

**Clinics, Rehab, PHA as OPT/ Speech**  
**EMERGENCY PREPAREDNESS WORKSHEET**

1. DATE OF SURVEY \_\_\_\_\_  
 2. NAME OF FACILITY \_\_\_\_\_  
 3. PROVIDER NUMBER \_\_\_\_\_  
 4. SURVEYOR \_\_\_\_\_  
 5. SURVEYOR ID \_\_\_\_\_

Tag #	Title	Tag Text	MET	NOT MET
0001	Establishment of the Emergency Program (EP)	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 meets the requirements of this section. The emergency preparedness program must include, but not be limited to, the following elements:		
0004	Develop and Maintain EP Program	(a) Emergency Plan. The facility must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually.		
0006	Maintain and Annual EP Updates	(1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.  (2) <u>Include strategies for addressing emergency events identified by the risk assessment.</u>		
0007	EP Program Patient Population	(3) 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.		
0009	Process for EP Collaboration	(4) 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 <u>participation in collaborative and cooperative planning efforts.</u>		
0010	Clinic location and use of alarms: fire.	(4) Address the location and use of alarm systems and signals; and methods of containing fire.		
0011	CORF/Clinic development incl. fire safety	The plan must do the following:  (a)(6) <u>Be developed and maintained with assistance from fire, safety, and other appropriate experts.</u>		
0013	Development of EP Policies and Procedures	(b) Facilities must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and <u>updated at least annually.</u>		
0020	Policies and Procedures including Evacuation	(b)(3) Safe evacuation from the Facilities, which includes staff responsibilities, and needs of the patients.		
0022	Policies and Procedures for Sheltering	(4) A means to shelter in place for patients, staff, and volunteers who remain in the facility.		
0023	Policies and Procedures for Medical Docs.	(5) A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains availability of records.		
0024	Policies and Procedures for Volunteers	(6) The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency.		
0029	Development of Communication Plan	(c) 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.		
0030	Names and Contact Information	[(c) The communication plan must include all of the following:  (1) Names and contact information for the following: (i) Staff. (ii) Entities providing services under arrangement. (iii) Patients' physicians (iv) Other facilities. (v) <u>Volunteers.</u>		
0031	Emergency Officials Contact Information	[(c) The communication plan must include all of the following:  (2) Contact information for the following: (i) Federal, State, tribal, regional, and local emergency preparedness staff. (ii) <u>Other sources of assistance.</u>		
0032	Primary/Alternate Means for Communication	[(c) The communication plan must include all of the following:  (3) Primary and alternate means for communicating with the following: (i) Facility staff. (ii) <u>Federal, State, tribal, regional, and local emergency management agencies.</u>		
0033	Methods for Sharing Information	(4) 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.  (5) A means, in the event of an evacuation, to release patient information as permitted under 45 CFR 164.510(b)(1)(ii).  (6) <u>A means of providing information about the general condition and location of patients under the facility's care as permitted under 45 CFR 164.510(b)(4).</u>		
0034	Sharing Information on Occupancy/Needs	(7) A means of providing information about the facility's occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee.		
0036	Emergency Prep Training and Testing	(d) Training and testing. The facility must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. <u>The training and testing program must be reviewed and updated at least annually.</u>		
0037	Emergency Prep Training Program	(1) Training program. The facility must do all of the following:  (i) 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. (ii) Provide emergency preparedness training at least annually. (iii) Maintain documentation of the training. (iv) <u>Demonstrate staff knowledge of emergency procedures.</u>		

0039	Emergency Prep Testing Requirements	<p>(2) Testing. The facility must conduct exercises to test the emergency plan at least annually. The facility must do all of the following:</p> <p>(i) 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.</p> <p>(ii) Conduct an additional exercise that may include, but is not limited to the following:</p> <p>(A) A second full-scale exercise that is community-based or individual, facility-based.</p> <p>(B) 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.</p> <p>(iii) 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.</p>		
0042	Integrated Health Systems	<p>(e) [or (f)] Integrated healthcare systems. If a facility is part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency preparedness program, the facility may choose to participate in the healthcare system's coordinated emergency preparedness program.</p> <p>If elected, the unified and integrated emergency preparedness program must do all of the following:</p> <p>(1) Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.</p> <p>(2) Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered.</p> <p>(3) Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance with the program.</p> <p>(4) Include a unified and integrated emergency plan that meets the requirements of paragraphs (a)(2), (3), and (4) of this section. The unified and integrated emergency plan must also be based on and include the following:</p> <p>(i) A documented community-based risk assessment, utilizing an all-hazards approach.</p> <p>(ii) A documented individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach.</p> <p>(5) Include integrated policies and procedures that meet the requirements set forth in paragraph (b) of this section, a coordinated communication plan, and training and testing programs that meet the requirements of paragraphs (c) and (d) of this section, respectively.</p>		