**Emergency Preparedness Plan**

**GUIDE**

**and**

**TEMPLATE**

**For Assisted Living Facilities**

**June 2022**

**OVERVIEW**

1. **Introduction**

In recent decades, our ability to predict, analyze, interpret, and manage complex institutions has been exacerbated by the catastrophic effects of natural or man-made threats. Assisted living facilities have been severely impacted by these unconventional circumstances and continue to struggle with implementing emergency preparedness standards. Due to the recent increase of disaster-related incidents, the need for a comprehensive emergency preparedness plan has been authorized to reduce potential vulnerabilities to at-risk populations and enhance disaster response efforts in an efficient manner. The term “Assisted Living Facility” refers to licensed care facilities, such as hospitals or nursing homes that provide medical services to citizens who are aged or have disabilities. These exceptionally unique facilities provide essential services to those who require additional assistance in their day-to-day activities. This guide will explain the reasoning behind developing an assisted living facilities plan and discuss how to translate it into effective action.

1. Objective

It is crucial that extended care facilities establish an effective all-hazards emergency preparedness plan to ensure the safety and protection of at-risk populations. This template is a guide for assisting functional institutions in recognizing the importance of emergency preparedness procedures. A typical emergency preparedness plan should be reviewed and updated annually in conjunction with pre-established requirements set forth by CMS. These plans must also be in compliance with a facilities licensing regulation standards in order for it to be considered viable or legitimate. The information contained in this document reflects established doctrines, principles, and standards that promptly correlate with the development of an assisted living facilities plan template. This guide represents an effort on behalf of the emergency management industry to consolidate efforts between various organizations and jurisdictional entities.

1. Purpose

The purpose of this document is to provide assistance to policymakers in establishing emergency policies and procedures. It is also used to save lives and maintain situational awareness through effective information sharing guidelines. It may also be used to help extended health-care professionals enhance their knowledge of emergency preparedness.

1. **Situation and Assumptions**
2. Situation
3. Harnett County, North Carolina is vulnerable to technological, natural, or man-made threats that can directly undermine the social, political, and financial stability of the United States.
4. At risk populations are especially vulnerable under these circumstances because they require special services that are only offered by certain health care facilities.
5. An assisted living facilities plan is crucial for ensuring the safety and protection of disabled or at-risk populations. A facility should have a plan in place for when a disaster occurs to meet all of its primary responsibilities and tasks.
6. Preparations and plans are established to produce favorable results in the aftermath of a specific disaster or emergency.
7. Assumptions
8. The possibility of an incident or disaster occurring is very high
9. Assisted living facilities are primarily responsible for ensuring the safety of their patients and staff members in times of extreme duress or uncertainty.
10. If an emergency overwhelms the resources of a facility’s ability to function, external resources may be requested if a memorandum of agreement has been established
11. Local, state, and federal agencies may provide logistical support in the event of an ongoing emergency.
12. Routine inspections should be conducted to assess and evaluate the quality of the facility’s operational integrity, meaning the ability for certain functions to be performed and sustained in the workplace.
13. The county emergency management agency may be able to assist inpatient facilities, intellectual disability facilities, assisted living facilities, hospice facilities, intermediate facilities, etc.
14. Emergency preparedness plans should be reviewed annually for effective use
15. **CMS Emergency Preparedness Final Rule**

The Center for Medicare and Medicaid Services (CMS) has established national emergency preparedness requirements to ensure sufficient planning for disaster-related situations. These exceptionally unique requirements are specifically designed to adequately prepare facilities for either natural or manmade occurrences. The CMS final rule provides clear instructions for all 17 Medicare and Medicaid supplier or provider types to adequately plan for disaster-related incidents. The CMS final rule utilizes an all-hazards approach to guide or develop measures for a full spectrum of emergencies or disasters. An all-hazards approach can be characterized as a grouping classification encompassing all conditions or hazards in a specific location.

The CMS final rule requires facilities, specifically assisted living facilities, to incorporate four key elements into their emergency preparedness plan (EOP) which include:

* Risk Assessment and Planning
* Policies and Procedures
* Communications Plan
* Training and Testing

Compliance with these standards is necessary to ensure the operational effectiveness of emergency evacuation efforts. If facilities are non-compliant, general enforcement procedures will be authorized. However, it is important to mention that requirements vary by provider type. For example, outpatient providers are not obligated to have policies and procedures for the provision of subsistence needs. There are also requirements concerning temperature controls and other material services. In short, long-term care facilities, hospice centers, hospitals, and assisted living facilities are more likely to focus on providing subsistence needs and temperature control instructions. This is mainly due to the fact that long-term care facilities typically house at-risk patients who require certain medical services. These patients may be disabled, aged, or mentally incapacitated. This document is designed to provide guidance and awareness for assisted living facilities for carrying out their emergency preparedness plan. The steps issued in this document are subject to change and may be revised in future publications.

1. **Concept of Operations**

Inpatient facilities, hospice facilities, and assisted living facilities are required to develop an emergency preparedness plan to ensure the safety of patients and staff members during an ongoing crisis or emergency. This plan should be applicable during both internal and external emergency situations. This plan is designed to effectively utilize an all-hazards approach for ongoing emergencies.

A concept of operations presents a clear picture of the sequence and scope of the planned emergency response, what should happen, when, and at whose direction.

It is imperative to review the various disaster-agents that are capable of rendering our key resources or critical infrastructure assets inoperable. These hazards tend to provide majors concerns for both elected officials and local citizens due to their unpredictable effects. The effects of a disaster can drastically change depending on the size, complexity, and magnitude of the incident. Facility managers should be aware of the hazards that present the most risk to their communities. Examples of hazards include:

* Severe Thunderstorms
* Tornadoes
* Hurricanes
* Blizzards
* Earthquakes
* Wildfires
* Tsunamis
* Oil Spills
* Volcanic Eruptions
* Cyber-Attacks
* Global Pandemics
* Foreign Animal Disease (FAD)
* Chemical, Biological, Radiological, Nuclear, and Explosive Incidents (CBRNE)
* Terrorist Attacks
* Electromagnetic Pulse (EMP)
* Radiological Dispersion Device (RDD)

1. Mitigation

Mitigation involves deciding what to do where a risk to health, safety, and the welfare of society has been determined to exist. As a result, risk reduction programs are implemented to reduce the effects of a disaster. Mitigation is considered to be a sustained action that seeks to reduce or eliminate the effects of hazards on both people and property. In summary, mitigation planning involves identifying potential risks and vulnerabilities that are common in a specific area. As a result, long term strategies are developed to reduce the impacts of these hazards. Examples of hazard mitigation planning include the following:

* Constructing Resilient Infrastructure Communities
* Mapping Potential Flood Zones
* Remodeling dilapidated structures
* Raising Levee Embankments

1. Preparedness

Preparedness simply refers to developing an effective response plan for operational components involved in responding to unconventional emergencies. Preparedness efforts seek to strengthen our Nation’s response capabilities through training and exercising. These exercises are crucial for ensuring the success of prevention and relief efforts. National preparedness operations are utilized for sustaining the capabilities needed to prepared unpredictable events. Preparedness efforts encompass a wide range of activities, including:

* Developing an Effective Response Plan
* Training First Responders to Save Lives and Reduce Disaster Damage
* Identifying Critical Resources
* Establishing Necessary Agreements among Responding Agencies both Within and Outside your Jurisdiction (MOUs, Mutual Aid Agreements)
* Designate Pre-Determined Shelter Locations
* Track/Monitor Logistical Resources

1. Response

Response operations are tasked with providing emergency aid and assistance to those who have been directly impacted by the effects of disaster. Response operations are vital for ensuring the safety of the environment, property, and human life. Disaster response activities include the following:

* Reducing the Probability of Secondary Damage
* Minimizing Problems for Recovery Efforts
* Search and Rescue (SAR) Operations
* Preserving Human Life
* Conduct/Oversee Data Collection
* Mass Care Operations
* Temporary Sheltering
* Emergency Medical Care
* Communicate with Government Officials about the Public Health Effects of Potential Disasters

1. Recovery

Recovery involves providing immediate support during the early post-disaster period to return vital life support systems to minimum operating levels and continue providing support until the community returns to normal. However, there is a clear distinction between short-term recovery efforts and long-term recovery efforts. Short-term recovery efforts restore vital life support assets, such as water systems and electrical facilities, back to minimum operating conditions. Long-term recovery efforts may extend for months or years until the disaster stricken region returns to its previous condition. Recovery efforts typically include:

* Reconstruction of Dilapidated Structures
* Restitution of Damaged Facilities
* Rehabilitation of Local Residents
* Debris Removal
* Restoration of Electric Power and other Utility Services
* Replacement of Damaged Infrastructure

**Emergency Preparedness Plan**

**GUIDE**

**for Assisted Living Facilities**

***The following is a guide used in conjunction with the template provided to assist you in completing a comprehensive emergency preparedness plan for your facility. The guide will assist you in filling out the template; review this guide, and use all available questionnaires, tables, and forms. As you complete sections, record your products directly to the provided template to create a customized preparedness plan for your facility.***

**Emergency Contact Information**

Purpose - The purpose of this section is to provide emergency contact information for staff members, employees, civil authorities, utility vendors, and patient family members. Emergency contact information should be acquired prior to incidents to ensure success in protecting at-risk populations that are vulnerable to specific hazards. Up-to-date information should be provided to the head of an organization in case a disaster strikes unexpectedly.

1. Internal Staff- To ensure adequate communication during an event, contact information for all current staff is vital. Record all pertinent data onto the template. Update as needed once the plan is established.
2. Contact Information for Utility Vendors – A utility vendor is classified as an entity or person that provides specialized commodities/utilities to specific communities, municipalities, and organizations. Utility supplies include water, electricity, natural gas, or heating and air conditioning systems within a certain facility. It is critical to understand the importance of this information. Having up-to-date contact information on utility vendors allows staff members to call and ask routine questions about utility operations. Utility vendors may also provide guidance on issues pertaining to essential utilities. It is imperative that up-to-date contact information is available in your emergency preparedness plan, as it can provide a source of contact for ensuring the continuation of essential functions.
3. Police/EMS/Fire Rescue Non-Emergency Contact Information – In the event of an emergency, local first-responders may be able to provide support and guidance for assisted living facilities. However, local authorities are often overwhelmed during a large scale incident and it may be some time before help arrives. Staff members of your facility are expected to calmly evacuate patients from that facility using a pre-established evacuation plan to vacate the premises. The staff and facility administrator should have phone numbers for their local police departments, fire departments, mutual aid partners, and emergency management institutions to obtain status updates, situational awareness, and seek recommendations during a disaster event. Using non-emergency numbers helps to keep the 911 communication system free of high-volume telephone traffic.

**Essential Utilities and Back-Up Systems**

This information should provide staff members and employee personnel with a basic understanding of essential utilities and electrical back-up systems at your facility. It is imperative that staff members recognize the importance of resolving issues pertaining to essential utilities, and have a clear contact and method for finding help with all associated utilities.

1. Describe the utilities that are currently present in your facility. Examples of essential utilities include septic tanks, water heaters, boilers, sprinkler systems, smoke alarms, electrical generators, etc. Make sure to include the model, year, number, power supply, and location of these utilities. It is crucial to understand the relevance of these matters as it pertains to the well-being of housed patients.
2. Determine if these utilities are fully operational. Prior to an emergency, it is imperative for staff members to determine if their essential utilities are functioning properly. If your facility’s utility services are inadequate or severely dysfunctional, contact your utility vendor to obtain a clear course of action. Regular service and preventative maintenance of these systems and services ensures that they are operational and is an effective preparedness strategy before an emergency unfolds.
3. Determine if electrical generators are currently available in your facility. If a disaster or emergency causes significant disruptions in the power grid, it could leave information and other assets vulnerable to exposure. Electrical disruptions can also harm individuals who are on life-support or require certain medical needs. Having access to pre-installed generators could mean the difference between life and death in an emergency situation.
4. Employees should have a basic understanding of how to operate essential utilities, specifically back-up generators for electrical power. This will guarantee that preparedness efforts are being sustained through physical interaction with essential utilities. You are not required to be an expert on managing essential utilities, but having a basic knowledge of operating essential utilities will greatly benefit your organization’s ability to perform certain functions during an emergency situation.
5. Knowing your service provider is critical for maintaining situational awareness and operational efficiency. Service providers can provide a wide variety of services including communications, processing services, storage, and access to internet applications. All of which are intended to provide up-to-date information on ongoing events. Service providers can also prescribe informational updates to applicants and subscribers.

**Emergency Food and Water Supplies**

Emergency food supplies are critical for disaster-related incidents. Assisted living facilities should have a sufficient quantity of food and water for emergency situation. Preparedness planning is ideal because certain disasters may require extensive supplies for in-place sheltering events. These events may overwhelm local emergency responders in distributing food, clothing, and other necessary commodities.

1. Assisted living facilities should secure rations and other material resources to prepare for potential emergencies or immediate disaster situations. Staff members should understand the importance of securing rations for unexpected incidents. Identifying critical resources would tremendously increase a facility’s ability to mobilize supplies more efficiently.
2. Establish agreements with a domestic food provider to efficiently acquire emergency resources. Staff members should establish necessary agreements with private, non-profit, or faith-based organizations to establish mutual aid partnerships in the event of an emergency or disaster. However, it is important to note that certain patients may require dietary supplements to satisfy their hunger. Nurses should be aware of dietary restrictions and ways to satisfy those restrictions. A good recommendation would be for patients to carry an emergency information bracelet or fill out a vial of life form. Both of which contain information about patients and their current medical status.
3. Assisted living facilities should have a tested distribution plan for allocating essential resources. A distribution plan should involve methods for allocating resources to patients, personnel, and other staff members. Dietary supplements should be separated from normal food supplies to ensure proper distribution standards.
4. Assisted living facilities should monitor and evaluate the status of their food rations periodically. Evaluating your facility’s critical resources will ensure the quality of your provisions and services. Food rations should have an adequate shelf-life and are expected to be replaced if necessary. For example, facility managers and employees should routinely check the expiration date on emergency food supplies to ensure their quality of consumption.

**Emergency Evacuation**

An emergency evacuation plan is crucial for the success of saving lives and preserving critical resources. CMS has established a final rule that provides assisted living facilities access to emergency-related services and benefits. CMS will also monitor the experiences of beneficiaries during an ongoing crisis or situation.

1. Staff members should have a clear understanding of their facility’s emergency evacuation procedures set forth by CMS and other affiliated organizations. Evacuation procedures should be executed in a prompt and efficient manner. For example, evacuation procedures should include pre-determined transportation routes, location of designated sheltering facilities, accessible transportation systems, and contingency options for unexpected events.
2. Staff members and patients should conduct emergency drills periodically to ensure operational success. Emergency drills are intended to manage expectations, observe activities, evaluate performances, recommend solutions, and discuss potential shortfalls in an emergency evacuation plan or response. Training staff members on how to respond to emergency situations is a critical aspect of ensuring a smooth evacuation process.
3. Determine if your facility has an adequate contingency plan for emergency evacuation efforts. It is imperative that assisted living facilities have contingency options for unknown circumstances. A disaster can occur at any time, which illustrates the importance of having a back-up plan for unexpected situations.
4. Determine if your facility’s emergency evacuation plan is effective. Your facility’s emergency evacuation plan should be reviewed periodically to ensure the safety and security of patients and staff members. Hiring a contractor to review your current evacuation plan is an ideal suggestion for assisted living facilities.

**Emergency Transportation**

Accessible transportation systems are vital for ensuring the success of effective evacuation efforts. Assisted living facilities should have access to vehicles for patient transport. If your facility does not own or have access to vehicles, it is vital that you establish contact with a company or organization that can lend vehicles for use in case of an emergency situation. These vehicles should be equipped to provide unique services to at-risk populations or those with access and functional-based needs. The emergency transportation plan must address how patients will be transported to pre-designated sheltering locations. The emergency transportation plan must:

* Identify the precise number and type of vehicles currently available
* Determine if these vehicles are routinely inspected
* Provide situational updates about transportation issues
* Explain how the vehicles will be acquired/obtained
* Address how medical support will be provided to patients while they are being transported.
* Ensure that all patients are safe and accounted for
* Provide an adequate description of required items such as medical records, special diets, medications, food supplies, water, and other material goods.
* Describe shortfalls in transportation strategies and explain how these issues can be resolved
* Issue out statements to ensure logistical support and operational integrity
* Explain how certain patients will be transported from off-site locations
* Determine how many patients are being transported to these alternate facilities
* Emphasize the importance of patient/employee safety
* Provide accommodative services to those with access and functional-based needs
* Determine the estimation of your facility to prepare for an evacuation
* Provide accurate coordinates for emergency evacuation routes
* Ensure these routes are safe and provide adequate leeway for emergency situations
* Determine how many patients are being evacuated
* Ensure that medical records are being maintained by the proper authorities
* Establish pre-determined actions to save lives and reduce injuries
* Specify risks and unnecessary consequences
* Thoroughly assess potential hazards/threats.

**Disaster Communication**

In the event of an actual emergency, you will need to communicate effectively. A good communication plan should provide clear and concise instructions on sharing information. Effective communication addresses the information, the audience and the delivery method (medium).

**Communication Questionnaire**

Utilize the following questions to create a plan for internal and external communication. Once the answers are complete, place the answers into the template in a logical order to guide staff to perform necessary actions during a disaster event.

1. List in order, from lowest level to highest level, the chain of command in the facility. How should information be passed up and down the chain of command? Who reports to whom in normal operations, and in emergency operations?
2. Who is authorized to give internal facility information to external partners? What about to the media?
3. What types of non-standard and/or emergency events do facility leaders need to be notified of? Who and how should they be notified?
4. If a disaster or an emergency happens at the facility, who contacts the appropriate authorities? Which authorities will they contact, and by which communication method?
5. Do staff members have access to all available internal and external contacts (yes! See the Emergency Contact Information section. This can be referenced in your Disaster Communications section of the plan as well).
6. How can emergency officials contact the facility?
7. What are the primary, secondary and tertiary communication mediums (ie, telephone, email, text, radio, hand written notes, etc.)?
8. During emergency events, how often should facility leaders get situation updates? How will situation updates be provided to public emergency personnel?

**Emergency Medical Care**

During an ongoing emergency, individuals with chronic illnesses must receive continued access to medical services. This will not only ensure their safety, but prevent their conditions from worsening. Emergency medical services play an extremely crucial role in emergency situations. Patients who are on life support or are unable to operate independently must be monitored at all times. These individuals are especially vulnerable to potential hazards or unexpected events. Certain patients require specific needs. Pre-determined strategies should be established to address those needs. Staff members should be cautious about these services, especially during ongoing situations. At-risk patients are entitled to receive necessary treatment during an emergency or disaster.

Emergency medical needs include services for:

* Seizures
* Dialysis Treatment
* Compound Fractures
* Terminal Life Support
* Convulsions
* Cancer Treatment
* Dietary Supplements

**Emergency Medical Care Questionnaire**

Utilize the following questions to create a plan for emergency medical care of the facility’s special needs patients. Once the answers are complete, place the answers into the template in a logical order to guide staff to perform necessary actions during a disaster event.

1. What backup systems are in place for patients on critical life support machines that need electricity to operate, if the facility were to lose power?
2. If no backup systems are available, what is the contingency plan for supporting these patients?
3. How does the facility plan to support those that utilize routine services, such as dialysis or cancer treatments, in the event of a multi-day hazard or disaster?
4. In an event lasting more than 24 hours, access to additional patient medications may be hindered. How does the facility plan to obtain vital medication for its patients?
5. Has the facility maintained a list of all current patients with specific needs (i.e. critical data sheets\*)? If so, where is this list kept? What facility employees have access to this list? How will this list be maintained (monthly review, quarterly review, etc.)?
6. What other items are needed to care for patients in a non-routine, disaster situation? Use the Checklist below to create a list of supplies needed for emergency medical care.

|  |  |  |
| --- | --- | --- |
| Emergency Medical Care Checklist | | |
| Quantity | Item | Location |
| *3* | *I.V. Poles* | *Located in the west wing storage room* |
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*\* Critical Data Sheets are specifically used to be more proactive in emergency planning efforts. A critical data sheet is a document that holds sensitive information about a facility and its resources. Critical data sheets contain information about individual patients and their needs, services, medical status, etc.*

**Security Measures and Security Risk Assessment**

Ensuring the safety and security of your facility is a critical aspect of maintaining calmness and stability. With that being said, assisted living facilities must determine potential risks or hazards that are present in their facilities. Assessing potential risks will reduce uncertainty and satisfy critical security measures. A security risk assessment is used to identify potential threats or hazards and deliberately utilizes an all-hazards approach to mitigate those risks. Security officers will use these assessments to safely engage in the following activities:

* Patrol restricted areas vulnerable to exploitation
* Monitor video surveillance
* Utilize up-to-date screening processes for incoming visitors
* Secure facility ingress and egress
* Provide physical security for patients
* Escort potential trespassers away from the premises

**Security Risk Assessment Questionnaire**

Use the following questionnaire to satisfy mitigating risks to the security of facility staff and patients. Once the questionnaire is complete, record the answers in the template in a logical order to ensure staff are adequately prepared to ensure the security of staff and patients.

1. How will the facility be secured in the event of a disaster?
2. Who is responsible for making sure all areas of the facility are secured?
3. How often will security check be performed at the facility?
4. What aspects of security must be visually or physically checked during these periodic checks (i.e. making sure doors are locked, visual identification of patrons in the facility, etc)?
5. What are the reporting procedures for a security (or possible) breach? Who will be notified immediately? (i.e. call police via 911, notify immediate supervisor, notify chain of command, etc.)
6. In the event of an immediate security breach, what immediate actions should be taken by staff? What about secondary and tertiary actions?

**Training and Testing Programs**

Effective training programs should be developed to resolve potential issues concerning the following Criteria:

* Documentation of functional activities based on established training requirements
* Participate in table-top, functional, or full scale exercises
* Determine if corrective action for operational enhancement is necessary
* Evaluation of emergency equipment such as flashlights, radios, telephone systems, food rations, and electrical generators for sustained power are fully operational.
* Re-evaluation of current plans and strategies
* Ensure that individual tasks and responsibilities are being properly executed
* Identify inadequate methods and procedures
* Test fire alarms
* Test sprinkler systems
* Schedule emergency training seminars for staff members
* Annually revise emergency preparedness plans for safe and efficient use
* Ensure that training procedures are CMS compliant

**Emergency Preparedness Plan**

**For**

[insert facility name]

**Prepared:** [Date] **by** [Name]

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**Record of Changes**

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| --- | --- | --- | --- | --- |
| Date | Version | Name | Description | Signature |
| *June 2021* | *V.1* | *John Doe* | *Adoption* |  |
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1. **Introduction**

In recent decades, our ability to predict, analyze, interpret, and manage complex institutions has been exacerbated by the catastrophic effects of natural or man-made threats. Assisted living facilities have been severely impacted by these unconventional circumstances and continue to struggle with implementing emergency preparedness standards. Due to the recent increase of disaster-related incidents, the need for a comprehensive emergency preparedness plan has been authorized to reduce potential vulnerabilities to at-risk populations and enhance disaster response efforts in an efficient manner. The term “Assisted Living Facility” refers to licensed care facilities that provide medical/living services to citizens who are aged or have disabilities. These exceptionally unique facilities provide essential services to those who require additional assistance in their day-to-day activities.

1. Objective

It is crucial that extended care facilities establish an effective all-hazards emergency preparedness plan to ensure the safety and protection of at-risk populations. This plan is used to assist [insert facility name] in recognizing the importance of emergency preparedness procedures, identifying needs during a disaster, and identifying immediate, secondary, and tertiary procedures for disaster response. This emergency preparedness plan shall be reviewed and updated *annually* in conjunction with pre-established requirements set forth by CMS. These plans must also be in compliance with a facility’s licensing regulation standards in order for it to be considered viable or legitimate. The information contained in this document reflects established doctrines, principles, and standards that promptly correlate with the development of an assisted living facilities plan template provided by Harnett County Emergency Management.

1. Purpose

The purpose of this emergency preparedness plan for [insert facility name] is to establish emergency disaster policies and procedures. It shall be used to help save lives and maintain situational awareness through the phases of the disaster life cycle. It may also be used to help extended health-care professionals enhance their knowledge of emergency preparedness.

1. **Situation and Assumptions**
2. Situation
3. Harnett County, North Carolina is vulnerable to technological, natural, or man-made threats that can directly undermine the social, political, and financial stability of the United States.
4. At risk populations are especially vulnerable under these circumstances because they require special services that are only offered by certain health care facilities.
5. An assisted living facility emergency preparedness plan is crucial for ensuring the safety and protection of disabled or at-risk populations. A facility should have a plan in place for when a disaster occurs to meet all of its primary responsibilities and tasks.
6. Preparations and plans are established to produce favorable results in the aftermath of a specific disaster or emergency.
7. Assumptions
8. The possibility of an incident or disaster occurring at any given time is high.
9. Assisted living facilities are primarily responsible for ensuring the safety of their patients and staff members in times of extreme duress or uncertainty.
10. If an emergency overwhelms the facility’s ability to function and taxes its resources, external resources may be requested if a memorandum of agreement (MOA) has been established.
11. Public emergency services do not require an MOA, but should not be considered a *primary* means of support during the *initial* phases of a disaster due to the overwhelming nature of the incident on the public emergency response system.
12. Local, state, and federal agencies may provide logistical support in the event of an ongoing emergency.
13. Routine inspections should be conducted to assess and evaluate the quality of the facility’s operational integrity, meaning the ability for certain functions to be performed and sustained in the workplace.
14. The county emergency management agency may be able to assist in preparedness planning of assisted living facilities, hospice facilities, intermediate facilities, etc.
15. **CMS Emergency Preparedness Final Rule**

The Center for Medicare and Medicaid Services (CMS) has established national emergency preparedness requirements to ensure sufficient planning for disaster-related situations. These exceptionally unique requirements are specifically designed to adequately prepare facilities for either natural or manmade occurrences. The CMS final rule provides clear instructions for all 17 Medicare and Medicaid supplier or provider types to adequately plan for disaster-related incidents. The CMS final rule utilizes an all-hazards approach to guide or develop measures for a full spectrum of emergencies or disasters. An all-hazards approach can be characterized as a grouping classification encompassing all conditions or hazards in a specific location.

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* Risk Assessment and Planning
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Compliance with these standards is necessary to ensure the operational effectiveness of emergency evacuation efforts. If facilities are non-compliant, general enforcement procedures will be authorized. However, it is important to mention that requirements vary by provider type. For example, outpatient providers are not obligated to have policies and procedures for the provision of subsistence needs. There are also requirements concerning temperature controls and other material services. In short, long-term care facilities, hospice centers, hospitals, and assisted living facilities are more likely to focus on providing subsistence needs and temperature control instructions. This is mainly due to the fact that long-term care facilities typically house at-risk patients who require certain medical services. These patients may be disabled, aged, or mentally incapacitated.

1. **Concept of Operations**

Inpatient facilities, hospice facilities, and assisted living facilities are required to develop an emergency preparedness plan to ensure the safety of patients and staff members during an ongoing crisis or emergency. This emergency preparedness plan is applicable and shall be used during both internal and external emergency situations and is designed to effectively utilize an all-hazards approach for ongoing emergencies.

This emergency preparedness plan was developed by [insert facility name] using risk assessments from the Cape Fear Regional Hazard Mitigation Plan and utilized an Emergency Preparedness Plan Guide and Template for Assisted Living Facilities created by Harnett County Emergency Management.

1. **Emergency Contact Information**

*The purpose of this section is to provide emergency contact information for staff members, employees, civil authorities, utility vendors, and patient family members. Emergency contact information should be acquired prior to incidents to ensure success in protecting at-risk populations that are vulnerable to specific hazards.*

1. Emergency Contact Information for Internal Staff

|  |  |
| --- | --- |
| ***Title*** | ***Contact Information*** |
| Facility Administrator | Name: |
|  | Cell: |
|  | Work: |
|  | Home: |
|  | Email: |
| Maintenance | Name: |
|  | Cell: |
|  | Work: |
|  | Home: |
|  | Email: |
| Medical Director | Name: |
|  | Cell: |
|  | Work: |
|  | Home: |
|  | Email: |
| Housekeeping Director | Name: |
|  | Work: |
|  | Home: |
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| Director of Nursing | Name: |
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| Security Director | Name: |
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| Food Services Director | Name: |
|  | Cell: |
|  | Work: |
|  | Home: |
|  | Email: |
| Behavioral Health | Name: |
|  | Cell: |
|  | Work: |
|  | Home: |
|  | Email: |

1. External Contact Information (Non-Emergency Phone Numbers)

|  |  |
| --- | --- |
| ***Contact Name*** | ***Telephone Number*** |
| [Insert Local Law Enforcement Office] Non-emergency |  |
| County Emergency Management |  |
| [Insert Local Fire Department] Non-emergency |  |
| Emergency Medical Services Non-emergency |  |
| [Insert Electric utility provider] |  |
| Fire Alarm/Security Monitoring Agency |  |
| [Insert Water utility provider] |  |
| [Insert Sewer/Septic utility provider] |  |
| [Insert Gas utility provider] |  |
| [Insert Telephone/ISP provider] |  |
| Poison Control Center | 1-800-222-1222 |
| American Red Cross of Eastern North Carolina | 919-231-1602 |
| [Insert Non-Profit Organization if needed] |  |
| [Insert Closest Hospital] Non-emergency |  |

1. **Essential Utilities and Backup Systems**

*This information should provide staff members and employee personnel with a basic understanding of essential utilities and electrical back-up systems at your facility. It is imperative that staff members recognize the importance of resolving issues pertaining to essential utilities, and have a clear contact and method for finding help with all associated utilities.*

Breaker Panel location(s): [Insert answer here.]

Water shutoff location(s): [Insert answer here.]

Internet routers/modems/server location(s): [Insert answer here.]

HVAC system location(s): [Insert answer here.]

Water heater/boiler location(s): [Insert answer here.]

Generator location(s): [Insert answer here.]

*In case of a system failure of any of these utilities, a backup plan shall be initiated to ensure continuity of services:*

**If the power goes out**: [List steps for staff to follow to have power restored or backup systems started]

**If there is no access to water:** [List steps for staff to follow to ensure fresh water is accessible for drinking, cooking and bathing]

**If landline/cellular telephone systems are disrupted:** [List steps for staff to follow for backup communications (i.e. cell phone use, portable radio communication, etc).]

**If the air conditioning or heat fails:** [List steps for staff to follow to restore HVAC services.]

**UTLITY LIST**

|  |  |  |  |
| --- | --- | --- | --- |
| Utility | Functional/Inoperable | Service Provider Name | Back-Up |
| *ISP* | *Functional* | *Spectrum* | *Cellular data via facility mifi* |
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1. **Emergency Food and Water**

*Emergency food and water supplies are critical for disaster-related incidents. Assisted living facilities should have a sufficient quantity of food and water for emergency situations lasting up to 72 hours.. Preparedness planning is ideal because certain disasters may require extensive supplies for in-place sheltering events.*

**Ration Plan**

In the event of a disaster and the need for rationing food and water is imminent, the [insert facility authority] shall make the determination to ration food and/or water. The facility food services director will coordinate with the [insert facility authority] to provide a timely ration plan for current food levels at the facility. Any food and/or water needed above what has been stored shall be procured through [food services vendor]. Emergency food and water shall be requested from the [insert facility authority] to Harnett County Emergency Services. See Annex A for the food services contract MOA.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Quantity of Food/Water Supplies # | Item | Pre-Established Allocation Strategies | Name of Food Service Providers | Phone Numbers for Food Service Providers |
| *100* | *Canned Yams* | *Limit 2 cans/day during rationing* | *Foods, Inc.* | *555-555-5555* |
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*(Emergency food and water spreadsheet continued)*

1. **Emergency Evacuation**

*An evacuation plan is crucial for the success of saving lives and preserving critical resources. In the event of an imminent emergency or disaster and an evacuation has been prompted by [insert facility authority] or local, state or federal authorities, the following guidelines shall be implemented:*

1. The authority having jurisdiction will notify the facility of an evacuation request.
2. The [insert facility authority] shall notify on duty staff of the impending evacuation and being readying patients for transport.
3. The [insert facility authority] shall contact the transportation vendor and arrange patient and staff transport. See Annex B for the Transportation MOA.
4. The [insert facility authority] shall contact the receiving facility and provide them with patient information, staff information, and other associated needs. See Annex C for the Sheltering MOA.
5. Staff and patient accountability before, during and after transport to an alternate facility is paramount. The [insert facility authority] shall maintain accountability at all times of both patients and staff. The [insert facility authority] may elect to delegate a record keeper during the evacuation process to help maintain accountability.

**Primary Shelter Site**

|  |  |
| --- | --- |
| Name of Designated Facility | [Insert information here] |
| Primary Contact/Title | [Insert information here] |
| Primary Phone: | [Insert information here] |
| Cell Phone | [Insert information here] |
| Email | [Insert information here] |
| Directions to the facility | [Insert information here] |
| ETA to the facility | [Insert information here] |

**Backup Shelter Site**

|  |  |
| --- | --- |
| Name of Designated Facility | [Insert information here] |
| Primary Contact/Title | [Insert information here] |
| Primary Phone: | [Insert information here] |
| Cell Phone | [Insert information here] |
| Email | [Insert information here] |
| Directions to the facility | [Insert information here] |
| ETA to the facility | [Insert information here] |

**\*\*SEE ANNEX E for Evacuation Maps\*\***

1. **Transportation**

*Accessible transportation systems are vital for ensuring the success of effective evacuation efforts. Assisted living facilities should have access to vehicles for patient transport. If your facility does not own or have access to vehicles, it is vital that you establish contact with a company or organization that can lend vehicles for use in case of an emergency situation. Public emergency vehicles should be used as a last resort for patient transport, due to the high demand placed on the public emergency services system during a disaster. Refer to Annex B for the Emergency Transportation MOA.*

Staff and patient accountability before, during and after transport to an alternate facility is paramount. The [insert facility authority] shall maintain accountability at all times of both patients and staff. The [insert facility authority] may elect to delegate a record keeper during the evacuation process to help maintain accountability.

Transportation Contact Information:

**Primary Transport**

|  |  |
| --- | --- |
| Company: | [Insert Company Name] |
| Contact Name: | [Insert the name of the primary contact] |
| Phone Number: | [Insert primary contact phone number] |
| Emergency Phone Number: | [Insert after hours / emergency phone number] |
| Quantity of Vehicles Provided: | [Insert quantity of vehicles that will be provided] |
| Type of Transportation Provided: | [Insert ambulatory, wheelchair, stretcher service] |
| Estimated Time of Arrival upon initial activation: | [Insert pre-determined ETA from activation to on-site in minutes] |

**Secondary/Backup/Contingency Transport**

|  |  |
| --- | --- |
| Company: | [Insert Company Name] |
| Contact Name: | [Insert the name of the primary contact] |
| Phone Number: | [Insert primary contact phone number] |
| Emergency Phone Number: | [Insert after hours / emergency phone number] |
| Quantity of Vehicles Provided: | [Insert quantity of vehicles that will be provided] |
| Type of Transportation Provided: | [Insert ambulatory, wheelchair, stretcher services] |
| Estimated Time of Arrival upon initial activation: | [Insert pre-determined ETA from activation to on-site in minutes] |

* 1. Vehicle Information Sheet

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Year, Make, Model | Number of Vehicles | Vehicle Capacity | Vehicle Status | Location |
| *2020 Ford Transit Van* | *2* | *6* | *Operational* | *On site* |
|  |  |  |  |  |
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1. **Emergency Communication**

*In the event of an actual emergency, you will need to communicate effectively. A good communication plan should provide clear and concise instructions on sharing information. Effective communication addresses the information, the audience and the delivery method (medium). The following emergency communication plan shall be followed during an emergency or disaster event.*

[Insert answers from the Emergency Communication questionnaire here. Make sure all actions are logical and in order.]

1. **Emergency Medical Care**

*Certain patients require specific needs. Pre-determined strategies should be established to address those needs during an emergency or disaster. Staff members should remain conscientious about these services, especially during ongoing situations. At-risk patients are entitled to receive necessary treatment during an emergency or disaster. The following actions shall be taken to ensure medical care is continued throughout an emergency or disaster event.*

[Insert answers from the EMC questionnaire here. Make sure all actions are logical and in order.]

1. **Security Measures**

*Ensuring the safety and security of your facility is a critical aspect of maintaining safety and stability. The following actions shall be used to maintain the highest level of security and safety for facility staff and patients during emergency and disaster events.*

[Insert answers from the Security Measures questionnaire here. Make sure all actions are logical and in order.]

1. **Training**

*Training is an important aspect of any preparedness plan. Training staff in policies and procedures listed in this emergency preparedness plan promote successful navigation through any emergency or disaster.*

**Facility Training Log**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of Exercise | Type of Exercise | Duration | Objective(s) | After Action Review? |
| *09/01/2019* | *Tabletop exercise* | *4 hrs* | *To test communication plan* | *Yes* |
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**Appendix**

**[Add applicable appendices here if needed. All memorandums of agreement, memorandums of understanding, additional maps, critical data sheets, etc should be added for easy access by the user of this plan.]**

**Annex A. Food Services Contract**

**[Insert contract here]**

**Annex B. Emergency Transportation Memorandum of Agreement**

**[Insert contract here]**

**Annex C: Emergency Shelter Memorandum of Agreement**

**[Insert contract here]**

**Annex D: Facility Map(s)**

**[Insert map(s) of the facility here. Include emergency exits, shelter-in-place locations, and utilities.]**

**Annex E: Evacuation Map(s)**

**[Insert evacuation map here. Be sure to include the originating facility, destination facility, primary route, alternate route, and possible hazards along the way.]**