CFR 164.510(b)(1)(ii).</p> <p>A means of providing information about the general condition and location of residents/clients under the facility's care as permitted under 45 CFR 164.510(b)(4).</p> | | | |

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| E0034 | Sharing Information on Occupancy/Needs - 483.73(c)7 or 483.475(c)7 | <p>The policies and procedures must be reviewed and updated at least annually. The communication plan must include all of the following:</p> <p>A means of providing information about the facility's occupancy, needs, and its ability to provide assistance to the authority having jurisdiction, the Incident Command Center, or designee.</p> | | | |
| E0035 | LTC and ICF/IID Family Notifications - 483.73(c)8 or 483.475(c)8 | <p>The policies and procedures must be reviewed and updated at least annually. The communication plan must include all of the following:</p> <p>A method for sharing information from the emergency plan, that the facility has determined is appropriate, with residents/clients and their families or representatives.</p> | | | |
| E0036 | Emergency Prep Training and Testing - 483.73(d) or 483.475(d) | <p>Training and testing. The training and testing program must be reviewed and updated at least annually.</p> <p>The facility must develop and maintain an emergency preparedness training and testing program that is based on the risk assessment, policies and procedures, and the communication plan.</p> <p>The ICF/IID must also meet the requirements for evacuation drills and training at §483.470(h).</p> | | | |
| E0037 | Emergency Prep Training Program 483.73(d)1 or 483.475(d)1 | <p>Training program. The facility must do all of the following:</p> <p>Initial training in emergency preparedness policies and procedures to all new staff, individuals providing services under arrangement, and volunteers, consistent with their expected role</p> <p>Provide emergency preparedness policies and procedures training at least annually to all staff, individuals providing services under arrangement, and volunteers, consistent with their expected role</p> <p>Maintain documentation of the training</p> <p>Staff demonstrate knowledge of emergency procedures</p> | | | |

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| E0039 | Emergency Prep Testing Requirements - 483.73(d)2 or 483.475(d)2 | <p>Testing. The LTC facility must do all of the following:</p> <p>Participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based.</p> <p>If the facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the facility is exempt from engaging in a community-based or individual, facility-based full-scale exercise for 1 year following the onset of the actual event.</p> <p>Conduct an additional exercise that may include, but is not limited to the following: A second full-scale exercise that is community-based or individual, facility-based A tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan A mock disaster drill</p> <p>Analyze the facility's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the facility's emergency plan, as needed.</p> | | | |
| E0041 | LTC Emergency Power - 483.73(e) | <p>Emergency and standby power systems. The facility must implement emergency and standby power systems based on the emergency plan.</p> <p>Emergency generator inspection and testing. The facility must implement the emergency power system inspection, testing, and maintenance requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code.</p> <p>Emergency generator fuel. The facility that maintains an onsite fuel source to power emergency generators must have a plan for how it will keep emergency power systems operational during the emergency, unless it evacuates.</p> <p>Emergency generator location. The generator must be located in accordance with the location requirements found in the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5, and TIA 12-6), Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4), and NFPA 110, when a new structure is built or when an existing structure or building is renovated.</p> | | | |

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| E0042 | Integrated Health Systems - 483.73(f) or 483.475(e) | <p>Integrated healthcare systems. If a facility is part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency preparedness program, the facility may choose to participate in the healthcare system's coordinated emergency preparedness program.</p> <p>If elected, the unified and integrated emergency preparedness program must- do all of the following:</p> <p>(1) Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program</p> <p>(2) Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered</p> <p>(3) Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance with the program</p> <p>(4) The unified and integrated emergency plan must also be based on and include the following:</p> <p>(i) A documented community-based risk assessment, utilizing an all-hazards approach</p> <p>(ii) A documented individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach</p> <p>(5) Include integrated policies and procedures that meet the requirements of a coordinated communication plan, and training and testing programs</p> | | | |