NORTHWEST HEALTHCARE RESPONSE NETWORK

(Facility Name/Logo)

Emergency Preparedness Plan

Template and Guide

This template has been developed by the Northwest Healthcare Response Network to guide Long Term Care and Skilled Nursing organizations in preparation of their own emergency preparedness plans.

Template Updated as of 4/18/2025 V3

INSTRUCTIONS FOR USING THIS TEMPLATE GUIDE

The Northwest Healthcare Response Network Emergency.Preparedness.Plan.Template.and. Guide.(the "Plan") is designed to support development and maintenance of an all-hazards emergency preparedness plan for a health care facility or agency in accordance with CMS Emergency Preparedness guidelines. The Plan has been developed with a focus on the unique emergency management challenges facing non-hospital healthcare providers providing residential care such as long term care facilities, skilled nursing facilities or nursing homes. This Plan provides guidance and template documents that support development of the roles, responsibilities, procedures, practices, equipment and tools necessary for your facility's emergency preparedness program.

CAVEAT: Though this Plan follows the basic structure of the Center for Medicare and Medicaid (CMS) Emergency Preparedness Guidelines, using this plan to prepare an organization's Emergency Preparedness Program and plan does not necessarily ensure satisfactory CMS surveys. The Emergency Preparedness Lead and Emergency Preparedness Committee are responsible for applying and adapting this guide and tools in a manner that satisfactorily meets a surveyor's assessment of the Emergency Preparedness Program.

Instructions

This document provides a template for an emergency preparedness plan along with areas for a facility to customize the plan specific to your needs and requirements. Yellow highlighted areas require your input including blank template forms designed to assist you in capturing important information needed during an emergency response. The yellow highlighting may be removed for the final documents. BLUE type indicates instructions for developing the Emergency Preparedness Plan which should be deleted in the final plan document. Review and update the supplemental documents (annexes, appendices, attachments and addendums) to account for documents that have been added or deleted from the overall plan. Red type in the base plan indicates references to supplemental documents. These will need to be correlated to the final list of supplemental documents for the plan. Red type should be changed to black in the final document. Once all changes have been made, yellow highlighting removed, red type changed to black and blue type ha removed, be sure to review the document for page breaks and empty space before updating the Table of Contents.

The Emergency Preparedness Committee and facility executive within your organization should periodically review, update and approve this document. Be sure to note the approval in the Emergency Preparedness Committee meeting minutes. You may add a

signature page to this document for the facility executive to sign acknowledging their approval.

NOTE: If there is a part of this plan that is not pertinent to your organization, you may delete it from the plan document. Your final plan should reflect the needs, requirements and capabilities of your organization to withstand a disruption to the ability to provide care to residents.

EXECUTIVE SUMMARY

Executive summary

Once you have completed customization of this template and supporting documents write an executive summary. An executive summary should provide a quick overview of what an executive might expect to find in the plan.

Give outline of what should be included in Executive Summary

Signatures

This document has been reviewed and updated as of (date). Facility leadership acknowledge they have read and understand this plan and support preparedness for disruption within the organization.

_____	_____	_____
(Name)	(Title)	Date
_____	_____	_____
(Name)	(Title)	Date
_____	_____	_____
(Name)	(Title)	Date
_____	_____	_____
(Name)	(Title)	Date

If using a signature page, add the appropriate names and titles to the document representing leaders within the organization that direct and support the Emergency Preparedness Program and Plan. Leaders should include those within clinical leadership as well as those within administration, facilities, safety & security or other representatives with pertinent responsibilities. You may want to consider reviewing this plan with local emergency management and including their signature on this page.

If not using this signature page delete the page and update the Table of Contents.

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inside the list, select “update field”. When the dialogue box opens, select “update entire table”. If odd text appears in the Table of Contents check that the text hasn’t accidentally been assigned a style that makes it appear in the table of contents. Text other than heads or subheads should be designated the style as ‘normal’.

OVERVIEW

Introduction

Emergencies, disasters or disruptions (collectively referred to as “disruptions”) that threaten a healthcare facility or agency’s ability to continue providing care for their residents can occur at any time. Planning in advance can help a healthcare facility be more resilient when such disruptions do occur.

A Note About Terminology

Language in the CMS Emergency Preparedness Guidelines refers to emergency preparedness programs and plans using a variety of terms: comprehensive emergency preparedness program; emergency preparedness program; emergency plan; and emergency preparedness plan. For the purposes of this document, the program and plan described herein will be referred to as the Emergency Preparedness Program and Emergency Preparedness Plan (the ‘Plan’) and shall be inferred as following the CMS Emergency Preparedness guidance requirements.

The term “disruption” as used in this document may refer to planned interruptions to normal business (such as construction or repair projects) as well as unplanned emergencies with both advance-notice (such as inclement weather) as well as no-notice or e.g., power failures).

Purpose

(Facility name) has established an emergency preparedness program with the charge of planning, preparing, responding and recovering from disruptions to the facility’s business operations and mission of providing resident care. This Plan provides a framework for the Emergency Preparedness Program. It is not meant to inform staff of what to do immediately when encountering a disruption. For immediate response actions separate guides need to be created specific to disruptions likely to be encountered.

Scope

This plan applies to the following locations and addresses:

- (List locations with names and addresses)
- (List locations with names and addresses)

Add or remove bullets as needed to list all facility locations covered by this Emergency Preparedness Plan.

Emergency Preparedness Foundational Concepts

The emergency management cycle includes the following phases: Mitigation, Preparedness, Response, and Recovery. These phases may overlap and blend together or may be sharp and distinct depending on the disruption being encountered. Principles of emergency management planning, response and recovery include the following prioritization to ensure that activities are addressed in the appropriate order:

- Life Safety
- Incident Stabilization
- Property Preservation
- Societal Restoration

These phases and priorities are incorporated in this Plan and are foundational in the Emergency Preparedness program.

Mitigation

Mitigation activities are those that help lessen the likelihood that disruption will occur.

Preparedness

Preparedness activities are those that are undertaken for the types of disruptions that are most likely to occur and impact the facility. This includes developing appropriate plans and procedures, training staff for their roles and responsibilities during a disruption and securing the resources, assets and equipment necessary for a response.

Response

Response activities are those that the facility takes when a disruption does occur, including using the plans, training, resources, assets and equipment.

Recovery

Recovery activities are those that are taken after the disruption is resolved. Recovery includes the necessary steps to return the facility as best possible to its normal business operational capacity. This includes identifying areas for improvement recognized during the disruption and working to resolve them, so they are not a hinderance to future disruptions.

Life Safety

Ensuring the health, safety and security of residents, staff and others is the top priority for response and should be addressed before any of the other priorities.

Incident Stabilization

Minimizing further harm or degradation from the disruption is the second priority. This includes understanding what is involved in the disruption and working to stop any further injury or damage from occurring.

Property Preservation

Protecting the physical and virtual infrastructure, resources (both human and physical), assets and systems from further impact from the disruption is the third priority.

Restoration

Restoration includes the organizations to ability restore its business mission of providing resident care and services to the community and society.

Incident-Specific Planning Versus Impact Planning

While planning for specific types of disruptions is important it is more important to consider the impacts that might be caused because of a specific type of disruption. For example, impacts from a wildfire or earthquake might both include power outages, water outages, the need for evacuation or sheltering in place. Plans for the impacts of disruption can apply to a variety of scenarios and might be easier to manage and maintain than managing many incident-specific disruption emergency plans.

Authority and Regulatory Standards

For the purposes of this Plan, the organization, at a minimum, adheres to the following authorities and regulatory standards:

- CMS Emergency Preparedness State Operations Manual "Appendix Z- Emergency Preparedness for All Provider and Certified Supplier Types Interpretive Guidance" with the guideline language is available at:

  https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/Appendix-Z-EP-SOM-February-2019.pdf

- Nursing Homes (NH) Washington State Administrative Code (WAC) 388-97-1740 Disaster and Emergency Preparedness

  https://app.leg.wa.gov/WAC/default.aspx?cite=388-97-1740

- Nursing Home (NH) WAC 388-97-1640 Required Notification and Reporting

  https://app.leg.wa.gov/WAC/default.aspx?cite=388-97-1640

- Nursing Home (NH) WAC 388-97-2200 Emergency Power

  https://app.leg.wa.gov/WAC/default.aspx?cite=388-97-2200

- Fire Marshall WAC 212-12-040 Fire Safety / Evacuation / Lockdown plan

  https://app.leg.wa.gov/WAC/default.aspx?cite=212-12-040

The organization and/or specific functions or capabilities within the organization may also be subject to other regulatory or accreditation requirements that include emergency preparedness programs including:

- (list other regulatory or accreditation programs that the facility follows that include emergency preparedness requirements)

The Emergency Preparedness Program should ensure these additional regulatory and accreditation emergency preparedness standards are satisfactorily addressed within the Program and Plan.

Plan Review and Record of Changes

This plan is reviewed regularly, following the CMS Emergency Preparedness guidance which can vary for different provider types. If a disruption is experienced that includes significant improvements this plan updates may be made outside the regular review cycle. Record reviews and changes should be recorded in the grid below:

Change #	Date of Change	Description of Change	Affected EOP Section	Initials

NOTE: Version control is important. As updates are made and approved for this plan ensure to update the date on the front cover and in the footer of the document: “Approved as of (date)”

Record of Distribution

This plan has been distributed to the following people and/or locations. These may include individuals and/or locations both inside the organization and with community partners. As

the plan is updated ensure that the people or locations below receive the appropriate documentation.

Name	Title	Department or Location	Organization	Date

1. EMERGENCY PREPAREDNESS PROGRAM

Emergency Preparedness Program Foundation

The Emergency Preparedness Program is tailored to the populations served, the needs of the organization during disruption and the capabilities already established for the organization. These become the springboard for the Emergency Preparedness Program work.

Populations Served

(Facility Name) provides services for the following populations, and considers the needs of these populations as a part of the emergency preparedness program:

- (List populations served: such as unique groups (i.e., Alzheimer's/memory care, diabetes care, rehabilitation care)
- (List populations served)
- (List populations served)

Critical Services to Maintain During Disruption

The following services are critical to maintaining resident care during disruption and will have priority for support during any disruption:

- (List priority services)
- (List priority services)
- (List priority services)

> Priority services are those that your resident care population needs to be available during a disruption.

Emergency Preparedness Program Lead and Committee

Organization leaders identify one person to be responsible for overseeing the Emergency Preparedness Program and may be referred to as the Emergency Preparedness Program Coordinator. That person works with the Emergency Preparedness Committee which is made up of representatives from critical departments or units the organization. The Emergency Preparedness Committee helps direct, evaluate and approve emergency management plans, policies, procedures, resources, training and testing activities for the organization. The Emergency Preparedness Committee ideally includes community emergency response entities including community emergency managers, representatives from the local health jurisdiction, Fire Department and Emergency Medical Service agencies (both public and private). Inform other entities that the organization might rely on

during a disruption, including the Northwest Healthcare Response Network about the organization's emergency preparedness program activities and incident response plans.

Emergency Preparedness Planning Process

An overview of the planning process includes identifying the most likely hazards, risks and threats that the organization may be expected to face in the next year. This process is referred to as a Hazard Vulnerability Assessment or HVA. This activity uses a systematic approach to evaluate probability, severity (the likely impact) and mitigation (plans, resources and partners) to create a risk score. This score helps to identify the top 5 to 10 hazards and risks that the organization needs to consider and plan for.

Once the top hazards and risks have been identified the Emergency Preparedness program can begin to develop specific plans, secure resources and assets, seek community support, train staff for their roles in response and, test or exercise the plans to identify improvements that will make emergency preparedness and response more robust in the future or identifying new threats that hadn't been encountered before.

Key Planning Assumptions

The facility overview form identifies key planning assumptions include:

- Facility overview - information and functions the organization provides to the resident population served.
- Essential Functions – what functions and services the organization must continue to provide during a disruption.
- Plan for Impacts not Specific Incidents - different hazard-specific threats may have common impacts - the same impacts may be caused from a variety of different threats (i.e., power outage, water loss, IT outage, medical surge, etc.) Include planning for impacts as well as specific threats when developing emergency plans.
- Facility Readiness – description of the plans, resources, assets and systems in place for responding to a disruption.
- Resident Population and Community Served
  - Inpatient Resident Needs – specific needs and requirements of a facility serving an inpatient resident population during a disruption.
  - Outpatient Needs – specific needs and requirements of a facility that only serves an outpatient population during a disruption.

See Appendix XX for the Facility Emergency Information Form.

Check that the annex, appendix and addendum numbers listed (highlighted in yellow) in the text of the document match the revised list, once documents have been added and deleted.

Preparedness Strategies

A strategy is a plan of action or policy that will achieve a goal. Building an emergency preparedness program requires using different strategies to meet the needs of the organization during disruption. Preparedness strategies include:

- Identifying the needs, capabilities and audience for the organization
- Completing a Hazard Vulnerability Assessment for the organization
- Developing necessary plans or resources to support preparedness for the top threats identified through the HVA
- Creating contingency plans for disruptions
    - Communications
    - Resident Care and Support Activities
    - Resources and Assets
    - Safety and Security
    - Staff Responsibilities
    - Utilities
- Business Continuity planning including thorough understanding of the degree to which functions or services can be impacted or postponed during a disruption and a decision tree for addressing such disruption
    - Critical = functions for which there are no substitutions except identical replacement, no tolerance for interruption
    - Vital = functions that can be performed by manual or other means for a brief time, little tolerance for interruption
    - Sensitive = functions that can be performed, with some difficulty and may require considerable catch up when restored, moderate tolerance for interruption
    - Non-critical = functions that may be interrupted for an extended period, very tolerant of interruption
- Annual inventory of emergency preparedness resources and assets for the organization
- An understanding of the risk mitigation strategies, including internal risk management plans, insurance policies for business interruption, or property damage/loss

- Connections with community emergency response partners established pre-disruption
- Memorandums of Understanding or Agreement (MOU/MOA)
    - Similar healthcare facilities
    - Vendors and suppliers

Preparedness Education for Staff and Staff Families

Staff are the backbone of the organization providing care and management. When a disruption occurs, the organization relies on staff coming to work to continue delivering on the mission of the organization. If staff and their families are not prepared for emergencies, they may be less able to be at work, especially during an emergency that impacts the whole community. The organization supports staff and family preparedness by providing personal preparedness information and continuing to address personal preparedness topics throughout the year, not just during September is Preparedness Month. See Annex XX for the Residents, family and staff emergency preparedness planning information.

Preparedness Education for Residents, Clients and Their Families

Encouraging residents, clients and their families to participate in preparedness activities will help them better withstand a disruption to normal routines and services and speed up connecting them with resources if they are needed. The organization includes information about personal preparedness for residents, clients and their families upon admission and then annually, if appropriate. The Annex section of this document includes information about personal preparedness for residents, clients and their families. See Annex XX for the Residents, family and staff emergency preparedness planning information.

Working with Community Partners

Because no organization can function solely by themselves it is important that organization invite community emergency response entities and other important partners to collaborate on emergency preparedness programs and plans. By working together before a disruption, expectations of what each entity might need or be able to provide can be outlined before there is an urgent need. These 'meet and greets' also allow individuals from different entities to get to know each other, exchange contact information and begin to build a personal relationship. These personal connections can be very important during an emergency response. See Annex XX for the Contact lists for community partners.

Hazard Vulnerability and Risk Assessment

The Emergency Preparedness Program regularly assesses the potential hazards, risks or threats that the organization may encounter (collectively referred to as 'threats'). Representatives from important departments or functions within the organization and select community partners participate in this discussion and assessment process. See Appendix XX: Hazard Vulnerability Assessment HVA.

The Hazard Vulnerability Assessment (HVA) is reviewed (annually / every two years / or other time duration). The HVA assessment process includes evaluating a variety of threats for their PROBABILITY, SEVERITY and ORGANIZATIONAL PREPAREDNESS for each threat. The threats assessed generally include the following categories: NATURAL, INFRASTRUCTURE, TECHNOLOGICAL, HUMAN CAUSED and HAZARDOUS. Assessing threats is a subjective activity. Historical information regarding threats experienced, information from community-based threat assessments, assessment of organizational readiness (preparedness) and participant perception should all factor into discussions to assign scores in a threat assessment tool.

Organizations with limited staff resources to undertake an extensive HVA assessment may use the risk assessments prepared by their local emergency management or public health entities or the Northwest Healthcare Response Network as a foundation for the organization's HVA. However, the organization must assess threats internal to the organization and facility that would not be represented in the outside organization's HVA. This can be accomplished by reviewing the threat list outlined above and in the HVA annex. There are different online tools available to assist with HVA assessment. It is recommended to review the ASPR TRACIE Topic Collection on Hazard Vulnerability/Risk Assessment for information about different online assessment tools and best practices at: https://asprtracie.hhs.gov/technical-resources/3/hazard-vulnerability-risk-assessment/1.

It should be noted that a risk assessment may be referred to by different names in different organizations, including "Threat and Hazard Identification and Risk Assessment" or "THIRA". Different threat assessment tools may have slightly different functionalities, though all assist in quantifying risk and levels of preparedness.

The current HVA (Appendix XX), completed on (date) identifies the following top 10 hazards or risks that may impact the organization's ability to deliver on its mission:

1. Add threat description	6. Add threat description
2. Add threat description	7. Add threat description
3. Add threat description	8. Add threat description
4. Add threat description	9. Add threat description
5. Add threat description	10. Add threat description

Perception of Risk

Different people perceive risk differently, depending on their life experiences, social awareness and training. It is important to gauge people's perception of risk while assessing the threats that the organization may face. Understanding concepts around the management of risk is also an important factor when considering emergency preparedness. Below are two informational charts that help define and explain different parts of assessing risk. These should be considered when assessing threats for the HVA.

Risk is composed of four essential parts:

Probability of occurrence	Likelihood that something will occur
Severity of impact	Grievousness or intensity of impact
Susceptibility to change	Level of vulnerability to impact
Interdependency impact by others	Reciprocal impact between things or events

Risk Management Tolerance Strategies (how the organization plans to manage the risk):

Retain	accept the risk potential and budget for impact
Avoid	By avoiding or not participating in the risk or activity any chance of loss is eliminated
Reduce	Lessen risk potentials by optimizing preparedness and planning for risk impact
Transfer	By moving the responsibility for a risk to another entity the risk impact is lessened. Insurance policies are a risk transfer tool.

The Emergency Preparedness Program may work with a Risk Department, Manager or specialist when evaluating threats and hazards and developing contingency plans.

Leadership, Command and Control

Incident Command System

A standardized incident management system is used to organize and coordinate response to a disruption within the organization. The National Incident Management System (NIMS) is the systematic approach used across the country by public and private entities to coordinate response to disruptions of any size or complexity and between responding entities. The Hospital Incident Management System (HICS) and Nursing Home Incident

Command System (NHICS) are both mirrored with NIMS but tailored for the healthcare environment. This structured and standardized approach (collectively referred to as Incident Management) utilizes 'management by objective', clear leadership and chain of command, and defined roles. It is scalable and flexible to meet the specific needs of the disruption. See Appendix XX – Incident Command System ICS Roles, Missions Organizational Chart; Appendix XX – Incident Command System ICS Assignment List; and Appendix XX – Incident Command System ICS Job Action Sheets.

It is recommended to print out ICS Job Action Sheets for major roles, so they are ready to consult when there is a disruption. This should include the Incident Commander, and may include Safety Officer, Liaison Officer, Public Information Officer, Operations Section Chief, Planning Section Chief, Logistics Section Chief and Finance Admin Section Chief.

Roles and Responsibilities

The different roles and responsibilities within the HICS system are detailed below. These roles and responsibilities are the same within NIMS, making coordination between healthcare incident management and municipal incident management seamless. The incident management system is flexible. Only the roles that are necessary for a response need to be activated. If a disruption is small, it may be managed by a single individual or a small group. As the disruption changes in scope additional roles can be activated or deactivated as necessary.

For organizations with limited staff Incident Management principles can be adapted. Smaller response teams one person may take on several roles, if the general principles are adhered to (outlined below) with only one person in charge and making decisions. Most important is to make sure to keep notes of what occurred and what decisions were made so that an After Action Report with Improvement Plan (AAR/IP) can be prepared after the response concludes. See Appendix XX for After Action Report and Improvement Plans AAR-IP Template.

Incident Command Team: Staff members who have been trained and prepared to fill incident command roles during a disruption when the Comprehensive Emergency Management Plan has been activated. These staff members come from across the organization and fill different functional roles in the organization's Incident Coordination Center (ICC).

Incident Commander: Leader, objective-setter, decision-maker

> Mission Statement: Organize and direct incident response. Give overall strategic direction for incident management and support activities, including emergency response and recovery. Authorize total facility evacuation if warranted.

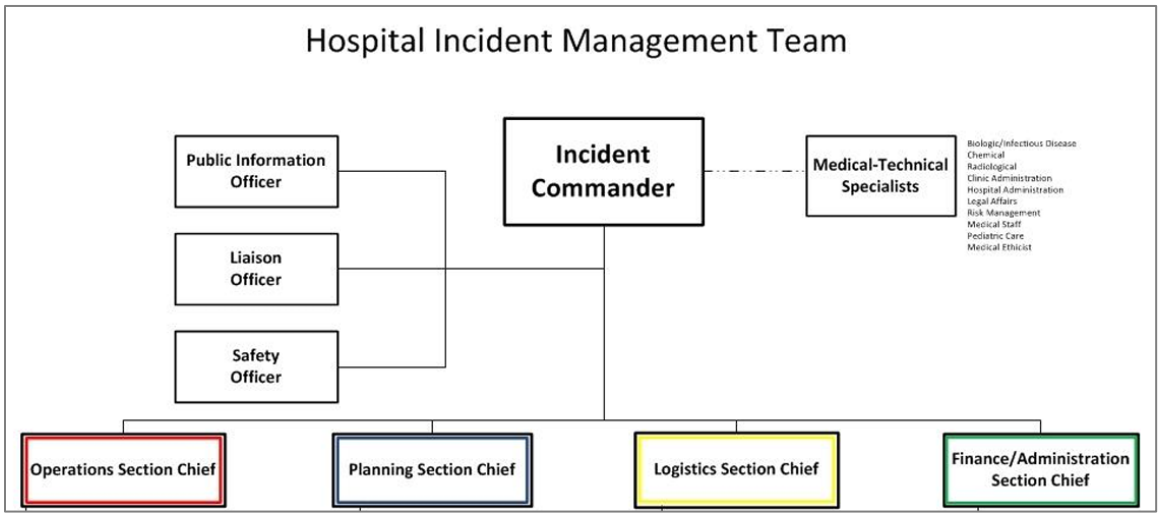
The Incident Commander is the only role that is always activated for a disruption response; responsible for directing and approving the response activities of Incident Command Team

Command Staff: roles that support the Incident Commander

- Public Information Officer (PIO) – manages messaging and communication
- Safety Officer – ensures safety of responders
- Liaison Officer – conduit with outside response entities
- Medical/Technical Specialists – subject matter experts

General Staff: roles that carry out the response strategies and tactics

- Operations Section Chief - "Doers"
- Planning Section Chief – "Planners"
- Logistics Section Chief – "Getters"
- Finance/Administration Section Chief – "Payers



The above organizational chart is the same whether applied to NIMS, HICS or NHICS

See Appendix XX – Incident Command System ICS Roles Missions and Organizational Charts.

Standardized Initial Objectives for Use During the Start of a Response

Incident Command Systems have a foundational concept: incident response implemented through "management by objective". When a disruption occurs decide what the purpose of the response is, what needs to be managed. Then identify objectives, strategies and tactics for achieving that purpose. When a disruption occurs many people jump right into the response without taking time to evaluate what the response need is and what objectives the responders should be working toward. Many incidents can be initially managed using a standard set of objectives. Having standard objectives to use at the beginning of every

response will help the response be more thoughtful and organize information for the After Action Report and Improvement Plan. As the activation proceeds the objectives may be revised or changed to fit the current situation.

Standardized initial response objectives may include:

- Provide for the safety and subsistence needs of residents, staff and visitors during the disruption
- Promptly assess the disruption and establish an action plan for response
- Preserve and stabilize facility infrastructure including buildings, utilities, equipment and information systems and technology
- Continue providing appropriate medical care and reestablish appropriate business operations as the disruption progresses
- Stabilize impacted structures or functions to minimize or halt any further impact to the organization
- Establish an effective communications plan appropriate to addressing the current disruption

It is common, during a response, to identify things that could be improved, or plans or resources that are missing yet needed. These are 'areas for improvement'. After the disruption is resolved, ask participants for input on what went well and what needs improving so as to evaluate the response effectiveness against the objectives established during the response. This is the same process used following an exercise for developing an After Action Report/Improvement Plan. See Appendix XX - After Action Report/ Improvement Plan template

Succession Planning and Delegation of Authority

The organization recognizes that it is important to ensure the business of the organization can continue during disruption even if individual leaders may not be able to respond or participate. The duties of a specific role continue regardless of whether the primary person holding that job is able to participate in the response or not. Succession planning identifies other capable individuals within the organization that could carry out that specific role during disruption if the primary person holding the job is not able to participate. Succession planning for critical roles helps ensure that individuals are identified, trained and provided the tools they may need should they need to step into a delegated role. Delegation of Authority planning outlines the breadth and depth to which a successor may act while the primary individual is not able. See Annex XX for the Succession and Delegation of Authority Plan information and procedure.

Command Center

Command Centers are generally a central location equipped with telecommunications capabilities, computers, internet connections and enough space for the Incident Management Team to gather and work. This does not need to be a dedicated space. It may be a conference room or similar space that can be quickly transformed to manage a disruption. Virtual Command may also be established using virtual communication platforms such as Teams. The Emergency Management Coordinator works to establish and test these capabilities prior to disruption. See Appendix XX for Command Center Locations and Resources – Primary, Alternate and Virtual for instructions on setting up and operating the Command Center.

When there is a disruption requiring activation of the Emergency Preparedness Plan the Incident Management Team may operate from the facility's Command Center. Incident Command Center locations include:

- Physical location: (fill in the location and pertinent information)
- Alternate physical location: (fill in the location and pertinent information)
- Virtual platform: (fill in the pertinent information)

Authority to Activate/Deactivate Emergency Preparedness Plan

The Emergency Preparedness Plan is activated when there is a disruption that impacts daily operations and/or ability to deliver on the mission of the organization to provide care to residents. Disruptions to the organization's operational capabilities may be planned (with advance notice, such as construction, utility work, etc. or anticipated inclement weather) or unplanned (sudden, unexpected failure or impact on the organization). For either a planned or unplanned disruption normal activities are interrupted to address the disruption at hand.

The following roles within the organization have the authority to activate or deactivate the Emergency Preparedness Plan:

- (list role, such as Administrator, Nursing Supervisor, Emergency Manager)
- (list role, such as Administrator, Nursing Supervisor, Emergency Manager)
- (list role, such as Administrator, Nursing Supervisor, Emergency Manager)

Upon activation of the Plan notify the following roles or entities of activation using communications procedures outlined in the Communications Plan:

- (list role, such as Administrator, or entity such as the Northwest Healthcare Response Network or jurisdictional Emergency Management)

- (list role, such as Administrator, or entity such as the Northwest Healthcare Response Network or jurisdictional Emergency Management)
- (list role, such as Administrator, or entity such as the Northwest Healthcare Response Network or jurisdictional Emergency Management)

Incident Documentation

Documenting and tracking the purpose, objectives, activities, decisions.made, outcomes and improvements identified early in a response is an important part of incident response and improvement planning as well as requirements by many accreditation entities.

An Incident Action Plan (IAP) is a key document to planning and coordinating any response to disruption. This document outlines the Who, What, When, Where, Why and How the incident response is necessary and being responded to. At the initial outset of a disruption an Incident Action Plan should be prepared:

- Who = People and roles participating in the response
- What = Desired accomplishments (objectives – what will be judged for whether it was accomplished or not)
- Where = Location of the impact
- When = Time and date of the disruption and of the IAP report
- Why = Reason (mission) for the response
- How = the strategies and tactics used to meet an objective
- Communications Plan with important contact information

Incident Action Plans should be updated periodically, particularly if the response goes beyond one operational shift requiring a change in Incident Command leadership. The Who, What, When, Where?Why and How gets updated with each new Incident Action Plan. This helps the people involved in the response to understand the updated situation.

An After Action Report/Improvement Plan (AAR/IP) documents what happened and what the outcomes were including strengths and areas for improvement. The objectives established at the beginning of an activation (and documented in the Incident Action Plans) become the benchmarks for measuring the success or gaps identified during the response.

There are examples of both Incident Action Plans and After Action Report/Improvement Plans available through the Northwest Healthcare Response Network as well as online from a variety of Incident Management sources. See Appendix XX - After Action Report/ Improvement Plan template as well as completed After Action Reports and Improvement Plans that the organization has completed following exercises and real-world events.

2. POLICY AND PROCEDURES

Emergency Management Policy

It is the organization's policy to protect the life, health and safety of staff, residents, and visitors during an emergency that impacts the community or the facility's ability to operate. Emergency preparedness planning provides structure for response to disruption.

Organization leaders are responsible for ensuring the facility has an Emergency Preparedness Committee with one lead person responsible for overseeing the Emergency Preparedness Program. The Emergency Preparedness Program responsibilities include but are not limited to:

- Overseeing the development and maintenance of the facility's Emergency Preparedness Plan
- Conducting an annual Hazard Vulnerability Assessment
- Maintaining emergency preparedness equipment and resources
- Designating and training staff members for Emergency Response roles
- Developing, conducting and evaluating disaster exercises that identify opportunities to make improvements in plans, resources and assets, training and re-testing through new disaster exercises
- Maintaining readiness for response and assessing effectiveness of the response

The organization recognizes that a wide range of incidents can threaten the ability of the facility to provide continued services to its residents and partners. In preparation for an emergency, disaster or disruption event the organization conducts the following actions:

- Consults, reviews and updates the Emergency Preparedness Plan as per their regulatory requirements.
- Develops and maintains emergency preparedness plans and activities are based on an assessment of the hazard-specific risks that the facility may expect to encounter and has prepared for.
- Actively participates with community emergency preparedness partners (e.g., Northwest Healthcare Response Network; other healthcare facilities; local fire, Emergency Medical Services (EMS) and police departments; local emergency management agencies and local health jurisdictions, etc.) in the development and maintenance of the Emergency Preparedness Plan and documents such activities.
- Documents the communication with community emergency preparedness partners during an emergency to maintain an integrated emergency response.

- Ensure all employees are trained for their roles and responsibilities during a disruption.
- Ensures that all employees have received and participated in personal preparedness training to help them complete their personal preparedness activities.
- Regularly test the emergency management plans and preparedness activities so that the emergency management cycle continuously evolves from planning, organizing, equipping, and training through disaster exercises so that plans, and activities may be continuously improved.
- Outlines essential business operations and establishes orders of succession and delegation of authority for key roles within the organization.
- Follow applicable emergency preparedness rules, regulations and requirements per Centers for Medicare & Medicaid Services (CMS) Emergency Preparedness Rule or other pertinent regulatory bodies they are subject to.

Emergency Response Plans

The organization maintains emergency preparedness plans as listed below. Specific plans may be found in the Appendices, Annexes, Addendums documents included in the Emergency Preparedness Plan. The response plans are segmented into three categories: Business Continuity Plans, Clinical Emergency Plans, and Resource, Logistics and Facilities Plans.

- Business Continuity Plans reflect those plans that support the ability of the organization to continue providing care during a disruption.
- Clinical Emergency Plans reflect those plans that support delivery of care during disruption.
- Resources, Logistics and Facilities Plans reflect those plans that help support the logistical resources and plans that enable continuing the ability to maintain care during a disruption.

Add or delete specific emergency response plans [and rename to the correct plan name] to reflect plans that are specific to your organization. Remember to update the Table of Contents to reflect the list below.

Supplemental Documents

Review all the supplemental documents and determine which WILL or WILL NOT be included in the organization's Emergency Preparedness Plan. Delete reference to any supplemental documents that will not be included. Next, re-number the remaining supplemental documents so they are consecutively in order. Following that, scan through the Emergency Preparedness Plan for reference to any plan not included and delete the reference. Review this list below, the list on page 40. Rename each of the supplemental documents with the corrected supplemental document name as well as the header and title of the document.

Appendices

The following appendices support this plan and appear as supplemental documents:

Appendix	Plan Titles	Description
A	Emergency Preparedness Program Workplan	Workplan for developing and improving the Emergency Preparedness Program including projects, responsibility assignments and target completion dates
B	Acronyms and Definitions	List of acronyms and terms used in this document that may be unfamiliar
C	Direction & Control Steps for Activation of Emergency Preparedness Plan	Procedures for activation of the Emergency Preparedness Plan and Incident Management Teams to work in the Command Center for response to a disruption
D	Command Center Locations & Resources – Primary, Alternate & Virtual	List of resources available to support both a primary and alternate Command Center. To include virtual Command Centers
E	Incident Command System (ICS) Roles and Missions, Org Chart	List of Nursing Home Incident Command System roles and responsibilities making it easier to quickly discern which positions are necessary to activate in a disruption
F	Incident Command System (ICS) Assignment List	Form for documenting different staff within the organization that have been trained to perform different Incident Management Team duties during a disruption
G	Incident Command System (ICS) Job Action Sheets	Job Action Sheets for different Hospital/Nursing Home Incident Command System roles

H	Incident Action Plan (IAP) / Situation Report Template	Template form for documenting an Incident Action Plan and/or Situation Report during a disruption
I	After Action Report and Improvement Plans (AAR/IP)	Template for documenting both a real-world disruption response as well as a disaster exercise along with documenting improvement plans
J	Facility Emergency Information Form	Facility information that may be critical to have readily available in case of a disruption
K	Hazard Vulnerability Assessment (HVA)	Information and links to different Hazard Vulnerability Assessments and how to complete an HVA for the facility

Business Continuity Plan Annexes

The following Business Continuity Plan Annexes support this plan and appear as supplemental documents:

Annex	Plan Titles	Description
A	Alternate Care Site Planning	Locations outside normal resident care areas in the facility, or locations away from the facility
B	Active Threat, Armed Individual	Response plan for addressing imminent threats occurring within the facility, including individuals with weapons
C	Communications Plan	Message development, sharing vital information, equipment, systems, and pertinent contact information
D	Contact Lists	Contact information for critical contacts
E	Cyberthreat Preparedness	Cyber security plans
F	Earthquake	Facility instability which may include loss of utilities and necessitate evacuation
G	Evacuation & Resident Transport Needs	Escalating levels of evacuation, including leaving the unit, floor, building or grounds Transportation for moving residents and staff to separate interim or longer term location for receiving care Tracking locations of residents and staff particularly during an evacuation, supports accountability

H	Flood	Internal flooding possibly from broken pipes or external flooding caused by natural forces
I	HazMat Spill Exposure	Exposure to hazardous materials that staff are not trained or equipped to manage
J	Inclement Weather	Impacts from weather that challenge operational capabilities – heat, cold storm related
K	Lockdown / Restricted Access	Levels of limited access into the facility based on threat
L	Missing Resident, Elopement	Elopement response
M	MOU's and Transfer Agreements	Memorandums of Understanding, Memorandums of Agreement (MAA) and transfer agreements with other similar healthcare organizations
N	Resident and Staff Tracking	Tracking of residents and staff in the event of a facility evacuation
O	Resident Family Notification	Notification for families when a disruption impacts their loved ones
P	Resident, Family and Staff Emergency Preparedness Planning	Preparedness plans specific to the needs of residents and their families as well as staff and their families
Q	Safety Program	Safety management plan for the facility
R	Security Plan	Security management plan for the facility
S	Severe Weather	Addressing the impact of severe weather on the facility, staff and residents
T	Sheltering In Place	Activities when the outside environment is unsuitable or unstable for people to leave the facility
U	Staff Care	Care plans for staff and their families in event of a disruption, particularly one that impacts normal work and family schedules; may include child/elder/pet care plans
V	Succession and Delegation of Authority	Succession planning in case an executive is unable to fulfill their responsibilities during disaster and the delegation of authority parameters
W	Volunteer Management	Use and management of volunteers during disaster

X	Wildfire	Impacts from wildfire occurring in vicinity of facility threatening residents, staff and physical infrastructure; may include sheltering in place or evacuation
Y	1135 Waivers	Plan for requesting 1135 waivers due to significant disruption

Clinical Emergency Plan Attachments

The following Clinical Emergency Plan Attachments support this plan and appear as supplemental documents:

Attachment	Plan Titles	Description
1	Disaster Mental Health Support for Residents and Staff	Disaster mental health support
2	Fatality Management	Management of fatalities within the facility that exceed the normal capacity to manage
3	Medical Surge	Marked increase in residents needing placement beyond normal capacity
4	Resident Records Downtime Documentation	Resident care documentation when the normal procedures for documenting care provided are not available
5	HIPAA and HIPAA Decision Tool	Privacy requirements during disruption

Resources & Assets, Subsistence Needs, Facility Impacts & Utility Outage Addendums

The following Resources & Assets, Subsistence Needs, Facility Impacts & Utility Outage Plan Addendums support this plan and appear as supplemental documents:

Addendum	Plan Titles	Description
A: Critical Resources and Assets: Listing of resources and assets planned and on hand that are necessary to maintaining delivery of resident care during disruption		
A1	Emergency Response Supplies	

A2	Augmenting Staffing and Volunteers in Disruption	
A3	Requesting Resources in Disruption	
A4	Supplies: Medical	
A5	Supplies: Non-medical	
A6	Medical and Pharmaceutical Conservation & Distribution	
B Subsistence Needs, Facility Impacts & Utility Outage: Essential resources to sustain residents and staff, facility resource needs, and plans for managing utility interruption during disruption		
B1	Food, Sustenance	
B2	Bomb Threat, Explosion and Facility Damage	
B3	Electrical Failure and Emergency Power	
B4	Emergency Lighting	
B5	Environmental Control Failure Heat, Ventilation, AC	
B6	Fire/Smoke Detection, Extinguishing, Alarms	
B7	Fuel Shortage	
B8	Gas Leak or Loss of Service	
B9	Medical Gas Shortage, Failure	
B10	Sanitation and Waste Disposal Interruption	
B11	Ventilator Interruption	

B12	Waste Accumulation Storage (non-hazardous & hazardous)	
B13	Water Interruption or Failure	

3. COMMUNICATIONS

Communications Plan

Establishing a Communications Plan in advance of disruption helps to ensure that when there is a disruption vital messaging can be developed, delivered and received by a breadth of recipients. See Annex XX - Communication Plan and Annex XX - Contact Lists.

There are three basic components (what, how and to whom) detailed in a Communications Plan:

- Messaging or Vital Information (what is being communicated to different groups)
    - Situational awareness of the disruption response tailored for different audiences and needs
    - Permitted levels of vital information based on situation and requirements
    - Includes the transfer of medical documentation and resident information when needing to send to another facility, alternate care location or appropriate emergency response partner
- Equipment, Hardware, Platforms (how to communicate from one to another)
    - Primary and back up equipment
    - Back up procedures for care documentation when primary paths are down
    - Urgent communication process to staff during disruption
    - Variety of communication platforms each with different limitations
- Contact information (right people with correct contact information)
    - Staff, physicians or other medical providers, vendors
    - Resident / Client families or representatives
    - Volunteers
    - Community partners including governmental entities
    - Media

Messaging and Vital Information

The Incident Management Team includes the role of Public Information Officer (PIO) – a person who is responsible for developing the messaging related to a response. When developing messaging it is important to consider who is to receive the messaging and how it will be delivered (the platform and its limitations). The same overall message may be delivered differently depending on who the audience is and how the information is being conveyed. The Incident Commander approves all messaging that is to be released. Different critical groups to communicate to include:

- Residents / clients and their families or representatives being informed about a disruption and the impact on ability to deliver resident care is critical
- Staff (including providers) need situational awareness and impact or consequence messaging as they interact with residents or clients about the response to the disruption and their care
- Volunteers within the facility that may be impacted and/or needed for additional support
- External response partners who may partner with the organization
- Governmental or regulatory partners who may oversee accreditation that may be impacted by the disruption
- Traditional media for press releases, reporting and/or interviews
- Social media put out by the organization

The spread of information via social media can appear very quickly after a disruption occurs and people become aware of the impact. This messaging may or may not be correct or flattering of the organization's preparedness and response. Organization leaders are advised to periodically monitor social media messaging about the organization and to correct rumors as best possible. If the organization has social media accounts, use those to proactively push out verified information. This can help to inform people of what is going on and counteract what may be false or incorrect information coming from others.

Regarding traditional media management, in advance of disruption identify locations within the facility or campus to hold press briefings particularly for broadcast media that may be looking for good visuals. It is wise to determine these locations ahead of time because if the organization doesn't then the media or bystanders will choose a location, and it may not always be flattering to the organization. Consider proximity to resident care areas when siting these locations to maintain resident, client, family and staff privacy as best possible.

A crucial aspect of the Communications Plan addresses medical documentation, particularly during disruption when the usual ways of documenting and referencing resident medical records may not be available. Downtime procedures for medical documentation, when the network may be down needs to be developed, trained upon and practiced regularly. Planning for alternate methods of medical documentation is important when and if there is an evacuation of the facility and residents – medical records should travel with the resident if at all possible or be accessible from an alternate location.

During disruption it may be necessary to release protected information to other entities, depending on the situation. During an evacuation or movement of residents it may be required to transmit pertinent protected information to other facilities and providers or to

other entities involved in the disruption response. The Communications Plan provides for how this is accomplished.

Equipment, Hardware or Platforms

When messaging or information is conveyed, it is delivered using a variety of equipment, hardware and platforms. Each method of transmitting messaging or information includes different abilities and limitations which must be considered when planning messaging. For example, text messaging is fast but has character limitations or email can deliver much more detailed information, but it may be slower to be received if people are not right at their computers or email devices. Different audiences may require different levels of specifics. Each of these factors are considered when determining the audience, speed and level of detail needed.

Both primary and alternate means of communication need to be identified for reaching staff as well as community emergency response entities. Primary and alternate communications also need to be considered for any alternate care facility or site.

Redundant Systems

For each type of communication technology, it is important to consider what a redundant technology might be, in case the primary technology becomes unavailable. Downtime procedures for documenting resident care is a redundant system for when the normal method of documenting care is not available. Other types of technologies may not have obvious redundancies. For these technologies it is important to plan for how to continue delivering the service of the technology. An example might be if fax capability were not available an alternate might be to physically deliver the information that was to be faxed. Each communication technology should have a redundance identified and practiced.

Contact Information

Readily available contact information for a variety of interested partners is crucial during disruption response. Not having pertinent information gathered and validated prior to disruption will slow the response and frustrate responders. The following information is important to gather and periodically validate:

Names and/or contact information for:

- Staff or employees
- Entities providing services under arrangement
- Resident's physicians
- Other facilities
- Volunteers

- Northwest Healthcare Response Network
- Local, regional, state, tribal and/or federal emergency response partners
- State Licensing and Certification Agencies
- Office of the State Long-Term Care Ombudsman
- Other sources of assistance

During a regional or larger disruption, the Northwest Healthcare Response Network may act as a coordination point for resource needs and capabilities by cataloging impacted and non-impacted facility's capabilities and available resources or needs. The Incident Management process facilitates gathering a situational assessment, including needs and/or capabilities to share for the facility which is then shared with emergency response partners.

The facility Emergency Management Coordinator reviews, tests and updates the Communications Plan regularly. See Annex XX - Communications Plan and Annex XX Contact Lists.

Be sure to review the contact lists at least annually and validate that the information is correct.

4. TRAINING AND TESTING

Training Program

It is important that training on emergency preparedness plans, procedures and resources be available to all employees, individuals providing services under arrangement and volunteers (collectively referred to as 'staff') consistent with their roles within the organization during an emergency. This helps to ensure that when there is an emergency or disruption that individuals know what they are responsible for, what to do and where to find critical information or resources necessary to the response. Pertinent training topics are determined by the emergency preparedness program, identified hazards and risks and established policies, procedures, protocols and plans for the organization.

The Emergency Management Coordinator periodically reviews the emergency preparedness training to ensure it is appropriate and the information is correct.

New hires

All new staff receive initial training in facility-wide emergency preparedness plans and procedures. This includes an introduction to concepts of emergency preparedness and where to locate the organization's plans, procedures, emergency equipment and personal preparedness. The department-level training for new staff includes more specific information about emergency roles, responsibilities and equipment within the department. Training should include information about emergency procedures and the use of urgent communications in case of a disruption and where to check that their contact information is correct. These trainings should take place within XX days of the new staff person starting work.

Staff in new positions

When staff or volunteers transfer between departments, have role changes or promotions they receive emergency preparedness training appropriate to their new location or responsibilities. This training occurs within XX days of the job change.

Refresher training

All staff and volunteers are required to participate in periodic refresher training on emergency preparedness topics and resources. Additionally, when there are major changes to any emergency preparedness plan or resource staff are provided training on that new plan or resource.

- Refresher training for Long Term Care and Skilled Nursing is required annually

Compliance with all training requirements, including who did what training and when is documented and documentation is maintained in (identify physical or virtual location).

Testing Program

Testing, or exercises and real-world events are opportunities for the organization to assess whether the established emergency preparedness plans and trainings are appropriate and where there might be opportunities for improvement. It is strongly recommended that the facility Emergency Management Coordinator and others complete the Homeland Security Exercise and Evaluation Program (HSEEP) training before undertaking the design, conduct and evaluation of disaster exercises for the organization.

Exercise Requirements

Topics for exercises should be relevant to the identified hazards and risks in the current HVA for the organization. They should also include testing of lessons learned and implemented improvements from previous exercises looking for validation of improvement. There should be unannounced staff drills included in the exercise plan.

Note: When considering the topic for an exercise it is recommended to consider testing the 'impacts' from a disruption, rather than the specific 'disaster'. Similar impacts may occur in a variety of different 'disasters', so preparing for the effects of an impact will help support readiness for a variety of different disasters. For example, a disaster might be an 'earthquake', but the impacts from the earthquake include 'power failures', 'water loss', 'mass casualty injuries', 'unstable facility necessitating evacuation', etc. which may also occur during a windstorm or human caused disruption. It is recommended in the Executive Summary for the After Action Report to briefly address how a particular impact may be seen in a variety of different types of disruptions.

Exercise requirements may include some participation with community partners. Invite local community partners (Fire, EMS, Police, Public Health, volunteer organizations such as Red Cross or other healthcare entities) to participate in facility exercises. As best possible the organization should consider participating in community exercises. It may also be possible to participate in other organization's exercises and thus satisfy your own organization's exercise requirements.

The CMS Emergency Preparedness Guidelines for testing vary depending on the specific provider type. The specific requirements for Long Term Care are detailed below:

*LTC CMS Emergency Preparedness Guidelines for Testing:

The facility must conduct exercises to test the emergency plan at least twice per year, including unannounced staff drills using emergency procedures. The facility must do the following:

i. Participate in an annual full-scale exercise that is community-based; or
   A. When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise.
   B. If the facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the facility is exempt from engaging in its next required full-scale community-based or individual, facility based functional exercise following the onset of the emergency event

ii. Conduct an additional annual exercise that may include, but is not limited to the following:
   C. A second full-scale exercise that is community-based or an individual, facility-based functional exercise; or
   D. A mock disaster drill; or
   E. A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan

*Language extracted from the CMS Emergency Preparedness State Operations Manual Appendix Z- Emergency Preparedness for All Provider and Certified Supplier Types – Interpretive Guidance.

Types of Exercises

There are several different types of exercises identified within the CMS Emergency Preparedness Guidelines. These are in line with the Homeland Security Exercise and Evaluation Program (HSEEP) exercise types:

- Discussion based: facilitated discussions focusing on strategic, policy-oriented issues
  - Seminar: orients participants to plans, policies, procedures, resources that provides a common framework of understanding
  - Workshop: participants guided and tasked to develop plans, policies, procedures
  - Tabletop Exercise (TTX): scenario driven with directed questions intended to generate discussion to identify strengths, areas for improvement and/or achieve changes in perception about plans, policies, procedures.

    - Game: engages teams or individuals in competitive or non-competitive structured play
- Operations based: real-time exercises used to validate plans, clarify roles and responsibilities and identify resource gaps
    - Drill: supervised activity to validate a single, specific function or capability
    - Functional Exercise (FE): test capabilities in realistic, real-time environment, with simulated movement of resources; used to evaluate decision-making capabilities
    - Full-Scale Exercise (FSE): complex and resource-intensive, involving multiple departments, agencies, jurisdictions or organizations including real-time movement of actual resources; used to evaluate coordination and resource management

After Action Report & Improvement Planning

After Action Reports and Improvement Plans document what was tested during an exercise, or what occurred during a real-world incident and what strengths and areas for improvement were identified. The capabilities and objectives that were set at the beginning of the exercise or real-world incident are analyzed for why they were strengths or improvements. The Improvement Plan portion of the document outlines each of the areas for improvement and how that improvement area is to be addressed.

Real-world incident response may qualify as meeting some testing requirements. However, to qualify an evaluation of the real-world response must occur and an After Action Report and Improvement Plan written and acted upon.

Evaluation

When developing the foundation for any of the exercise types and drafting the capabilities and objectives, the Emergency Manager should consider how the objectives will be evaluated and who will be evaluators. This process is similarly applicable to real-world incidents in that objectives are established early in the incident response with scribes and participants responsible for documenting actions, outcomes and issues related to the objectives. Participants have an opportunity to provide their observations and experiences through either a paper or electronic Participant Feedback form. At the conclusion of the exercise or real-world incident the Emergency Management Coordinator, or person tasked with developing the After Action Report and Improvement Plan sifts and consolidates the observations related to the different capabilities and objectives to identify major strengths and gaps or issues (areas for improvement). The After Action Report provides narratives and analysis for each capability and objective discussing why the strengths and/or areas for improvement and root causes were identified.

Recommendations For Improvements

The Improvement Plan is developed from the capability and objective analysis documented in the After Action Report. Each gap or issue in the Improvement Plan is documented with potential remedies, who is responsible for leading the improvement actions and a timeline for completion. An Improvement Plan meeting with key partners or participants provides opportunities for individuals to comment on the findings and plans for developing and implementing remedies. The Emergency Management Coordinator then periodically tracks progress toward accomplishing the remedies and updates the facility leadership on the status of improvement planning. Regulatory or accreditation surveyors may ask to review After Action Reports and Improvement Plans, particularly to see what gaps or issues were identified and whether the improvements were made. See Appendix XX – After Action Report and Improvement Plans AAR-IP template.

Supplemental Documents

Supplemental documents including Appendices, Annexes and Addendums can be found as separate documents entitled with each plan's name. The list of items included there are as shown below:

The list below includes most appendix, annex and addendum documents that could be included in an Emergency Preparedness Plan, though not all documents may be needed by your organization. Conversely, your organization may have additional documents to be added that are not included in the list below. Delete or add documents below as needed to reflect your organization's needs. Be sure to recalculate the numbers or letters here and in the body of the NWHRN Emergency Preparedness Plan documents and the individual Appendices, Annexes and Addendums documents.

Appendices

Numbering should be Appendix A, B, C, etc.

Appendix A	Emergency Preparedness Program Workplan
Appendix B	Acronyms and Definitions
Appendix C	Direction & Control Steps for Activation of Emergency Preparedness Plan
Appendix D	Command Center Location & Resources – Primary, Alternate, Virtual
Appendix E	Incident Command System (ICS) Roles, Missions, Organizational Charts
Appendix F	ICS Assignment List
Appendix G	ICS Job Action Sheets
Appendix H	Incident Action Plan IAP / Situation Report Template
Appendix I	After Action Report and Improvement Plans (AAR/IP)
Appendix J	Facility Emergency Information Form
Appendix K	Hazard Vulnerability Assessment (HVA)

Annex: Business Continuity and Sustainability Plans

Numbering should be Annex A, B, C, etc.

Annex A	Alternate Care Site Planning
Annex B	Active Threat, Armed Individual

Annex C	Communications Plan
Annex D	Contact Lists
Annex E	Cyberthreat preparedness
Annex F	Earthquake
Annex G	Evacuation
Annex H	Flood
Annex I	HazMat Spill or Exposure
Annex J	Inclement Weather
Annex K	Lockdown/Restricted Access
Annex L	Missing Resident, Elopement
Annex M	MOU's and Transfer Agreements
Annex N	Resident and Staff Tracking
Annex O	Resident Family Notification
Annex P	Resident, Family and Staff Emergency Preparedness Planning
Annex Q	Safety Program
Annex R	Security Plan
Annex S	Severe Weather
Annex T	Sheltering In Place
Annex U	Staff Care
Annex V	Succession and Delegation of Authority
Annex W	Volunteer Management
Annex X	Wildfire
Annex Y	1135 Waivers

Annex: Clinical Care Emergency Plans

Numbering should be Annex 1, 2, 3, etc.

Annex 1	Disaster Mental Health Support for Residents and Staff

Annex 2 Fatality Management

Annex 3 Medical Surge

Annex 4 Resident Records Downtime Documentation

Annex 5 HIPAA and HIPAA Decision Flow Chart

Addendum: Resources, Logistics and Facilities

Numbering should be Addendum A, A1, A2, A3, etc.

Addendum A Critical Resources & Assets

- A1 Emergency Response Supplies
- A2 Augmenting Staffing and Volunteers in Disruption
- A3 Resource Requesting in Disruption
- A4 Supplies: Medical
- A5 Supplies: Non-Medical
- A6 Medical and Pharmaceutical Conservation & Distribution

Addendum B Subsistence Needs, Facility Impacts & Utility Outage

- B1 Food, Sustenance
- B2 Bomb Threat, Explosion and Facility Damage
- B3 Electrical Failure and Emergency Power
- B4 Emergency Lighting
- B5 Environmental Control Failure Heat, Ventilation, AC
- B6 Fire/Smoke Detection, Extinguishing, Alarms
- B7 Fuel Shortage
- B8 Gas Leak or Loss of Service
- B9 Medical Gas Shortage or Failure
- B10 Sanitation and Waste Disposal Interruption
- B11 Ventilation Interruption
- B12 Waste Accumulation (non-hazardous and hazardous)

B13 Water Interruption or Failure