* **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