

<b>Hospices</b>				
<b>EMERGENCY PREPAREDNESS WORKSHEET</b>				
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 Hospice must comply with all applicable Federal, State and local emergency preparedness requirements. The Hospice 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 Hospice 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) Include strategies for addressing emergency events identified by the risk assessment, including the management of the consequences of power failures, natural disasters, and other emergencies that would affect the hospice's ability to provide care.		
0007	EP Program Patient Population	(3) Address patient/client population, including, but not limited to, the type of services the Hospice 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 participation in collaborative and cooperative planning efforts.		
0013	Development of EP Policies and Procedures	(b) Policies and procedures. Hospices 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 updated at least annually.		
0015	Subsistence needs for staff and patients	For Inpatient Hospice Policies and procedures. (6) The following are additional requirements for hospice-operated inpatient care facilities only. The policies and procedures must address the following: (iii) The provision of subsistence needs for hospice employees and patients, whether they evacuate or shelter in place, include, but are not limited to the following: (A) Food, water, medical, and pharmaceutical supplies. (B) Alternate sources of energy to maintain the following: (1) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions. (2) Emergency lighting. (3) Fire detection, extinguishing, and alarm systems. (C) Sewage and waste disposal.		
0016	Hospice Procedures for Follow-ups	(1) Procedures to follow up with on duty staff and patients to determine services that are needed, in the event that there is an interruption in services during or due to an emergency. The hospice must inform State and local officials of any on-duty staff or patients that they are unable to contact.		
0018	Procedures for Tracking of Staff and Patients	For Inpatient Hospice Policies and procedures. (ii) Safe evacuation from the hospice, 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. (v) A system to track the location of hospice employees' on-duty and sheltered patients in the hospice's care during an emergency. If the on-duty employees or sheltered patients are relocated during the emergency, the hospice must document the specific name and location of the receiving facility or other location.		
0019	Policies and Procedures of Risk Assessment	For homebound Hospice The procedures to inform State and local emergency preparedness officials about homebound Hospice patients in need of evacuation from their residences at any time due to an emergency situation based on the patient's medical and psychiatric condition and home environment.		
0020	Policies and Procedures including Evacuation	Safe evacuation from the Hospice, 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.		
0022	Policies and Procedures for Sheltering	(4) A means to shelter in place for patients, staff, and volunteers who remain in the Hospice.  For Inpatient Hospices Policies and procedures. (6) The following are additional requirements for hospice-operated inpatient care facilities only. The policies and procedures must address the following: (i) A means to shelter in place for patients, hospice employees who remain in the hospice.		
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.		
0025	Arrangement with other Facilities	(7) The development of arrangements with other Hospices and other providers to receive patients in the event of limitations or cessation of operations to maintain the continuity of services to facility patients.		
0026	Roles under a Waiver Declared by Secretary	(8) The role of the Hospice 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.		
0029	Development of Communication Plan	(c) The Hospice 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	The communication plan must include all of the following: (1) Names and contact information for the following: (i) Hospice employees. (ii) Entities providing services under arrangement. (iii) Patients' physicians. (iv) Other hospices.		
0031	Emergency Officials Contact Information	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) Other sources of assistance.		
0032	Primary/Alternate Means for Communication	The communication plan must include all of the following: (3) Primary and alternate means for communicating with the following: (i) Hospice staff. (ii) Federal, State, tribal, regional, and local emergency management agencies.		
0033	Methods for Sharing Information	The communication plan must include all of the following: (4) A method for sharing information and medical documentation for patients under the Hospice's care, as necessary, with other health providers to maintain the continuity of care.		
0034	Sharing Information on Occupancy/Needs	(7) For Inpatient Hospice a means of providing information about the hospice's inpatient 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 Hospice 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. The training and testing program must be reviewed and updated at least annually.		
0037	Emergency Prep Training Program	(1) Training. The hospice must do all of the following: (i) Initial training in emergency preparedness policies and procedures to all new and existing hospice employees, and individuals providing services under arrangement, consistent with their expected roles. (ii) Demonstrate staff knowledge of emergency procedures. (iii) Provide emergency preparedness training at least annually. (iv) Periodically review and rehearse its emergency preparedness plan with hospice employees, including nonemployee staff, with special emphasis placed on carrying out the procedures necessary to protect patients and others.		
0039	Emergency Prep Testing Requirements	(2) Testing. The Hospice must conduct exercises to test the emergency plan at least annually. The Hospice must do all of the following: (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 Hospice experiences an actual natural or man-made emergency that requires activation of the emergency plan, the Hospice 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. (ii) Conduct an additional exercise that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or individual, facility-based. (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. (iii) Analyze the Hospice response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the Hospice's emergency plan, as needed.		
0042	Integrated Health Systems	(e) [or (f)]Integrated healthcare systems. If a Hospice 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 hospice may choose to participate in the healthcare system's coordinated emergency preparedness program. If elected, the unified and integrated emergency preparedness program must do all of the following:  (1) Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.  (2) Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered.  (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.  (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:  (i) A documented community-based risk assessment, utilizing an all-hazards approach.  (ii) A documented individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach.  (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.		