City of Houston - Healthcare Facility
Emergency Operations Plan (EOP)
Planning Aid

Purpose: This document is intended to aid facilities in creating and/or evaluating an emergency operations plan (EOP) that meets or exceeds the expectations and requirements of local, state, and federal agencies. This document focuses on the Texas Administrative Code (TAC), Title 40 Part 1 Chapter 19, Texas Health and Human Services Licensing Standards for Home and Community Support Service Agencies (LSHCSSA), Subchapter C, Division 3, Section 97.256, and the Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness Rule. Requirements vary based upon the facility type and from whom the facility receives payment (i.e. private pay, state, or federal).

The following sections are considered fundamental for healthcare facilities (e.g. nursing homes, assisted living, home health, rehabilitation centers, adult-senior day care, 24/7 surgical centers, etc.) within Houston's jurisdictional boundaries and may not include additional planning and preparedness requirements uniquely identified on the facility's "Hazard Vulnerability Analysis (HVA)" assessment or required by federal agencies for developing a comprehensive Emergency Operations Plan (EOP). The facility is responsible for ensuring that appropriate planning and preparedness efforts are taken and evident in the written EOP.

Instructions

Section 1: Addresses the facilities priorities for planning based on hazards and risks. Complete this section to ensure an all-hazards approach is implemented in the facility's EOP.

Section 2: Identifies specific topics which should be addressed in each facilities EOP. These items are a compilation of local, state, and federal planning requirements within the TAC, LSHCSSA, and CMS. Some topics may not be applicable to all facilities; however, each facility should consider including all topics to have thorough, community-based plans. ***It is the responsibility of each healthcare facility to know which requirements are applicable to their facility.*** If you believe a topic is not applicable to your facility, indicate "N/A" next to the item. However, exceeding the minimum standard required for your facility will ultimately benefit your facility.

Section 3: Identifies EOP requirements that are uniquely specific to certain facilities. This section differs from Section 2 because the items in Section 2 have been condensed and may be applicable to a majority of healthcare facility types, while Section 3 items are applicable to only a few facility types.

City of Houston Office of Emergency Management:
Health Care EOP Planning Aid

Facility Name: _____ Facility Phone Number: _____

Facility Address: _____

Your Name/Position: _____

Facility Type: _____ *(ex. Long-term Care, Intermediate Care, Home Health, Hospital, Hospice, etc.)*

Does your facility receive Medicare or Medicaid? If so, which? _____

Is this facility licensed by the State of Texas? **YES   or   NO**

How many residents does your facility care for? *(on average/estimate):* _____

Date this document was completed: _____

Section 1: Complete the table on the next page as part of your facility's preparedness plan:

Risk assessment/Vulnerability Analysis: Use the following information to identify your vulnerability and frequency for flooding, hurricane – storm surge, hurricane - wind and hazardous materials. **The table is underlined completed by the City of Houston OEM on the next page.**

Complete the Risk Assessment/Vulnerability Analysis (next page), using the scores listed in the Assessment Ratings table (below), by assigning the appropriate vulnerabilities and frequency scores for your facility. Multiply those scores to determine your facility's total threat assessment value.

Assessment Ratings		Vulnerabilities						FREQUENCY	
Storm Surge	Score	Wind	Score	Flood	Score	Hazardous Materials	Score	of Occurrence	Score
Zone A	3	<50 Miles to Coast	3	Floodway	3	<3000 Feet	3	5 yrs or less	3
Zone B	2	50-75 mi inland	2	100 yr Floodplain	2	<1 Mile	2	6-25 years	2
Zone C	1	>75 miles inland	1	500 yr Floodplain	1	<5 Miles	1	26-100 years	1
Outside	0			Outside Floodplain	1	>5 Miles	0	Rare	0

Complete this table using the Assessment Ratings on the previous page.

Risk Assessment/Vulnerability Analysis			
Hazard	**Vulnerability (0-3)**	**Frequency (0-3)**	**Total - (Vulnerability X Frequency)**
Natural			
Flooding		3	
Hurricane – Storm Surge		3	
Hurricane – Wind		3	
Heat	2	3	6
Tornado	2	3	6
Winter Storm	2	3	6
Drought	1	2	2
Hail	1	2	2
Lightning	1	2	2
Wildland Fire	1	2	
Technological			
Hazardous Materials – Pipeline		2	
Hazardous Materials – Fixed Facility		2	
Hazardous Materials – Hazardous Cargo Route		2	
Hazardous Materials – Rail		2	
Utility Outage (gas, water, electricity)	2	2	4
Airport Facility – Air Traffic-Transportation		1	
Human Caused			
Large Scale Special Events	1	2	2
Terrorism	1	1	1
Cyber-Security	2	2	

Section 2: <u>Answer the following questions based on the content of your facility's preparedness plan:</u> *Your facility's plan should address the items mentioned in this section. For this section, please indicate the corresponding page number/section that addresses the item. Make other notes as necessary. Indicate "N/A" if you do not believe the item is applicable to your facility.*

Introduction Statement: Does your emergency plan provide a brief overview of your facility/organization?

_____Type & level (acuity) of care provided in your facility is mentioned (i.e. medically dependent, assistance, independent, psychiatric, etc.)?

_____Occupancy range from minimal to maximum in the facility or under the organizations (e.g. institutionalized, residents, occupied, etc.)?

Purpose Statement: Does your emergency plan include an overview of the purpose and what types of hazards will it be applied during specific situations?
_____Does the Purpose Statement clearly state to whom the plan applies (e.g. staff, residents, patients, family members, etc.)?

_____Does the Purpose Statement clearly indicate the emergency plan is comprehensive for all-hazards preparedness?

Direction and Control: One person who is designated in the plan that has overall authority and responsibility for a facility's response to a disaster.
_____Who is responsible for writing, maintaining, and distributing the plan?

_____Who has authority on site 24/7 to make crucial decisions for the facility internally (may be different than executive authority)?

_____Does the facility monitor local weather conditions?

_____Who is responsible for ensuring that residents take appropriate action and get to safety?

_____Who is responsible for medications (administering, storing, securing)?

_____Has the facility assigned or designed a leadership structure: i.e. "chain of command" for disaster or emergency (may or may not be different from the routine organizational chain of command)?

_____Have provisions been made for emergency worker's families (this will ensure that primary workers report to duty)?

_____Are there any policies requiring essential personnel in the emergency plan to report to work?

_____Are staff members provided with fire protection procedures to ensure the safety of residents?

_____Name/title of person in charge (decision authority) during an emergency to include at least one alternate included in the plan?

Notification/Warning: Warning is the initial communication; whether it is received or dispatched from local authorities in regards to an emergency.
_____How is the facility going to receive warnings (this includes off-hours, weekends, etc.)?

_____Does the facility have primary and secondary (alternate) way to notify key staff?

_____Can staff be contacted at any time (24 hours)?

_____Has an alternate communication system been established if regular communications are inoperable?

_____How does the facility plan to communicate with potential shelter sites, as well as, the transfer of residents?

_____How does the facility plan to alert residents and/or family member of actions that are taking place during a disaster?

_____Does the facility have fire alarm and sprinkler system installed?

_____Does the plan indicate that designated smoking areas have been established with supplies, such as, noncombustible ashtrays?

_____Are the fire alarm and sprinkler system regularly inspected, tested, and documented on a report signed by a licensed agent?

Communication: What is done during a disaster that ensures an ongoing exchange of information?

_____What will be the primary and alternate means of communication within the facility, and can this mode of communication be continued without outside resources?

_____Are emergency numbers posted near all phones and including local fire department, ambulance, and police?

_____Has the facility compiled a master list of primary and alternate contact methods for occupants, occupant's family members, decision-making staff, etc.?

_____Is the list located and accessible to ALL staff and is emergency contacts list updated dynamically?

_____Is there an agreement or plan to initiate and continue communication with outside authorities (local, state, federal, and regional)?

_____Are policies in place to address releasing general patient information (including location), as well as information about the facility's needs and abilities to local officials?

Sheltering Arrangements: Does your facility have local and distant sheltering plans?

_____Does the facility plan to shelter in place for hurricanes?

_____Are there existing and current Memorandums of Understanding with pre-designated alternate facilities?

_____Is there a Contingency Plan if for some reason the planned alternate care facility is unable to assist?

_____Has the facility established shelter-in-place procedures, if requested to do so by local authorities?

_____How will the facility maintain an emergency food supply (between 7 and 14 days)?

_____Is there a plan to provide an adequate alternate energy source for the facility?

_____Are policies in place to provide sewage and waste disposal?

Evacuation: Does your facility support local and long-distance evacuation plans?

_____Are you located in the Storm Surge or Hurricane Evacuation Zone areas?

_____How do you plan to evacuate your facility? Will staff accompany residents?

_____Are evacuation routes posted throughout the facility and rehearsed regularly and documented?

_____Do you have an agreement with host facilities? Where are host facilities located?

_____How does the facility plan on maintaining Mutual Aid Agreements with host facilities?

_____Has criteria been established that determines frequency of evacuation drills?

_____Does the facility have measures to keep track of residents once an evacuation has been initiated?

Re-Entry:

_____What measures will the facility take to ensure that their geographical area and facility is safe for re-occupation?

_____Following a significant emergency or disaster which includes evacuation & closure (partial or total) of the facility what is the process to receive status and guidance from local emergency management officials?

Transportation:

_____Does the facility have a plan to ensure that reliable, sufficient vehicles are available to evacuate all residents?

_____If the facility does not own all transportation needed for a total evacuation; does the facility have written contract(s) or agreement with another institution for transportation?

_____Is there an alternative transportation plan if primary plan fails?

_____Does the facility have a secondary plan in case the first institution contacted cannot perform as planned?

_____How will the facility transport vital records, medications, and other vital provisions?

_____Has the facility allocated resources to ensure that pets are evacuated?

_____If nursing home, is facility registered in the "State Transportation Evacuation Assistance Registration" (STEAR) registry?

_____If home health care provider, is STEAR information regarding evacuation assistance provided to resident?

Health and Medical Needs:

_____How does the facility plan to identify vital needs for its residents to continue critical care?

_____Will facility staff members accompany residents throughout all phases of the disaster/emergency event?

_____Are there policies or procedures in place for preserving, protecting the confidentiality of, and maintaining availability of those patient's medical records during an emergency?

Resource Management:

_____Has the facility designated resources to enable a plan that accounts for accurate and detailed lists of vital supplies, staff, crucial equipment, and records?

_____When is a detailed list of supplies updated? Is this a recurring update allocated for in the facility's plan?

Training/Exercises:

_____Does the facility provide emergency/disaster specific training regularly for all new staff?

_____Have all employees been made aware of their role during an emergency?

_____Does the facility orientation have emergency/evacuation material built-in to staff and resident orientation?

_____Is there a plan to host and/or participate in an annual tabletop exercise and a full-scale exercise? Full-scale exercises can be community based, documentation of efforts to participate must be present if participation did not occur.

_____Is there an annual review and update of the facility's disaster plan? Are reviews of the plan documented?

_____Is the facility's EOP distributed and maintained at a nurse's station, with managers, or in another known location to all staff?

_____Following an exercise is a formal process used to elicit feedback and an After-Action Report (AAR) produced to correct deficiencies? Is information from this evaluation considered when updating the plan?

_____Are fire drills conducted regularly? And include the participation of staff?

SECTION 3: <u>Other – Facility-type Specific:</u> *(only applicable to facilities subject to CMS guidance. Refer to the table at the end of this section for provider-types.)*

_____Provider types 1, 2, 4, 5, 8, 9 ,12: Does the facility's communication plan include a means of providing information about their occupancy?

_____Provider types 1, 8, 12: Does the facility have the required emergency and standby power systems to meet the requirements of the facility's emergency plan and corresponding policies and procedures?

_____Provider types 1, 8, 12: If the facility was built or renovated after 2016, does the facility have emergency power systems or plans in place to maintain safe operations while sheltering in place?

_____Provider types 1, 8, 12: For new construction after November 15, 2016, is the generator located and installed in accordance with NFPA 110 and NFPA 99 when a new structure is built or when an existing structure or building is renovated?

_____Provider types 1, 8, 12: Are onsite fuel sources maintained in accordance with NFPA 110 for the generator with procedures on how to keep the generator operational during an emergency?

_____Provider type 4: Does the plan include policies or procedures for following up with staff and patients during an evacuation?

_____Provider type 4: Do procedures exist for staff if they are unable to contact a staff member or patient?

_____Provider types 4, 6, 10: Are there policies in place to keep local and state officials informed of patient evacuations?

_____Provider types 8, 9: Are residents or their families given information regarding the facility's emergency plan?

_____Provider type 9: Does the plan also meet the requirements for evacuation drives and training (per CFR 483.470.i)?

_____Provider type 10: Are there procedures to follow up with staff and patients; to inform authorities when they are unable to contact them.

_____Provider type 10: Are there procedures to follow up with on-duty staff and patients and to determine the services that are needed if there is an interruption in services.

_____Provider type 10: Do records indicate that each patient has an individualized emergency plan documented as part of the patient's comprehensive assessment?

_____Provider type 10: Are there procedures for informing officials of any on-duty staff or patients that they are unable to contact?

_____Provider type 13: Can documentation be provided for which experts (fire, safety, others) were collaborated with to develop and maintain this plan?

3.1 The following items are applicable only to _Integrated Health Care Systems_ (subject to CMS guidance):
_____Has the facility opted to be part of, and participate in, its healthcare systems unified and integrated emergency preparedness program, and can it be supported by documentation?

_____Does the facility actively participate in the annual review program of requirements and updates?

_____Is the unified and integrated emergency preparedness program updated based on changes within the healthcare system?

NOTE!   The above criterion is considered fundamental to all-hazards emergency planning and preparedness for healthcare facilities in guiding facility emergency plan development. **It is NOT a regulatory or accrediting tool for emergency plan development. Your facility should ALWAYS follow facility specific regulatory/accrediting mandates/requirements.** Additional planning and preparedness effort may need to be taken to address hazards unique to your facility's "Hazard Vulnerability Analysis (HVA)" assessment. Each facility is responsible for ensuring that appropriate planning and preparedness efforts take place to ensure quality Emergency Operational Plans (EOP) are developed.

Providers/Suppliers and Facilities Types Impacted by the Emergency Preparedness Rule	
1. Hospitals	9. Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)
2. Religious Nonmedical HealthCare Institutions (RNHCIs)	10. Home Health Agencies (HHAs)
3. Ambulatory Surgical Centers (ASCs)	11. Comprehensive Outpatient Rehabilitation Facilities (CORFs)
4. Hospices	12. Critical Access Hospitals (CAHs)
5. Psychiatric Residential Treatment Facilities (PRTFs)	13. Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient PT and Speech Language Pathology Services
6. All-Inclusive Care for the Elderly (PACE)	14. Community Mental Health Centers (CMHCs)
7. Transplant Centers	15. Organ Procurement Organizations (OPOs)
8. Long-term Care Facilities (LTC)	16. Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)
	17. End-Stage Renal Disease Facilities (ESRD)