Emergency Preparedness Survey Procedures What the ICF/IID Surveyor will do....

- 1. **Interview** the facility leadership and ask him/her/them to *describe* the facility's *emergency preparedness program*.
- 2. **Ask** to see the facility's *written policy and documentation* on the emergency preparedness program.
- 3. **Verify** the emergency plan includes *policies and procedures* for the provision of *subsistence needs* including, but not limited to, food, water and pharmaceutical supplies for patients and staff by reviewing the plan.
- 4. **Verify** the emergency plan includes *policies and procedures* to ensure adequate *alternate energy sources* necessary to maintain:
 - Temperatures to protect patient health and safety;
 - Safe and sanitary storage of provisions;
 - Emergency lighting; and
 - Fire detection, extinguishing and alarm systems.
- 5. **Verify** the emergency plan includes policies and procedures to provide for sewage and waste disposal.
- 6. **Verify** that the facility has a *written communication plan* by asking to see the plan.
- 7. **Ask** to see evidence that the plan has been *reviewed* (and updated as necessary) on an *annual basis*
- 8. **Verify** the *communication plan* includes *primary and alternate means* for communicating with facility staff, federal, state, regional and local emergency management agencies by reviewing the communication plan.
- 9. **Ask** to see the *communications equipment or communication systems* listed in the plan.
- 10. **Verify** the *communication plan* includes a method for *sharing information* and medical care documentation for clients under the facility's care, as necessary, with other health providers to maintain the continuity of care by reviewing the communication plan.
- 11. **Verify** the facility has *developed policies and procedures* that address the means the facility will use to release patient information to include the general condition and location of patients, by reviewing the communication plan.
- 12. **Verify** the *communication plan* includes a means of providing information about the facility's needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee by reviewing the communication plan.
- 13. **Verify** if the communication plan includes a means of providing information about their occupancy.
- 14. **Ask** staff to demonstrate the method the facility has developed for sharing the emergency plan with residents or clients and their families or representatives.

- 15. **Interview** clients and their families or representatives and ask them if they have been given information regarding the facility's *emergency plan*.
- 16. **Verify** the *communication plan* includes a method for sharing information from the emergency plan, and that the facility has determined it is appropriate with residents or clients and their families or representatives by reviewing the plan.
- 17. **Verify** that the facility has a *written training and testing program* that meets the requirements of the regulation.
- 18. **Verify** the program has been *reviewed* and *updated* on, at least, an annual basis by asking for *documentation* of the annual review as well as any updates made.
- 19. **Verify** that ICF/IID emergency plans also meet the requirements for evacuation drills and training at §483.470(i).
- 20. **Ask** for copies of the facility's *initial* emergency preparedness training and annual emergency preparedness training offerings.
- 21. **Interview** various staff and ask questions regarding the facility's initial and annual training course, to **verify** staff knowledge of emergency procedures.
- 22. **Review** a sample of staff training files to **verify** staff have received initial and annual emergency preparedness training.
- 23. **Verify** the facility has an emergency preparedness-training program and that it is updated annually.
- 24. Interview staff and ask them to describe the evacuation procedures and plan.
- 25. Verify current copies of CPR certifications for all staff, as applicable, are on file.
- 26. **Ask** to see *documentation* of the annual tabletop and full-scale exercises (which may include, but is not limited to, the exercise plan, the AAR, and any additional documentation used by the facility to support the exercise.
- 27. **Ask** to see the *documentation* of the facility's efforts to identify a full-scale community based exercise if they did not participate in one (i.e. date and personnel and agencies contacted and the reasons for the inability to participate in a community-based exercise).
- 28. **Request** *documentation* of the facility's *analysis and response* and how the facility updated its emergency program based on this analysis.
- 29. **Verify** that the facility has the required *emergency* and *standby power systems* to meet the requirements of the facility's emergency plan and corresponding policies and procedures.
- 30. **Review** the emergency plan for "shelter in place" and evacuation plans. Based on those plans, does the facility have emergency power systems or plans in place to maintain safe operations while sheltering in place?



Multiple Facility Providers:

- a) **Verify** if the facility has opted to be *part of its healthcare system's unified and integrated emergency preparedness program.*
- b) **Verify** that they are by asking to see *documentation* of its inclusion in the program.
- c) **Ask** to see *documentation* that verifies the facility within the system was actively involved in the development of the unified emergency preparedness program.
- d) **Ask** to see *documentation* that verifies the facility was actively involved in the annual reviews of the program requirements and any program updates.
- e) **Ask** to see a copy of the entire integrated and unified emergency preparedness program and all required components (emergency plan, policies and procedures, communication plan, training and testing program).
- f) **Ask** facility leadership to describe how the unified and integrated emergency preparedness program is *updated based on changes* within the healthcare system such as when facilities enter or leave the system.