

# CMS Emergency Preparedness Program (EPP) Self-Assessment Checklist for Long-Term Care (LTC) Facilities

A facility emergency preparedness program should include the following four core elements:

1. An emergency plan that is based on a risk assessment and incorporates an all-hazards approach
2. Policies and procedures
3. Communication plan
4. Training and testing program

**Note: Page numbers and e-tags are to reference more information from Appendix Z §483.73**

Requirement	Y	N	Comments	Resources & Tips
<b>RISK ASSESSMENT</b>				<a href="#">LINK TO APPENDIX Z MANUAL</a>
The facility has written documentation of the facility’s risk assessment and associated strategies. <b>E-0004</b>				<b>TIP:</b> Facility leadership must be able to describe the facility’s emergency preparedness program. <b>E-0004</b>
Facility leadership can identify the hazards that were included in the risk assessment, why they were included and how the risk assessment was conducted <b>E-0006</b>				
The risk assessment must be facility-based and community-based and based on an all-hazards approach specific to the geographic location. <b>E-0006(1)</b>				<b>TIP:</b> This information is probably already in the facility assessment. The information in both documents should match.
<b>EMERGENCY PLAN</b>				<a href="#">LINK TO APPENDIX Z MANUAL</a>
Complies with all federal, state and local emergency preparedness requirements. <b>E-0001 E-0006(a) E-0004(a)</b>				Reference: <a href="#">National Preparedness System (Homeland Security)</a> , <a href="#">FEMA</a> , <a href="#">AHRQ</a> , <a href="#">NFPA</a> ; for anything local: fire department or state health department.
Includes a missing residents plan. <b>E-0006(a)(1)</b>				
Includes strategies for addressing emergency events identified in risk assessment. <b>E-0006(2)</b>				

<ul style="list-style-type: none"> <li>• Hazards include, but are not limited to:</li> <li>• Natural disasters</li> <li>• Man-made disasters</li> <li>• Facility-based disasters</li> <li>• <b>NEW - Emerging Infectious Diseases (EID)</b></li> </ul> <p><b>E-0004(a)</b></p>				<p><b>TIP:</b> When evaluating potential interruptions to the normal supply of essential services, the facility should consider the likely durations of such interruptions.</p>
<p>Addresses patient population, including, but not limited to, persons at-risk.</p> <p><b>E-0007(3)</b></p>				<p><b>TIP:</b> If your succession plan has individually identified roles and responsibilities, surveyors may ask those individuals to describe their role in an emergency.</p>
<p>Addresses continuity of operations, including delegations of authority and succession plan.</p> <p><b>E-0007(3)</b></p>				<p><b>TIP:</b> The plan should have redundancies in case the emergency sidelines key players, such as the DON or administrator. Critical duties of each person should be bullet-pointed, so anyone picking up the binder can make sure everything is done. The best plans let the DON and designees concentrate on clinical aspects of the emergency, while the administrator and designees concentrate on logistics. DON should not be the administrator's back-up and vice versa.</p>
<p>Includes an evacuation plan that addresses mobility issues/other vulnerabilities of residents</p> <p><b>E-0007(3)</b></p>				
<p>Addresses the type of hospitals with which the facility has agreements, the type of services the facility has the capacity to provide in an emergency</p> <p><b>E-00025</b></p>				

<p>Includes a documented process for cooperation and collaboration with local, tribal, regional, state and federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency, including documentation of the facility's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.</p> <p><b>E-0009(4)</b></p>				
<p>Plans must be reviewed annually and updated as needed, and there must be a written copy in the building that is accessible to staff in an emergency.</p> <p><b>E-0006(a) E-0004 E-00013</b></p>				<p><b>TIP:</b> Proof of annual review documentation is required.</p>
<b>POLICIES AND PROCEDURES</b>				<b><a href="#">LINK TO APPENDIX Z MANUAL</a></b>
<p>Includes policies and procedures that are specific to the individual facility needs, includes a facility-based and community-based risk assessment and communication plan and uses an all-hazards approach based on the facilities geographic location that encompasses potential hazards (such as EIDs).</p> <p><b>E-0013(b)</b></p>				<p><b>TIP:</b> Be ready to answer questions about which hazards (e.g., natural, man-made, facility, geographic) were included in the facility's risk assessment, why they were included and how the risk assessment was conducted.</p>
<p>Plan includes provision of subsistence needs (for staff and patients whether they evacuate or shelter in place)</p> <p>Including, but not limited to:</p> <ul style="list-style-type: none"> <li>• Food, water, medical, pharmaceutical supplies.</li> <li>• Alternate sources of energy to maintain vital systems</li> <li>• Sewage and waste disposal.</li> </ul> <p><b>E-0015(b)(1)</b></p>				<p><b>TIP:</b> The plan needs to include rotation of emergency supplies to ensure they are not out of date.</p>
<p>Includes plan for adequate alternate energy sources</p> <p><b>E-0015(1)(ii)</b></p>				

Includes a system to track the location of on-duty staff and sheltered patients in the facility's care during an emergency. <b>E-0018(2)</b>				<b>TIP:</b> This is where a sign-out system for resident outings and appointments is crucial – it's essential to know within minutes which residents are onsite and which are out with families, at dialysis, etc.
If on-duty staff and sheltered patients are relocated, there is documentation of the specific name and location of the receiving facility as well as documentation of the arrangement/agreement with the receiving facility. <b>E-0018(2)</b>				
Includes safe evacuation from the facility. <b>E-0020(3)</b>				<b>TIP:</b> Staff should be able to describe how to handle a situation in which a patient refuses to evacuate.
Includes arrangements in place for transportation in the event of an evacuation. <b>E-0020(3)</b>				<b>TIP:</b> Leadership should be able to explain this if asked by the surveyor
Includes coordination efforts and alternate care plans required during a declared emergency, in which a waiver of federal requirements under section 1135 has been granted. <b>E-0026 (8)</b>				
Includes shelter in place for patients, staff and volunteers who remain in the facility. <b>E-0022(4)</b>				<b>TIP:</b> Include criteria for determining which patients and staff should shelter in place.
Includes use of volunteers/other emergency staffing strategies during emergencies, including the process and role for integration of state and federally designated health care professionals to address surge needs in an emergency. <b>E-0024(6)</b>				<b>TIP:</b> The plan should specify who will review qualifications and assign care to these volunteers based on professional licensure and training, particularly for facilities with specialized units such as in-house dialysis or vent units.

Includes a system of medical documentation that preserves patient information, protects confidentiality of patient information and secures and maintains availability of records. <b>E-0023(5)</b>				
Includes process in the event a staff member or patient is unable to be contacted.				
Includes a process for staff to confirm emergency equipment is always on the premises and immediately available.				<b>TIP:</b> Examples include oxygen, airways, suction, defibrillator, etc.
Policies and procedures are reviewed and updated at least annually.				<b>TIP:</b> Proof of annual review documentation is required.
<b>COMMUNICATION</b>				<b><a href="#">LINK TO APPENDIX Z MANUAL</a></b>
Complies with federal, state and local laws <b>E-0030(c)</b>				
Includes a list of the names and contact information for all the designated persons/entities during an emergency. <ul style="list-style-type: none"> <li>• Staff</li> <li>• Entities providing services under arrangement</li> <li>• Patient physicians</li> <li>• Other facilities</li> <li>• Volunteers</li> </ul> <b>E-0030 (1), E-0031(2)(c), E-0032(3)</b>				<b>TIP:</b> Contact information should be readily available and accessible to leadership during an emergency event. Facilities are encouraged but not required to maintain these contact lists both in electronic format and hard-copy format. Be sure to include contact information for the state survey agency and public health departments
Includes primary and alternate means for communicating with facility staff, federal, state, tribal, regional and local emergency management agencies. <b>E-0032(3) E-0029(c)</b>				<b>TIP:</b> Examples include pagers, cellular telephones, radio transceivers (walkie-talkies), various other radio devices, satellite telephone, etc. Leadership must be able to verbally explain how they will collaborate with officials.
Includes process on when and how alternate communication methods are used and who uses them. <b>E-0032(3)</b>				<b>TIP:</b> Be sure that the staff knows where communication systems and equipment are located.

Includes a method for sharing information and medical documentation for patients under the facility's care, as necessary, with other health providers to maintain the continuity of care. <b>E-0033(4-6)</b>				<b>TIP:</b> Facilities should send all necessary patient information that is readily available: name, age, DOB, allergies, current medications, medical diagnoses, current reason for admission (if inpatient), blood type, advance directives and emergency contacts. Consider releasing patient information as permitted under 45 CFR 164.510(b)(1)(ii) and 45 CFR 164.510(b)(4).
Includes a means of providing information about the facility's occupancy, needs and its ability to aid the authority having jurisdiction, the incident command center or designee. <b>E-0034(7)</b>				<b>TIP:</b> Be sure to address emerging infectious diseases, PPE, mass casualty and reporting requirements.
Includes a method for sharing information from the emergency plan that the facility has determined is appropriate with residents and their families or representatives. <b>E-0035(8)</b>				<b>TIP:</b> Provide a "fact sheet" to residents and families highlighting the emergency plan and/or add instructions to the website on how to contact the facility in the event of an emergency. Be sure staff, residents and families are aware of an emergency plan
<b>TRAINING &amp; TESTING</b>				<b><a href="#">LINK TO APPENDIX Z MANUAL</a></b>
The facility has a program developed to provide training about emergency preparedness policies and procedures to all staff. <b>E-0036(d)</b>				<b>TIP:</b> The training and testing program must reflect the risks and hazards identified within the facility risk assessment.
Includes a process to maintain documentation of all emergency preparedness trainings. <b>E-0037(d)(iii)</b>				<b>TIP:</b> The documentation must include the specific training completed and methods used for demonstrating knowledge of the training program.
Staff can demonstrate knowledge of emergency procedures via testing.				<b>TIP:</b> Surveyors may ask staff questions about initial and annual emergency preparedness courses.
The facility must participate in a full-scale exercise that is community-based, or when a community-based exercise is not accessible, an individual facility-based exercise. <b>E-0039(2)(i)</b>				<b>TIP:</b> If the facility has been unable to participate in a community-based exercise, they should keep documentation as to their efforts to do so and the barriers they encountered.

<p>The facility must conduct an additional exercise.</p> <ul style="list-style-type: none"> <li>• A second full-scale exercise</li> <li>• A tabletop exercise including a facilitated group discussion</li> </ul> <p><b>E-0039(ii)</b></p>				<p><b>TIP:</b> The facility must analyze the response to <b>all</b> drills, tabletop exercises and emergency events.</p>
<p>Includes a documented process for installation, maintenance, inspection, and testing of an essential electric system (EES) (typically a generator) in areas of a building where the failure of equipment/systems is likely to cause injury or death to patients or caregivers.</p> <p><b>E-0041(e)(2)</b></p>				<p><b>TIP:</b> Must be based on the risks identified in the emergency plan.</p>
<p>The generator must be in accordance with the Health Care Facilities Code, Life Safety Code and NFPA 110.</p> <ul style="list-style-type: none"> <li>• Located to minimize damage (e.g., flooding)</li> <li>• Permanently attached (not mobile generators)</li> </ul> <p><b>E-0041(e)(1)</b></p>				<p><b>TIP:</b> The applicability of both NFPA 110 and NFPA 99 addresses only new, altered, renovated or modified generator locations.</p> <p>During after-action review call, have staff show you where the generator is stored.</p>
<p>For facilities with an onsite fuel source for their generators, the fuel source must be maintained in accordance with NFPA 110.</p> <p><b>E-0041(e)(3)</b></p>				
<p>Includes a method to keep the generator operational during an emergency, unless evacuating.</p> <p><b>E-0041(e)(3)</b></p>				<p><b>TIP:</b> Based on shelter in place and evacuation plans, the facility must have emergency power systems or method to maintain safe operations while sheltering in place.</p>

<p>Are the training and testing program reviewed and updated at least annually? Proof of annual review documentation is required.</p>				<p><b>TIP:</b> Annual training should be modified each year, including any lessons learned from the most recent exercises, real-life emergencies that occurred in the past year and the annual review of the facility's emergency program.</p>
<b>EMERGENCY AND STANDBY POWER SYSTEMS</b>				<b><a href="#">LINK TO APPENDIX Z MANUAL</a></b>
<p>Does the facility participate in the health care system's coordinated emergency preparedness program? If yes, answer the boxes below. If not, continue to section labeled "Overall"</p>				
<p>The program demonstrates that each separately certified facility within the system actively participated in the integrated emergency preparedness program. <b>E-0042(f)(1)</b></p>				<p><b>TIP:</b> Can each facility demonstrate they are capable of actively using the unified and integrated emergency preparedness program? Documentation required.</p>
<p>The program is developed and maintained in a manner that considers each separately certified facility's unique circumstances, patient populations and services offered. <b>E-0042(f)(2)</b></p>				<p><b>TIP:</b> The facility should already have its unique characteristics identified in the facility assessment, and these two documents should match.</p>
<p>The program is based on/includes a documented community-based risk assessment using an all-hazards approach and a documented individual facility-based risk assessment for each separately certified facility within the health system, using an all-hazards approach. <b>E-0042(f)(4)(i)(ii)</b></p>				
<p>Includes integrated policies and procedures that meet the requirements set forth, a coordinated communication plan, training and testing programs that meet the requirements. <b>E-0042(f)(5)</b></p>				<p><b>TIP:</b> This is the facility's opportunity to spell out how all the required components will be handled in their facility, delegate duties, etc. The more specificity the better, as it can't be presumed facility leadership will be present when the emergency strikes.</p>



The facility can prove it was involved in annual reviews and updates of the integrated health care plan.				<b>TIP:</b> Documentation required.
<b>OVERALL</b>				<a href="#">LINK TO APPENDIX Z MANUAL</a>
The entire program is accessible to appropriate staff (not solely reliant on computers to access).				<b>TIP:</b> During the after-action review call, have staff show you where the binder(s) is stored to ensure accessibility. Dedicate one staff member to update all the binders and review routinely to ensure the most recent version is the only one available.
The EPP binder has consistent formatting throughout, is easy to read, uses tabs for easy reference and includes a comprehensive table of contents.				
EPP binder purpose/summary -- includes an executive summary that defines the purpose, scope, etc.				
EPP binder comprehension -- includes a glossary of terms or definition section.				
Emergency kit accessibility -- tools/kits mentioned in the EP program must be accessible and replenished regularly (examples: emergency kits with fresh batteries, flashlights, walkie-talkies, etc.).				<b>TIP:</b> During the after-action review call, have staff show you where the kit(s) are stored to ensure accessibility. E-kits may need to have specialty equipment for facilities with specialized units, such as in-house dialysis or vent units.

Disclaimer: This checklist is intended to serve as a guide. It is not a guarantee your facility will receive zero citations during your annual survey.

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