

Emergency Operations Plan Quick Reference Guide for California Long Term Care Providers

TAG	DESCRIPTION	MY EOP	UPDATES/NOTES
E-0001	Establishment of the Emergency Preparedness Program	Section:	Date Last Updated:
	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:	3.0	
E-0004	Annual Updates to the EP Program	Section:	Date Last Updated:
	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.	1.4	
E-0006	All Hazards Approach/Assessment	Section:	Date Last Updated:
	Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing residents. Include strategies for addressing emergency events identified by the risk assessment.	3.1	
E-0007	Unique Needs of Residents, Continuity of Operations	Section:	Date Last Updated:
	Address patient/client population, including, but not limited to, 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.	3.2 - 3.3	

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E-0009	Process for Planning with Response Authorities	Section:	Date Last Updated:
	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.	3.7 - 3.9, 5.0	
E-0013	Policies & Procedures Based on Risk Assessment	Section:	Date Last Updated:
	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.	4.0	
E-0015	Subsistence Needs for Residents	Section:	Date Last Updated:
	<p>The provision of subsistence needs for staff and patients whether they evacuate or shelter in place, include, but are not limited to the following:</p> <ul style="list-style-type: none"> (i) Food, water, medical and pharmaceutical supplies (ii) Alternate sources of energy to maintain the following: <ul style="list-style-type: none"> a. Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions. b. Emergency lighting. c. Fire detection, extinguishing, and alarm systems. d. Sewage and waste disposal. 	4.16	

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E-0018	Resident & Staff Tracking Systems	Section:	Date Last Updated:
	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.	4.5	
E-0020	Safe Evacuation	Section:	Date Last Updated:
	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.	4.5	
E-0022	Shelter in Place	Section:	Date Last Updated:
	A means to shelter in place for patients, staff, and volunteers who remain in the facility.	4.15	
E-0023	Sharing Medical Documents Under HIPAA	Section:	Date Last Updated:
	A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains availability of records.	4.12	
E-0024	Staffing Strategies/Volunteer Management	Section:	Date Last Updated:
	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.	3.5	

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E-0025	Memorandum of Understanding/Agreement (MOU)	Section:	Date Last Updated:
	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.	3.6, Appendix J	
E-0026	1135 Waiver/Alternate Care Sites	Section:	Date Last Updated:
	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.	3.7	
E-0029	Emergency Communication Plan	Section:	Date Last Updated:
	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.	5.0	
E-0030	Emergency Communications Plan (Internal)	Section:	Date Last Updated:
	Names and contact information for the following: (i) Staff. (ii) Entities providing services under arrangement. (iii) Patients' physicians (iv) Other [facilities]. (v) Volunteers.	2.0	

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E-0031	Emergency Communications Plan (External)	Section:	Date Last Updated:
	<p>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:</p> <ul style="list-style-type: none"> (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. 	2.0, 5.0	
E-0032	Primary & Alternate Means of Communication	Section:	Date Last Updated:
	<p>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.</p>	5.0	
E-0033	Methods of Sharing Medical Information to Other Providers	Section:	Date Last Updated:
	<p>The communication plan must include all of the following:</p> <ul style="list-style-type: none"> (i) 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. (ii) A means, in the event of an evacuation, to release patient information as permitted under 45 CFR 164.510(b)(1)(ii). (iii) A means of providing information about the general condition and location of patients under the facility's care. 	4.12, 5.0	

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E-0034	Sharing Information on Occupancy/Needs to Authorities	Section:	Date Last Updated:
	<p>The communication plan must include all of the following:</p> <p>(i) 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.</p>	2.0, 5.0	
E-0035	Informing Residents' Families of the Emergency Plan	Section:	Date Last Updated:
	<p>The communication plan must include all of the following:</p> <p>(i) A method for sharing information from the emergency plan, that the facility has determined is appropriate, with residents [or clients] and their families or representatives.</p>	5.0	
E-0036	Testing the Emergency Preparedness Program	Section:	Date Last Updated:
	<p>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.</p> <p>Additionally, for facilities with multiple locations, the facility's training and testing program must reflect the facility's individual risk assessment for each specific location.</p>	3.10	
E-0037	Training Staff on the Emergency Preparedness Program	Section:	Date Last Updated:
	<p>The facility must do all of the following:</p> <p>(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.</p> <p>(ii) Provide emergency preparedness training at least annually.</p> <p>(iii) Maintain documentation of all emergency preparedness training.</p> <p>(iv) Demonstrate staff knowledge of emergency procedures.</p>	3.10	

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E-0039	Exercise Requirements for the Emergency Prep Program	Section:	Date Last Updated:
	<p>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.</p> <p style="padding-left: 20px;">a. 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 style="padding-left: 20px;">a. A second full-scale exercise that is community-based or individual, facility-based.</p> <p style="padding-left: 20px;">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>	3.10	
E-0041	LTC Emergency Power Requirements	Section:	Date Last Updated:
	<p>Facilities are required to base their emergency power and stand-by systems on their emergency plan, risk assessment and policies and procedures. The determination for a generator should be made through the development of the facility's risk assessment and policies and procedures.</p> <p>(i) The 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.</p>	4.14, 4.16	

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	(ii) 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. This includes maintaining fuel onsite to maintain generator operation, or it could include making arrangements for fuel delivery for an emergency event.		
E-0042	Integrated Health Systems	Section:	Date Last Updated:
	<p>If a facility is part of a healthcare system, the facility may choose to participate in the healthcare system's coordinated emergency preparedness program. If elected, the program must do all of the following:</p> <ul style="list-style-type: none"> (i) Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program. (ii) Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered. (iii) Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and complies with the healthcare system's program. (iv) Include a unified and integrated emergency plan that includes the following: <ul style="list-style-type: none"> a. A documented community-based risk assessment, utilizing an all-hazards approach. b. A documented individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach. c. Include integrated policies and procedures that meet unique needs of each facility's residents, a coordinated communication plan, and coordinated training and testing programs. 	3.0, 4.0, 5.0	