Planning

Continuity of Operations

Cooperation & Collaboration

Resource

Part of the first element of Emergency Preparedness is planning which also includes continuity of operations, cooperation and collaboration with internal and external individuals. This is essential in developing the overall facility Emergency Preparedness Plan.

**Continuity of Operations**

Facility emergency plans should include the elements from the risk assessment, resident population, including at-risk residents, types of services provided in emergencies and continuity of operations. This will include delegation of authority and potential succession plans if needed. The plan will need to quickly identify staff roles as necessitated by the emergency and clear delegations of authority. Continuity of operations plans should identify essential personnel, essential functions, and critical resources. These plans should also describe how the facility will protect vital records and IT data, as well as identify and locate alternate facilities and financial resources as needed.

**Cooperation and Collaboration**

A facility should include a process for cooperation with local, tribal, regional, state, and federal emergency preparedness officials, including the facility designated health care coalition. Collaboration with these officials will encourage integrated responses during emergency situations. Facilities are no longer required to include documentation of their efforts to contact such officials. However, when able to participate in cooperative planning efforts, documentation of that participation is recommended.

**Resource**

**Risk Assessment Process – Four Cornerstones of Emergency Management**

Since World War II, emergency management has focused primarily on preparedness. Often this involved preparing for enemy attack. Community preparedness for all disasters requires identifying resources and expertise in advance and planning how these can be used in a disaster. However, preparedness is only one phase of emergency management.

Current thinking defines four phases of emergency management: mitigation, preparedness, response, and recovery. The chart below summarizes the phases. (<https://asprtracie.hhs.gov/>)

**4 Cornerstones of Emergency Management.**

* Mitigation
* Preparedness
* Response
* Recovery

| **The Four Cornerstones of Emergency Management** |
| --- |
| **Mitigation**Preventing future emergencies or minimizing their effects | Includes any activities that prevent an emergency, reduce the chance of an emergency happening, or reduce the damaging effects of unavoidable emergencies. **Internal:** Emergency power, stockpiles, NOAA weather radio, fire suppression, building air handling isolation, partner memorandums of understanding, flood and fire insurance **External:** Law enforcement, fire/HazMat, EMS, vendor & supply, community sirens, community Emergency Management, hospital/clinic resourceMitigation activities take place **before** and **after** emergencies. |
| **Preparedness**Preparing to handle an emergency | Includes plans or preparations made to save lives and to help response and rescue operations. **Internal:** NIMS-type emergency organization, policies and procedures, communication systems, scope of alternate sources of supply, frequency and effectiveness of training and drills, ability to self-assess**External:** Notification method to responders; responders’ resources, knowledge of the facility, agreements and memorandums of understandingPreparedness activities take place **before** an emergency occurs. |
| **Response**Responding safely to an emergency | Includes actions taken to save lives and prevent further property damage in an emergency situation. Response is putting your preparedness plans into action. **Internal/External:** Quick access to procedures and checklists, efficient use of communication systems, access to response equipment, time needed to marshal an on-scene response, scope of response capabilities.Response activities take place **during** an emergency. |
| **Recovery**Recovering from an emergency | Includes actions taken to return to a normal or an even safer situation following an emergency. **Internal/External:** Business continuity plan, process to end a response, process to assess damages, insurance coverage, availability of temporary facilities, access to services such as safety inspection and cleaningRecovery activities take place **after** an emergency. |

We assess the 4 cornerstones of emergency management – mitigation, preparedness, response, and recovery -- from two different perspectives: internal and external.

**Internal** refers to the resources, capabilities, and capacities that come from within the facility and its management organization. Examples include, but are not limited to:

* Types of supplies on hand
* Volume of supplies on hand
* Staff availability
* Staff knowledge of plans and procedures
* Ability to establish an incident management team
* Availability of back-up systems

**External** refers to resources, capabilities, and capacities that come from the local community response organizations or industry partners. These include, but are not limited to:

* Notification method to reach responders and partners
* The resources and authority responders bring to handle a given emergency
* Responder knowledge of the facility’s special needs
* Type of agreement or memorandum of understanding in place and pre-signed

|  |
| --- |
| **EXAMPLE Risk Analysis of ABC Nursing Home – Step 2****Establish Relative Management** |
| **A** | **B** | **C** | **D** | **E** | **F** |
| **Hazard Ranked by Relative Impact Magnitude** | **Mitigation** | **Preparedness** | **Response** | **Recovery** | **Relative Management** |
|  | **I** | **E** | **I** | **E** | **I** | **E** | **I** | **E** |  |
| **#1** |  |  |  |  |  |  |  |  |  |
| **#2** |  |  |  |  |  |  |  |  |  |
| **#3** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | 1 = Substantial 2 = Moderate3 = Limited or None | 1 = Substantial 2 = Moderate3 = Limited or None | 1 = Substantial 2 = Moderate3 = Limited or None | 1 = Substantial 2 = Moderate3 = Limited or None |  |
| **I** = Internal **E** = External**Relative Management = Sum of the 4 Management Rankings** Range is 8 - 24 |

In Risk Analysis Step 2, sort the hazards by highest to lowest scores of Relative Impact Magnitude. Implausible hazards; *i.e.,* those with probability scores of “0” and hence a relative impact magnitude of “0” should be tabled before moving forward.

Next, using “The Four Cornerstones of Emergency Management” chart on the previous page and the internal and external perspective examples above, use the standardized ranking system:

* 1 = Substantial
* 2 = Moderate
* 3 = Limited or None

In Risk Analysis Step 2, the lower the Relative Management score, the better your facility can manage the hazard. A rough guideline for how well the facility currently manages emergencies is:

* 8 – 10 Much Above Average A
* 11 – 13 Above Average B
* 14 – 16 Average C
* 17 – 19 Below Average D
* 20 – 24 Much Below Average F

As the team approaches Risk Analysis Step 3, they must take a moment for reflection. If the team has not yet reached out to community coalitions, their perceived external rankings may be lower or higher than the actual scores. These perceptions must be verified as the team finalizes the risk analysis and develops the emergency plan.

In Risk Analysis Step 3, we establish relative risk and proceed to a work plan.

|  |
| --- |
| **EXAMPLE Risk Analysis of ABC Nursing Home – Step 3****Establish Relative Risk to Proceed to Work Plan** |
| **A** | **B** | **C** | **D** |
| **Hazard Ranked by Relative Impact Magnitude** | **Relative** **Management****Grade** | **Critical Thinking of Team’s Rationale for Relative Risk**  | **Relative Risk****Hazard Ranked by Team’s Critical Analysis of Relative Impact and Relative Management** |
| **#1** |  |  | **New #1** |
| **#2** |  |  | **New #2** |
| **#3** |  |  | **New #3** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

There are no mathematical formulas for Risk Analysis Step 3. The team uses critical thinking and documents that critical thinking process. If your first listed hazard; *i.e.,* the hazard with the highest relative impact magnitude, is being managed at an “A” or “B” level, you may be able to focus your attention on other high impact hazards; at a “C” level, it warrants some increased attention; however, at a “D” or “F” level, it warrants intense, immediate attention. In column C, briefly document the factors and conclusions of the team’s critical thinking. Examples of pertinent documentation include, but are not limited to:

* High Relative Impact and Below Average Management warrants discussion with local coalition.
* High Relative Impact and Above Average Management warrants only minor review at this time.
* Moderate Relative Impact and Much Above Average Management warrants no review at this time.
* Recent table top exercise exposed gaps in response process. Refer to Performance Improvement Project team.
* Recent detour of traffic due to interstate bridge repair to last for 18 months. HazMat tankers will be traveling at high speeds within 100 feet of facility.
* Closure of gasoline refinery in area resulting in significantly reduced impact. Defer updates until next review date.

Follow through with discussion and document the factors and conclusions for each identified hazard. Finally, come to consensus on a new ranking of hazards in column D.

**Continuity of Operations**

Facilities must address their resident population, in alignment with the facility assessment, including at risk residents, potential diagnosis or conditions which my pose a risk, identification and plan for residents who may require additional assistance, services needed and provided in emergencies and continuity of operations. Continuity of operations must be delineated in the emergency plan including delegations of authority and succession plans. This delegation needs to outline staff roles and responsibilities as necessitated by the emergency, succession of authority and clear delineation of qualified individual who is authorized in writing to act in the absence of the administrator or person legally responsible for the operations of the facility.

Continuity of operations portion of the emergency plan should include:

* facility and community-based risk assessment findings
* identification of key personnel
* essential functions and critical resources to maintain operations internally and externally
* protection of vital medical, resident and facility data
* identification of alternate facilities for transfer
* contractual agreements
* financial resources
* staff and employee resources
* communication plan

***Emergency Operations Plan Activation Delegation of Authority***

The below is a simplified example of the delegation of authority process which documents a chain of command – responsibility for activating the emergency operations plan. The individuals indicated would be responsible for assessing the emergent situation, activating emergency operations plan as applicable, contacting local authorities, coordinating the plan and staff and overseeing the health safety and welfare of the residents and staff per plan processes.

| **Emergency Plan Activation – Delegation of Authority** |
| --- |
|  | Name | Role | Contact Number |
| Primary |  |  |  |
| Back Up 1 |  |  |  |
| Back Up 2 |  |  |  |
|  |  |  |  |
| Local Authority |  |  |  |
| Local Authority |  |  |  |
| State Authority |  |  |  |
| State Authority |  |  |  |

***Example of Specific Essential Roles and Responsibilities***

Per the requirements, LTC facilities need to outline essential services during emergency events and include this in the emergency preparedness plan. The services that are identified, based upon the risk assessment and resident population assessment, are services that are essential during an emergency. Delineation of roles and responsibilities should be clearly defined, staff aware of their role and responsibility and contact information.

|  |
| --- |
| **Essential Roles and Responsibilities** |
| ***Essential Services*** | ***Role/Name***  | ***Responsibility*** | ***Primary Contact*** | ***Secondary Contact*** |
| Administration |  |  |  |  |
| Clinical/Nursing |  |  |  |  |
| Medical Direction |  |  |  |  |
| Nutrition |  |  |  |  |
| Health Information |  |  |  |  |
| Financial |  |  |  |  |
| Plant Operations |  |  |  |  |
| Housekeeping |  |  |  |  |
| Safety and Security |  |  |  |  |
| Communications |  |  |  |  |
| Pharmacy |  |  |  |  |
| Supplies and Resources |  |  |  |  |
| Transportation |  |  |  |  |
| Psychosocial Needs |  |  |  |  |
| Employee  |  |  |  |  |

**Collaboration and Contact**

When developing the emergency preparedness plan, facilities should include a process for collaboration and cooperation with local, state and federal emergency preparedness authorities. The plan should outline contact information, process for collaboration and coordination, and cooperative planning efforts. These contacts are resources for emergency preparedness plan development, training/testing, evaluation and during emergencies. Prioritization of contact with authorities during an emergency should be outline in the overall plan.

*Example of a Collaboration and Contact Grid*

|  |
| --- |
| **Collaboration and Contact Grid – Emergency Preparedness Community Officials** |
| **Level** | **Role** | **Contact** | **Phone** | **Email** |
| Police |  |  |  |  |
| Fire |  |  |  |  |
| Public Health |  |  |  |  |
| Local Emergency Management |  |  |  |  |
| Regional Health Care Coalition |  |  |  |  |
| State Dept. of Health |  |  |  |  |
| State Office of Emergency Preparedness |  |  |  |  |
| Federal – CMS  |  |  |  |  |
| Federal – FEMA |  |  |  |  |
| Federal- ASPR |  |  |  |  |

**Resources and References:**

The Centers for Medicare and Medicaid Services Emergency Preparedness Rule Resource Site: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule>

Updated Guidance for Emergency Preparedness-Appendix Z of the State Operations Manual (SOM) Ref: QSO-21-15-ALL <https://www.cms.gov/files/document/qso-20-41-all-revised-05262022.pdf>

Revisions to the State Operations Manual (SOM) Appendix Z – Emergency Preparedness Transmittal: 204 issued April 16, 2021 <https://www.cms.gov/files/document/r204soma.pdf>

The Centers for Medicare and Medicaid Services. Health Care Coalitions. <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Resources/State-resources>

Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17) Advance Copy, 2022: <https://www.cms.gov/files/document/appendix-pp-guidance-surveyor-long-term-care-facilities.pdf>

CMS Emergency Preparedness Planning Checklist. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/SandC_EPChecklist_SA.pdf>