**SECTION #1**

**EMERGENCY OPERATIONS PLAN**

**<Insert Organization’s Name Here>**

**<Insert Organization’s LOGO Here>**

**<Insert Organization’s Address Here>**

**<Insert Organization’s Phone and Fax>**

**<Insert Organization’s Website Here>**

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**<insert organization’s LOGO>**

**Emergency Operations Plan**

**Signature Page**

The parties listed below have reviewed and approved this Emergency Operations Plan, which is subject to revision annually or more frequently as needed. This Emergency Operations Plan supersedes all previous plans.

<Insert Name>, i.e. President, Board of Directors Date

<Insert Name>, i.e. Chief Executive Officer Date

<Insert Name>, i.e. Chief Operations Officer Date

<Insert Name>, i.e. Emergency Preparedness Coordinator Date

<Please insert any staff and their respective titles that are tasked with reviewing the Emergency Operations Plan. These are examples of who might be signatures on this EOP. Delete these instructions in RED when completed.>

**This Emergency Management Program is fully executed as of <Insert Date>**

Provide the date here when all sections of the Emergency Management Program are complete. That is the date that the EMP is fully executed. Delete these instructions in RED when completed>.

**Review and Certification**

This Emergency Operations Plan (EOP) will be reviewed biannually. The following individuals are part of <Insert organization’s name><insert the name of your Emergency Preparedness Safety Team > and are responsible for planning and facilitating emergency management planning initiatives, activities, exercises, and staff training. Each member of this team will review this Plan as certified by their signature below.

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| --- | --- | --- |
| **Date** | **Name** | **Signature** |
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**Record of Changes**

From the period of <i.e., please insert 24months period following activation of your Emergency Operations Plan>, the following changes have been made to specific emergency preparedness documents in the Emergency Management Program.

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< Incorporate any of your organizations existing emergency preparedness practices, documentation and organization specific information that apply to this Emergency Operations Plan template.

<FIND and REPLACE WORDS: Look for the words in GREY. Find and replace the following words to shortcut development of this policy and procedure.>

<insert organizations name> or <insert Organizations name> = Your Organizations Name

Patient, patients, patient = Use the most appropriate words that describes the individuals that your organization services (i.e. patient, resident, participant, client, etc.)

Insert any additional your organizations information in any other area marked in GREY.

<Delete these instructions in RED.>

# Introduction

<Insert organization’s name>’s comprehensive Emergency Operations Plan provides a framework to prepare for, protect against, respond to, recover from, and mitigate all emergencies and disasters. Part 1: Emergency Operations Plan Overviewhas been designed to assist staff, executive leadership, and the board of directors before, during, and after an incident. This EOP is specific to your organization. It includes your organization’s specific services offered, building information of program sites, and patient population. This Emergency Operations Plan includes information and references that are the most relevant at the beginning of any type of disaster. There are six main parts of this Emergency Operations Plan, and each part includes key information that can be accessed at a moment’s notice during any type of emergency.

**PART 1: Emergency Operations Plan Overview**

Overview of the purpose of the Emergency Operations Plan that creates a framework for <Insert organization’s name> to identify areas for improvement, have quick access to emergency preparedness information and best practices and provide specific program site building and contact information.

**PART 2: Emergency Preparedness Core Elements**

Comprises emergency preparedness best practices and standardized systems and references other sections of the Emergency Operations Plan.

**Part 3: <Insert organization’s name> Organizational Structure**

Details specific organizational information about <Insert organization’s name> including service locations and specific services provided, language capacity among staff, client population demographics, and physical and environmental information, etc.

**PART 4: Overview of CMS Emergency Preparedness Requirements**

Delineates four emergency preparedness requirements for CMS healthcare providers that create an effective and robust CMS Compliant Emergency Preparedness Program. These regulations are applicable to all CMS healthcare providers.

# PART 1: Emergency Operations Plan Overview

Includes specific guidelines, resources, contact information and emergency procedures <Insert organization’s name> during any type of disaster, either man-made or disaster.

## 1.1 Emergency Operations Plan

The Emergency Operations Plan describes how <Insert organization’s name> will respond to and recover from all hazards. The EOP creates a framework for <Insert organization’s name> to identify areas for improvement, have quick access to emergency preparedness information and best practices and provide specific program site building and contact information. This “all hazards” approach allows <Insert organization’s name> to respond to a range of emergencies varying in scale, duration, and cause. This EOP addresses response procedures, capabilities, and procedures to efficiently manage a disaster. This plan also identifies alternate sites for care, treatment spaces, and types of services provided by <Insert organization’s name>. This EOP helps <Insert organization’s name> to maintain and strengthen our Emergency Preparedness Program while ensuring regulatory compliance.



## 1.2 Emergency Preparedness

Preparedness is defined by Federal Emergency Management Association (FEMA) as "a continuous cycle of planning, organizing, training, equipping, exercising, evaluating, and taking corrective action in an effort to ensure effective coordination during incident response." This cycle is one element of a broader National Preparedness System to prepare for, protect against, respond to, recover from, and mitigate all disasters.

The Preparedness Cycle

Preparedness activities include development of our continuity of operations strategies, IT disaster recovery, evacuation, and critical incident plans designed to establish emergency response procedures, authorities, and leadership structure, and assign resources. The preparedness cycle is a continuous cycle of planning, organizing, training, equipping, exercising, evaluating, and taking corrective action to ensure effective coordination during an emergency. Emergency preparedness best practices:

* Emergency preparedness activities should be conducted **year round**
* Emergency preparedness is a continuous cycle of **process improvement**
* It is important to document **gaps** in your emergency planning so improvements can be made to your systems
* Emergency preparedness activities drive the **preparedness cycle**

# A drawing of a cartoon character  Description automatically generated

# PART 2: Emergency Preparedness Core Elements

Includes emergency preparedness best practices and standardized systems and references other sections of this Emergency Operations Plan.

## 2.1 Emergency Operations Plan Goals

The EOP establishes specific measures to minimize risk and quickly resume operations using internal resources and expertise. The primary goals of the EOPinclude:

* Safeguard human life and safety
* Protect physical resources
* Intellectual data management and proprietary Information
* Ensure the safety of personal health information
* Ensure continuity of operations

## 2.2 Emergency Planning Assumptions

An emergency may occur at any time. Emergencies differ in type, size, scope, and duration. The following planning assumptions are included in the EOP:

* An incident that affects <Insert organization’s name> is likely to affect the surrounding communities and region.
* Mitigation and preparedness activities conducted prior to the event can result in reduced injuries, program site damage, and loss of life.
* An emergency may occur at any time of the day or night, 365 days a year, with little or no warning.
* A major disaster will increase the burden on public safety and medical resources.
* Emergency responders will be required to respond to areas where direct intervention will yield the greatest results.
* All incidents at program sites will be managed using the Incident Command System (ICS).
* After any major disaster, such as a storm or major flooding, normal services may be disrupted compelling individuals and <Insert organization’s name> to be self-sufficient.
* Communications will likely be severely impacted in a major emergency, so the use of redundant communication devices is critical to the <Insert organization’s name> response.
* Response to a major disaster is best handled by using normal operating procedures whenever possible.
* It is impractical to plan for all possible types and sizes of emergencies; therefore, a plan must be broad and flexible to promote all-hazards preparedness and response.

## 2.3 Hazard Vulnerability Analysis

<Insert organization’s name> will undertake an annual risk assessment by conducting a hazard vulnerability assessment (HVA) and hazard mitigation activities. The purpose is to lessen the severity and impact of a potential emergency by identifying potential hazards that may affect the <Insert organization’s name>. The results of the HVA will be incorporated and reflected in <insert organization’s name> Emergency Preparedness Program.

**The latest Hazard Vulnerability Analysis was conducted on: <insert the date of last HVA>**

The 10 ten Hazards identified through this **Hazard Vulnerability Analysis include:**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **<Insert organization’s name>****<Insert date of HVA>** |  |
| **TOP 10 HVA** | **RANK** | **OCCURRENCE** |
| Insert HVA Risks | 1 | 0 |
| Insert HVA Risks | 2 | 0 |
| Insert HVA Risks | 3 | 0 |
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| Insert HVA Risks | 9 | 0 |
| Insert HVA Risks | 10 | 0 |

**Source Document Link:** [<Insert](https://connectconsultingservices.sharepoint.com/sites/KarensDocuments/Shared%20Documents/Family%20Health%20Matters%20Project/Family%20Health%20Matters%20Kaiser%202021%20HVA%20template%20-%20May%2009%2C%202021.xlsb) link to latest HVA>

## 2.4 Mitigation and Preparedness General Guidelines

1. Staff will be trained on this Plan.
2. Staff are required to follow any instructions that are announced over the PA systems and/or other communications. Staff may be notified through backup communications systems.
3. Staff are required to know the facility exit routes and assembly points.
4. <Insert organization’s name> will renew the hazards response plans at least annually to mitigate threats and related safety risks.
5. <Insert organization’s name> will identify and clearly post evacuation route maps as part of the response plans.
6. Evacuation routes shall be marked on maps and floor plans and posted throughout the program site/sites.
7. Staff are required to know the shelter-in-place policy and procedures in the event a shelter-in-place is ordered.
8. Staff will be on alert to receive information from management staff or the Incident Commander. Staff will be prepared to inform and advise patients, staff, and visitors at the facility of the possible impact of an emergency, and what precautions may be necessary in order to ensure the safety of all persons within the facility.
9. Staff are required to know communication procedures and incident command structure to ensure clear communication and chain of command.
10. Staff are required to know the exit routes and safe evacuation policy and procedures in the event an evacuation is ordered.
11. Emergency phone numbers shall be posted next to all phones with directives of whom and how to place calls and what information to provide.

##

## 2.5 Staff Responsibilities

* Review and understand this plan and supporting documentation.
* Know the most direct route to the nearest emergency exit and an alternate emergency exit.
* Leave the building when an alarm sounds.
* Know the proper persons to notify during emergencies.
* Know the procedures to follow during emergencies.
* If safe to do so and you are able, assist other staff.

## 2.6 Personal Preparedness

In preparation for an any type of emergency, staff should develop their own personal emergency plan. It is important to include the following information in your plan:

* Contact information for your family and close friends. Include this information on a card that you can carry in your wallet in case your phone’s battery dies or you lose your phone.
* Contact information for your supervisor and safety officer.
* Contact information for a designated out-of-town family member or friend that your family and friends can contact in case local phone lines are overwhelmed.
* Two pre-identified meeting places where family and friends can gather during an emergency. Choose one location close to home and one location further away.
* A transportation plan to get home or to your meeting place should roads or transit be disrupted.
* To ensure your plan is comprehensive, keep the following recommendations in mind:
* Keep your personal contact information and emergency contacts up to date.
* Text do not call. During an emergency, phone lines are often overwhelmed. Sending a text uses 1/100 of the bandwidth of a phone call.
* Familiarize yourself with the school emergency plans of your children or other family members.
* Maintain an emergency supply of cash on hand in small bills and change. Do not rely on ATMs as they may not be operational during emergencies.

## 2.7 Collaborations with other Emergency Preparedness Agencies

To increase your organization’s core competency in disaster response, a best practice is to actively cooperate with local, regional, state, and federal agencies so there is an integrated response during an emergency. One of the most effective ways to connect with these emergency preparedness agencies is through a local health care coalition (HCC). Every county has an HHC that it is comprised of other healthcare providers and community groups and their main goal is to plan all aspects of emergency management to prepare for, protect against, respond to, recover from, and mitigate all disasters. As organizations participate in HHC trainings and exercises, they gain resource and information sharing and support and become more disaster resilient.

## 2.8 Annual Review of all Insurance Policies

<Insert organization’s name> will conduct an annual review of its insurance coverage to ensure it is current and meets organizational requirements for appropriate amounts. Review criteria should include, but not limited to, sufficient monetary caps of specific areas (i.e. housing and hotels, building repairs, construction costs, etc.) and diversification of types of insurance (i.e. vehicle, building and liability insurance, health and life insurance for staff).

## 2.9 Annual Building Assessment

<Insert organization’s name> will conduct an annual building review at all its program sites to review and update site plans and maps, check fire alarms and extinguishers, and review maintenance updates, construction plans and generator maintenance, if applicable. **See Section 3.4 Program Site Information of this document** for building related information for each specific program site.

## 2.10 Continuity of Operations

<Insert organization’s name> Continuity of Operations (COOP) guidelines are designed to maintain operations and services, thus reducing the economic impact to the <Insert organization’s name> following an emergency. The COOP plan is for <Insert organization’s name> to maintain critical business functions after an emergency. Critical business functions include:

* **Essential Functions**: The critical activities performed by <Insert organization’s name>, especially after a disruption of normal activities.
* **Orders of Succession:** The designated order of succession after an emergency if any of planned leaders are unavailable to execute their legal duties?
* **Delegations of Authority:** Identification, by position, of the authorities for making policy determinations and decisions at headquarters, field levels, and all other organizational locations.
* **Continuity Facilities**: Also called “Alternative Program Sites”, used to carry out essential functions, particularly in a continuity event.
* **Continuity Communications:** Communications that provide the capability to perform essential functions, in conjunction with other agencies, under all conditions.
* **Vital Records Management:** The identification, protection, and ready availability of electronic and hard copy documents, Personal health Information and data management software needed to support essential functions during an emergency.
* **Human Capital:** Emergency employees and other special categories of employees who are activated by an organization to perform assigned response duties.
* **Tests, Training, and Exercises:** Measures to ensure that <Insert organization’s name> continuity plan can support the essential functions throughout the duration of the event.
* **Devolution of Control and Direction**: The capability to transfer authority and responsibility for essential functions from <Insert organization’s name> primary operating staff and program sites to other agencies.
* **Reconstitution:** The process by which surviving organizational staff resume normal agency operations from the replacement organization.

## 2.11 Memorandum of Understanding / Mutual Aid Agreements

<Insert organization’s name> has entered into a Mutual Aid Agreement (MAA) with other organizations to support the support response and recovery efforts in disaster. Signed copies of the Mutual Aid Agreement will be kept at the:

<Insert Location> (insert location of all Emergency Preparedness MOU’s and MMA’s at FHMCHC and the format that they are kept in (i.e., hard copies, cloud, flash drives)).

## 2.12 Relocation of an Alternate Site

The Incident Commander will determine when it is necessary to relocate operations to an alternate site. Staff assigned to perform COOP functions will be asked to report immediately to the preplanned alternate site **(see section 3.4 Program Site Information of this document)***.* The Logistics Officer is responsible for relocating necessary equipment to the new program site and maintaining an inventory log of all relocated supplies. The equipment log should include the following specifics: equipment name, type, number, and quantity. The Safety Officer will provide necessary security and access controls at the alternate site and ensure local fire department and law enforcement authorities are notified of the status of the emergency.

## 2.13 Incident Command System and Order’s of Succession

A designated area inside the program site will serve as the Emergency Operations Center (EOC) during an emergency. The designated Incident Commander (IC) is responsible for activating the EOC for short-term (0-8 hours) and long-term incidents (8+ hours). The Incident Commander is responsible for all Emergency Operations Center activities and may assign employees to fill additional Incident Command System positions as required. Additional information about Incident Command System can be found in**Section 5: Incident Command System of the Emergency Management Plan.**

Continuity of leadership during an emergency is critical to ensure continuity of essential functions post disaster. <Insert organization’s name> has established and maintains an **Orders of Succession** for key positions in the event leadership is incapable of performing authorized duties. The designation as a successor enables that individual to serve in the same position as the principal in the event of that principal’s death, incapacity, or resignation.

**<Insert organization’s name>**

**Orders of Succession and Incident Command System Positions**

Insert job tittles for FHMCHC staff for incident command system positions. As there is staff turnover, it is better to list job tittles rather than individual names. Delete these instructions in RED when completed.>

|  |  |  |  |
| --- | --- | --- | --- |
| **ICS Position** | **Successor 1** | **Successor 2** | **Successor 3** |
| **Incident Commander (IC)** | i.e., Executive Director |  |  |
| **Public Information Officer (PIO)** | i.e., Communications Supervisor  |  |  |
| **Safety Officer** | i.e., Health and Safety Manager |  |  |
| **Liaison Officer** | i.e., Director of Nutrition Services  |  |  |
| **Operations Section Chief** | i.e., Operations Manager |  |  |
| **Planning Section Chief** | i.e., Compliance Director |  |  |
| **Logistics Section Chief** | i.e., Clinical Administrator |  |  |
| **Finance and Administration Section Chief** | i.e., Accounting Officer |  |  |

## 2.14 Activating <Insert organization’s name> Emergency Operations Plan

Activating the Emergency Operations Plan during an emergency may apply to internal or external incidents including a partial or full evacuation, shelter in place, security incident, or another emergency. The Executive Director or designated Incident Commander will decide when to implement the Emergency Operations Plan and what HICS positions to activate. Incident Response Guides, Job Action Sheets and more in-depth incident command information can be found in Section 5of this document.

## 2.15 Utility Management

Disasters may impact the facility’s utilities that are necessary for operations. Following an emergency, the Safety Officer will check the status of various operating systems, such as utility shutoff valves, generators or their dedicated electrical hookups, telephone land lines, fire detection and suppression systems as outlined*.* If any of these systems are found to be inoperable, the Safety Officer will contact appropriate companies or organizations to restore operation during or after the incident.

## 2.16 Recovery After an Emergency

Recovery begins after the disaster has been completely managed and it is time to get back to the restoration of normalcy. The recovery phase could last days to weeks to months, depending on the severity of the disaster. Resources and team members that were diverted during disaster response must be moved back to their original positions. A recovery team may be designated to establish priorities for returning to normal operations.

## 2.17 Demobilization After an Emergency

Planning for demobilization and recovery should begin during the response phase, but implementation of the demobilization plan should not begin until the recovery phase. The demobilization plan should outline the process of the organization returning to their day-to-day functions as this will ensure that all staff, equipment, supplies, and patients have been appropriately accounted for, recovered, or transferred. Special attention should be paid to staff to ensure they have taken an appropriate amount of rest and rehabilitation before returning to work.

Healthcare providers play a vital role in supporting communities before, during, and after disasters. It is important for providers to understand how and when they should demobilize following an emergency. Individual organizations manage their own demobilization actions, but they should maintain communications regarding their status with local emergency management officials to ensure accurate situational awareness.

* **Decision to Demobilize:** The Incident Commander or senior leadership will determine what factors to consider when making the decision to demobilize.
* **Transition to Healthcare Baseline Operations:** As demobilization occurs and decision-making authority is transferred back to each program site, baseline operations resume.
* **Document Preservation:** Relevant incident-related documents will be archived, including Incident Command System forms and documentation collected from both internal and external sources. These documents will be helpful for the After-Action Review (AAR) process and serve as historical references.

## 2.18 After-Action Review and Improvement Plan

After the emergency is over and <Insert organization’s name> resumes normal operations, employees involved in the response will participate in an After-Action Review. The purpose of an AAR is to discuss what went well, what didn’t go well, and identify areas for improvement. After-Action Reviews and the development of improvement plans are completed following each activation, whether it be for an exercise or real-life event. Developing an improvement plan is part of the disaster cycle. Once changes are made to the Emergency Operations Plan, the Emergency Operations Plan will be exercised to ensure staff are trained on changes.

# PART 3: <Insert organization’s name> Organizational Structure

Part three of the Emergency Operations Plan details specific organizational information about <Insert organization’s name> including, but not limited to: service locations and types of services provided, languages provided, client population demographics, physical and environmental information, etc. This important information describes many program elements that make this Emergency Operations Plan specific to <Insert organization’s name>.

1.

## 3.1 <Insert organization’s name> Mission Statement

The Mission Statement of <Insert organization’s name> is as follows:

The mission of <insert organization’s name> is to work in partnership with our community to improve the lifelong health and well-being of our patients. In support of this mission, we:

<insert Mission Statement Here>

## 3.2 <Insert organization’s name> Vision Statement

The Vision Statement of <Insert organization’s name> is as follows:

“Vision Statement Here”

**Source Link for Mission and Vision Statements: <insert Link here>**

## 3.3 <Insert organization’s name>Organizational Chart

<Insert here. Delete these instructions in RED>

## 3.4 Program Site Information

Disasters are defined as events that exceed the routine capabilities and capacities of a facility. To account for the need of extra services and resources during an emergency, <Insert organization’s name> has developed mutual aid agreements with partners. Mutual aid agreements are utilized to request aid from partners during a disaster. <Insert organization’s name> must also determine what capabilities and resources they are able to provide to another partner experiencing a disaster.

<Insert organization’s name> maintains the following program sites and this EOP applies to all program sites listed below. The following information describes each program site in terms of its details, specific location, provider type, and contact information.

<Insert all information in the GREY Areas, delete these instructions below in RED when completed. >

|  |  |
| --- | --- |
| **Program Site #1: Headquarters** |  |
| Location Name 🡺 |  |
| Address 🡺 |  |
| Phone Number 🡺 |  |
| Fax Number 🡺 |  |
| Type of Ownership/ Leased Arrangement | <Pick One and Delete others>❒ Organization Owned❒ Organization Managed Building❒ Rental/Lease Location  |
| Primary Person in Charge of this site:  | Name: Office Phone:Cell Phone:Email: |
| Secondary Person in Charge of this site:  | Name: Office Phone:Cell Phone:Email: |
| <Insert organization’s name> Website 🡺 | Website Here |
| Does this program site have a generator? | YES ❒ NO ❒ |
| If YES, location of the generator and person responsible to maintain it. |  |
| Does this program site have emergency lighting?  | YES ❒ NO ❒ |
| If YES, how any minutes of emergency lighting is available at this program site? | < \_\_\_\_\_ minutes of emergency lighting> |
| Primary Assembly Area following evacuation from this program site 🡺 | < list pre-planned area where everyone evacuates to following a disaster> |
| Secondary Assembly Area following evacuation from this program site 🡺 | < list pre-planned area where everyone evacuates to following a disaster> |
| Location of alternative care site in case this program site cannot operate during an emergency | The Alternative Care Site for this location is at our secondary clinic Site at:  |
| Location of first aid supplies at this program location | <insert location of first aid supplies> |
| Location of back up records (i.e. EMR, staff records, policies and procedures) | Cloud Based Storage:Flash Drives/ Disks: Other: |
| Elevators and stairwells  | <number and locations of elevators and stairwells in the building> |
| Emergency supplies and equipment | <List emergency supplies and equipment and their location at this program site> |
| Bathroom facilities | <number and locations of bathrooms, indicate if they are ADA accessible> |
| Shower facilities | <number of showers and locations, indicate accessibility> Delete if there are not showers at this program site. |
|  |  |
| **Program Site #2: Clinic Site** |  |
| Location Name 🡺 |  |
| Address 🡺 |  |
| Phone Number 🡺 |  |
| Fax Number 🡺 |  |
| Type of Ownership/ Leased Arrangement | <Pick One and Delete others>❒ Organization Owned❒ Organization Managed Building❒ Rental/Lease Location  |
| Primary Person in Charge of this site:  | Office Phone:Cell Phone:Email: |
| Secondary Person in Charge of this site:  | Office Phone:Cell Phone:Email: |
| Does this program site have a generator? | YES ❒ NO ❒ |
| If YES, location of the generator and person responsible to maintain it. |  |
| Does this program site have emergency lighting?  | YES ❒ NO ❒ |
| If YES, how any minutes of emergency lighting is available at this program site? | < \_\_\_\_\_ minutes of emergency lighting> |
| Primary Assembly Area following evacuation from this program site 🡺 | <list pre-planned area where everyone evacuates to following a disaster> |
| Location of alternative care site in case this program site cannot operate during an emergency? | The Alternative Care Site for this location is at: |
| Location of first aid supplies at this program location | <Insert location of first aid supplies> |
| Location of back up records (i.e. EMR, staff records, policies and procedures) | Cloud Based Storage:Flash Drives/ Disks: Other: |
| Elevators and stairwells  | <number and locations of elevators and stairwells in the building> |
| Emergency supplies and equipment | <List emergency supplies and equipment and their location at this program site> |
| Bathroom facilities | <number and locations of bathrooms, indicate if they are ADA accessible> |
| Shower facilities | <number of showers and locations, indicate accessibility> Delete if there are not showers at this program site. |
|  |  |

## 3.5 < Insert Organizations’ Name> Patient Population

<Insert Organization Name> has planned to protect and address the needs of their patients and community by providing the necessary services and protections to ensure safety and continuity of operations after any type of emergency. The following information describes <Insert Organization Name> patient population.

|  |  |
| --- | --- |
| Program Site #1: Headquarters |  |
| Medical services provided at this program site | <List specific medical services provided at this program site> |
| Non-medical services provided at this program site  | <List business functions conducted at this program site. (i.e. human resources, IT, facilities)> |
| Patient treatment spaces at this program site | <number of beds, exam rooms or other treatment areas>  |
| Number of patients served annually at this program site | < List # of patients served > |
| Normal day to day staffing pattern (both medical and non- medical staff) | <List number of staff, by type, i.e. # of RN’s, # of CMA’s, # of facilities staff> |
| Services provided in the following languages at this program site | <Please list language capacity at this program site>  |
| Age range of patients served at this program site | <Age range of patients by percentage > |
| Patient demographics | <List patient population> |

|  |  |
| --- | --- |
| Program Site #2: Clinic Site |  |
| Medical services provided at this program site | <List specific medical services provided> |
| Non-medical services provided at this program site  | <List business functions conducted at this program site. (i.e. human resources, IT, facilities)> |
| Patient treatment spaces at this program site | <number of beds, exam rooms or other treatment areas>  |
| Number of patients served annually at this program site | < List # of patients served > |
| Normal day to day staffing pattern (both medical and non- medical staff) | <List number of staff, by type, i.e. # of RN’s, # of CMA’s, # of facilities staff> |
| Services provided in the following languages at this program site | <Please list language capacity at this program site>  |
| Age range of patients served at this program site | <Age range of patients by percentage > |
| Patient demographics | <List patient population> |

##

## 3.6 Building Maps

<Insert program site or sites building maps here. Deletes these instructions in RED>

## 3.7 Evacuation Routes

<Insert program site or sites building maps marked with evacuation routes here. Deletes these instructions in RED>

## 3.8 Pre-designated Assembly Locations

<Insert building maps with marked assembly locations here. Deletes these instructions in RED>

* The primary assembly point for all patients, staff, and visitors: <insert primary assembly point>.
* The secondary assembly point for all patients, staff, and visitors: <insert secondary assembly point>.

#

# PART 4: CMS Emergency Management Program Requirements



The CMS Emergency Preparedness Rule **established national emergency preparedness requirements** for all disasters for Medicare and Medicaid participating healthcare providers. Compliance with these emergency management regulations is a condition of participation for all CMS providers.

These requirements include four core elements which are applicable to CMS providers and all providers must also comply with all applicable Federal, State, and local emergency preparedness requirements.

## 4.1 Emergency Operations Plan Based on Organization’s Risk Assessment

An Emergency Operations Plan (EOP) must be based on risks to an organization’s program sites and community. The most effective way to assess risk is to conduct an annual or biannual hazard vulnerability assessment. A risk assessment should be conducted using an “all-hazards” approach, focusing on capacities and capabilities. This Emergency Operations Plan includes a risk assessment that addresses:

* Identified hazards specific to the geographic area where your program site is located.
* Preparation for care-related emergencies.
* Plans for emergency equipment and utility failures.
* A communications plan that includes cyber-attacks.
* Loss of a portion or all of program sites and supplies.
* The emergency plan must be reviewed and updated annually or biannually depending upon the CMS provider type.

## 4.2 Policies and Procedures

<Insert organization’s name> has developed comprehensive emergency preparedness policies and procedures to guide staff during a time of disaster. These procedures give step by step instructions on how to respond to any type of emergency. Policies and procedures are an important tool to increase core emergency preparedness competency and to operationalize emergency management practices and other core business functions. Theyensure that a point of view held by an organization is translated into concreate steps so staff can follow detailed instructions, understand next steps, and respond in a measured and pre-planned manner. The very nature of policies and procedures make them excellent tools (i.e. training content, handouts) for ongoing staff training. <Insert organization’s name> specific policies and procedures are found in **Section 2: Policies and Procedures of the Emergency Management Program**. These policies and procedures are required by CMS and protect the health and safety of employees, patients, and visitors. Each policy and procedure have a specific purpose and these policies and procedures will address the following areas of emergency preparedness readiness:

1. Safe evacuation from the building following a disaster including designated assembly points and evacuation procedures.
2. Process to shelter-in-place for patients, staff, and visitors who remain in the building following disaster.
3. A system of medical documentation that preserves HIPPA patient privacy and Personal Health Information (PHI), details a “Go to Paper Protocol,” and maintains the availability of records and services before, during, and after a disaster.
4. The use of clinical and non-clinical volunteers during disaster, emergency medical credentialing, and volunteer application forms.

## 4.3 Communications Plan

The organization must develop and maintain an emergency preparedness communications plan that complies with Federal, State and local laws. <Insert organization’s name> Communications Plan are found in **Section 3: Communications Plan of the Emergency Management Program.** This plan is updated by the <Insert organization’s name> updated biannually and includes the following information:

* Names and contact info for staff, contracted services, participating medical staff, and volunteers
* Contact information for local, tribal, regional, and State emergency management officials
* Primary and alternate means of communication using redundant communication devices such as walkie talkies, satellite phones, ham radios, etc.
* A process to provide information about the general condition and location of patients under your organization’s care

## 4.4 Emergency Preparedness Staff Training

Ongoing emergency preparedness training is a critical component in preparing staff to respond to, recover from, and mitigate all types of disasters. Organizations are required to provide initial emergency training during orientation (or shortly thereafter) as well as ongoing training over the course of the year (depending upon an organization’s provider type). CMS providers have the flexibility to determine the focus of their annual training if it aligns with the Emergency Operations Plan and risk assessment. Ideally, annual training should be modified each year, incorporating lessons learned from recent exercises, real-life emergencies, and during the annual or biannual review of the organization’s Emergency Operations Plan.

## 4.5 Emergency Preparedness Exercises

Emergency preparedness exercises provide organizations the opportunity to test portions of their EOP. Lessons learned during exercises will determine if emergency policies and procedures, assembly points, or other plan elements function adequately during an emergency. As staff participate in regular, emergency preparedness exercises, they develop core competencies and create program infrastructure and documentation. <Insert organization’s name> Emergency Preparedness Exercises specific information and guidance is found in **Section 4: Training and Exercise of the Emergency Management Program.**

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## 4.6 Medical Documentation Maintenance

* Staff will secure all medical records and personal health information in a locked in a cabinet when not supervised or in use.
* Staff will be assigned to manage medical documentation processes.
* Once power has been restored, staff will incorporate the paper medical records into client’s electronic medical record.
* See **Section 2: Policy and Procedure #3: Medical Documentation** that delineates <Insert organization’s name> policy on maintaining medical documentation and HIPAA requirements.

## 4.7 Emergency Operations Plan Attachments

**Attachment A:** Document: <Insert last Hazard Vulnerability Analysis and Date>