**Survey Procedures for Disaster Plan**

• Interview the facility leadership and ask him/her/them to describe the facility’s emergency preparedness program.

• Ask to see the facility’s written policy and documentation on the emergency preparedness program.

• For hospitals and CAHs only: Verify the hospital’s or CAH’s program was developed based on an all-hazards approach by asking their leadership to describe how the facility used an all-hazards approach when developing its program.

• Verify the facility has an emergency preparedness plan by asking to see a copy of the plan.

• Ask facility leadership to identify the hazards (e.g. natural, man-made, facility, geographic, etc.) that were identified in the facility’s risk assessment and how the risk assessment was conducted.

• Review the plan to verify it contains all of the required elements.

• Verify that the plan is reviewed and updated annually by looking for documentation of the date of the review and updates that were made to the plan based on the review.

• Ask to see the written documentation of the facility’s risk assessments and associated strategies.

• Interview the facility leadership and ask which hazards (e.g. natural, man-made, facility, geographic) were included in the facility’s risk assessment, why they were included and how the risk assessment was conducted.

• Verify the risk-assessment is based on an all-hazards approach specific to the geographic location of the facility and encompasses potential hazards.

Interview leadership and ask them to describe the following:

• The facility’s patient populations that would be at risk during an emergency event;

• Strategies the facility (except for an ASC, hospice, PACE organization, HHA, CORF, CMHC, RHC, FQHC and ESRD facility) has put in place to address the needs of at-risk or vulnerable patient populations;

• Services the facility would be able to provide during an emergency;

• How the facility plans to continue operations during an emergency;

• Delegations of authority and succession plans.

Verify that all of the above are included in the written emergency plan.

Interview facility leadership and ask them to describe their process for ensuring cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to ensure an integrated response during a disaster or emergency situation.

• Ask for documentation of the facility's efforts to contact such officials and, when applicable, its participation in collaborative and cooperative planning efforts.

Review the written policies and procedures which address the facility’s emergency plan and verify the following:

• Policies and procedures were developed based on the facility- and community-based risk assessment and communication plan, utilizing an all-hazards approach.

• Ask to see documentation that verifies the policies and procedures have been reviewed and updated on an annual basis.

• Through record review, verify that each patient has an individualized emergency plan documented as part of the patient’s comprehensive assessment.

• Review the emergency plan to verify it includes procedures to inform State and local emergency preparedness officials about 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.

• Verify that the HHA has included in its emergency plan these procedures to follow-up with staff and patients and to inform state and local authorities when they are unable to contact any of them.

• Verify that the HHA has procedures in its emergency plan to follow up with on‐duty staff and patients to determine the services that are needed, in the event that there is an interruption in services during or due to an emergency.

• Ask the HHA to describe the mechanism to inform State and local officials of any on‐duty staff or patients that they are unable to contact.

• Ask to see a copy of the policies and procedures that documents the medical record documentation system the facility has developed to preserves patient (or potential and actual donor for OPOs) information, protects confidentiality of patient (or potential and actual donor for OPOs) information, and secures and maintains availability of records.

• Verify the facility has included policies and procedures for the use of volunteers and other staffing strategies in its emergency plan.

• Verify that the facility has a written communication plan by asking to see the plan.

• Ask to see evidence that the plan has been reviewed (and updated as necessary) on an annual basis.

• Verify that all required contacts are included in the communication plan by asking to see a list of the contacts with their contact information.

• Verify that all contact information has been reviewed and updated at least annually by asking to see evidence of the annual review.

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• Verify the communication plan includes primary and alternate means for communicating with facility staff, Federal, State, tribal, regional and local emergency management agencies by reviewing the communication plan.

• Ask to see the communications equipment or communication systems listed in the plan.

• Verify the communication plan includes a method for sharing information and medical (or for RNHCIs only, care) documentation for patients under the facility's care, as necessary, with other health (or care for RNHCIs) providers to maintain the continuity of care by reviewing the communication plan.

o For RNCHIs, verify that the method for sharing patient information is based on a requirement for the written election statement made by the patient or his or her legal representative.

• Verify the facility has developed policies and procedures that address the means the facility will use to release patient information to include the general condition and location of patients, by reviewing the communication plan

• Verify the communication plan includes a means of providing information about the facility’s needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee by reviewing the communication plan.

• For hospitals, CAHs, RNHCIs, inpatient hospices, PRTFs, LTC facilities, and ICF/IIDs, also verify if the communication plan includes a means of providing information about their occupancy.

• Verify that the facility has a written training and testing (and for ESRD facilities, a patient orientation) program that meets the requirements of the regulation.

• Verify the program has been reviewed and updated on, at least, an annual basis by asking for documentation of the annual review as well as any updates made.

• Verify that ICF/IID emergency plans also meet the requirements for evacuation drills and training at §483.470(i).

• Ask for copies of the facility’s initial emergency preparedness training and annual emergency preparedness training offerings.

• Interview various staff and ask questions regarding the facility’s initial and annual training course, to verify staff knowledge of emergency procedures.

• Review a sample of staff training files to verify staff have received initial and annual emergency preparedness training.

• Ask to see documentation of the annual tabletop and full scale exercises (which may include, but is not limited to, the exercise plan, the AAR, and any additional documentation used by the facility to support the exercise.

• Ask to see the documentation of the facility’s efforts to identify a full-scale community based exercise if they did not participate in one (i.e. date and personnel and agencies contacted and the reasons for the inability to participate in a community based exercise).

• Request documentation of the facility’s analysis and response and how the facility updated its emergency program based on this analysis.

• Verify whether or not the facility has opted to be part of its healthcare system’s unified and integrated emergency preparedness program. Verify that they are by asking to see documentation of its inclusion in the program.

• Ask to see documentation that verifies the facility within the system was actively involved in the development of the unified emergency preparedness program.

• Ask to see documentation that verifies the facility was actively involved in the annual reviews of the program requirements and any program updates.

• Ask to see a copy of the entire integrated and unified emergency preparedness program and all required components (emergency plan, policies and procedures, communication plan, training and testing program).

• Ask facility leadership to describe how the unified and integrated emergency preparedness program is updated based on changes within the healthcare system such as when facilities enter or leave the system.