

May 5, 2015

P-01948HW
Updated: 10/2019

CMS EMERGENCY PREPAREDNESS RULE Workbook: HOSPICES

May 5, 2015

This workbook document contains the editable tools and templates that can also be found in the pdf version of the toolkit.

For more detailed information about the sections, please see the full [CMS Emergency Preparedness Rule Toolkit: Hospices](https://www.dhs.wisconsin.gov/publications/p01948h.pdf)

## Tools and Templates: Risk Assessment and Planning

This section contains tools, templates, and resources that may be helpful for risk assessment and planning.

Included are the:

***Emergency Preparedness Planning Checklist***

[**Facility-Based HVA**](#_Facility-based_HVA_1)

[**Emergency Operations Plan Activation**](#_Emergency_Operations_Plan)

**Essential Services Roles and Responsibilities**

**Collaboration Contact Grid**

### ***Emergency Preparedness Planning Checklist***

The Emergency Preparedness Checklist is located on the CMS Survey and Certification website. This checklist can help hospices in emergency preparedness planning. The checklist reviews major topics that emergency preparedness programs should address, and provides information on details related to those topics. This can be an important tool for tracking progress on creating an emergency preparedness plan.

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/SandC_EPChecklist_SA.pdf>

### ***Facility-Based HVA***

HVAs are a systematic approach to identifying potential hazards that might affect an organization. Vulnerability is determined by assessing risk associated with each hazard and analyzing assessment findings to create a prioritized comparison of hazard vulnerabilities. The vulnerability is related to both the impact on organizational and community function and the likely demands the hazard would create. The tools at this website can be used to conduct a facility-based hazard vulnerability assessment for hospices.

<https://www.dhs.wisconsin.gov/regulations/preparedness/prep-hva.htm>

### **Emergency Operations Plan Activation**

The following grid is an example of the type of tool hospices may create to document a chain of responsibility for activating emergency operations plans. Individuals selected would be responsible for assessing emergent situations and activating the emergency operations plan when appropriate.

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| --- |
| **Individuals Responsible for Emergency Operations Plan Activation** |
|  Name | Contact Number |
| Primary |  |  |
| Backup 1  |  |  |
| Backup 2  |  |  |

### **Essential Services Roles and Responsibilities**

This grid is a example of a tool hospices may create to track roles and responsibilities for essential services during emergency events. Services identified should be essential during emergencies. Roles and responsibilities for identified services should be clearly stated, and individuals providing these services should be aware of their responsibilities. A primary and secondary point of contact should be established for each service, so that in the case of an emergency, the service can be activated and coordinated appropriately.

|  |
| --- |
| Roles and Responsibilities |
| Essential Services | Roles and Responsibilities | Point of Contact | Secondary Point of Contact |
| Administration |  |  |  |
| Dietary |  |  |  |
| Housekeeping |  |  |  |
| Maintenance |  |  |  |
| Nursing |  |  |  |
| Pharmacy |  |  |  |
| Safety and Security |  |  |  |
| (Additional services if needed) |  |  |  |

###

### **Collaboration Contact Grid**

The following grid can be completed and retained for the purpose of collaborating with appropriate local, tribal, regional, state, and federal emergency preparedness partners. These contacts can be resources during emergency preparedness program development and evaluation, and during real-world emergencies. Using an all-hazards approach to emergency preparedness, hospices should have the ability to communicate with all relevant partners, if necessary. However, during an emergency, facilities should prioritize communication with those entities with an immediate response role such as local public health, local emergency management, and their regional healthcare coalition.

|  |
| --- |
| **Emergency Preparedness Contacts** |
| **Level** | **Description** | **Contact Name** | **Phone** | **Email** |
| Local Public Health |  |  |  |  |
| Local Emergency Management |  |  |  |  |
| Tribal |  |  |  |  |
| Regional:Healthcare Coalition | Healthcare Coalition Coordinator |  |  |  |
| State:Division of Quality Assurance | *Contact the appropriate BNHRC regional office.* | Ann Angell/SROLeona Magnant /NEROCarol Jean Rucker/SEROTammy Modl /WROJessica Radtke /NRO | 608-266-9422 (AA)920-448-5240 (LM)414-227-4563 (CJR)715-836-3030 (TM)715-365-2801 (JR) | ann.angell@dhs.wisconsin.govleona.magnant@dhs.wisconsin.govcaroljean.rucker@dhs.wisconsin.govtammy.modl@dhs.wisconsin.govjessica.radtke@dhs.wisconsin.gov |
| State: Office of Emergency Preparedness and Health Care | DHS 24-hour Emergency Hotline | Answering service will direct to the correct personnel.  | 608-258-0099 | none |
| Federal: CMS | CMS Region 5 Emergency CoordinatorCMS Region 5 Emergency Preparedness Rule POC | **Primary**: Justin Pak**Secondary**: Gregory Hann | **Secondary**: 312-886-5351 | **Primary**: justin.pak@cms.hhs.gov**Secondary**: gregory.hann@cms.hhs.gov  |
| Federal: ASPR | Secretary’s Operation Center (SOC) | 24/7 Staffing | 202-619-7800 | hhs.soc@hhs.gov |
| Federal: FEMA | Region V Regional Watch Center | 24/7 Staffing | 312-408-5365 | none |

## Tools and Templates: Policies and Procedures

This section contains tools, templates, and resources that may be helpful for policies and procedures for the following subjects:

**Sample Staff Follow-Up Grid**

**Sample Patient Follow-Up Grid**

**Sample State and Local Officials Contact Grid**

**Medical Documentation**

**Health Professions Volunteer Use**

[**Sample Transfer Agreement**](#_Sample_Transfer_Agreement)

[**Sample Memorandum of Understanding**](#_Sample_Memorandum_of)

**Evacuation and Sheltering in Place**

**Subsistence Needs**

**Patient and Staff Tracking**

**1135 Waiver Information**

### **Sample Staff Follow-Up Grid**

This grid is an example of a follow-up grid hospices may create to contact on-duty staff. Hospices should be able to contact on-duty staff in a timely manner during emergency events. Hospices should maintain updated contact information for staff and include multiple ways to reach them.

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| --- |
| On-Duty Staff Follow Up Grid |
| Name | Phone Number | Email | Address | Follow Up Complete? (Y/N) |
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### **Sample Patient Follow-Up Grid**

This grid is an example of a follow-up grid hospices may create to contact patients. Hospices should be able to contact patients in a timely manner during emergency events and assess which services are needed, if any, or whether patients need to be evacuated from their residences. Hospices should maintain updated contact information for patients and include multiple ways to reach them.

|  |
| --- |
| Patient Follow Up Grid |
| Name | Phone Number | Email | Address | Patient contacted? (Y/N) | Evacuation needed? (Y/N) | Services needed |
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### **Sample State and Local Officials Contact Grid**

This grid is an example of a contact grid hospices may create to contact state and local officials of on-duty staff or patients that they are unable to contact or patients that are in need of evacuation. Hospices should be able to contact state and local officials in a timely manner during emergency events. Hospices should maintain updated contact information for state and local officials, and include multiple ways to reach them.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Agency | Phone Number | Primary Communication Method | Secondary Communication Method | Contact Reason |
| Local Public Health Department (Emergency Preparedness) |  |  |  |  |
| Local Emergency Management |  |  |  |  |
| State Public Health Department (Emergency Preparedness) |  |  |  |  |
| State Public Health Department (DQA) |  |  |  |  |
| State Emergency Management |  |  |  |  |

### **Medical Documentation**

Below are some questions to consider when developing policies and procedures pertaining to medical documentation. These questions are not exhaustive; instead, they are intended to initiate and facilitate a conversation around necessary aspects of the policies and procedures.

* What systems/policies/procedures exist to provide patient medical documentation on a day-to-day basis?
* Are there changes to these systems/policies/procedures in an emergency?
* How would medical documentation be transferred during an evacuation to accompany a patient to a receiving facility?
* How are standards of confidentiality maintained?
* Where are these existing policies/procedures documented for the facility? Think about policies that have been developed to maintain compliance with HIPAA, Joint Commission, local and state law, etc.
* If electronic medical records are used, what redundant processes exist in case such systems are compromised (power outages, cyberattacks, etc.)?
* Who is responsible for activating redundant systems?

### **Health Professions Volunteer Use**

WEAVR is the Wisconsin Emergency Assistance Volunteer Registry. WEAVR is a secure, web-based volunteer registration system for health care and behavioral health professionals. In an emergency, facilities can request that state public health officials send out a WEAVR request. Public health officials will identify appropriate individuals and contact potential volunteers. Volunteers who agree to help will be dispatched to the hospice’s location and informed of the role they need to fill. Hospices should understand how to use WEAVR before emergency situations arise. More information about WEAVR can be found on the DHS’ WEAVR web-page:

<https://www.dhs.wisconsin.gov/preparedness/weavr/index.htm>

### **Sample Transfer Agreement**

The Sample Transfer Agreement document (linked below) provides a template transfer agreement for hospices. Hospices can use this template or build their own based on this example. The transferring hospice and receiving facility both complete and sign this form prior to emergency events, so that in an emergency situation in which patients need to be transferred from the affected hospice, a transfer agreement is already in place. The document outlines expectations between the facilities and the terms of agreement.

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/Facility-Transfer-Agreement-Example.pdf>

### **Sample Memorandum of Understanding**

The Sample Memorandum of Understanding document, P-00690 (linked below), provides a template for Memorandums of Understanding (MOU) along with guidance on completing the MOUs. MOUs are used to establish a mutual understanding of the roles and responsibilities of participating entities during an emergency incident. MOUs include the scope of services to be provided and reimbursement considerations. MOUs should be developed before emergency situations, so that in emergency events, a clear set of expectations exists between involved entities. This template is designed for Long-Term Care facilities, but can be adapted and modified for use by hospices. There are three templates included in this document: one for like-type facilities, one for community partners/non-like-type facilities, and one for transportation services.

<https://www.dhs.wisconsin.gov/publications/p0/p00690.pdf>

### **Evacuation and Sheltering in Place**

Below are some questions to consider when developing policies and procedures pertaining to evacuation and sheltering in place. These questions are not exhaustive; instead, they are intended to initiate and facilitate a conversation around necessary aspects of the policies and procedures.

* What criteria are used to determine whether the facility will shelter in place or evacuate during an emergency?
* Who has decision-making authority to make this determination?
* What procedures will the facility use to determine which patients can be discharged versus moved to another facility?
* What procedures will the facility use to determine the order in which patients are evacuated?
* How will the treatment needs of patients be identified and addressed during evacuations?
* What evacuation procedures will be used for nonpatients, e.g., staff and visitors?
* Which staff members have what responsibilities during the execution of evacuation procedures?
* How will transport of patients be arranged?
* How will you identify appropriate facilities to receive patients?
* How will facilities ensure that primary and alternate means of communicating with external partners about evacuation are in place?

### **Subsistence Needs**

Below are some questions to consider when developing policies and procedures pertaining to subsistence needs. These questions are not exhaustive; instead, they are intended to initiate and facilitate a conversation around necessary aspects of the policies and procedures.

* How many patients does your facility have on-site, on average?
* How many staff members does your facility have on-site, on average?
* How many visitors does your facility have on-site, on average?
* How long would you plan to sustain shelter-in-place?
* What supplies, in what quantities, would you need to shelter in place over a 24-hour period for each of the following categories?
* Food
* Water (potable)
* Water (nonpotable)
* Medical (gowns, gloves, bedding, tubing, syringes, oxygen tanks, medical gas, etc.)
* Pharmaceutical
* Alternate sources of energy (maintain appropriate temperatures, emergency lighting, fire response, and sewage waste management)
* Where would you stockpile these inventories?
* Who is responsible for maintaining these emergency inventories?
* How would you access/distribute these supplies during an emergency?
* Where would you get additional supplies when your inventories begin to run low?

### **Patient and Staff Tracking**

Below are some questions to consider when developing policies and procedures pertaining to patient and staff tracking. These questions are not exhaustive; instead, they are intended to initiate and facilitate a conversation around necessary aspects of the policies and procedures.

* How will the facility track the name and location of patients during an emergency? (This includes patients who are sheltered in the facility, as well as patients transferred to other locations during an evacuation.)
* How will the facility track the name and location of on-duty staff during an emergency?
* Would these tracking policies and procedures differ during an emergency versus after an emergency?
* If the means of tracking staff and patients is electronically based, how would this be accomplished if such systems were compromised (for example, power outage, cyberattack)?
* How is this information maintained during the emergency?
* How often is it updated?
* Which staff members are responsible for accomplishing these tasks?
* How could this information be accessible and shared with partners upon request?

### **1135 Waiver Information**

When the President of the United States declares an emergency under the Stafford Act or National Emergencies Act, and the Health and Human Services Secretary declares a public health emergency under Section 319 of the Public Health Service Act, the Secretary is allowed to assume additional actions on top of their usual authorities. One of these actions is to waive or modify certain Medicare, Medicaid, and Children’s Health Insurance Program requirements, under section 1135 of the Social Security Act, to ensure that sufficient health care services are available to meet the needs of affected populations. The 1135 waivers may include adjustments to the conditions of participation or other certification requirements. Once an 1135 waiver is authorized at the federal level, hospices can submit requests to their state survey agency (DQA) to operate under the authority of the waiver. Hospices should justify the use of the waiver, the expected modifications to usual standards, and the duration of the waiver use. The 1135 Waiver-At-A-Glance document (linked below) provides more detail on what 1135 waivers are, and when and how they may be implemented.

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/1135-Waivers-At-A-Glance.pdf>

## Tools and Templates: Communication Plan

This section contains tools, templates, and resources that may be helpful for communication plans:

**External Contact Information**

**Staff Contact Information**

**Patients’ Physicians’ Contact Information**

**Volunteer Contact Information**

**Primary and Alternate Means of Communication**

**HIPAA Decision Flowchart**

 **Hospice Information**

### **External Contact Information**

This grid is an example of the type of tool hospices may create to maintain information for external contacts. Hospices should keep contact information updated so that in an emergency event, the appropriate individual can be reached in a timely fashion. The purpose for reaching out to a given contact should be included, so it is clear who should be contacted for what reason in any given situation.

|  |
| --- |
| **External Contacts** |
| **Agency** | **Purpose for Contact** | **Contact Name/Title** | **Contact Info** |
| Local Emergency Management Staff |  |  |  |
| Local Public Health Department  |  |  |  |
| HCC  |  |  |  |
| State Emergency Management Staff |  |  |  |
| State Public Health Department (Emergency Preparedness ) |  |  |  |
| State Public Health Department (Division of Quality Assurance) |  |  |  |
| Tribal Emergency Preparedness/Emergency Management  |  |  |  |
| CMS |  |  |  |
| ASPR |  |  |  |
| FEMA |  |  |  |
| State Licensing and Certification Agency |  |  |  |
| Office of the State Long-Term Care Ombudsman |  |  |  |
| Fire |  |  |  |
| EMS |  |  |  |
| Police |  |  |  |
| Sheriff  |  |  |  |
| Coroner |  |  |  |
| Other LTC Facility(ies) |  |  |  |
| Other Facilities w/ MOUs |  |  |  |
| Entities Providing Services |  |  |  |
| Sister Facilities |  |  |  |
| (Additional Sources of Assistance) |  |  |  |

### **Staff Contact Information**

This grid is an example of the type of tool hospices may create to maintain contact information for staff. Hospices should be able to contact staff during emergencies. Reasons for contact may include cancelling shifts, determining which staff are actually on duty or on site, or reaching out to staff to help with surge needs. It should be decided whether roles for staff will be adjusted or increased during emergency events, and if so, those roles should be clarified and documented.

|  |
| --- |
| **Staff Emergency Contact Roster** |
| **Name** | **Department** | **Phone** | **Email Address** | **Emergency Staffing Role** |
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### **Patients’ Physicians’ Contact Information**

This grid is an example of the type of tool hospices may create to maintain contact information for their patients’ physicians. Hospices should be able to contact patients’ physicians in a timely manner during emergency events. Hospices should maintain updated contact information for physicians and include multiple ways to reach their patients’ physicians.

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| --- |
| **Patient Physician Emergency Contact Roster** |
| **Name** | **Department** | **Phone** | **Pager** | **Email Address** |
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### **Volunteer Contact Information**

This grid is an example of the type of tool hospices may create to maintain contact information for volunteers. Hospices should be able to contact volunteers during emergencies. Reasons for contact may include cancelling shifts, determining which volunteers are actually on duty or on site, or reaching out to volunteers to help with surge needs. It should be decided whether roles for volunteers will be adjusted or increased during emergency events, and if so, those roles should be clarified and documented.

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| --- |
| **Volunteer Emergency Contact Roster** |
| **Name** | **Department** | **Phone** | **Email Address** | **Emergency Staffing Role** |
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### **Primary and Alternate Means of Communication**

This grid is an example of the type of tool hospices may create to document primary and alternate means of communication with relevant individuals/partners. Hospices should have at least two methods of communicating with staff and relevant partners. The alternate method should be easily accessible, in the event that the primary method becomes unavailable, and should be agreeable to both the hospice and the entity they are communicating with. Primary and alternate methods of communication may vary based on who the hospice is trying to contact (for example, primary and alternate methods of communication may be different for staff than they are for state emergency management staff), but should be decided and documented before emergency events occur so that communication expectations are clear in emergency events.

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| --- |
| **Means of Communication** |
| **Contact** | **Primary Method** | **Alternate Method** |
| Staff |  |  |
| Local Emergency Management Staff |  |  |
| Local Public Health Department  |  |  |
| HCC  |  |  |
| State Emergency Management Staff |  |  |
| State Public Health Department (Emergency Preparedness) |  |  |
| State Public Health Department (Division of Quality Assurance) |  |  |
| Tribal Emergency Preparedness/ Emergency Management Staff |  |  |
| CMS |  |  |
| ASPR |  |  |
| FEMA  |  |  |

### **HIPAA Decision Flowchart**

HIPAA is not waived in emergency events, hospices should be aware of the need to protect patient information at all times. However, certain information can be shared during emergency events if the protected health information is disclosed for public health emergency preparedness purposes. The At-A-Glance Disclosure Decision Flowchart (linked below) can help hospices make choices about disclosing protected health information. If there is uncertainty about the appropriateness of disclosing information, hospices should err on the side of caution or contact appropriate authorities for guidance.

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/OCR-Emergency-Prep-HIPPA-Disclose.pdf>

### **Hospice Information**

Below are some questions to consider when developing communication plans pertaining to sharing hospice information. These questions are not exhaustive; instead, they are intended to initiate and facilitate a conversation around necessary aspects of the communication plan.

* How does the facility determine which authorities to notify in the event of an emergency?
* How do the authorities vary in different types of emergency situations?
* How are occupancy levels communicated to local and state authorities during an emergency?
* How are supplies and other needs communicated to local and state authorities during an emergency?
* How does the facility convey to local and state authorities their ability to help others?
* How might the means of communication differ depending on the emergency or the authorities being notified?
* What redundant means of communication exist for providing this information?

## Tools and Templates: Training and Testing

This section contains tools, templates, and resources that may be helpful for training and testing:

**Exercise Design Checklist**

[**Exercise Evaluation Guide**](#_Exercise_Evaluation_Guide)

[**After Action Report/Improvement Plan Instructions and Template**](#_After_Action_Report/Improvement)

### **Exercise Design Checklist**

The Exercise Design Checklist document (linked below) provides a sample checklist for designing exercises. The document leads users through the necessary steps for exercise design and can be used to document the planning and development of exercises. The first section of the checklist includes consideration of the type of exercise, the exercise scenario, the main objectives (target capabilities/critical areas) to be evaluated during the exercise, the levels of activity to be included in the exercise, who will participate in the exercise, which organizations/agencies will be involved in the exercise, and when the exercise will occur. The second section of the checklist includes consideration of communications, resources, safety and security, staff roles and responsibilities, utilities, and patient care. The following sections guide exercise designers through identifying players’ expected actions, developing a purpose statement, writing the narrative for the exercise, identifying major and detailed events in chronological order, and completing the after action report and improvement plan.

<https://www.dhs.wisconsin.gov/library/exercise-design-checklist.htm>

### **Exercise Evaluation Guide**

The Exercise Evaluation Guide (linked below) is a blank document. The content and layout can be amended as is appropriate, but it is designed to help hospices assess their exercises. The guide includes areas for evaluating numerous activities included in a single exercise. Expected observations can be entered ahead of time. After the exercise, evaluators can assess whether expectations were observed and the extent to which expectations were completed or met. Hospices can complete this exercise evaluation guide as part of their AAR, to assess areas of strength and weakness.

<https://www.dhs.wisconsin.gov/library/blank-exercise-evalguide.htm>

### **After Action Report/Improvement Plan Instructions and Template**

After Action Reports and Improvement Plans (IPs) are important parts of emergency preparedness testing. AARs help facilities assess their response to emergency events, whether simulated during an exercise, or real-world. AARs review the exercise design and execution, and provide an assessment of what went well and what needs to be improved upon. IPs specifically outline how and when improvements will be made to address shortcomings identified by the exercise evaluation and AAR.

The CMS AAR/IP instructions document walks through developing an AAR and IP. The document includes a purpose statement and background information on emergency preparedness. Additionally, the document contains explanations of key terms and important capabilities. It is important to note that this AAR/IP instruction document is based on the U.S. Department of Homeland Security Exercise and Evaluation Program (HSEEP). Though hospices may choose to use HSEEP to meet exercise requirements for the CMS rule, it is essential to understand that the expectations for HSEEP and the CMS rule are not the same in regard to emergency preparedness testing. Hospices should always ensure that their exercises and other testing activities meet the requirements of the CMS rule.

The CMS AAR/IP template document can be used to complete an AAR and IP. The document contains blank sections with instructions on how to fill out essential components in italics. The template covers the executive summary, exercise overview, exercise design summary, improvement plan, and conclusion. The template also contains five appendices: acronyms, lessons learned (optional), participant feedback summary (optional), exercise events synopsis (optional), and exercise events summary table (optional). Hospices may use, modify, and customize this document as is appropriate for their facility. However, if a hospice wishes to conduct an exercise compliant with the Hospital Preparedness Program (HPP) and HSEEP requirements, the template sections must not be modified and each section (excluding those marked optional) must be completed entirely. Hospices wishing to ensure compliance with the HPP and HSEEP should assess whether their testing program meets the CMS rule requirements. If hospices determine they are not meeting conditions of participation with this template as is, they may consider completing a second AAR/IP that is compliant with the CMS regulations.

The AAR/IP instructions and template can be found on the CMS Templates and Checklists webpage: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Templates-Checklists.html> under the [Health Care Provider Voluntary After Action Report/Improvement Plan Template and Instructions](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/aartemplateinstructions.zip) link.

A direct file link is provided here: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/aartemplateinstructions.zip>

# Definitions

These definitions reflect those provided by CMS in the Interpretive Guidance for the Emergency Preparedness regulation.

All-Hazards Approach

An all-hazards approach is an integrated approach to emergency preparedness that focuses on identifying hazards and developing emergency preparedness capacities and capabilities that can address those as well as a wide spectrum of emergencies or disasters. This approach includes preparedness for natural, man-made, and or facility emergencies that may include but is not limited to: care-related emergencies; equipment and power failures; interruptions in communications, including cyber attacks; loss of a portion or all of a facility; and interruptions in the normal supply of essentials, such as water and food. All facilities must develop an all-hazards emergency preparedness program and plan.

Disaster

A hazard impact causing adverse physical, social, psychological, economic, or political effects that challenge the ability to respond rapidly and effectively. Despite a stepped-up capacity and capability (call-back procedures, mutual aid, etc.) and change from routine management methods to an incident command/management process, the outcome is lower than expected compared with a smaller scale or lower magnitude impact (see “emergency” for important contrast between the two terms).

Reference: Assistant Secretary for Preparedness and Response (ASPR) 2017-2022 Health Care Preparedness and Response Capabilities Document (ICDRM/GWU Emergency Management Glossary of Terms) (November 2016).

Emergency

A hazard impact causing adverse physical, social, psychological, economic, or political effects that challenge the ability to respond rapidly and effectively. It requires a stepped-up capacity and capability (call-back procedures, mutual aid, etc.) to meet the expected outcome and commonly requires change from routine management methods to an incident command process to achieve the expected outcome (see “disaster” for important contrast between the two terms).

Reference: Assistant Secretary for Preparedness and Response (ASPR) 2017-2022 Health Care Preparedness and Response Capabilities Document (ICDRM/GWU Emergency Management Glossary of Terms) (November 2016).

Emergency/Disaster

An event that can affect the facility internally as well as the overall target population or the community at large or community or a geographic area.

Emergency Plan

An emergency plan provides the framework for the emergency preparedness program. The emergency plan is developed based on facility- and community-based risk assessments that assist a facility in anticipating and addressing facility, patient, staff, and community needs and support continuity of business operations.

Emergency Preparedness Program

The Emergency Preparedness Program describes a facility’s comprehensive approach to meeting the health, safety and security needs of the facility, its staff, their patient population, and community prior to, during, and after an emergency or disaster. The program encompasses four core elements: an emergency plan that is based on a risk assessment and incorporates an all-hazards approach; policies and procedures; communication plan; and the training and testing program.

Facility-Based

We consider the term “facility-based” to mean the emergency preparedness program is specific to the facility. It includes but is not limited to hazards specific to a facility based on its geographic location; dependent patient/resident/client and community population, facility type, and potential surrounding community assets, i.e., rural area versus a large metropolitan area.

Full-Scale Exercise

A full scale exercise is an operations-based exercise that typically involves multiple agencies, jurisdictions, and disciplines performing functional (for example, joint field office, emergency operation centers, etc.) and integration of operational elements involved in the response to a disaster event, i.e., ‘‘boots on the ground’’ response activities (for example, hospital staff treating mock patients).

Risk Assessment

The term “risk assessment” describes a process facilities use to assess and document potential hazards that are likely to impact their geographical region, community, facility, and patient population and identify gaps and challenges that should be considered and addressed in developing the emergency preparedness program. The term risk assessment is meant to be comprehensive and may include a variety of methods to assess and document potential hazards and their impacts. The health care industry has also referred to risk assessments as a hazard vulnerability assessment or analysis (HVA) as a type of risk assessment commonly used in the health care industry.

Staff

The term "staff" refers to all individuals that are employed directly by a facility. The phrase "individuals providing services under arrangement" means services furnished under arrangement that are subject to a written contract conforming with the requirements specified in section 1861(w) of the Act.

Table-top Exercise (TTX)

A tabletop exercise involves key personnel discussing simulated scenarios in an informal setting. TTXs can be used to assess plans, policies, and procedures. A tabletop exercise is a discussion-based exercise that involves senior staff, elected or appointed officials, and other key decision-making personnel in a group discussion centered on a hypothetical scenario. TTXs can be used to assess plans, policies, and procedures without deploying resources.

# Acronyms

AAR/IP: After Action Report/Improvement Plan

ASC: Ambulatory Surgical Center

ASPR: Assistant Secretary for Preparedness and Response

CAH: Critical Access Hospital

CDC: Centers for Disease Control and Prevention

CfCs: Conditions for Coverage and Conditions for Certification

CMHC: Community Mental Health Center

CMS: Centers for Medicare & Medicaid Services

CoPs: Conditions of Participation

CORF: Comprehensive Outpatient Rehabilitation Facilities

DHS: Department of Homeland Security

DHHS: Department of Health and Human Services

DSA: Donation Service Area

EOP: Emergency Operations Plans

EMP: Emergency Management Plan

EP: Emergency Preparedness

ESAR–VHP: Emergency System for Advance Registration of Volunteer Health Professionals

ESF: Emergency Support Function

ESRD: End-Stage Renal Disease

FEMA: Federal Emergency Management Agency

FQHC: Federally Qualified Health Center

HHA: Home Health Agencies

HPP: Hospital Preparedness Program

HRSA: Health Resources and Services Administration

HSEEP: Homeland Security Exercise and Evaluation Program

HSPD: Homeland Security Presidential Directive

HVA: Hazard Vulnerability Analysis or Assessment

ICFs/IID: Intermediate Care Facilities for Individuals with Intellectual Disabilities

LPHA: Local Public Health Agencies

LSC: Life Safety Code

LTC: Long-Term Care

NFs: Nursing Facilities

NFPA: National Fire Protection Association

NIMS: National Incident Management System

OPO: Organ Procurement Organization

PACE: Program for the All-Inclusive Care for the Elderly

PHEP: Public Health Emergency Preparedness

PRTF: Psychiatric Residential Treatment Facilities

RNHCIs: Religious Nonmedical Health Care Institutions

RHC: Rural Health Clinic

SNF: Skilled Nursing Facility

TJC: The Joint Commission

TRACIE: Technical Resources, Assistance Center, and Information Exchange

TTX: Tabletop Exercise

## Appendix B: Emergency Preparedness Regulations Crosswalk

This crosswalk was developed by the Yale New Haven Health System Center for Emergency Preparedness and Disaster Response. This crosswalk is intended to provide a high level reference to standards provided by accrediting organizations as of October 2016. This crosswalk does not reflect standards that may have been updated since then. This crosswalk is not intended to be a comprehensive interpretation of the regulation, but a reference guide.

| **CMS Emergency Preparedness CoPHospices** | **CMS EP CoP Reference** | **Accreditation Commission for Health Care, Inc. (ACHC)** [**www.achc.org**](http://www.achc.org/) | **Community Health Accreditation Program (CHAP)** [**www.chapinc.org**](http://www.chapinc.org/) | **The Joint Commission Standards** [**www.jointcommission.org**](http://www.jointcommission.org) | **NFPA 1600**  | **NFPA 99** |
| --- | --- | --- | --- | --- | --- | --- |
| **October 2016** | **418.113** | **December 1, 2016** | **June 30, 2014** | **2017** | **2016** | **2005** |
| Require both an emergency preparedness program and an emergency preparedness plan  | 418.113 | Standard HSP7-4A: For hospice inpatient facilities Standard HSP7-4A.01 Standard HSP5-5A: (Community) |  | EM.02.01.01 – General Requirements |  | 12.2.2.3 12.2.3.2 12.4.1 12.5.1 |
| **Emergency Plan** |  |  |  |  |  |  |
| Comply with all applicable federal, state, and local emergency preparedness requirements. The emergency plan must be reviewed and updated annually. | 418.113 (a) |  |  |  |  | 12.2.3.312.4.1.212.5.3.6.1 |
| The emergency plan must be based on and include a documented facility-based and community-based risk assessment utilizing an all-hazards approach. | 418.113 (a) 1 | Standard HSP7-4A.01 |  | EM.01.01.01 (EP 2, 3) – Foundation for the Emergency Operations Plan EM.02.01.01 (EP 1) – General Requirements | 4.4.25.1.35.1.45.2.1 | 12.5.212.5.3.1 |
| The emergency plan includes 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 ability to provide care. | 418.113 (a) 2 | Standard HSP7-4A.01Standard HSP2-16D.01 |  | EM.01.01.01 (EP 5) – Foundation for the Emergency Operations PlanEM.02.01.01 (EP 2)- General Requirements EM.02.02.09 (EP 1)- UtilitiesEC.02.05.07- Utilities | 5.1.56.6.2 | 12.5.3.212.5.3.3 |
| The emergency plan must address the patient population including but not limited to, persons at risk, the types of services that the facility would be able to provide in an emergency; continuity of operations, including delegations of authority and succession plans. | 418.113 (a) 3 | Standard HSP7-4A.01 |  | EM.02.01.01 (EP 2) General Requirements  | 5.2.2.2 | 12.2.2.312.5.3.1.3 (1)12.5.3.2.3 (11)12.5.3.3.6.4 |
| Have a process for ensuring cooperation and collaboration with local, tribal, regional, state, or federal emergency preparedness officials’ efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the facility efforts to contact such officials and, when applicable, its participation in collaborative and cooperative planning efforts | 418.113 (a) 4 |  |  | EM.01.01.01 (EP 4) Foundations for EOPEM.02.02.01 (EP 4) Communications |  | 12.2.3.312.5.3.3.6.1 (2) (6)  |
| **Policies and Procedures** |  |  |  |  |  |  |
| Develop and implement emergency preparedness policies and procedures based on the emergency plan and communications plan. The policies and procedures must be reviewed and updated at least annually. | 418.113 (b) |  |  | EM.02.01.01 (EP 2) General RequirementsLD.01.03.01- Governance Accountabilities |  | 12.5.3.3.512.5.3.3.6.112.5.3.6.1 |
| 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. Inform State and local officials of any on-duty staff or patients that they are on unable to contact. | 418.113 (b) 1 | Standard HSP7-4A.01 | Standard: CII.3a Standard: CII.3bStandard: HII.8r1a(inpatient) | EM.02.02.01- General Requirements EM.02.02.07- Staff |  | 12.5.3.3.6.4 (9) |
| Procedures to inform state and local officials about 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 | 418.113 (b) 2 |  |  | EM.02.02.11 (EP3) - PatientsLD.03.04.01 - Communication |  |  |
| Inpatient only: Develops 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 or sheltered patients are relocated during the emergency the hospice must document the specific name and location of the receiving facility or other location | 418.113 (b) 6 (v)  |  | Standard: HII.8r1 | EM.02.02.11 (EP 3) Patients |  | 12.5.3.3.6.4 (9) |
| Inpatient only: The provision of subsistence needs for staff and patients whether they evacuate or shelter in place including but not limited to (A) food, water, medical and pharmaceutical supplie; (B) alternate sources of energy to maintain: (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 (4) sewage and waste disposal. | 418.113 (b) 6 (iii) | Standard HSP7-3A.01 | Standard: H11.8e Standard: HII.8h3d Standard: HII.8h3e Standard: HII.8h6 | EM.02.02.09 (EM 1, 9) UtilitiesEM.02.02.03 Resources and Assets EC.02.05.01 (EP 15, 19 ) UtilitiesLS.01.01.01 Statement of Conditions LS.02.01.10 General Building Requirements EC.02.03.05 Fire SafetyEC.02.05.03 Utilities |  | 12.5.3.3.6.212.5.3.3.6.4 (7) (8)12.5.3.3.6.512.5.3.3.6.6 |
| Inpatient only: Have policies and procedures in place to ensure the safe evacuation from the facility, which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation locations; and primary and alternate means of communication with external sources of assistance | 418.113 (b) 6 (ii) |  | Standard: HII.8r1b Standard: HII.8r1c | EM.02.02.11 (EP 3) Patients |  | 12.5.3.3.6.1 (3) (4) 12.5.3.3.6.2 (7)12.5.3.3.6.4 (1) (6) (7) (8) (9) 12.5.3.3.6.8 |
| Inpatient only: Have a means to shelter in place for patients, staff, and volunteers who remain in the facility | 418.113 (b) 6 (i) |  |  |  |  | 12.5.3.3.312.5.3.3.6 |
| Have a system of medical documentation that preserves patient information, protects the confidentiality of patient information and secures and maintains availability of records | 418.113 (b) 3 | Standard: HSP2-5A | Standard: CI.5h6 Standard: CII.5a | IM.01.01.03 - Planning for Management of Information IM.02.01.01 - Protecting the Privacy of Health InformationIM.02.01.03 - Protecting the Privacy of Health InformationIM.02.02.03 - Capturing, Storing and Retrieving Data | 4.7.2 | 12.5.3.3.6.1 (4) |
| Have policies and procedures in place to address the use of volunteers in an emergency and other emergency staffing strategies, including the process and role for integration of state or federally designated health care professionals to address surge needs during an emergency | 418.113 (b) 4 |  | Standard: CII.3bStandard: HII.8r1g Note-does not include integration of state/federal professionals. Addresses staffing | EM.02.02.07 (EP 9) Staff | 6.9.1.2 | 12.5.3.4.5 |
| The development of arrangements with other hospices and providers to receive patients in the event of limitations or cessation of operations to maintain the continuity of services to hospice patients. | 418.113 (b) 5 |  | Standard: HII.8r1f | LD.04.03.09 - Meeting Patient Needs  | 6.9.1.2 |  |
| Inpatient only: Policies and Procedures to address the role of the hospice under a waiver declared by the Secretary, in accordance with section 1135 of the Act, for the provision of care and treatment at an alternative care site (ACS) identified by emergency management officials | 418.113 (b) 6 (iv) |  |  |  |  |  |
| **Communication Plan** |  |  |  |  |  |  |
| Be required to develop and maintain an emergency preparedness communication plan that complies with local, state, and federal law and required to review and update the communication plan at least annually | 418.113 (c)  | Standard HSP7-4A.01 | H11.8r1a | EM.02.02.01 (All EPs) General Requirements | 6.4 | 12.5.3.3.6.1 |
| As part of its communication plan include in plan names and contact information for staff; entities providing services under arrangement; patients’ physicians; and other hospices. | 418.113 (c) 1  | Standard HSP7-4A.01 |  | EM.02.02.01 (EP 1) General Requirements | 6.4.1 |  |
| Require contact information for federal, state, tribal, regional, or local emergency preparedness staff and other sources of assistance | 418.113 (c) 2 |  |  | EM.02.02.01 General Requirements | 6.4.1 | 12.5.3.3.6.1 (6)  |
| Include primary and alternate means for communicating with hospice staff and federal, state, tribal, regional, and local emergency management agencies  | 418.113 (c) 3 |  |  | EM.02.02.01 (EP 14) General RequirementsIM.01.01.03 Planning for Management of Information | 6.4.1 | 12.5.3.3.6.1 |
| Include a method for sharing information and medical documentation for patients under the hospice’s care, as necessary, with other health care providers to maintain continuity of care | 418.113 (c) 4 |  |  | EM.02.02.11 (EP 1) PatientsLD.03.04.01 CommunicationIM.02.02.03 (EP 3) Capturing, Storing and Retrieving Data |  | 12.5.3.3.6.1 (4)  |
| Have a means, in the event of an evacuation, to release patient information as permitted under 45 CFR 164.510 | 418.113 (c) 5 | Standard: HSP2-5A | Standard: CI.5h6 Standard: CII.5a Standard: HII.8r1e | IM.01.01.03 Planning for Management of Information IM.02.01.01 Protecting the Privacy of Health InformationIM.02.01.03 Protecting the Privacy of Health InformationIM.02.02.03 Capturing, Storing and Retrieving Data | 6.4.1 |  |
| Have a means of providing information about the general condition and location of patients under the facility’s car, as permitted under 45 CFR 164.510(b)(4) | 418.113 (c) 6 |  | Standard: HII.8r1e | EM.02.02.01 (EP 5) Communications EM.02.02.11 (EP 1) PatientsLD.03.04.01 Communication | 6.4.1 | 12.5.3.3.6.1 (4)  |
| Have a means of providing information about the hospice’s occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee | 418.113 (c) 7 |  |  |  |  | 12.5.3.3.6.1 (2) (6)  |
| **Training and Testing** |  |  |  |  |  |  |
| Develop and maintain an emergency preparedness training and testing program 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.  | 418.113 (d)  | Standard HSP7-4A.01 | Standard: HII.8r2 (inpatient) Standard: HII.11c | EM.03.01.03 - Evaluation | 7.1 | 12.3.3.10 |
| Provide initial training in emergency preparedness policies and procedures to all new and existing employees and individuals providing services under arrangement consistent with their expected roles. Provide this training annually and maintain documentation of all emergency preparedness training along with demonstration of staff knowledge of emergency procedures and periodically review and rehearse the emergency preparedness plan with hospice employees (including nonemployee staff) with special emphasis placed on carrying out the procedures necessary to protect patients and others. | 418.113 (d) 1 | Standard HSP4-4A Standard: HSP4-6B | Standard: HIII.1d2i Standard: HIII.1n9 | EM.02.02.07 StaffHR.01.05.03 (EP 2) Training and Education HR.01.05.01 Training and Education | 7.1 | 12.3.3.10 |
| Conduct exercises to test the emergency plan at least annually | 418.113 (d) 2 | Standard HSP7-4A | Standard: HII.8r2 (inpatient) | EM.03.01.03 Evaluation | 8.1.18.5.1 | 12.3.3.10 |
| Participate in a full scale exercise that is community- based or when community-based exercise is not available, individual facility-based | 418.113 (d) 2 (i) |  |  | EM.03.01.03 (EP 1, 5) Evaluation  |  | 12.3.3.10 |
| If the facility experiences an actual natural or manmade 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 one year following the onset of the actual event | 418.113 (d) 2 (i) |  |  | EM.03.01.03 (EP 1) Evaluation |  | 12.3.3.10 |
| Conduct a second exercise that may include but is not limited to a second full-scale exercise that is 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 the emergency plan | 418.113 (d) 2 (ii) |  |  |  |  | 12.3.3.10 |
| Analyze the response to and maintain documentation of all drills, tabletop exercises, and emergency events and revise the facility emergency plan as needed | 418.113 (d) 2 (iii) |  |  | EM.03.01.03 (EP 13, 14, 16) Evaluation |  |  |
| **Integrated HealthCare Systems** |  |  |  |  |  |  |
| If the facility is part of a health care system consisting of multiple separately certified health care facilities that elects to have a unified and integrated emergency preparedness program, the facility may choose to participate in such a program | 418.113 (e)  |  |  |  |  |  |
| Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program | 418.113 (e) 1 |  |  |  |  |  |
| The unified and integrated emergency preparedness program must be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered | 418.113 (e) 2 |  |  |  |  |  |
| Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance | 418.113 (e) 3 |  |  |  |  |  |
| Include a unified and integrated emergency plan that meets all standards of paragraphs (a) (2), (3), and (4) of this section | 418.113 (e) 4 |  |  |  |  |  |
| The plan must be based on a community risk assessment using an all-hazards approach with each separately certified facility within the health system having a documented individual facility-based risk assessment | 418.113 (e) 4 (i-ii) |  |  |  |  |  |
| 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 | 418.113 (e) 5 |  |  |  |  |  |