**Included in Base Plan section** **EOP Appendixes** **Not included for Long Term Care**

|  |  |  |
| --- | --- | --- |
| **E-TAG** | **REQUIREMENT** | **Location** |
| E-0001 | Establish and maintain a comprehensive EM Program  **(all facilities except Transplant Organizations and Dialysis)** | **Base Plan – Scope** |
| E-0002 | Transplant Organization EM Program |  |
| E-0003 | Dialysis EP Program |  |
| E-0004 | Develop and maintain an EP Plan that is reviewed and updated every 2 years (annually for LTC) | **Base Plan –**  **Purpose**  **Plan Review and Update** |
| E-0005 | Transplant Program EP Plan |  |
| E-0006 | Community Based Risk Assessment- Include strategies for addressing emergency events identified by the risk assessment | **Base Plan –**  **Hazard Vulnerability Analysis (Risk Assessment)** |
| E-0007 | Emergency Preparedness plan must address [patient/client] population, including, 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 | **Base Plan –**  **Scope**  **Program Authority**  **Additional recommended Appendixes as developed** |
| E-0008 | **Organ Procurement Organizations-** Address the type of hospitals with which the OPO has agreements; the type of services the OPO has the capacity to provide in an emergency; and continuity of operations, including delegations of authority and succession plans |  |
| E-0009 | Emergency Preparedness plan must 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. | **Base Plan- Community Involvement and Collaboration** |
| E-0010 | **Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services** preparedness plan must address the location and use of alarm systems and signals; and methods of containing fire |  |
| E-0011 | **Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services** preparedness plan must Be developed and maintained with assistance from fire, safety, and other appropriate experts. |  |
| E-0012 | **Transplant Organization** protocols that address duties and responsibilities during an emergency |  |
| E-0013 | Policies and Procedures must be reviewed every two years; annually for LTC. recommend that facilities include strategies and succession planning as well as contingencies which support their response to any disaster or public health emergency (also see requirements at E-0024). | **Base Plan Program Facilitator, Succession** **Planning – program authority**  **Appendix – Critical Functions Staffing Plan** |
| E-0014 | Transplant Program- approved waiver and mutually agreed protocols to work with another OPO during an emergency |  |
| E-0015 | The provision of subsistence needs for staff and patients whether they evacuate or shelter in place. | **Appendix: Evacuation Plan (Shelter in Place, Planned Evacuation, Emergent Evacuation)** |
| E-0016 | **Hospice:**  must develop and implement emergency preparedness policies and 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 | **Base Plan – Communications**  **Appendix- Emergency Communications** |
| E-0017 | **HHA** must develop and implement emergency preparedness policies and procedures plans for the HHA’s patients during a natural or man-made disaster. Individual plans for each patient must be included as part of the comprehensive patient assessment, |  |
| E-0018 | 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.  **Inpatient Hospice:** 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.  ***Does not apply to Transplant Programs, HHAs, Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services, RHCs/FQHCs.*** | **Additional Recommended Appendixes** |
| E-0019 | **Homebound Hospice, PACE and HHAs**: The procedures to inform State and local emergency preparedness officials about [homebound Hospice, PACE or HHA] 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. | Facility Procedures |
| E-0020 | 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. | **Appendix: Evacuation Plan (Shelter in Place, Planned Evacuation, Emergent Evacuation)** |
| E-0021 | **HHA** must develop and implement emergency preparedness policies and 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 HHA must inform State and local officials of any on duty staff or patients that they are unable to contact. | Facility Procedures |
| E-0022 | A means to shelter in place for patients, staff, and volunteers who remain in the facility.  **Hospice operated inpatient care** must address the following: (i) A means to shelter in place for patients, hospice employees who remain in the hospice. Does not apply to *Transplant Programs, HHAs or OPOs* | **Appendix Evacuation Plan (Shelter in Place, Planned Evacuation, Emergent Evacuation)** |
| E-0023 | At a minimum, the policies and procedures must address system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains availability of records. | **Base Plan Electronic Health Records (EHR)/ Medical Documents**  **\**must connect with facility EHR policy\**** |
| E-0024 | At a minimum, the policies and procedures must address 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.  **Hospice:** The use of hospice employees in an emergency and 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 | **Appendix – Critical Functions Staffing Plan** |
| E-0025 | 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.  **Hospice:** 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 | **Base Plan-**  **Community Resources Sharing (MOU)**  **Base Plan-**  **Community Involvement and Collaboration** |
| E-0026 | 1135 Waivers | **Base Plan - 1135 Waivers** |
| E-0027 | Dialysis/ESRD: How emergency medical system assistance can be obtained when needed |  |
| E-0028 | Dialysis/ESRD: A process by which the staff can confirm that emergency equipment, including, but not limited to, oxygen, airways, suction, defibrillator or automated external defibrillator, artificial resuscitator, and emergency drugs, are on the premises at all times and immediately available. |  |
| E-0029 | Emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least every 2 years [annually for LTC facilities] | **Base plan - Communications**  **Appendix - Emergency Communications** |
| E-0030 | Emergency preparedness communication plan must include all of the following: Names and contact information for the following: (i) Staff. (ii) Entities providing services under arrangement. (iii) Patients' physicians (iv) Other [facilities]. (v) Volunteers. \*[For Hospitals at §482.15(c) and CAHs at §485.625(c)] The communication plan must include all of the following: (1) Names and contact information for the following: (i) Staff. (ii) Entities providing services under arrangement. (iii) Patients' physicians (iv) Other [hospitals and CAHs]. (v) Volunteers. [For Hospices at §418.113(c):] 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. \*[For HHAs at §484.102(c):] The communication plan must include all of the following: (1) Names and contact information for the following: (i) Staff. (ii) Entities providing services under arrangement. (iii) Patients’ physicians. (iv) Volunteers | **Appendix – Emergency Communications** |
| E-0031 | Emergency preparedness communication plan must contain contact information for the following: (i) Federal, State, tribal, regional, and local emergency preparedness staff. (ii) Other sources of assistance. \*[For LTC Facilities  : 2) Contact information for the following: (i) Federal, State, tribal, regional, and local emergency preparedness staff. (ii) The State Licensing and Certification Agency. (iii) The Office of the State Long-Term Care Ombudsman. (iv) Other sources of assistance. | **Appendix – Emergency Communications** |
| E-0032 | Emergency preparedness communication plan must contain Primary and alternate means for communicating with the following: (i) [Facility] staff. (ii) Federal, State, tribal, regional, and local emergency management agencies. | **Appendix – Emergency Communications** |
| E-0033 | Emergency preparedness communication plan must contain 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. A means, in the event of an evacuation, to release patient information as permitted. A means of providing information about the general condition and location of patients | **Appendix – Emergency Communications** |
| E-0034 | Emergency preparedness communication plan must contain 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.  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 | Facility Procedures |
| E-0035 | **LTC** Emergency preparedness communication plan must contain 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 | **Base Plan- Notifying Management Staff and Essential Employees**  **Resident/Family Notification** |
| E-0036 | **LTC facility** must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan. The training and testing program must be reviewed and updated at least annually | **Base Plan - Exercising the plan** |
| E-0037 | 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 roles. | **Base Plan - Training and Education** |
| E-0038 | **Dialsys/ESRD** - Initial and ongoing training |  |
| E-0039 | Test the Emergency Plan at Least Annually | **Base Plan - Exercising the plan** |
| E-0040 | **Dialysis/ESRD** – EP Training |  |
| E-0041 | Emergency and Standby Power Systems for hospitals, CAH, LTC | **Additional Recommended Appendixes: Alternate Power Sources Plan** |
| E-0042 | Integrated healthcare systems |  |
| E-0043 | Transplant Hospitals - Integrated healthcare systems |  |
| E-0044 | OPO - Continuity of operations during an emergency |  |