# Communications Plan

< Incorporate any of your organizations existing policies and procedures that apply to these recommendations. Delete these instructions in RED.>

<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>, <insert Organization’s 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. Once you changed all areas in GREY, delete the GREY shading.

<Delete these instructions in RED.>

## Background

The Communications Plan has been developed in accordance with the Emergency Operations Plan (EOP). This plan does not change policies and direction provided in the EOP, such as policies for activating and managing the Emergency Operations Center (EOC). Rather, it provides additional guidance that may be used to complement the EOP. This plan is primarily focused on response and short-term recovery operations. Elements related to preparedness, long-term recovery, and mitigation are not included.

## Definition

A communications plan is a policy-driven approach to providing staff, patients, and other stakeholders with information. The plan formally defines who should be given specific information, when that information should be delivered, and what communication channels

will be used to deliver the information.

## Communications Plan Policy

<insert Organization’s name> Communications Plan includes specific information that will guide staff and senior leadership during response and recovery from a disaster. A crucial factor in maintaining this communications plan will be to systematically update all contact information on a regular basis to ensure that all contacts are current and workable. This information allows the staff of <insert Organization’s name> to contact additional staff easily and efficiently, patients, vendors, other healthcare providers, external partners, and volunteers during an emergency.

This Plan includes primary and alternative communication methods, also referred to redundant communication devices, specific to <insert Organization’s name> program site(s). This plan also designates a method for the release of patient information that is compliant with HIPPA regulations. This method will be used when an emergency has rendered a program site(s) inoperable and provides a process to communicate needs or requests for mutual aid. The goal of this Plan is to develop effective communication pathways for program staff and volunteers, local first responders, emergency management officials, and other healthcare providers in your community. This Plan supports both the CMS emergency preparedness rule and the mission of <insert Organization’s name>.

## Communications Plan Objectives

* Effectively communicate patient care, resource, and supply needs for <insert Organization’s name> program sites, other providers, first responders, and emergency management officials.
* Develop a system to update gather all pertinent contact information and update this information on a regular basis to ensure that during a disaster, all information is current and operational.
* Ensure continuity of care for patients, staff, and visitors during a disaster.

## Part 1: Communications Plan Review

E-Tag 0029 delineates one of the critical elements of <insert Organization’s name> Emergency Management Program in the CMS has specific regulations regarding the frequency of review of this plan and how often it be reviewed and updated biannually by senior leadership of <insert Organization’s name>.

### Review Procedure

* Establish a date <insert Organization’s name> will execute their Emergency Management Program (i.e., Sample Date: October 31, 2020).
* CMS requires review and revision of the Emergency Management Plan, including this Communications Plan, every 24 months depending upon your provider type.
* <insert staff person or persons and titles> are assigned to review and update all contact information in this Plan every <insert frequency that information is reviewed and updated>.
* Between **November 1, 2020** through **October 31, 2022**, <insert Organization’s name> will participate in planned emergency management trainings and exercises and will regularly update the Communications Plan.
* All revisions to the existing emergency preparedness practices following trainings and exercises will be reflected and updated in ***Section #1: Emergency Operations Plan under*** *“****Record of Change”****.*
* Electronic copies of the Communications Plan are stored <insert what type of electronic format is used to store an electronic copy of this plan, i.e., flash drive, cloud storage or another format.

## Part 2: Internal and External Contact Information

### Part 2a. Internal Contact Information

E-Tag 0030 reflects a comprehensive list of internal contact information including internal staff, treating physicians, volunteers, contracted vendors, and other provider information. This information is the internal service network established by <insert Organization’s name>.

**<insert Organization’s name> Staff Contact List**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Position** | **Name** | **Primary/Secondary Phone/Pager** | **Email** | **Assigned Program Site**  |
| **Executive Director****ICS Role:** |  | Office Phone:Cell Phone: |  |  |
| **Safety Director****ICS Role:** |  | Office Phone:Cell Phone: |  |  |
| **Medical Director****ICS Role:** |  | Office Phone:Cell Phone: |  |  |
| **Operations Director****ICS Role:** |  | Office Phone:Cell Phone: |  |  |
| **Finance Director****ICS Role:** |  | Office Phone:Cell Phone: |  |  |
| **Human Resources Director****ICS Role:** |  | Office Phone:Cell Phone: |  |  |
| **<Insert Position as needed>** |  | Office Phone:Cell Phone: |  |  |
| **<Insert Position as needed>** |  | Office Phone:Cell Phone: |  |  |
| **<Insert Position as needed>** |  | Office Phone:Cell Phone: |  |  |
| **<Insert Position as needed>** |  | Office Phone:Cell Phone: |  |  |
| **<Insert Position as needed>** |  | Office Phone:Cell Phone: |  |  |
| **<Insert Position as needed>** |  | Office Phone:Cell Phone: |  |  |
| **<Insert Position as needed>** |  | Office Phone:Cell Phone: |  |  |
| **<Insert Position as needed>** |  | Office Phone:Cell Phone: |  |  |
| **<Insert Position as needed>** |  | Office Phone:Cell Phone: |  |  |

<Add in additional rows or delete to incorporate all staff positions, participating physicians, volunteers, and staff that speak languages other than English.>

**<insert Organization’s name> Participating Physicians**

| **Physician’s Name** | **Primary/Secondary Phone/Pager** | **Email** | **Medical Specialty** | **Assigned Program Site**  |
| --- | --- | --- | --- | --- |
|  | Office Phone:Cell Phone: |  |  |  |
|  | Office Phone:Cell Phone: |  |  |  |
|  | Office Phone:Cell Phone: |  |  |  |
|  | Office Phone:Cell Phone: |  |  |  |
|  | Office Phone:Cell Phone: |  |  |  |
|  | Office Phone:Cell Phone: |  |  |  |
|  | Office Phone:Cell Phone: |  |  |  |
|  | Office Phone:Cell Phone: |  |  |  |
|  | Office Phone:Cell Phone: |  |  |  |

<See companion grid to determine what provider specific contact information is needed. Delete rows below that do not apply to your organization. Delete these instructions in RED.>

**Volunteer Contact Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Phone** | **Email** | **Role**  | **Supervisor** | **Date of Orientation** | **First Day of Service** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Multilingual Staff**

| **Name** | **Language(s)** | **Fluent in American Sign Language?** | **Home Phone/****Cell Phone** | **Email** |
| --- | --- | --- | --- | --- |
|  | <Insert Language(s)> | ❒ YES ❒ NO |  |  |
|  | <Insert Language(s)> | ❒ YES ❒ NO |  |  |
|  | <Insert Language(s)> | ❒ YES ❒ NO |  |  |
|  | <Insert Language(s)> | ❒ YES ❒ NO |  |  |
|  | <Insert Language(s)> | ❒ YES ❒ NO |  |  |
|  | <Insert Language(s)> | ❒ YES ❒ NO |  |  |

### Part 2b. External Contact Information

E-Tag 0031 includes specific contact information for external local, state, tribal, and federal emergency preparedness officials, and other sources of assistance. These external contacts will provide staff the ability to reach out to quickly and efficiently local first responders, emergency officials, utility companies, other healthcare providers, external partners, vendors, or other sources of assistance to request or offer resources during disaster.

**Emergency Contacts for Local Emergency Management and**

**Public Safety Agencies**

| Agency | Contact Name/Title | Primary Phone  | Secondary Phone(cell, satellite.) | Email  |
| --- | --- | --- | --- | --- |
| **Local Public Safety Agencies** |
| Fire Department– Business Line |  |  |  |  |
| Fire – Emergency |  |  |  |  |
| Police Department |  |  |  |  |
| Police Non-Emergency Number |  |  |  |  |
| County Department of Public Health  |  |  |  |  |
| Infectious Disease Agency |  |  |  |  |
| County Coroner |  |  |  |  |
| **Emergency Management Officials** (delete any listing not appropriate to your organization. Delete these instructions in RED) |
| County Office of Emergency Services (OES) |  |  |  |  |
| Tribal Emergency Management Officials |  |  |  |  |
| Montana Emergency Management Services |  |  |  |  |
| HRSA Program Officer |  |  |  |  |
| Montana Department of Health and Human Services  |  |  |  |  |
| Local Emergency Preparedness Committee |  |  |  |  |
| Federal Emergency Management Agency (FEMA) |  |  |  |  |
| Licensing Agency Specific to <insert Organization’s name><insert name of public agencies providing licensure to this organization. Delete these instructions in RED.>  |  |  |  |  |
| CMS Regional Office (Montana Only) |  |  |  | ROATLHSQ@cms.hhs.gov (Email only) |
| **Other Local Healthcare Providers** <See companion grid to determine what provider contact information is needed. Delete these instructions in RED> |
| Hospital  |  |  |  |  |
| Critical Access Hospital |  |  |  |  |
| RNHCI |  |  |  |  |
| Hospice Organizations |  |  |  |  |
| PACE Organization |  |  |  |  |
| Intermediate Care Facilities |  |  |  |  |
| Organ Procurement Organizations |  |  |  |  |
| Skilled Nursing Facilities  |  |  |  |  |
| Other Local Providers <Add or Delete rows as needed. Keep all local providers that apply and delete the others. Delete these instructions in RED.> |  |  |  |  |
| **Utilities** |
| Water |  |  |  |  |
| Electric |  |  |  |  |
| Heating Oil |  |  |  |  |
| Utilities-Gas (Propane or Natural) |  |  |  |  |
| Generator Fuel (Gas, Propane, Diesel) |  |  |  |  |
| IT Support (if external) |  |  |  |  |
| **Outside Vendors** |
| Food |  |  |  |  |
| Water (beyond utilities) |  |  |  |  |
| Primary Pharmacy |  |  |  |  |
| Secondary Pharmacy <delete if not applicable, add more rows to add Pharmacies if needed. Delete these instructions in RED.> |  |  |  |  |
| Medical Supplies |  |  |  |  |
| Medical Equipment |  |  |  |  |
| Oxygen Supplies |  |  |  |  |
| Janitorial Provider |  |  |  |  |
| Ambulance Service |  |  |  |  |
| Non-Emergency Medical Transport |  |  |  |  |
| Additional Vendor Information <Add or delete rows as needed. Delete these instructions in RED.> |  |  |  |  |

## 3. Primary and Alternative Forms of Communication

E-Tag 0032 provides requirements for organizations to plan both their primary and secondary forms of communication devices that will be used during a disaster. <insert Organization’s name> has developed the following communication strategies that will allow them to effectively communicate with staff, external partners, and emergency management officials during a disaster. It is common during disasters that primary communication devices such as landlines and cell services will fail. If this occurs, it is important that organizations develop secondary and redundant communication methods such as walkie talkies, satellite phones, ham radios, 700mhz radios, or others. In the event of failure or inoperability of primary communication methods, <insert Organization’s name> will utilize the following alternative methods to notify external partners, emergency management officials, staff, and others crucial to the response and recovery functions of this organization.

### 3a. Communication Grid

<insert Organization’s name> uses the following primary and alternative communication devices during disaster.

**Primary and Secondary Forms of Communication during a Disaster**

**(Check all that apply)** Delete these instructions in RED.>

|  |  |
| --- | --- |
| **Primary Forms of Communications** | **Secondary or Redundant Forms of Communication** |
| ❒ Land Lines | ❒ Walkie Talkies <insert type of Walkie Talkie System here> |
| ❒ Cell Phones | ❒ Satellite Phones |
| ❒ Other <insert type of other of primary communication methods.> | ❒ Ham Radios |
|  | ❒ 700mhz Radios |
|  | ❒ Other <insert type of other of secondary or redundant communication methods.> |

### 3b. Communications Testing

<insert Organization’s name> routinely evaluates and verifies the interoperability and connectivity of both their primary and secondary forms of communication in advance of a disaster.

<Insert your organization’s communications testing schedule or process. Delete these instructions in RED.>

## 4. Dissemination of Patient and Program Site Information

The last section of <insert Organization’s name> Communications Plan focuses on developing effective ways to share HIPPA compliant patient information and methods to communicate program site needs or capacity. In addition to this Communications Plan, a companion document titled “CMS E-Tags by Provider for a Communications Plan” specifically delineates the level of patient and provider information that is required for all Primary Care Clinics and FQHC providers during a disaster.

### 4a. Limited Sharing of Specific Patient Information per Provider Type

This section incorporates specific information from E-Tag 0033 (4)(5)(6) and provides guidance on sharing patient information such as the general condition and location of patients during a disaster. Continuity of care for all patients, staff, and others is assured when specific, limited patient information is shared with other providers or emergency management officials. This includes specific methods for sharing information and Personal Health Information (PHI) while maintaining privacy.

All required contact information specific to <insert Organization’s name> is found in ***Part 2a. (internal contact information)*** and ***Part 2b. (external contact Information)*** of this document. During a disaster, resources, communications, and power availability is uncertain. To address these challenges, <insert Organization’s name> has developed a policy and procedure that will enable the continued delivery and documentation of vital medical services using both Electronic Medical Record and “Go to Paper Protocol.” This policy and procedure can be found in ***Section #2: Policy and Procedure #6: Medical Documentation***. This policy identifies a method to provide HIPPA and CMS compliant medical documentation during a disaster.

### 4b. Sharing of Program Site Occupancy Needs and Capacity

This section focuses on creating specific communication pathways for <insert Organization’s name>to provide information about their program site(s) occupancy needs of as well as their ability to aid other providers during a disaster. E-Tag 0034 (5)(6)(7) allows for <insert Organization’s name>to efficiently communicate their needs for medical supplies, evacuation assistance, or other resources to local first responders or emergency management officials. Additionally, this section provides a method for <insert Organization’s name> to communicate their capacity to provide mutual aid to other providers during a disaster. All required contact information specific to this E-Tag is found in ***Part 4a. (internal contact information*)** and ***Part 2b. (external contact Information)*.**

**Source Materials: CMS Appendix Z**

[**https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\_z\_emergprep.pdf**](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_z_emergprep.pdf)