


CAHF-DPP presents the
"CMS Emergency Preparedness Rule"

Overview: E-Tag Definitions & Surveyor Procedures

Why is CMS passing this new Rule?



- This is CMS's response to what it sees as the complexities of actual emergencies and the inconsistencies of preparedness among certified providers
- CMS states that the existing requirements are "insufficient" and the new requirements are "comprehensive"

Not just compliance for compliance sake



By the numbers....

- February 2017 – more than 180K people evacuated
- 5 SNFs, 4 ICF-IIDs, 6 Als evacuated – 587 residents total – going to 11 different counties.

- October 2017 – more than 50k people evacuated
- 2 Acute Hospitals, 9 SNFs, 11 ICF-IIDs, 1 Veterans Home, 1 Developmental Center, dozens of other facilities evacuated
- 327 SNF residents evacuated, 84 ICF clients evacuated, 744 total

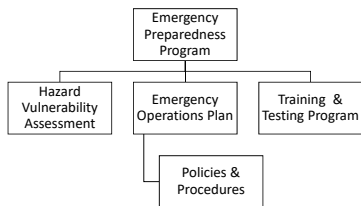
- Weather and human related emergencies happen every year!

Beginning November 15, 2017:

- Facilities are required to develop an **emergency preparedness program** that describes a facility's comprehensive approach to meeting the health, safety, and security needs of their staff and patient population during an emergency or disaster situation.

- The program must also address how the facility would coordinate with other healthcare facilities, as well as the whole community during an emergency or disaster (natural, man-made, facility).

What Does It Look Like?



E-0001 Tag: Emergency Preparedness Program

"The facility must comply with all applicable Federal, State and local emergency preparedness requirements. The facility must establish and maintain a comprehensive emergency preparedness program that must include, but not be limited to, the following elements..."

Survey Procedures

- Interview the facility leadership and ask him/her/them to describe the facility's emergency preparedness program.
- Ask to see the facility's written policy and documentation on the emergency preparedness program.



E-0004 Tag: Program Updated Annually

The facility must develop and maintain an emergency preparedness plan that must be reviewed and updated at least annually. The emergency plan supports, guides, and ensures a facility's ability to collaborate with local emergency preparedness officials. This approach is specific to the location of the facility and considers particular hazards most likely to occur in the surrounding area.

Survey Procedures

- Verify the facility has an emergency preparedness plan by asking to see a copy of the plan.
- Ask facility leadership to identify the hazards that were identified in the facility's risk assessment and how the risk assessment was conducted.
- Review the plan to verify it contains all of the required elements
- Verify that the plan is reviewed and updated annually by looking for documentation of the date of the review and updates that were made to the plan based on the review

E-0006 Tag: All Hazards Approach

Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing residents.

Survey Procedures

- Ask to see the written documentation of the facility's risk assessments and associated strategies.
- Interview the facility leadership and ask which hazards (e.g. natural, man-made, facility, geographic) were included in the facility's risk assessment, why they were included and how the risk assessment was conducted.
- Verify the risk-assessment is based on an all-hazards approach specific to the geographic location of the facility and encompasses potential hazards.

How do I find my hazards?

- Find a community based risk assessment –
 - Local emergency planners (County Office of Emergency Services or County Hospital Preparedness Program Coordinator)
 - Acute care hospital partner – Joint Commission requires this
 - <http://myhazards.caloes.ca.gov/>

Hazard Risk and Vulnerability Assessment (HV) Reference Guide

Please use common sense in a complete hazard profile. Hazardous materials, biological, chemical, radiological, nuclear, and other vulnerabilities, risks, and vulnerabilities. Review the guide for more information on each assessment as well as other resources. We hope this quick reference guide will assist you in creating complete hazard profiles to include in your risk management plan.

Assessment Area	Key Questions to Ask	Key Information
Geography	• What is the location of the facility? (e.g., street address, city, county, state, zip code, etc.) • Are there any nearby hazards (e.g., flood zones, seismic zones, etc.)?	• The location of the facility is critical to understanding the potential hazards that may affect it. This information should be used to identify any nearby hazards and to determine the potential impact of those hazards on the facility.
Operations	• What are the facility's operations? (e.g., services, programs, etc.) • Are there any special requirements for the facility's operations? (e.g., hazardous materials, etc.)	• The nature of the facility's operations is critical to understanding the potential hazards that may affect it. This information should be used to identify any special requirements for the facility's operations and to determine the potential impact of those requirements on the facility.
Personnel	• How many personnel are employed at the facility? • What are the roles and responsibilities of the personnel?	• The number and roles of personnel are critical to understanding the potential hazards that may affect the facility. This information should be used to determine the potential impact of those personnel on the facility.
Documentation	• What documentation is available for the facility? • Are there any records of past incidents or hazards?	• The availability of documentation is critical to understanding the potential hazards that may affect the facility. This information should be used to determine the potential impact of those records on the facility.

E-0007 Tag: Unique Needs of Residents During a Disaster

Address patient/client population, including, but not limited to, persons at-risk; the type of services the [facility] has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.

Survey Procedures

Interview leadership and ask them to describe the following:

- The facility's patient populations that would be at risk during an emergency event
- Strategies the facility has put in place to address the needs of at-risk patients
- Services the facility would be able to provide during an emergency
- How the facility plans to continue operations during an emergency
- Delegations of authority and succession plans



Verify that all of the above are included in the written emergency plan.

3.2. RESIDENT PROFILE

In our facility, all residents are at risk during emergencies due to their unique health needs. To ensure that we design procedures that will support these needs, we have completed a resident profile that identifies the common services our facility provides.

Number of residents we are licensed to provide care for: (enter number of beds)

Our average daily census: (enter a range)

We serve residents with the following **common** diseases, conditions, physical and cognitive disabilities, or combinations of conditions that require complex medical care and management.

SPECIAL TREATMENTS AND CONDITIONS COMMON IN THIS FACILITY		
	Special Treatments	Number/Average or Range of Residents
Cognitive or Intellectual Disabilities	Behavioral needs	
	Daily nursing care	
Respiratory Treatments	Oxygen therapy	
	Suctioning	

E-0009 Tag: Planning with Response Authorities

Include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the facility's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.

Survey Procedures

- Interview facility leadership and ask them to describe their process for ensuring cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to ensure an integrated response during a disaster or emergency situation.
- Ask for documentation of the facility's efforts to contact such officials and, when applicable, its participation in collaborative and cooperative planning efforts.



E-0013 Tag: Policies & Procedures Based on Risk Assessment

Facilities must develop and implement emergency preparedness policies and procedures, based on the emergency plan, risk assessment, and the communication plan. The policies and procedures must be reviewed and updated at least annually.

Survey Procedures

Review the written policies and procedures which address the facility's emergency plan and verify the following:

- Policies and procedures were developed based on the facility- and community- based risk assessment and communication plan, utilizing an all-hazards approach.
- Ask to see documentation that verifies the policies and procedures have been reviewed and updated on an annual basis.

EVENT	PROBABILITY	RISK	PREPAREDNESS	TOTAL
	3=HIGH	5=LIFE THREAT		
	2=MEDIUM	4=HEALTH/SAFETY	3=POOR	
	1=LOW	3=HIGH DISRUPTION	2=FAIR	PXRXP
	0=NONE	2=MODERATE DISRUPTION	1=GOOD	
		1=LOW DISRUPTION	N/A= NOT APPLICABLE	
		0= NO DISRUPTION		
GROUP #1 - NATURAL EVENTS				
Hurricane Winds				
Tornado				
Severe thunderstorm				
Snow fall				
Blizzard				
Ice storm				
Earthquake				
Temperature extremes				
Drought				
Flood, external				
Wild fire				
Landslide				
Nuclear power plant incident				
Dam failure				
GROUP #2 - HUMAN EVENTS				
Elopement				
Work place violence				

E-0015 Tag: Subsistence Needs for Residents

The provision of subsistence needs for staff and patients whether they evacuate or shelter in place.

Survey Procedures

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.

Verify the emergency plan includes policies and procedures to ensure adequate alternate energy sources necessary to maintain:

- Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions
- Emergency lighting, fire detection, extinguishing, and alarm systems
- Verify the emergency plan includes policies and procedures to provide for sewage and waste disposal

E-0018 Tag: Resident & Staff Tracking Systems

A system to track the location of on-duty staff and sheltered patients in the facility's care during an emergency. If on-duty staff and sheltered patients are relocated during the emergency, the facility must document the specific name and location of the receiving facility or other location.

Survey Procedures

- Ask staff to describe and/or demonstrate the tracking system used to document locations of patients and staff.
- Verify that the tracking system is documented as part of the facilities' emergency plan policies and procedures.

NHICS <small>CONWARD SYSTEM</small>			
NHICS FORM 255 MASTER RESIDENT EVACUATION TRACKING FORM			
1. INCIDENT NAME:		2. FACILITY NAME:	
DATE PREPARED:		4. RESIDENT TRACKING MANAGER:	
RESIDENT EVACUATION INFORMATION			
RESIDENT NAME:			
DISPOSITION	MODE OF TRANSPORTATION	ACCEPTING FACILITY NAME & CONTACT INFO	TIME FACILITY CONTACTED & REPORT GIVEN TRANSFER INITIATED (TIME/TRANSPORT CO.)
<input type="checkbox"/> HOME <input type="checkbox"/> FACILITY TRANSFER <input type="checkbox"/> TEMP. SHELTER			MEDICAL RECORD SENT: <input type="checkbox"/> YES <input type="checkbox"/> NO MEDICATION SENT: <input type="checkbox"/> YES <input type="checkbox"/> NO MO/FAMILY NOTIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO ARRIVAL CONFIRMED: <input type="checkbox"/> YES <input type="checkbox"/> NO
RESIDENT NAME:			
DISPOSITION	MODE OF TRANSPORTATION	ACCEPTING FACILITY NAME & CONTACT INFO	TIME FACILITY CONTACTED & REPORT GIVEN TRANSFER INITIATED (TIME/TRANSPORT CO.)
<input type="checkbox"/> HOME <input type="checkbox"/> FACILITY TRANSFER <input type="checkbox"/> TEMP. SHELTER			MEDICAL RECORD SENT: <input type="checkbox"/> YES <input type="checkbox"/> NO MEDICATION SENT: <input type="checkbox"/> YES <input type="checkbox"/> NO MO/FAMILY NOTIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO ARRIVAL CONFIRMED: <input type="checkbox"/> YES <input type="checkbox"/> NO
RESIDENT NAME:			
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<input type="checkbox"/> HOME <input type="checkbox"/> FACILITY TRANSFER <input type="checkbox"/> TEMP. SHELTER			MEDICAL RECORD SENT: <input type="checkbox"/> YES <input type="checkbox"/> NO MEDICATION SENT: <input type="checkbox"/> YES <input type="checkbox"/> NO MO/FAMILY NOTIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO ARRIVAL CONFIRMED: <input type="checkbox"/> YES <input type="checkbox"/> NO
CERTIFYING OFFICER:		7. DATE/TIME SUBMITTED:	

E-0020 Tag: Safe Evacuation

Safe evacuation from the facility, which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s); and primary and alternate means of communication with external sources of assistance.

Survey Procedures

- Review the emergency plan to verify it includes policies and procedures for safe evacuation from the facility and that it includes all of the required elements.



4.5. EVACUATION AND RESIDENT/STAFF TRACKING

It is the policy of this facility to pre-plan for all anticipated hazards with a goal to minimize the stress and danger to our residents, staff and visitors. Recent research indicates there are increased risks of mortality and morbidity related to the evacuation of people who are elderly and/or suffer from chronic health conditions. For this reason, sheltering in place will always be our first response choice if it is feasible. When sheltering in place would put our residents at greater risk than evacuation, or when given a mandatory order to do so by appropriate authorities, the IC will activate this Evacuation P&P.

The following terms are important to understanding how we evacuate our facility.

- There are two types of evacuation: *emergent* which unfolds in minutes to hours, and *urgent/planned* which unfolds in hours to days.
- Partial evacuation* which can be *horizontal* - moving residents, staff and visitors to a safe area on the same floor or *vertical* - moving residents, staff and visitors either up or down stairs to a safe area within the facility. A partial evacuation can also involve moving some residents out of the facility to relocation sites while others remain to shelter in place.
- Complete evacuation* involves moving all residents, staff and visitors to a pre-designated area outside of the building, and if needed to relocation sites.
- Relocation* involves moving residents to an alternate facility (also called a receiving facility) offsite.
- The *staging area* is the last place to move residents before leaving the building. Residents may be sent to a staging area based on level of acuity or as part of the transport loading process.

E-0022 Tag: Shelter in Place

A means to shelter in place for patients, staff, and volunteers who remain in the facility.

Survey Procedures

- Verify the emergency plan includes policies and procedures for how it will provide a means to shelter in place for patients, staff and volunteers who remain in a facility.
- Review the policies and procedures for sheltering in place and evaluate if they aligned with the facility's emergency plan and risk assessment.

4.15. SHELTER IN PLACE

It is the policy of this facility to protect our residents, staff and others who may be in our facility from harm during emergency events. To accomplish this, we have developed procedures for specific hazards which build on the cross-cutting strategies in our continuity of operations plan. The decision to shelter in place will be based on the best interests of the residents and whenever possible, the advice of local response authorities. It is the policy of this facility to shelter in place as a preferred method over facility evacuation due to the stress to residents associated with evacuation to another facility or alternate care site. For this reason, we have mitigated our risks of impact from the most likely hazards we face through staff training, structural assessment, emergency supplies and redundant communication systems.

If the threat is fast moving (e.g., an emergent wildfire), the decision to shelter in place may need to be made rapidly, without the opportunity to consult with local fire, law, or county emergency management officials. In this case the decision would be made by the Incident Commander. Situations that may warrant shelter in place include:

- Severe weather that limits access to the facility
- Hazardous materials incidents
- Earthquakes
- Wildfires
- <Add additional facility specific hazards identified on risk assessment>

E-0023 Tag: Observing HIPAA during Emergencies

A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains availability of records.

Survey Procedures

- Ask to see a copy of the policies and procedures that documents the medical record documentation system the facility has developed to preserves patient information, protects confidentiality of patient information, and secures and maintains availability of records.

E-0024 Tag: Staffing Strategies

The use of volunteers in an emergency or other emergency staffing strategies, including the process and role of integration of State and Federally designated health care professionals to address surge needs during an emergency.

Survey Procedures

- Verify the facility has included policies and procedures for the use of volunteers and other staffing strategies in its emergency plan.



E-0025 Tag: Memorandum of Understanding/Agreement (MOU)

The development of arrangements with other facilities and other providers to receive patients in the event of limitations or cessation of operations to maintain the continuity of services to facility patients.

Survey Procedures

- Ask to see copies of the arrangements and/or any agreements the facility has with other facilities to receive patients in the event the facility is not able to care for them during an emergency
- Ask facility leadership to explain the arrangements in place for transportation in the event of an evacuation



MUTUAL AID COMPACT

This Mutual Aid Compact ("Compact") is made and entered into effect as of _____ between _____ ("the Affected Nursing Home") and _____ ("the Assisting Nursing Home").

RECITALS

WHEREAS, this Compact is not a legally binding contract but rather a statement of principles which signify the belief and commitment of the Participating Nursing Homes that in the event of a disaster, the medical needs of the citizens in their care will be best met if the participating Nursing Homes cooperate with one another and coordinate their response efforts;

WHEREAS, the Participating Nursing Homes desire to set forth the basic tenets of a cooperative and coordinated response plan to facilitate the immediate sharing of regional resources in the event of a disaster;

WHEREAS, the Participating Nursing Homes acknowledge that any Participating Nursing Home may from time to time find it necessary to evacuate and/or transfer patients due to the occurrence of a disaster;

WHEREAS, the Participating Nursing Homes further acknowledge that any Participating Nursing Home may from time to time lack the staff, equipment, supplies and other essential services to optimally meet the needs of patients due to the occurrence of a disaster;

E-0026 Tag: 1135 Waiver/Alternate Care Sites

The role of the facility under a waiver declared by the Secretary, in accordance with section 1135 of the Act, in the provision of care and treatment at an alternate care site identified by emergency management officials.

Survey Procedures

- Verify the facility has included policies and procedures in its emergency plan describing the facility's role in providing care and treatment at alternate care sites under an 1135 waiver.



E-0029 Tag: Emergency Communication Plan

The facility must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least annually.

Survey Procedures

- Verify that the facility has a written communication plan by asking to see the plan.
- Ask to see evidence that the plan has been reviewed (and updated as necessary) on an annual basis.

E-0030 Tag: Emergency Communications Plan (Internal)

Names and contact information for the following:

- (i) Staff.
- (ii) Entities providing services under arrangement.
- (iii) Patients' physicians
- (iv) Other [facilities].
- (v) Volunteers.

Survey Procedures

- Verify that all required contacts are included in the communication plan by asking to see a list of the contacts with their contact information.
- Verify that all contact information has been reviewed and updated at least annually by asking to see evidence of the annual review.

E-0031 Tag: Emergency Communications Plan (External)

The facility must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws, and must be reviewed and updated at least annually. It must have contact information from the following:

- (i) Federal, State, tribal, regional, or local emergency preparedness staff.
- (ii) The State Licensing and Certification Agency.
- (iii) The State Ombudsman, or other advocacy agency.
- (iv) Other sources of assistance.

Survey Procedures

- Verify that all required contacts are included in the communication plan by asking to see a list of the contacts with their contact information.
- Verify that all contact information has been reviewed and updated at least annually.

E-0032 Tag: Primary & Alternate Means of Communication

The facility must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least annually.] The communication plan must include Primary and alternate means for communicating with facility staff and external emergency management agencies.

Survey Procedures

- Verify the communication plan includes primary and alternate means for communicating with facility staff, Federal, State, tribal, regional and local emergency management agencies by reviewing the communication plan.
- Ask to see the communications equipment or communication systems listed in the plan.

E-0033 Tag: Sharing Medical Information under HIPAA

The facility must develop and maintain an emergency communication plan that is reviewed and updated annually. It must include a method for sharing information and medical documentation with other providers to maintain continuity of care; in the event of evacuation, to release patient information; a means of providing information about the general condition and location of a patient under the facility's care.

Survey Procedures

- Verify the communication plan includes a method for sharing information and medical documentation for patients under the facility's care, as necessary, with other health providers to maintain the continuity of care by reviewing the communication plan.
- 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

E-0034 Tag: Emergency Communication Plan for Status Polls

The facility must develop and maintain a communication plan that can provide information about the facility's occupancy, needs, and its ability to provide assistance to the authorities or Incident Command Center during an area-wide event.

Survey Procedures

- 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.
- For hospitals, CAHs, RNHCs, inpatient hospices, PRTFs, LTC facilities, and ICF/IIDs, also verify if the communication plan includes a means of providing information about their occupancy.

E-0035 Tag: Emergency Communications Plan for Families/Reps

The facility must develop and maintain an emergency communications plan that includes a method for sharing information about the facility's emergency operations to the residents' families or representatives.

Survey Procedures

- Ask staff to demonstrate the method the facility has developed for sharing the emergency plan with residents or clients and their families or representatives.
- Interview residents or clients and their families or representatives and ask them if they have been given information regarding the facility's emergency plan.
- 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.

E-0036 Tag: Training and Testing Your Staff

The facility must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan, risk assessment, policies and procedures, and communication plan. The training and testing program must be reviewed and updated at least annually.

Survey Procedures

- Verify that the facility has a written training and testing program that meets the requirements of the regulation.
- 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.
- Verify that ICF/IID emergency plans also meet the requirements for evacuation drills and training at §483.470(i).

E-0037 Tag: Documentation of Staff Trainings

The facility must do the following: an initial training in emergency preparedness policies and procedures to ALL new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected role; provide emergency preparedness training at least annually; maintain documentation of all emergency preparedness training; demonstrate staff knowledge of emergency procedures.

Survey Procedures

- Ask for copies of the facility's initial emergency preparedness training and annual emergency preparedness training offerings.
- Interview various staff and ask questions regarding the facility's initial and annual training course, to verify staff knowledge of emergency procedures.
- Review a sample of staff training files to verify staff have received initial and annual emergency preparedness training.

E-0039 Tag: Testing Your Staff and Your Plan

The LTC facility must conduct exercises to test the emergency plan at least annually, including unannounced staff drills using the emergency procedures. The LTC facility must do all of the following:

- Participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based. 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 a community-based or individual, facility-based full-scale exercise for 1 year following the onset of the actual event.
- Conduct an additional exercise that may include, but is not limited to the following:
 - A second full-scale exercise that is community-based or individual, facility-based.
 - A tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.
 - Analyze the facility's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the [facility's] emergency plan, as needed.

E-0039 Tag: Testing Your Staff and Your Plan (continued)

Survey Procedures

- 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.
- 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).
- Request documentation of the facility's analysis and response and how the facility updated its emergency program based on this analysis.

E-0041 Tag: Alternate Source of Energy

- The LTC facility must implement emergency and standby power systems based on the emergency plan.
- *Emergency generator location.* The generator must be located in accordance with the location requirements found in the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5, and TIA 12-6), Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4), and NFPA 110, when a new structure is built or when an existing structure or building is renovated.
- *Emergency generator inspection and testing.* The LTC facility must implement the emergency power system inspection, testing, and [maintenance] requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code.
- *Emergency generator fuel.* LTC facilities that maintain an onsite fuel source to power emergency generators must have a plan for how it will keep emergency power systems operational during the emergency, unless it evacuates.

E-0041 Tag: Alternate Source of Energy (continued)

- Survey Procedures**
- Verify that the LTC facility has the required emergency and standby power systems to meet the requirements of the facility's emergency plan and corresponding policies and procedures
 - 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?
 - LTC facilities which are under construction or have existing buildings being renovated, verify the facility has a written plan to relocate the EPSS by the time construction is completed
- For LTC facilities with generators:**
- For new construction that takes place between November 15, 2016 and is completed by November 15, 2017, verify the generator is located and installed in accordance with NFPA 110 and NFPA 99 when a new structure is built or when an existing structure or building is renovated. The applicability of both NFPA 110 and NFPA 99 addresses only new, altered, renovated or modified generator locations.
 - Verify that the LTC facilities with an onsite fuel source maintains it in accordance with NFPA 110 for their generator, and have a plan for how to keep the generator operational during an emergency, unless they plan to evacuate.

Tools, Templates, Trainings

- www.cahfdisasterprep.com/mou
- www.cahfdisasterprep.com/eop
- www.cahfdisasterprep.com/hva
- www.myhazards.caloes.ca.gov
- <https://www.youtube.com/user/CAHFTV>
- <https://www.cahfdisasterprep.com/county>

Thank you!

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