

EMERGENCY PLANNING CHECKLIST

Learn more about CMS' requirements for emergency planning preparedness.

MGMA recommends the following steps for practice emergency planning:

Assemble Key Contacts and Facility Information:

Facility/personnel organization chart

List of personnel with contact information

Building floorplans

Information on the location of AEDs, first aid kits or lifesaving equipment

Detail on the facility-specific patient and staff characteristics in the event of an evacuation or other emergency

List of federal, state and local emergency contacts/managers

List of any personnel and patients onsite during a disaster should be obtained (If possible)

Maintain a current copy of general business insurance policy information (Including business interruption, flood, hurricane and windstorm coverage as applicable)

Inventory of practice property

Know the Threats to Your Business:

Compile a list of potential disasters your business might face based on your geographic location (examples: Earthquakes, tornadoes, floods, fires, hurricanes), as well as region-nonspecific emergencies (power outages, cyberattacks, active shooter, bomb threat, terrorism/bioterrorism, pandemics)

Continuity of Business Operations and Contingency Planning:

Write out courses of action and select responsible team members for each hazard/emergency. Determine when and how to close business operations, if necessary, as well as additional steps required due to closure (such as canceling appointments, notifying patients, transferring patients to other facilities)

When possible, stock supplies for 7 to 10 days to sustain staff or patients during a disaster impacting your facility. This should include food, water and any other critical supplies (e.g., medical supplies and medication). Please note that under the CMS rule certain facilities have different requirements:

- o “Outpatient providers are not required to have policies and procedures for the provision of subsistence needs.”
- o “Home health agencies and hospices required to inform officials of patients in need of evacuation.”
- o “Long-term care and psychiatric residential treatment facilities must share information from the emergency plan with residents and family members or representatives.”

Establish an emergency communications plan for each hazard, including maintaining communications among employees and to patients. Draft sample communications regarding evacuations or sheltering-in-place

Assess the backup systems for critical business and patient data systems, both onsite and offsite. Create action steps for safeguarding equipment (computers and high-end devices) and forwarding of utilities that may be impacted (such as phones/answering service)

Establish alternate locations for business operations when one or more service locations are inoperable during a disaster, as well as staffing plans for those sites

Establish a plan for any paper records that are onsite and any associated HIPAA considerations

Establish an annual training plan with a preparedness exercise

Schedule an inventory/maintenance check each quarter for items needed in the event of an emergency (e.g., batteries, flashlights, radios)

Consider keeping a restoration company on retainer

Coordinate with Emergency Management Agencies and Local Healthcare Facilities:

List local, state, federal and interagency contacts and incorporate into your emergency plan documents. Include area hospitals and other nearby facilities, as well as their capabilities during an emergency

Develop a Detailed Plan for Sheltering-in-place and Evacuations:

Sheltering-in-place:

Determine who's in charge of implementing a shelter-in-place plan if/when it's needed

A decision to shelter-in-place should be made in collaboration with police, fire and local authorities

Considerations regarding whether a facility is strong enough and safe for sheltering-in-place should be reviewed in advance and re-evaluated during an emergency

Adequate food, water and critical supplies should be available for both staff and patients if the decision to shelter-in-place is made. This should include but is not limited to extra medical supplies including oxygen, linen and medications

Ensure emergency power is available as needed through a back-up generator with fuel

Evacuation Planning:

Determine who's in charge of implementing an evacuation plan if/when it's needed

Staff should have pre-determined roles for an evacuation for how they will assist, and a contingency plan should be established if adequate staff is not available

If staff and patients cannot evacuate to their homes, there should be more than one suitable location to evacuate to during an emergency and partner or contract with other facilities if possible during. Depending on size and scope of a disaster, include at least one potential evacuation location about 50 miles from your primary location

Methods of transportation should be considered and established with help from authorities if they are not available at the facility

Evacuation routes should be planned and considered in advance along with having maps available

Adequate food, water and any critical supplies should be available to be transported along with staff and patients

Procedures on medications and medical supplies necessary for patients should also be considered as applicable for the facility

Procedures should be established regarding mobility and use of wheelchairs or

other means to transport patients

Protocols should be considered if anyone becomes injured, ill or worse during an evacuation

A plan for how to communicate to the family members of patients and staff should be established following an evacuation as well

Lists of both staff and patients should be referenced following an evacuation to account for anyone who may be missing; the authorities and families should be notified if anyone is not accounted for

Consider if mental health or grief counselors need to be available following an evacuation

Review of Your Emergency Plan and Drills:

Update and review your disaster plan at least annually to assure that it is current with any recommendations by federal agencies such as FEMA

Perform drills so your staff will know what to do in the event of a real emergency and you will be able to identify any gaps in your plan