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| **EMERGENCY PREPAREDNESS CHECKLIST** <br> **RECOMMENDED TOOL FOR EFFECTIVE STATE AGENCY PLANNING** | | | |
| Not Started | In Progress | Completed | **Task Description** |
| | | | • **Emergency Planning Committee:** Establish a state emergency planning committee that represents all relevant stakeholders in the jurisdiction (e.g., Governor's Office, Attorney General's Office, State Survey Agency, Emergency Management Agency, Medicaid Agency, Public Health Agency, State Ombudsman Program, tribal entities, health care provider representatives, agriculture, education, business, communication, community-based programs, faith-based sectors, resident/family representatives, private citizens). <br><br> The Emergency Planning Committee is responsible for establishing strategic priorities and overseeing the development and execution of the jurisdiction's operational emergency plan. |
| | | | • **Ensure Access to Health Care Facilities by Employees/Staff:** State agency should work with state emergency management and law enforcement authorities to develop and test a protocol to ensure essential health care staff are able to access their facilities in an emergency. |
| | | | • **Develop & Maintain an Emergency Continuity of Operations Plan:** Develop and maintain a state emergency Continuity of Operations Plan (COOP): <br> ○ Utilize an "all hazards" approach, for all emergencies which could occur in the state jurisdiction. <br> ○ The plan is hazard-specific, as applicable in the state (e.g., fire, hurricane, flood, tornado, windstorm, hail, earthquake, severe heat/cold, violent/terrorist incident, disease epidemic, chemical/gas/radiation release, labor force strike, etc. <br> ○ Update the COOP when significant changes are identified, or on an annual basis (at a minimum). <br> ○ State Survey Agencies must submit the completed COOP to the CMS Regional Office on an annual basis. |
| | | | • **Accountability & Responsibility:** Delineate accountability and responsibility, capabilities, and resources for key stakeholders engaged in planning and executing specific components of the COOP. <br> ○ Identify the authority responsible for declaring a public health emergency at the state and local levels, and for officially activating the response plan. <br> ○ Detail the state agency and individual responsible, and a chain of command, for ensuring the state plan is implemented and for ordering citizen and facility evacuations. <br> ○ Assure that the plan includes timelines, deliverables, and performance measures. |
| | | | • **Survey & Certification Essential Functions:** The State Survey Agency must ensure the COOP addresses essential survey and certification functions, including: <br> ○ Provision of prompt responses to complaints regarding patients/residents who are in immediate jeopardy. <br> ○ Provision of monitoring and enforcement of health care providers. Even during significant disasters where reduced S&C activities may occur, key |

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| | | | activities (such as complaint investigations, provider communications, communication with CMS) will still need to occur to ensure the health and safety of patients and residents. <br> o Conducting timely surveys or re-surveys in the aftermath of a disaster |
| | | | • **Identify Responsible Authorities:** Identify the legal authorities responsible for executing the COOP, especially those authorities responsible for medical surge, healthcare services, triage, evacuation, mutual aid, and long-term recovery. |
| | | | • **State and Local Emergency Response Plan:** Ensure that the COOP response is an integral element of the overall state and local emergency response plan established under the Federal Emergency Support Function (ESF) #8 – Public Health and Medical Services, and is compliant with the National Incident Management System. |
| | | | • **Scalable Emergency Plan:** Ensure that the state's emergency plan is scalable (can expand or contract) to the magnitude and severity of the emergency and available resources. Revise as necessary. |
| | | | • **Requesting State & Federal Resources:** Clarify to all stakeholders the process for requesting, coordinating, and approving requests for resources to state and federal agencies. |
| | | | • **Create Incident Command System:** Create an Incident Command System for the emergency plan, based on the National Incident Management System (NIMS), and exercise this system along with other operational elements of the plan. |
| | | | • **Alert Local Emergency Management Agencies:** Alert local emergency management agencies, fire departments, and utility companies of the location and needs of health care facilities. Provide the following information, as appropriate: <br> o The facility's name, contact, phone number, address <br> o Number of residents, types of resident needs <br> o Information on building particulars <br> o Any obstacles that may be faced when evacuating residents <br> o Any obstacles that facility staff are having accessing their facility |
| | | | • **Restore Power to Healthcare Facilities:** Ensure the plan specifies that priority is given to restoring power to nursing homes, hospitals, and other health care facilities that house vulnerable persons who are dependent on power-operated equipment. |
| | | | • **Jurisdictional Boundaries:** Integrate state, local, tribal, territorial, and regional operational plans across jurisdictional boundaries in the plan. Ensure the jurisdiction exercises the plan to implement various levels of movement restrictions within, to, and from the jurisdiction. |
| | | | • **Written Agreements:** Formalize agreements in writing with neighboring jurisdictions and address communication, mutual aid, and other cross-jurisdictional needs. Document the commitments of participating personnel and organizations in the operational plan through written agreements. |

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| | | | • **Establish Community-Based Task Forces:** Assist in establishing and promoting community-based task forces that support healthcare institutions on a local or regional basis. |
| | | | • **Community Demographic Profile:** Develop a demographic profile of the community (including vulnerable populations and alternative language needs). Ensure that the needs of these populations are fully addressed in the operation plan. |
| | | | • **Include All Healthcare Components:** Ensure all components of the healthcare delivery network (e.g., emergency care, hospitals, nursing homes, assisted living facilities, home health agencies, personal care agencies, end stage renal disease, rural health clinics, hospices, etc.) are included in the state COOP and that the needs of vulnerable, at-risk, and hard-to-reach persons are addressed. |
| | | | • **Mental Health & Psychosocial Support:** Ensure the plan includes mental health and psychosocial support services for the community, including patients and their families, and those employees who participate in or provide support for the response to an emergency. |
| | | | • **Communication with Key State Stakeholders:** Develop and maintain up-to-date communication contacts of key state stakeholders and exercise the plan to provide regular updates as the crisis unfolds. |
| | | | • **Redundant Communication Methods:** Ensure that key staff in each state agency have various communication methods (office/home/cell phone numbers, e-mail, BlackBerry, etc.) for other agency contacts and all facilities. The point people in each agency have, at both work and home, hard copies of:<br>o Contact information for all facilities for which they are responsible<br>o Emergency phone numbers for others they will need to contact in case of emergency |
| | | | • **Effective Communication & Coordination with CMS:** Establish a Survey & Certification (S&C) emergency point of contact (and back-up) who is available 24 hours per day, 7 days per week to the CMS Regional Office when the State declares a widespread disaster. The contact must be available to:<br>o Coordinate State S&C activities with CMS<br>o Address questions and concerns regarding S&C essential functions<br>o Provide status reports<br>o Ensure effective communication of federal S&C policy to local constituencies |
| | | | • **Test Communication Infrastructure:** Test the communication operational plan that addresses the needs of targeted public, private sector, governmental, public health, medical, and emergency response audiences.<br>o Identify priority channels of communication<br>o Delineate the network of communication personnel, including lead spokespersons and persons trained in emergency risk communication<br>o Determine the links to other communication networks |
| | | | • **Assess Communication Readiness Routinely:** Assess readiness to meet communications needs in preparation for an emergency, including regular |

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| | | | review, exercise, and update of communications plans. |
| | | | • **Communication Activities with Partners:** Develop and plan coordinated emergency communication activities with private industry, education, and non-profit partners (e.g., local Red Cross and Salvation Army chapters, etc.). |
| | | | • **Identify Communication Spokesperson:** Identify and train lead subject-specific spokespersons. |
| | | | • **General Public Communication:** Inform the general public in advance about issues such as: <br> o Pertinent locations (e.g., mass care and shelters for vulnerable populations, vaccination sites, etc.). <br> o What containment or quarantine procedures that may be used, if necessary, in the community. |
| | | | • **Communication with Vulnerable & At-Risk Populations:** Address the needs of vulnerable and hard-to-reach populations in the operational plan. Vulnerable populations include: <br> o Children <br> o Elderly <br> o Persons with disabilities (visually impaired, hearing impaired, physical, or mental health issues) <br> o Homebound persons or persons receiving home health or hospice services <br> o Persons with limited English proficiency <br> o Persons with limited or no mobility, etc. <br> o Transient/homeless persons |
| | | | • **Communication Resources:** Implement and maintain, as appropriate, state and local resources, such as hotlines and websites, to respond to local questions from the public and professional groups. |
| | | | • **Public Health Messages:** Provide public health communications staff with training on risk communications for use during an emergency. Assure the development of public health messages has included the expertise of behavioral health experts. |
| | | | • **Regular Updates to Healthcare Providers:** Develop and test the communication plan by providing regular updates to healthcare providers by designated state and local authorities, as the crisis unfolds. <br> o Ensure advance warnings are issued to affected healthcare providers when an increased risk develops (such as flooding or change in direction or intensity of wind carrying dangerous elements, or fanning a fire). |
| | | | • **Provide Shelter-in-Place Guidelines to Healthcare Facilities:** Develop guidelines for healthcare facility to include in their emergency plans for sheltering-in-place, including the following details: <br> o The necessary measures to secure the building against damage <br> o The back-up power is specified, including generators and accounts for maintaining a supply of fuel <br> o Protection of resources is specified (e.g., back-up generators are located |

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| | | | above ground floor if facility is in a flood zone) |
| | | | o The amounts and types of food available and in supply |
| | | | o Potable water available (recommended amounts vary based on patient population, location, etc.) |
| | | | o Extra pharmacy stocks of common medication is specified |
| | | | o Hosting procedures, and ensuring 24-hour operations is specified |
| | | | o Contract with vendor(s) for transportation is specified |
| | | | • **Develop State Evacuation Plan:** Ensure the state plan includes the following details in the event of an evacuation: |
| | | | o How the designated state and local authorities are fully informed regarding the impending hazard |
| | | | o How the impending hazard will be monitored and how communication will be executed if the need to evacuate is determined |
| | | | o The ability to provide the location of available beds near to but outside of likely disaster areas (including closed but intact facilities) |
| | | | o How care, resources, medical treatment and security of personal possessions will be provided for those who are evacuated |
| | | | o How an evacuation order will be communicated to healthcare facility managers, staff and residents; |
| | | | o How receiving facilities and communities can prepare to assist evacuees coming into their area (food, water, medicine, transportation logistics, etc.) |
| | | | o Plans to develop a Website for posting information for emergency responders and the public |
| | | | • **Establish Provider Status Tracking & Reporting Systems:** Establish an IT system capable of tracking the current status of health care providers affected by the disaster, and upon request produces an electronic report. The report must capture the following data: |
| | | | o Provider's name |
| | | | o Provider's Identification Number |
| | | | o CLIA number, if applicable |
| | | | o Provider type |
| | | | o Address (Street, City, ZIP Code, County) |
| | | | o Current emergency contact name |
| | | | o Telephone number and alternate (e.g., cell phone) |
| | | | o Provider status (evacuated, closed, damaged) |
| | | | o Provider census |
| | | | o Available beds |
| | | | o Emergency department contact information (name, telephone number, FAX number) if different than provider contact information |
| | | | o Emergency department status (if applicable) |
| | | | o Loss of power and/or provider unable to be reached |
| | | | o Estimated date operational |
| | | | o Source of information |

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| | | | o  Date of information |
| | | | ● **Establish a State or Regional Clearinghouse to Track Evacuees:** Track individual evacuees by establishing a state or regional clearinghouse to receive reports of facility evacuations and names and destinations of evacuated residents.<br>o  Identify the name and contact information of the person(s) who will maintain the clearinghouse(s) prior to the emergencies.<br>o  Publicize the information on SA, provider association, ombudsman or other public websites and e-mail networks.<br>o  Urge citizens to provide information on evacuees to the clearinghouse. |
| | | | ● **Provide Healthcare Facility Evacuation Guidelines:** Develop guidelines for healthcare facility plans to include when evacuation is necessary, including the following details:<br>o  Contingency evacuation plans, policies, roles, responsibilities and procedures<br>o  Agreement with multiple host facilities, to relocate to a similar facility, and at least 1 facility is a minimum of 50 miles away from the site<br>o  Adequate supply and logistical support is specified for transporting food and water<br>o  Specifies logistics for moving and protecting medications under the control of a registered nurse<br>o  Specifies the protection and logistics of transporting patient/resident medical records<br>o  Specifies procedures to ensure staff accompany evacuating residents<br>o  Evacuation routes and secondary routes are identified; maps are available and expected travel time is specified |
| | | | ● **Determine Healthcare Facility Status:** Develop plans to ensure that the State Survey Agency and Ombudsman Program staff contact the healthcare facility and local ombudsman representatives to determine the status of the facilities in affected areas as soon as possible.<br>o  Facilities which cannot be contacted by phone are visited first.<br>*Exception: regulatory and ombudsman representatives are in areas under mandatory evacuation.* |
| | | | ● **Maintain Public Order:** Identify the state and local law enforcement personnel who will maintain public order and help implement control measures.<br>o  Determine in advance what will constitute a "law enforcement" emergency and educate law enforcement officials so that they can pre-plan for their families and sustain themselves during the emergency. |
| | | | ● **Test Plan for Healthcare Sector:** Test the operational plan for the healthcare sector (as part of the overall plan) that addresses safe and effective:<br>o  healthcare of persons during an emergency<br>o  legal issues that can affect staffing and patient care<br>o  continuity of services for other patients<br>o  protection of the healthcare workforce |

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|  |  |  | o   medical supply contingency plans |
|  |  |  | ● **Test Medical Surge Capacity:**  Test the operational plan for surge capacity of healthcare services, workforce, and supplies to meet the needs of the jurisdiction during an emergency. |
|  |  |  | ● **Healthcare Workforce Roster:**  Maintain a current roster of all active and formerly active healthcare personnel available for emergency healthcare services. |
|  |  |  | ● **Volunteer Health Care Personnel Database**:  Establish a database of health care personnel who volunteer to assist in an emergency.<br>o   HHS Health Resources Services Agency (HRSA) assists in developing a state-based Emergency System for Advanced Registration of Volunteer Health Professionals (ESAR-VHP) database.<br>o   ESAR-VHP system provides for registration of health volunteers, designation of resource types, and emergency verification of identity, credentials, and qualifications of volunteers, to meet staffing needs during an emergency. |
|  |  |  | ● **Health Alert Network:**  Ensure the Health Alert Network in the jurisdiction reaches at least 80% of all practicing, licensed, frontline healthcare personnel and links via the communication network to other responders. |
|  |  |  | ● **Emergency Preparedness Education:**  Craft messages to help educate<br>o   Healthcare providers about applicable health care issues (e.g., infection control and clinical guidelines, etc.)<br>o   General public about personal preparedness methods. |
|  |  |  | ● **Test Operational Plan:**  Test the operational plan that addresses the procurement, storage, security, distribution, and monitoring actions necessary to assure access to treatments during an emergency. |
|  |  |  | ● **Mortuary Services:**  Test the plan provisions for mortuary services during an emergency. |
|  |  |  | ● **Contingency Plan for Jurisdiction:**  Ensure the jurisdiction has a contingency plan if unlicensed antiviral drugs administered under Investigational New Drug or Emergency Use Authorization provisions are needed. |
|  |  |  | ● **Conduct State COOP Exercises:**  Conduct a program of State COOP exercises at least annually, by designated staff to ensure:<br>o   State, Regional, Tribal and Federal responsiveness, coordination, effectiveness, and mutual support<br>o   Effective methods that will be used to support, service, and monitor those affected healthcare facilities, residential facilities, homes, community-based facilities, and other settings |
|  |  |  | ● **Contingency Plan for Infrastructure:**  Infrastructure Develop a contingency plan for critical provisions in all state and local agencies to include multiple strategies, in case the original plan fails during the emergency, including:<br>o   Communication (back-up phone systems, cell phones, satellite phones, additional radio licenses for portable radios, ham radios, e-mail, etc.) Ensure the provision of redundant communication systems/channels that allow for the expedited transmission and receipt of information. |

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| | | | o Transportation<br>o Information Technology (IT)<br>o Workforce |
| | | | • **Contingency Plan for Key State Healthcare Personnel:**  Develop a continuity of operations plan for essential health department services, including contingency planning for increasing the public health workforce in response to absenteeism among state health department and survey staff, and other key stakeholder groups that have key responsibilities under a community's response plan. |
| | | | • **Responder Workforce Resilience Programs:**  Develop workforce resilience programs and ensure readiness to deploy to maximize responders' performance and personal resilience during a public health emergency. |
| | | | • **Collaborate with Federal Emergency Agencies:**  Collaborate with Federal emergency agencies to prepare for onsite assistance. |

<div align="center">**EMERGENCY PREPAREDNESS CHECKLIST<br>RECOMMENDED TOOL FOR EFFECTIVE STATE AGENCY PLANNING**</div>