

Appendix A.1: CMS Emergency Preparedness Checklist

Not Started	In Progress	Completed	Tasks
			Emergency Planning Templates: LTC facilities/agencies should complete emergency planning templates and tailor them to their specific needs and geographical locations.
			<p>Develop Emergency Plan: Gather all available relevant information when developing the emergency plan. This information includes, but is not limited to:</p> <ul style="list-style-type: none"> • Copies of state and local emergency planning regulations or requirements • Facility personnel names and contact information • Contact information of local and state emergency managers • Facility organization chart • Building construction and Life Safety systems information • Specific information about the characteristics and needs of the individuals for whom care is provided within your organization.
			All Hazards Continuity of Operations (COOP) Plan: Develop a continuity of operations business plan using an all-hazards approach (e.g., hurricanes, floods, tornadoes, fire, bioterrorism, pandemic, emerging infectious disease (EID), etc.) that could potentially affect the facility directly and indirectly within the area of location. Indirect hazards could affect the community but not the facility and as a result interrupt necessary utilities, supplies or staffing. Determine all essential functions and critical positions or roles and identify succession planning.
			Collaborate with Local Emergency Management Agency: Collaborate with local emergency management agencies to ensure the development of an effective emergency plan.
			<p>Collaborate with Healthcare Coalitions: Establish collaboration with local and regional healthcare providers (e.g., hospitals, nursing homes, hospices, home care, dialysis centers etc.) at the State and local levels. Integrate plans of and activities of healthcare systems into State and local response plans to increase medical response capacity.</p> <p>*Partner with your Regional Healthcare Coalition.*</p>
			Communicate with Long-Term Care Ombudsman Program: Prior to any disaster, discuss the facility's/agency's emergency plan with a representative of the ombudsman program serving the area where the facility/agency is located and provide a copy of the plan to the ombudsman program. When responding to an emergency, notify the local ombudsman program of how, when and where residents will be sheltered so the program can assign representatives to provide assistance to them and their families.
			<p>Analyze Each Hazard: Analyze the specific vulnerabilities of the facility and determine the following for each identified hazard:</p> <ul style="list-style-type: none"> • Specific actions to be taken for the hazard • Identified key staff or positions responsible for executing plan • Staffing requirements and defined staff responsibilities

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			<ul style="list-style-type: none"> • Identification and maintenance of sufficient supplies and equipment to sustain operations and deliver care and services for 3-10 days, based on each facility's assessment of their hazard vulnerabilities. • Communication procedures to receive emergency warning/alerts, and for communication with staff, families, individuals receiving care, before, during and after the emergency • Designate critical staff, providing for other staff and volunteer coverage and meeting staff needs, including transportation and sheltering critical staff members' family
			<p>Communication Plan: Establish contingencies for the facility communication infrastructure in the event of telephone failures (e.g., walkie-talkies, text messaging systems, etc.). Identify how and what communication information will be shared with partners.</p>
			<p>Residents & Family Members: Determine how residents and their families/guardians will be informed of the evacuation, helped to pack, have their possessions protected and be kept informed during and following the emergency, including information on where they will be/go, for how long and how they can contact each other.</p>
			<p>1135 Wavier: During emergent situations, the decision to share private patient/resident health care information is difficult. To ensure that there is continuity of care there may be situations where it is necessary to waive HIPAA.</p>
			<p>Ethical Guidelines: The Institute of Medicine's Guidance for Establishing Crisis Standards of Care for Use in Disaster Situations offers a useful framework which fundamentally relies on the principle of justice.</p>
			<p>Develop Shelter-in-Place Plan: Due to the risks in transporting vulnerable residents and clients, evacuation should only be undertaken if sheltering-in- place results in greater risk. Develop an effective plan for sheltering-in-place, by ensuring provisions for the following are specified: *</p> <ul style="list-style-type: none"> • Procedures to assess whether the facility is strong enough to withstand strong winds, flooding, etc. • Measures to secure the building against damage (plywood for windows, sandbags and plastic for flooding) safest areas of the facility identified. • Procedures for collaborating with local emergency management agency, fire, police, and EMS agencies regarding the decision to shelter-in-place. • Sufficient resources are in supply for sheltering-in-place for at least 7 days, including: <ul style="list-style-type: none"> ○ Ensuring emergency power, including back-up generators and accounts for maintaining a supply of fuel ○ An adequate supply of potable water (recommended amounts vary by population and location) ○ A description of the amounts and types of food in supply ○ Maintaining extra pharmacy stocks of common medications as appropriate for your organization. ○ Maintaining extra medical supplies and equipment (e.g., oxygen, linens, vital equipment) ○ Maintain sewage and waste disposal services • Identifying and assigning staff who are responsible for each task • Description of procedures, with details ensuring 24-hour operations for minimum of 7 days • Contract established with multiple vendors for supplies and transportation • Develop a plan for addressing emergency financial needs and security

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			<ul style="list-style-type: none"> • Develop a plan for addressing emergency physical security. • Determine if/when it is appropriate for the families of residents or staff members families to shelter at the facility.
			<p>Decision Criteria for Executing Plan: Include factors to consider when deciding to evacuate or shelter in place. Determine who at the facility level will be in authority to make the decision to execute the plan to evacuate or shelter in place (even if no outside evacuation order is given) and what will be the chain of command.</p>
			<p>Needed Provisions: Check if provisions need to be delivered to the facility/residents -- power, flashlights, food, water, ice, oxygen, medications -- and if urgent action is needed to obtain the necessary resources and assistance.</p>
			<p>Develop Evacuation Plan: Develop an effective plan for evacuation, by ensuring provisions for the following are specified: *</p> <ul style="list-style-type: none"> • Identification of person responsible for implementing the facility/agency evacuation plan (even if no outside evacuation order is given) • Multiple pre-determined evacuation locations (contract or agreement) with a “like” facility/agency have been established, with suitable space, utilities, security, and sanitary facilities for individuals receiving care, staff and others using the location, with at least one facility/agency being 50 miles away. A back-up may be necessary if the first one is unable to accept evacuees • Evacuation routes and alternative routes have been identified, and the proper authorities have been notified Maps are available and estimated travel time has been established • Identify adequate supply and logistical support for transporting food • The minimum amounts of water to be transported and logistical support is (1 gal/person for 3-7 days). This will vary based on facility or agency needs and environmental conditions • The logistics to transport medications are identified, including ensuring their protection under the control of a registered nurse • Procedures for protecting and transporting resident/client medical records • The list of items to accompany residents/clients. • Identify how persons receiving care, their families, staff, and others will be notified of the evacuation and communication methods that will be used during and after the evacuation • Identify staff responsibilities and how individuals will be cared for during evacuation and the back-up plan if there isn’t sufficient staff • Procedures are developed to ensure residents/clients using wheelchairs and/or other assistive devices are transported so their equipment will be protected, and their personal needs met during transit (e.g., incontinent supplies for long periods, transfer boards and other assistive devices) <p>Create a transport plan for critical supplies and equipment.</p> <ul style="list-style-type: none"> • Determine a method to account for all individuals during and after the evacuation • Procedures are developed ensure staff accompany evacuating residents • Procedures are developed if a resident/client becomes ill or dies in route • Mental health and grief counselors are available at reception points to talk with and counsel evacuees

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			<ul style="list-style-type: none"> • Ensure that resident/client identification wristband (or equivalent identification) must be intact on all residents • Determine the process to track the departure and arrival of each resident
			<p>Helping Residents in the Relocation: The following are potential concepts to consider when relocating residents.</p> <ul style="list-style-type: none"> • Encourage the resident to talk about expectations, anger, and/or disappointment • Work to develop a level of trust • Present an optimistic attitude about the relocation • Anticipate that anxiety will occur • Do not argue with the resident/client • Do not give orders • Do not take the residents/clients behavior personally • Use praise liberally • Include the resident/client in assessing problems • Encourage staff to introduce themselves to residents/clients • Encourage family participation
			<p>Resident Identification: Determine how residents will be identified in an evacuation; and ensure the following identifying information will be transferred with each resident:</p> <ul style="list-style-type: none"> • Name • Photograph • Medicaid or other health insurer number • Date of birth, diagnosis • Current drug/prescription and diet regimens • Name and contact information for next of kin/responsible person/Power of Attorney) <p>Determine how this information will be secured (e.g., laminated documents, waterproof pouch around resident’s neck, waterproof wrist tag, etc.) and how medical records and medications will be transported so they can be matched with the resident to whom they belong.</p>
			<p>Location of Evacuated Residents: Determine the location of evacuated residents, document and report this information to the clearing house established by the state or partnering agency.</p>
			<p>Loss of Resident’s Personal Effects: Establish a process for the emergency management agency representative (FEMA or other agency) to visit the facility to which residents have been evacuated, so residents can report loss of personal effects. *</p>
			<p>Missing Resident/Client: Procedures in place if a resident/client is missing, which could include:</p> <ul style="list-style-type: none"> • Search the entire premises, both inside and outside • Some staff begin neighborhood search • Notify the RN on call and Administrator and/or Director of Nursing • Notify local law enforcement • Notify the resident’s/clients family
			<p>Collaborate with Suppliers/Providers: Collaborate with suppliers and/or providers who have been identified as part of a community emergency plan or agreement with the health care facility, to receive and care for individuals. A surge capability assessment should be included in the development of the emergency plan. Similarly, evidence of a surge capacity assessment should be included if the supplier or provider, as part of its emergency planning, anticipates the</p>

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			need to make housing and sustenance provisions for the staff and or the family of staff.
			Transportation & Other Vendors: Establish transportation arrangements that are adequate for the type of individuals being served. Obtain assurances from transportation vendors and other suppliers/contractors identified in the facility/agency emergency plan that they can fulfill their commitments in case of disaster affecting an entire area (e.g., their staff, vehicles and other vital equipment are not “overbooked,” and vehicles/equipment are kept in good operating condition and with ample fuel.). Ensure the right type of transportation has been obtained (e.g., ambulances, buses, helicopters, etc.). *
			Trained Transportation Vendors/Volunteers: Ensure regular training for vendors or volunteers who will help transport residents and those who receive them at shelters and other facilities are trained on the needs of the chronic, cognitively impaired, and frail population and are knowledgeable on the methods to help minimize transfer trauma. *
			Facility Reentry Plan: Identify who authorizes reentry to the facility after an evacuation, the procedures for inspecting the facility, and the criteria for determining when it is safe to return to the facility. The plan should also set criteria for return travel back to the facility. *
			Staff Care: Ensure staff have family emergency preparedness plans. During a crisis or disaster, additional help is often needed. One way to assist in making it easier for staff to stay at or report in to work, is to have a staff care plan. Developing a staff care plan may help, this includes pre-determined arrangements for staff members’ family and loved ones.
			Behavioral Health: During an emergency it is important to consider behavioral health concerns. Behavioral health includes the emotions and behaviors that affect your overall well-being. Behavioral health is sometimes called mental health and often includes substance use. Just like physical health, behavioral health has trained providers who can help you much like a physical health care provider would.
			Trained Facility Staff Members: Ensure that each facility/agency staff member on each shift is trained to be knowledgeable and follow all details of the plan. Training also should address psychological and emotional aspects on caregivers, families, residents, and the community at large. Hold periodic reviews and appropriate drills and other demonstrations with sufficient frequency to ensure new members are fully trained.
			Informed Residents & Clients: Ensure residents, clients and family members are knowledgeable about the facility/agency's plan, including: <ul style="list-style-type: none"> Families know how and when they will be notified about evacuation plans, how they can be helpful in an emergency and how/where they can plan to meet their loved ones Out-of-town family members are given a number they can call for information. Residents who can participate in their own evacuation are aware of their roles and responsibilities in the event of a disaster
			Review Emergency Plan: Complete an internal review of the emergency plan on an annual basis to ensure the plan reflects the most accurate and up-to- date information. Updates may be warranted under the following conditions: <ul style="list-style-type: none"> Regulatory change New hazards are identified or existing hazards change

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			<ul style="list-style-type: none"> • After tests, drills, or exercises when problems have been identified • After actual disasters/emergency responses • Infrastructure changes • Funding or budget-level changes <p>Refer to FEMA (Federal Emergency Management) to assist with updating existing emergency plans. Review FEMA’s new information and updates for best practices and guidance, at each updating of the emergency plans.</p>
			<p>Conduct Exercises & Drills: Conduct exercises that are designed to test individual essential elements, interrelated elements, or the entire plan:</p> <ul style="list-style-type: none"> • Conduct training exercises or drills in accordance with CMS requirements • Identification of lessons learned and best practices from trainings and exercises • Complete after-action review of plan activation & emergency operations after a live event, exercise, or drill • Corrective actions should be taken on any deficiency identified

Note: This document is based off a 2013 checklist by the U.S. Department of Health and Human Services in conjunction with the Centers for Medicare and Medicaid services. [Home - Centers for Medicare & Medicaid Services | CMS \(https://www.cms.gov/\)](https://www.cms.gov/)

Latest revisions to this document took place in the winter of 2022 with additional input from individuals representing LTC facilities with implementation in December of 2022. The CMS emergency preparedness interpretive guidance was released April 2021 with the implementation beginning in April 2021.

[CMS Appendix Z-QSO-21-15-ALL \(https://www.cms.gov/sites/default/files/2021-04/som107ap_z_emergprep.pdf\)](https://www.cms.gov/sites/default/files/2021-04/som107ap_z_emergprep.pdf)

Some of the recommended tasks may exceed the facility’s minimum Federal regulatory requirements.

Task may not be applicable to agencies that provide services to clients in their own homes