

LONG-TERM, HOME HEALTH, AND HOSPICE CARE PLANNING GUIDE FOR PUBLIC HEALTH EMERGENCIES



**U.S. Department of
Health and Human Services**
Centers for Disease
Control and Prevention

Much of this planning document is applicable to home health and hospice care providers. Items that are not relevant will be marked with an asterisk (*). In most cases, home health and hospice care providers simply have to substitute the word *agency* in lieu of *facility*.

The Oak Ridge Institute for Science and Education (ORISE) is a U.S. Department of Energy (DOE) institute focusing on scientific initiatives to research health risks from occupational hazards, assess environmental cleanup, respond to radiation medical emergencies, support national security and emergency preparedness, and educate the next generation of scientists.

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Long-Term, Home Health, and Hospice Care Planning Guide for Public Health Emergencies

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Long-term care is a variety of services that includes medical and nonmedical care to people who have a chronic illness or disability. Long-term care helps meet health or personal needs. Most long-term care is to assist people with support services such as activities of daily living like dressing, bathing, and using the bathroom. Long-term care can be provided at home, in the community, in assisted living or in nursing homes. It is important to remember that you may need long-term care at any age.

This year, about 9 million men and women over the age of 65 will need long-term care. By 2020, 12 million older Americans will need long-term care. Most will be cared for at home; family and friends are the sole caregivers for 70 percent of the elderly. A study by the U.S. Department of Health and Human Services says that people who reach age 65 will likely have a 40 percent chance of entering a nursing home. About 10 percent of the people who enter a nursing home will stay there 5 years or more.

From [Medicare.gov](https://www.medicare.gov)

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EXECUTIVE SUMMARY

The Centers for Disease Control and Prevention (CDC) Healthcare Preparedness Activity (HPA), in partnership with the Oak Ridge Institute for Science and Education (ORISE), has been conducting a series of meetings with healthcare sector stakeholders since 2008. The goal of these meetings has been to identify the gaps and issues these sectors face during a public health emergency, such as an influenza pandemic, and to develop tools to help them address these gaps and issues. The long-term care (LTC) sector became the focus of a stakeholder meeting in 2010 because a literature search by CDC-HPA showed that (1) LTC's pandemic influenza planning efforts needed improvement and (2) LTC does not effectively coordinate and integrate with other healthcare systems within their communities.

In April 2010, CDC-HPA convened stakeholders from LTC, home health, and hospice care and their associations, as well as stakeholders from public health departments, hospital associations, and emergency management agencies in Atlanta, Georgia. The purpose of the meeting was to address the best method to improve LTC's planning efforts as well as its coordination and integration within the community. This *Long-Term, Home Health, and Hospice Care Planning Guide for Public Health Emergencies* (hereafter referred to as *Planning Guide*) resulted from that meeting. Home health and hospice care were included as partners in this guide because, although they both have a more specific healthcare focus, much of the material covered by this guide applies to them. Furthermore, both sectors need to coordinate with LTC and integrate with their community's public health, healthcare, and emergency management systems.

The *Planning Guide* focuses on six topic areas identified by meeting stakeholders: situational awareness, continuity of operations, facility or agency operations, crisis standards of care, staffing, and fatality management. Each topic area is addressed using the terminology and the framework outlined in the *National Response Plan* and the *National Response Framework*, which are Federal Emergency Management Agency (FEMA) documents prescribing the national response to manmade emergencies and natural disasters. Additionally, each topic area is presented in a manner that allows the user to develop needed sections in a long-term, home health, or hospice care facility's or agency's public health emergency preparedness and response plan.

The *Planning Guide* is designed to be used by a team of interested partners who are focused on improving their long-term, home health, or hospice care facility's or agency's preparedness for a public health emergency. Working together, this team will find the Guide to be an easy-to-use tool to improve its planning efforts and its coordination and integration within the community.

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OVERVIEW

INTRODUCTION

A public health emergency has the potential to cause many deaths and illnesses in the United States and will likely be accompanied by a tremendous surge in demand for medical care and a shortage of available resources. Unlike natural disasters or structural collapses, a public health emergency, such as an influenza pandemic, may be sustained over a period of weeks and months, and may affect multiple communities. Staffing levels may be reduced, and resources may dwindle as the public health emergency progresses. Communities may be unable to rely on assistance from federal and state partners and neighboring communities because a public health emergency could affect the entire country. Therefore, community planning requires consensus on the actions and priorities required to prepare for and respond to an expected surge in ill residents/patients.

Long-term, home health, and hospice care facilities and agencies are expected to play a significant role in helping to reduce the patient surge on hospital emergency departments and other healthcare sectors within their communities during a public health emergency. Hospitals are already running at or near full capacity, which means that ill, but noncritical, residents and patients may need to be kept at a long-term care facility or treated in the community rather than be sent to a hospital. As a result, long-term care stakeholders need to engage in public health emergency planning efforts within their communities.

Developing a public health emergency response plan requires communities to determine who is responsible for planning, how to fund emergency readiness efforts, what exactly constitutes the planning and response processes, and how to coordinate with state and federal emergency management resources. This is an area on which the long-term care sector and community care need to focus in order to integrate themselves into their community's public health emergency planning efforts.

BACKGROUND

The Centers for Disease Control and Prevention (CDC) Healthcare Preparedness Activity (HPA) has been meeting with healthcare sector stakeholders from around the country since 2008 to identify the gaps and issues these sectors face during a public health emergency, such as an influenza pandemic. From these meetings, CDC-HPA, with support from the Oak Ridge Institute for Science and Education (ORISE), has developed tools for communities of any size to use to better prepare themselves for public health emergencies. Examples of healthcare sectors for which tools have been developed are primary care providers, pediatricians, pediatric hospitals, and call centers. In April 2010, CDC-HPA convened a group of long-term, home health, and hospice care stakeholders to gather the information contained in the *Planning Guide*.

To prepare for this meeting, CDC-HPA researched the role of long-term care in public health emergency planning both within their facilities and in their community's overall planning. They discovered that long-term care, in general, has several tools and templates available to use during a public health emergency. Unfortunately, CDC-HPA also discovered that these tools were not used and that long-term, home health, and hospice care are not connected with the other healthcare systems within their communities.

For this meeting, CDC-HPA convened stakeholders from long-term, home health, and hospice care, and their associations, as well as public health departments and emergency management agencies. The purpose of the meeting was to identify communication and coordination barriers facing the long-term care sector and to address the role that stakeholders, public health departments, and emergency management agencies can play in reducing the expected surge of patients on hospitals and other healthcare sectors within the community during a public health emergency. The *Planning Guide* resulted from the meeting.

TARGET AUDIENCE

The *Planning Guide* is applicable to any long-term care provider, whether the provider is a single facility or multiple long-term care facilities, a home health care agency, or a hospice care agency.¹ These entities should assign one person to be an emergency planning coordinator for their facility or agency. This coordinator ideally will have clinical and infection control experience and will be responsible for ensuring that all action plans in the *Planning Guide* are completed. The emergency planning coordinator should be given the authority, resources, and time to develop their facility's or agency's emergency preparedness and response plan.

FORMAT

The *Planning Guide* is divided into five sections:

1. Pre-event Planning – This section is the largest section because it covers all of the planning tasks that must be done before a public health emergency, such as an influenza pandemic, is on the horizon.
2. Response – This section describes steps to take when responding to a public health emergency in your community. These steps are action items based on planning tasks completed in the pre-event planning section.

¹ Much discussion during the production of the *Planning Guide* focused on the inclusion of home health and hospice care. Two differing points of view emerged: (1) home health and hospice care are entirely different entities from other long-term care providers and should have their own planning guide (i.e., not included in the *Planning Guide*), and (2) home health and hospice care are similar in many respects to other long-term care entities and should be included in the *Planning Guide*. This latter point of view was accepted.

3. Recovery – This section covers planning tasks to complete in preparation for helping your facility or agency recover after a public health emergency is over.
4. Exercise and Evaluation – This section covers planning tasks that, when implemented, will ensure that a process is in place to evaluate and improve your public health emergency preparedness and response plan.
5. Appendices – This section contains a list of abbreviations and acronyms and a compilation of resources for the user of the *Planning Guide*.

These sections align with the terminology and framework outlined in the *National Response Plan* and the *National Response Framework*, which are Federal Emergency Management Agency (FEMA) documents prescribing the national response to manmade emergencies and natural disasters.

Each of the first three sections has the following six subsections that were determined by the long-term, home health, and hospice care stakeholders convened in the April 2010 meeting:

1. Situational Awareness – Maintaining awareness of the status of a public health emergency and the response to it.
2. Continuity of Operations – Ensuring that your facility or agency continues to operate during a public health emergency.
3. Facility/Agency Operations – Ensuring that the appropriate personnel are in place to direct the operation of your facility or agency.
4. Crisis Standards of Care – Accommodating crisis standards of care.
5. Staffing – Ensuring that you have personnel who are available to respond to a public health emergency.
6. Fatality Management – Managing fatalities in your facility.

Each subsection is divided into two parts:

1. Introduction – An overview of the topic area.

2. Planning Requirements² – Action items that must be undertaken to develop a plan for the topic area, as well as related information and issues to consider and address.

Each section contains an action plan, which is a compilation of planning requirements organized by discussion topic in an easy-to-use format. The action plan assists in delegating responsibility for completing each requirement and determining a timeline for completing it. Action plans are provided after each subsection in the Pre-event Planning section. A single action plan is provided at the end of the Response, Recover, and Exercise and Evaluation sections.

HOW TO USE THE *PLANNING GUIDE*

Working through the *Planning Guide* is not intended to be a burdensome effort. If you designate appropriate personnel for the undertaking and develop a solid team of internal and external partners (as explained on the next page), you will find the planning experience less stressful and more rewarding. To use the *Planning Guide*, follow these steps:

1. Identify the emergency coordinator for your facility.
2. With the assistance of your emergency coordinator, identify and engage the internal and external partners (use the External Partnerships Contact List on page 13 to collect contact information on these partners) needed to develop your public health emergency preparedness and response plan.
3. Direct your emergency coordinator to
 - a. Review the sections and subsections of the *Planning Guide* with appropriate internal and external partners.
 - b. Delegate responsibilities for completing planning requirement action items listed in the action plans.
 - c. Ensure that action items are completed.

Use the completed action plans to develop your long-term, home health, or hospice care facility's or agency's public health emergency preparedness and response plan. Once the plan is complete, educate and train those with roles and responsibilities in the plan. Make sure they know what is expected of them, and evaluate their knowledge of the plan and their roles and responsibilities through a discussion-based exercise (see Exercise and Evaluation section, page 255).

² Many of the planning requirements presented in the *Planning Guide* can be adopted or adapted by a home health or hospice care agency or individual provider simply by changing the word *facility* to *home health* or *hospice care provider* or *agency*.

GETTING STARTED—THINGS YOU NEED TO KNOW

Here are some important facts to know before proceeding through the *Planning Guide*:

A PROPOSED RULE BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) MAY IMPACT LONG-TERM, HOME HEALTH, AND HOSPICE CARE FACILITIES AND AGENCIES

At the time the *Planning Guide* was written, CMS issued a proposed rule that "would establish national emergency preparedness requirements for Medicare- and Medicaid-participating providers and suppliers to ensure that they adequately plan for both natural and man-made disasters, and coordinate with federal, state, tribal, regional, and local emergency preparedness systems. It also would ensure that these providers and suppliers are adequately prepared to meet the needs of patients, residents, clients, and participants during disasters and emergency situations."

In this proposed rule, CMS noted, "We are proposing emergency preparedness requirements that 17 provider and supplier types must meet to participate in the Medicare and Medicaid programs. Since existing Medicare and Medicaid requirements vary across the types of providers and suppliers, we also are proposing variations in these requirements. These variations are based on existing statutory and regulatory policies and differing needs of each provider or supplier type and the individuals to whom they provide health care services. Despite these variations, our proposed regulations would provide generally consistent emergency preparedness requirements, enhance patient safety during emergencies for persons served by Medicare- and Medicaid-participating facilities, and establish a more coordinated and defined response to natural and man-made disasters."

Long-term care, home health, and hospice care facilities and agencies are included in the 17 provider types covered by this proposed rule. The authors of the *Planning Guide* cannot predict which portions of the proposed rule will be adopted by CMS, but they think the *Planning Guide*, for the most part, is in alignment with CMS's intentions.

A PUBLIC HEALTH EMERGENCY MAY IMPACT HOME HEALTH AND HOSPICE DIFFERENTLY THAN IT IMPACTS TRADITIONAL LONG-TERM CARE

Home health care differs from traditional long-term care primarily because healthcare services are provided in the home instead of a long-term care facility. Moreover, home health care focuses on a single patient, whereas healthcare services in a long-term care facility are focused on more than one resident or patient. As a result, home health care is more likely to be impacted by a public health emergency because it relies on care provided by a single person or agency, and such care can be severely hindered by a shortage of human resources.

Hospice care provides care to the terminally ill. This type of care can be provided in the patient's home, a hospital, a nursing home, or a private hospice facility. When provided in the patient's home, hospice care, like home health care, is more likely to be impacted by a public health emergency because of shortages of human resources.

PLANNING IS PART OF A CONTINUOUS IMPROVEMENT PROCESS FOR MANAGING EMERGENCIES

The first step to managing a public health emergency is to develop a plan outlining your response to the emergency, including personnel who will be involved and other resources. After the plan has been developed, people who have roles and responsibilities in the response should be educated and trained on what they are supposed to do. Next, they should participate in a simulated public health emergency exercise to determine if they understand their roles and responsibilities. Following the exercise, actual responses to the simulated emergency should be compared to planned responses to identify planning issues or response gaps. From this evaluation, recommendations for improving the plan can be made. The plan is revised to incorporate these recommendations, and the process starts over.

PLANNING IS A COLLABORATIVE EFFORT

Planning requires input from many parties. Convene a new committee or expand an existing committee (e.g., the quality improvement, infection control, or resident/patient rights committee) to include physicians and clinical, administrative, purchasing, engineering, or maintenance personnel and others as needed and available at your facility or agency. Delegate responsibilities so that no one feels overwhelmed and everyone buys into the planning process.

PLANNING INVOLVES EXTERNAL ENTITIES

Collaboration involves external entities also. You should develop a relationship with other long-term, home health, or hospice care facilities or agencies, locally and regionally, if possible. Discuss how they will respond to a public health emergency and what expectations they have of you during a response. At the same time, discuss your expectations of them during a response.

Get involved in your community's public health emergency planning efforts or meetings to identify partners (such as public health, hospitals, and emergency management) in the community and to develop relationships with them. Additionally, work with a multidisciplinary team outside of your facility or agency to discuss assumptions and expectations they have of long-term care stakeholders during the response to a public health emergency, as well as assumptions and expectations long-term care has of them during a response. You may discover that some of these organizations may or may not have resources to support you during a public health emergency.

Finally, develop relationships with multiple suppliers for the resources your facility or agency will need during a public health emergency. Discuss their continuity of operations planning to determine if they will be a sustainable business during an emergency. Also, find out how they prioritize delivery of supplies during an emergency. In particular, ask what priority your facility or agency will be given. Making these additional determinations will allow you to assess the need to find other suppliers.

Use the worksheets at the end of this section to record contact information for the people with whom you develop relationships.

PLANNING TAKES TIME

Do not expect planning to happen quickly. It takes time to engage partners and set up meetings. As a result, you will need to set realistic timeframes for completing the *Planning Guide*. Remember that planning is part of a continuous improvement process. Realistically, it never ends.

COMMUNICATION IS A KEY COMPONENT OF THE PLANNING AND RESPONSE TO A PUBLIC HEALTH EMERGENCY

The only way to ask for assistance or offer assistance during a public health emergency is to communicate with others. Identify multiple modes of communication available to your facility or agency. Keep an up-to-date contact list of your community partners and suppliers.

The only way to determine what is occurring globally, nationally, and locally during and after an emergency is through communication. Identify sources for this type of information, and appoint people to receive and interpret it.

You may have to interact with the news media during an emergency. Designate a facility or agency liaison officer and an alternate to communicate with the media. To make communication easier, consider identifying a translation service(s) to use during a public health emergency.

Finally, if your personnel need to work from home, consider the communication equipment and computer software they may require.

A STRUCTURE OR SYSTEM IS ALREADY IN PLACE IN YOUR COMMUNITY TO MANAGE EMERGENCIES

Your local emergency management agency oversees your community's emergency operations center (EOC³) and joint information center (JIC⁴). The EOC directs and manages the response to emergencies while the JIC directs and manages the flow of information to responders, the public, and the news media. Gain an understanding of your community's emergency response structure or system, and identify a liaison in both the EOC and JIC whom your facility or agency can contact during a public health emergency. Your JIC liaison may help you develop prewritten messages and train your personnel who have been delegated responsibility for interacting with the news media.

LAWS AND REGULATIONS MAY BE ENACTED OR CHANGED DURING A PUBLIC HEALTH EMERGENCY

Identify laws and regulations that may be enacted or changed because of a public health emergency. Determine how your long-term, home health, or hospice care facility or agency may be impacted by these changes.

PREPARING FOR AN INFLUENZA PANDEMIC PREPARES YOU FOR OTHER PUBLIC HEALTH EMERGENCIES

A severe influenza pandemic could affect millions of people in the United States. Healthcare agencies and organizations, including long-term, home health, and hospice care, will see a surge in patients seeking care. Preparing for this scenario will prepare you for other types of public health emergencies.

³ An EOC is a physical location where agencies and organizations come together to coordinate actions and resources needed for the response to and recovery from an emergency. The EOC is not an incident command post. It is an operations center where decisions on coordination and management of these actions and resources are facilitated.

⁴ A JIC is a physical location where public affairs officials from organizations involved in incident management collocate to perform the critical emergency information, crisis communications, and public affairs functions. The JIC provides the organizational structure for coordinating and disseminating official information. JICs may be established at each level of incident management, as required.

FINAL THOUGHT

The *Planning Guide* is the culmination of several years of effort by CDC-HPA, ORISE, and the subject matter experts listed on the acknowledgments page. After you have worked through the *Planning Guide*, we would appreciate your feedback so we can improve this document. Please contact us at healthcareprepared@cdc.gov to share your comments.

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External Partnerships Contact List

9-11 Call Center

Agency/Organization	Participant Name	Title	E-mail Address	Phone

Emergency Management

Agency/Organization	Participant Name	Title	E-mail Address	Phone

Emergency Medical Services (EMS)

Agency/Organization	Participant Name	Title	E-mail Address	Phone

Fatality Management

Agency/Organization	Participant Name	Title	E-mail Address	Phone

Hospitals

Agency/Organization	Participant Name	Title	E-mail Address	Phone

Local Government

Agency/Organization	Participant Name	Title	E-mail Address	Phone

Mental Health⁵

Agency/Organization	Participant Name	Title	E-mail Address	Phone

Other Call Centers

Agency/Organization	Participant Name	Title	E-mail Address	Phone

Outpatient/Walk-in Clinic

Agency/Organization	Participant Name	Title	E-mail Address	Phone

Pharmacy

Agency/Organization	Participant Name	Title	E-mail Address	Phone

Public Health

Agency/Organization	Participant Name	Title	E-mail Address	Phone

Schools

Agency/Organization	Participant Name	Title	E-mail Address	Phone

⁵ The terms "mental health" and "behavioral health" are often used interchangeably.

Skilled Nursing Facilities

Agency/Organization	Participant Name	Title	E-mail Address	Phone

State Agencies/Government

Agency/Organization	Participant Name	Title	E-mail Address	Phone

VA Health Centers

Agency/Organization	Participant Name	Title	E-mail Address	Phone

Other: _____

Agency/Organization	Participant Name	Title	E-mail Address	Phone

Other: _____

Agency/Organization	Participant Name	Title	E-mail Address	Phone

Other: _____

Agency/Organization	Participant Name	Title	E-mail Address	Phone

Other: _____

Agency/Organization	Participant Name	Title	E-mail Address	Phone

Other: _____

Agency/Organization	Participant Name	Title	E-mail Address	Phone

Pre-event Planning

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PRE-EVENT PLANNING

OVERVIEW

Planning for a public health emergency well before it occurs allows you to determine what might occur, how your long-term, home health, or hospice care facility or agency will respond, and who will be involved in the response. Pre-event planning also will influence and guide you as you develop your response and recovery plans, detailed later in the *Planning Guide*.

This section will require more time to complete than other sections of the *Planning Guide*. However, laying the proper groundwork will facilitate completion of the other sections.

SECTION FORMAT

This section of the *Planning Guide* is divided into six subsections:

1. Situational awareness
2. Continuity of operations
3. Facility operations
4. Crisis standards of care
5. Staffing
6. Fatality management

A plan is a continuous, evolving instrument of anticipated actions that maximize opportunities and guide response operations. Since planning is an ongoing process, a plan is an interim product based on information and understanding at the moment, and is subject to revision. That is why plans are best described as "living" documents.

Planning provides three principal benefits:

- 1. Allows you to influence the course of events in an emergency by determining in advance the actions, policies, and processes that will be followed.*
- 2. Guides other preparedness activities.*
- 3. Contributes to unity of effort by providing a common blueprint for activity in the event of an emergency.*

Adapted from the National Response Framework

Because each subsection provides detailed information about the given topic area, each subsection is divided into three parts:

1. Introduction – An overview of the topic area and its importance to public health emergency preparedness planning.
2. Planning Requirements – Action items that must be undertaken to develop a plan for the topic area; the rationale for each planning requirement; and suggestions of ways to fulfill the requirements.
3. Action Plan – A compilation of planning requirements, provided at the end of each subsection, in an easy-to-use workbook format with space to write your responses to the requirements and to note the persons responsible for completing each requirement.

SUBSECTION 1 – SITUATIONAL AWARENESS

INTRODUCTION

An important point made in the *National Response Framework* is that you should gain and maintain situational awareness throughout the response process. The document further points out that "situational awareness requires continuous monitoring of relevant sources of information regarding actual and developing incidents."

As you begin your pre-event planning, you need to determine your methods and sources for getting information on the status of a public health emergency at a global, national, and local level. For example, you can monitor the following information sources for influenza pandemic status updates and predictions of its longevity:

- International organizations, such as the World Health Organization (WHO).
- Federal agencies, such as the U.S. Department of Health and Human Services (HHS) or the Centers for Disease Control and Prevention (CDC).
- State, local, territorial, and tribal public health departments.
- Other long-term, home health, or hospice care facilities or agencies in your area.

You need to develop a system that will allow you to have awareness of the public health emergency. Awareness means knowing not only the status of the public health emergency, but also what is happening in your facility or agency and other long-term, home health, or hospice care facilities or agencies in your community. You must know what your community is doing to respond to the public health emergency, and what changes in regulations or licensing are being made. You need this information so you or other representatives of your facility or agency will be prepared to answer questions from concerned family members of residents/patients or the news media.

Perhaps the most important aspect of situational awareness is that it helps you to identify incidents or circumstances that will cause you to activate your facility's or agency's overall response plan or a particular part of that plan. For the purposes of the *Planning Guide*, such incidents or circumstances are referred to as *triggers*.

This section covers two topics: situational awareness and triggers.

PLANNING REQUIREMENTS

These tasks should be completed using the action plan at the end of this subsection, and they should be incorporated into your facility's or agency's public health emergency response plan.

1.1 SITUATIONAL AWARENESS

- ☐ *Determine your sources of information about the status of a public health emergency.*

You might choose to obtain information about a public health emergency from public health and healthcare related sources, such as your local and state health departments, CDC, or WHO. You might consider getting information from your community's emergency operations center (EOC) and joint information center (JIC). A third option is local and national news media outlets. However, the best option is to monitor all or a combination of these sources.

- ☐ *Determine how you will keep in close contact with regulatory agencies to ensure that you have the most current information on emergency waivers or permissions or other special arrangements.*

You need to stay aware of changes to crisis standards of care for healthcare agencies and organizations in your community, including the long-term care sector. For example, the nurse-to-patient ratio or nurse hours per patient may be changed. To keep abreast of these changes, you need to identify a representative within each regulatory agency whom you can contact during a public health emergency.

- ☐ *Determine how and when you will get updates on the status of your long-term, home health, or hospice care facility or agency.*

You need to remain aware of the status of your long-term, home health, or hospice care facility or agency so that you can report it to other facilities or agencies in your community and to your community's EOC. A status assessment covers many areas, including inventory of medical and nonmedical supplies, staffing levels, and bed availability. Maintaining awareness of your internal status allows you to foresee issues that may occur (e.g., a shortage in medical supplies), thus giving you time to address the issue or request assistance.

- ❑ *Determine how and when you will communicate with other long-term, home health, or hospice care facilities or agencies in your community to provide updates on each other's status.*

Situational awareness of the status of the long-term care sector in your community allows you to foresee problems that have occurred in other facilities or agencies, but have not occurred in your facility or agency. It provides you with a way to suggest solutions to these problems or ask for solutions to situations your facility or agency may be facing. It also provides an opportunity for you to offer or request assistance.

- ❑ *Determine how and when to update your personnel on current developments.*

Operating your long-term, home health, or hospice care facility or agency in a transparent manner becomes more critical during a public health emergency. Your medical and nonmedical personnel need to be kept up-to-date on the status of your facility or agency, as well as on actions that might be taken in the future. With this knowledge, they can be prepared to act in a manner appropriate to each situation.

- ❑ *Identify a liaison in your community's JIC who can provide media messages or assist with developing your own messages.*

You need to be "plugged into" your community's JIC, which controls the flow of information to and from media sources. If you operate a large long-term, home health, or hospice care facility or agency, you may have to interact with the news media. Your community's JIC can help you develop messages that are accurate and consistent with information being disseminated by other agencies and organizations in your community.

- ❑ *Identify a liaison in your community or public health EOC who can provide status updates on the public health emergency as it affects your community, region, and state.*

Your community's emergency management or public health EOC will be in charge of managing the response to the public health emergency. You will report your status to them and request assistance through them; therefore, as with the JIC, your facility or agency needs to be "plugged into" the EOC(s).

1.2 TRIGGERS

- ❑ *Identify the trigger(s) for activating your facility's or agency's response plan.*

All plans require an event, incident, or set of circumstances to trigger activation of the plan. Your situational awareness will provide you with the information you need to identify the trigger(s) for your facility's or agency's response plan.

One point to remember is that your facility's or agency's response plan needs to be scalable. As a result, you may need to identify sets of triggers to reflect this scalability. For example, you may want to develop a set of triggers that state, "If a occurs, then we do b. If c occurs, then we do d."

Because your agency's or facility's response plan will consist of a continuity of operations plan (COOP), a facility operations plan, a crisis standards of care plan, a staffing plan, and a fatality management plan, you should identify triggers for activating these plans. These triggers will constitute the set of triggers for activating your facility's or agency's overall response plan. Please note that you will need to work through the individual subsections that address these topics before determining the triggers for activating the plans.

- *Identify the trigger(s) for activating your facility's or agency's continuity of operations plan (COOP).*
- *Identify the trigger(s) for activating your facility's or agency's facility operations plan.*
- *Identify the trigger(s) for activating your facility's or agency's crisis standards of care plan.*
- *Identify the trigger(s) for activating your facility's or agency's staffing plan.*
- *Identify the trigger(s) for activating your facility's or agency's fatality management plan.*

SITUATIONAL AWARENESS ACTION PLAN

The action plan shown on the following pages is a compilation of the planning requirements discussed above. Planning requirements are posed as questions, and space is provided for you to write in your answers or responses to the questions. Additional space is provided to list who is responsible for completing each required task and when they are required to complete it. A checkbox allows you to see which tasks have been completed.

Upon completion of the planning requirements for this section, you will need to incorporate them into a situational awareness plan for your facility or agency. This plan in turn will need to be incorporated into your facility's or agency's public health emergency preparedness and response plan.

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SUBSECTION 1 – SITUATIONAL AWARENESS ACTION PLAN

1.1 SITUATIONAL AWARENESS

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
What are your sources of information about the status of a public health emergency?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<input type="checkbox"/>
How will you keep in close contact with regulatory agencies to ensure that you have the most current information on emergency waivers or permissions or other special arrangements?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<input type="checkbox"/>
How and when will you get updates on the status of your long-term, home health, or hospice care facility or agency?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<input type="checkbox"/>
How and when will you communicate with other long-term, home health, or hospice care facilities or agencies in your community to provide updates on each other's status?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<input type="checkbox"/>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
How and when will you update your personnel on current developments?	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div>			<div></div>
Who is the liaison in your community's JIC who can provide media messages or assist with developing your own messages?	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div>			<div></div>
Who is the liaison in the community or public health EOC who can provide status updates on the public health emergency as it affects your community, region, and state?	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div>			<div></div>

1.2 TRIGGERS

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
What are the trigger(s) for activating your facility's or agency's response plan?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<input type="checkbox"/>
What are the trigger(s) for activating your facility's or agency's COOP?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<input type="checkbox"/>
What are the trigger(s) for activating your facility's or agency's facility operations plan?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<input type="checkbox"/>
What are the trigger(s) for activating your facility's or agency's crisis standards of care plan?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<input type="checkbox"/>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
What are the trigger(s) for activating your facility's or agency's staffing plan?	<div></div>			<div></div>
What are the trigger(s) for activating your facility's or agency's fatality management plan?	<div></div>			<div></div>

SUBSECTION 2 – CONTINUITY OF OPERATIONS

INTRODUCTION

Planning for continuity of operations during an emergency is a good business practice. Having and exercising a continuity of operations plan (COOP) is important to protecting the welfare of residents/patients and personnel, making certain that key systems and documents are not lost, and ensuring that your facility or agency can continue to serve your personnel, residents/patients, and the public during and after an emergency.

A COOP describes how the essential functions of an agency or business will be managed during any situation or emergency that may interrupt normal operations or leave agency or business facilities damaged or inaccessible. The main objectives of a COOP are as follows:

- Ensure the continuous performance of essential functions or operations during an emergency.
- Protect essential facilities, equipment, records, and other assets.
- Reduce or mitigate disruptions to operations.
- Reduce loss of life and minimize damage and losses.
- Achieve a timely and orderly recovery from an emergency and resumption of service to customers.

This subsection covers the eight components⁶ of a COOP:

1. Essential functions and operations
2. Lines of succession
3. Delegation of authority
4. Agency alternative facilities
5. Vital systems and equipment
6. Vital records
7. Communication systems supporting essential functions
8. Restoration and recovery

⁶ This list of components was compiled by LTC, home health, and hospice care stakeholders at the 2010 CDC meeting.

NOTE: Your facility or agency and other long-term, home health, or hospice care facilities or agencies in your community may share the same human resources and vendors; therefore, all long-term, home health, or hospice care facilities or agencies in your community should develop COOPs together to avoid unforeseen disruptions of operations and critical resources. Additionally, you should ensure that your Emergency Operations Plan and COOP are linked.

PLANNING REQUIREMENTS

These tasks should be completed using the action plan at the end of this subsection, and they should be incorporated into your facility's or agency's COOP and ultimately into your facility's or agency's public health emergency response plan.

2.1 ESSENTIAL FUNCTIONS AND OPERATIONS

- ☐ *Identify your facility's or agency's essential functions and operations,⁷ and then determine whether the loss of each essential function would have a minor, moderate, or catastrophic effect on the operations of your facility or agency.*

You need to plan for your long-term, home health, or hospice care facility or agency to be self-sufficient for at least 96 hours.⁸ This planning will require you to identify your facility's or agency's essential functions, such as patient care, billing, and record keeping. It also will require you to complete the tasks listed below.

- ☐ *Determine how long your facility or agency can provide essential functions without its normal information or telecommunications support.*
- ☐ *List the resources (e.g., a vendor, a partner, or software) required to complete each essential function.*
- ☐ *Prioritize your list of essential functions.*
- ☐ *Determine how your facility or agency will maintain these essential functions during a public health emergency.*

⁷ Essential Function Worksheets shared from Summit County General Health District, Summit County, Ohio. See Appendix C, page 271.

⁸ A requirement by The Joint Commission.

2.2 LINES OF SUCCESSION

- ☐ *List the orders of succession for your facility or agency by the position (not name) of the official, and then list the designated successor of each listed official.*

Identifying lines (or orders) of succession is the procedure for automatically replacing a leader. In terms of your long-term, home health, or hospice care facility or agency, your lines of succession would dictate who runs the facility or agency if the top leader of the facility or agency does not have the capacity to fulfill the role as leader.

Your lines of succession would dictate further who would fill in for the second-in-command should he or she be unable to fulfill the role. These lines of succession would continue so that, in the face of a severe public health emergency, control of the facility or agency would be transitioned in an orderly manner to a pre-established leader. As a result, continuity of business operations would be maintained.

- ☐ *List the conditions (e.g., in the absence of the director or inability to contact an official) under which designated successors would assume authority or responsibility and how they would assume it.*

Listing these conditions eliminates confusion with regard to leadership roles and responsibilities during an emergency situation.

2.3 DELEGATION OF AUTHORITY

- ☐ *Review predelegated authorities for making policy determinations and decisions at headquarters, field, and other organizational levels or locations.*

Lines of succession refer individuals who would assume *responsibility* if a key personnel member is no longer able to carry out his or her functions. Delegation of authority, on the other hand, refers to positions in which a key personnel member has the *authority* to complete a particular task (e.g., declaring an emergency). These authorities may be invoked on a temporary basis, such as during a severe public health emergency or other public health emergency. Often those individuals listed in your facility's or agency's lines of succession have predelegated authorities.

- ☐ *List the types of authority to be delegated (e.g., authority to issue isolation or quarantine orders) during a public health emergency.*
- ☐ *List the position title associated with each type of authority listed above.*
- ☐ *Identify the trigger for activating each of the listed authorities.*

2.4 AGENCY ALTERNATE FACILITIES

- ☐ *List the name(s) of the alternate facility(ies) and the name of the facility it (they) will be expanding or replacing (e.g., your facility).*

A facility is a building or place that provides a particular service. An alternate facility refers to a building or place that is a substitute for your existing facility. During a public health emergency, you may need to shut down your facility and move to an alternate facility. You may need to expand your capabilities to meet the care needs of a surge in residents/patients. Planning for alternate facilities is an essential component of a COOP.

- ☐ *List the street address, contact information, and any special circumstances or conditions that may exist for use of the alternate facility.*

Document the location of your alternate facility and existing issues associated with the facility.

- ☐ *Identify the requirements (e.g., personnel, special needs, power, communication, physical space) of the alternate facility by essential function using the list of essential functions you previously identified.*

Look at the essential functions you listed earlier in this subsection to determine what will be required to maintain those same functions at the alternate facility.

2.5 VITAL SYSTEMS AND EQUIPMENT

- ☐ *List the systems and equipment that are necessary for the continued operation of critical processes or services for a minimum of 96 hours (e.g., computer systems and software).*

Systems and equipment are vital if they are essential to emergency operations or to continuing critical services during a crisis for a minimum of 96 hours. When identifying your vital systems and equipment, do not include systems or equipment that may be useful but are not essential to performing a critical service.

- ☐ *Identify the location, frequency of maintenance, and method of protection for each identified system or piece of equipment.*

Location will determine ease of access. Frequency of maintenance will determine human resource needs. Method of protection will determine vulnerability to damage or theft.

- ❑ *Assess the method of protection you listed for each system or piece of equipment. If the method is insufficient or if no method of protection is in place, identify an appropriate method to protect the system or equipment.*

Some systems and equipment may be in high demand during a public health emergency and therefore may be at risk for theft. Systems and equipment also may be vulnerable to damage from natural disasters, such as flooding and high winds. Make sure your assessment covers all vulnerabilities.

2.6 VITAL RECORDS

- ❑ *Use your essential functions information to list records that are necessary for the continued operation of your facility's or agency's critical processes or services for a minimum of 96 hours.*

A vital record is any record (electronic or hard copy) needed to complete a process. For a long-term, home health, or hospice care facility or agency, a vital record may be a patient chart or financial or legal records. Your previously identified essential functions will help you to identify your facility's or agency's vital records.

- ❑ *List the location, frequency of backup, and method of protection for each identified vital record.*

Location will determine ease of access. Frequency of backup will determine vulnerability to loss of data. Method of protection will determine vulnerability to damage or theft.

- ❑ *Assess the method of protection for each listed vital record. If the method is insufficient or if no method of protection is in place, identify an appropriate method to protect the record.*

As with vital systems and equipment, make sure your assessment covers all vulnerabilities.

2.7 COMMUNICATION SYSTEMS SUPPORTING ESSENTIAL FUNCTIONS

- ❑ *Review the information previously collected on vital systems and equipment to identify communication systems that support critical processes and services and their associated essential function(s).*

Most agencies or organizations conduct business primarily through telecommunication (e.g., telephone or e-mail). Fax machines and two-way radios are other forms of communication systems used by businesses.

- ❑ *For each identified communication system, list the current vendor and contact information, the services the vendor currently is providing your facility or agency, and any emergency services the vendor offers.*

In addition to collecting the information described above, you should determine whether the vendor provides services to other long-term care or healthcare agencies and organizations, and if so, what priority the vendor will give your facility or agency during a public health emergency.

- ❑ *Identify the controls or measures in place for each communication system to provide uninterrupted service.*

Not only is it important for you to identify your key communication systems, but it also is important to make sure you have controls or measures (e.g., redundancy) in place for those systems to provide uninterrupted service to your facility or agency.

- ❑ *Assess each uninterrupted service control or measure. If the method is insufficient or if no control or measure is in place, determine an appropriate control or measure for the communication system.*

2.8 RESTORATION AND RECOVERY

- ❑ *Identify the actions and resources needed to restore essential functions to pre-event operating conditions.*

The recovery stage of your facility's or agency's COOP includes actions and resources needed to restore essential functions, vital systems and equipment, vital records, and communication systems to pre-emergency operating conditions. Resources could be internal personnel or external vendors. When identifying human resources, be sure to include contact information for regular business hours and for evenings, holidays, and emergencies. Include the services offered by the resource.

- ❑ *Identify the actions and resources needed to restore vital systems and equipment to pre-event operating conditions.*
- ❑ *Identify the actions and resources needed to restore vital records to pre-event status.*
- ❑ *Identify the actions and resources needed to restore communication systems to pre-event operating conditions.*
- ❑ *Identify the timeframes needed to complete each of the above tasks.*

Listing these timeframes will help you to see where you may encounter difficulties or issues with restoring your facility or agency to normal operations.

CONTINUITY OF OPERATIONS ACTION PLAN

The action plan shown on the following pages is a compilation of the planning requirements discussed above. Planning requirements are posed as questions, and space is provided for you to write in your answers or responses to the questions. Additional space is provided to list who is responsible for completing each required task and when they are required to complete it. A checkbox allows you to see which tasks have been completed.

Upon completion of the planning requirements for this section, you will need to incorporate them into a COOP for your facility or agency. This plan in turn will need to be incorporated into your facility's or agency's public health emergency preparedness and response plan.

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SUBSECTION 2 – CONTINUITY OF OPERATIONS ACTION PLAN

2.1 ESSENTIAL FUNCTIONS

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
<p>What are your facility's or agencies essential functions?</p> <p>Please indicate if the loss of each essential function would have a minor, moderate, or catastrophic effect on your facility's or agency's operations.</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<input type="checkbox"/>
<p>How long can your facility or agency provide each essential function without its normal information or telecommunications support?</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<input type="checkbox"/>
<p>What resources (e.g., a vendor, a partner, or software) are required to complete each essential function?</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<input type="checkbox"/>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
How would you prioritize your listed essential functions?	<div></div>			<div></div>
How will your facility or agency maintain these essential functions during a public health emergency?	<div></div>			<div></div>

2.2 LINES OF SUCCESSION

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
What are the orders of succession for your facility or agency by the title (not name) of the official?	<div></div>			<div></div>
Who is the designated successor of each listed official?	<div></div>			<div></div>
What are the conditions under which designated successors would assume authority and responsibility (e.g., in the absence of the director or inability to contact an official) and how would they assume it?	<div></div>			<div></div>

2.3 DELEGATION OF AUTHORITY

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
What are your facility's or agency's predelegated authorities for making policy determinations and decisions at headquarters, field, and other organizational levels or locations?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<input type="checkbox"/>
What types of authority are to be delegated (e.g., authority to issue isolation or quarantine orders) during a public health emergency?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<input type="checkbox"/>
What is the position title associated with each type of authority listed above?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<input type="checkbox"/>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
What are the triggers for activating each of the listed authorities?	<div></div>			<div></div>

2.4 AGENCY ALTERNATE FACILITIES

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
What is the name of the alternate facility and the name of the facility it will be replacing (e.g., your facility)?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<input type="checkbox"/>
What is the street address, contact information, and any special circumstances or conditions that may exist for use of the alternate facility?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<input type="checkbox"/>
What are the requirements (e.g., personnel, special needs, utilities, communication, physical space) of the alternate facility by essential function using the list of essential functions you previously identified?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<input type="checkbox"/>

2.5 VITAL SYSTEMS AND EQUIPMENT

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
Which systems and equipment are necessary for the continued operation of critical processes or services for a minimum of 96 hours (e.g., computer systems and software)?	<div></div>			<div></div>
What is the location, frequency of maintenance, and method of protection for each identified system or piece of equipment?	<div></div>			<div></div>
Is the method of protection you listed for each system or piece of equipment sufficient? If the method is insufficient or if no method of protection is in place, what is an appropriate method to protect the system or equipment?	<div></div>			<div></div>

2.6 VITAL RECORDS

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
Using your essential functions information, which records are necessary for the continued operation of your facility's or agency's critical processes or services for a minimum of 96 hours?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<input type="checkbox"/>
What is the location, frequency of backup or revision, and method of protection for each identified vital record?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<input type="checkbox"/>
Is the method of protection you listed for each vital record sufficient? If the method is insufficient or if no method of protection is in place, what is an appropriate method to protect the record?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<input type="checkbox"/>

2.7 COMMUNICATION SYSTEMS SUPPORTING ESSENTIAL FUNCTIONS

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
Using the information previously collected on vital systems and equipment, what are the communication systems that support critical processes and services and their associated essential function(s)?	<div></div>			<div></div>
For each identified communication system, who is the current vendor and what is the contact information, the services the vendor currently is providing your facility or agency, and any emergency services the vendor offers?	<div></div>			<div></div>
What are the uninterrupted service controls or measures in place for each communication system?	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
Is each uninterrupted service control or measure sufficient? If the method is insufficient or if no control or measure is in place, what is an appropriate control or measure for the communication system?	<div></div>			<div></div>

2.8 RESTORATION AND RECOVERY

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
What are the actions and resources needed to restore essential functions to pre-event operating conditions?	<div></div>			<div></div>
What are the actions and resources needed to restore vital systems and equipment to pre-event operating conditions?	<div></div>			<div></div>
What are the actions and resources needed to restore vital records to pre-event status?	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
What are the actions and resources needed to restore communication systems to pre-event operating conditions?	<div></div>			<div></div>
What are the timeframes needed to complete each of the above tasks?	<div></div>			<div></div>

SUBSECTION 3 – FACILITY OPERATIONS

INTRODUCTION

The term *facility operations* normally encompasses the broad spectrum of services required to ensure a facility's built environment will perform the functions for which it was designed and constructed. It typically includes the day-to-day activities necessary for the building and its systems and equipment to perform their intended functions. However, in the context of the *Planning Guide*, *facility operations* encompasses more than the physical plant. It takes into account the overall operation of a long-term, home health, or hospice care facility or agency, including the following topic areas discussed in this subsection:

1. Communication
2. Disease surveillance and reporting
3. Education and training
4. Environmental services
5. Finance
6. Infection control
7. Information technology
8. Infrastructure
9. Resource management
10. Roles and responsibilities
11. Safety and security
12. Supply chain
13. Transportation

PLANNING REQUIREMENTS

These tasks should be completed using the action plan at the end of this subsection, and they should be incorporated into your facility's or agency's operations plan and ultimately into your facility's or agency's public health emergency response plan.

3.1 COMMUNICATION

As evidenced in the previous 11 topic areas, the operation of your long-term, home health, or hospice care facility or agency will change—sometimes drastically—during a public health emergency. Changes in your facility's or agency's operations may affect operations in another facility or agency or healthcare provider. As a result, you should determine to whom to report changes to your facility's operations, and when and how to communicate with them.

- ☐ *Identify to whom (e.g., family, visitors, vendors, residents, personnel) you communicate changes in your facility's or agency's operations as a result of a public health emergency, when to communicate with them, and how to communicate with them.*
- ☐ *Identify who will speak to the press or outside agencies in a public health emergency.*

3.2 DISEASE SURVEILLANCE AND REPORTING

Disease surveillance is an epidemiologic practice of monitoring the occurrence and spread of disease. Disease reporting is the process of alerting pertinent authorities of surveillance results.

Surveillance of your personnel is just as important as surveillance of your residents/patients and those who visit them. Instruct your personnel to monitor themselves for disease symptoms. Monitor all people who work in, reside in, or travel in and out of your long-term, home health, or hospice care facility or agency for disease symptoms. Advise your personnel to report any unprotected exposure to a contagious illness before coming to work.

- ☐ *Develop a system for employee self-assessment and reporting of disease symptoms.*
- ☐ *Develop a system to monitor personnel absenteeism.*
- ☐ *Determine how to monitor*
 - *Personnel or other patients who have been exposed to a contagious illness during a public health emergency.*
 - *Personnel, residents/patients, family members and loved ones of residents/patients, and vendors and other external partners for disease symptoms during a public health emergency.*

- ☐ *Identify the persons to contact, both internally and externally, to*
 - *Report personnel exposure or illness during a public health emergency.*
 - *Report patient exposure or illness during a public health emergency.*
- ☐ *Educate your personnel on disease reporting requirements for your facility or agency during a public health emergency.*

3.3 EDUCATION AND TRAINING

- ☐ *Determine how and when to educate your personnel about changes they can expect in your facility's or agency's operations during a public health emergency.*

Let your personnel know how your facility or agency will operate during a public health emergency. Some personnel may need to be educated or trained on certain components of facility operations; others may need to know about all operations. This education and training will ensure that your facility or agency operates efficiently during a public health emergency.

- ☐ *Determine which personnel to educate and on what component of facility or agency operations you will educate them.*

3.4 ENVIRONMENTAL SERVICES

Like disease surveillance and reporting, one of the goals of a long-term care facility's environmental services is infection control through proper management of laundry and linens and trash, garbage, and hazardous wastes.⁹ Steps you can take to make sure your facility maintains its environmental services are to implement a contract for hazardous waste disposal (if not already in place), develop a memorandum of agreement (MOA) or memorandum of understanding (MOU) with your environmental services and laundry services vendor(s) to ensure services are maintained during a public health emergency, and review frequency of waste pickup and laundry and linen services. Amend contracts or agreements as necessary.

- ☐ *Determine how to maintain trash and garbage removal during a public health emergency.*
- ☐ *Determine how to maintain removal of hazardous wastes during a public health emergency.*

⁹ Not applicable to most home health and hospice care agencies, but may apply to some.

- ☐ *Determine how to maintain laundry and linen services during a public health emergency.*
- ☐ *Develop a contingency plan for backup housekeeping and trash, garbage, and waste disposal services.*
- ☐ *Determine how to educate and train personnel on the proper disposal of trash, garbage, and hazardous wastes during a public health emergency.*

3.5 FINANCE

Preparing for and responding to a public health emergency may require you to spend more money for facility or agency operations than you had budgeted. Personnel probably will have to work overtime. Extra personnel may be brought in to help care for residents/patients, or to replace ill personnel. Extra supplies and equipment may be needed for the response. Planning ahead for this surge in expenses will ensure that you have the financial resources in place to cover all costs associated with your facility's or agency's response to the public health emergency.

- ☐ *Determine how to pay your personnel for overtime hours worked during a public health emergency.*
- ☐ *Determine how to pay for extra personnel added to manage residents/patients during a public health emergency.*
- ☐ *Determine how to pay for extra medical supplies needed to sustain your facility or agency through a public health emergency.*

Consider substitutions that may need to be made, if regular supplies are not available.

- ☐ *Determine how to pay for extra nonmedical supplies needed to sustain your facility or agency through a public health emergency.*
- ☐ *Determine how your facility or agency will be reimbursed for excess costs associated with a public health emergency.*

3.6 INFECTION CONTROL

- ❑ *Determine how your facility's or agency's infection control procedures will change during a public health emergency.*

Controlling the spread of infection is a top priority in long-term, home health, or hospice care facilities or agencies on a day-to-day basis. During a public health emergency, controlling the spread of a deadly disease (e.g., a pandemic influenza virus) becomes an even higher priority. The first thing you need to do is determine how your long-term, home health, or hospice care facility's or agency's infection control procedures will change during a public health emergency.

- ❑ *Develop a public health emergency infection control plan for your facility or agency.* Topics to consider in the plan include, but are not limited to, the following:

- | | |
|--|---|
| • Consistent personnel assignments | • Respiratory hygiene |
| • Evaluation and management of ill personnel | • Social distancing and other nonpharmaceutical interventions |
| • Equipment (e.g., beds, chairs, lights) disinfection | • Vaccination plan for personnel and residents/patients |
| • Personal protective equipment (PPE) education and training | • Vaccine and antiviral distribution |
| • Protocols for new admissions or transfers | • Verbal reminders |
| • Reassignment of high-risk personnel | • Visitation restrictions |
| • Resident cohorting | • Visual reminders (i.e., signs and posters) |

- ❑ *Determine the trigger(s) for activating the plan.*

These trigger(s) may be the same one(s) you identified in the Situational Awareness subsection.

- ☐ *Educate and train your personnel, residents/patients, and family members or legal next-of-kin of residents/patients on the contents and actions prescribed in the plan.*

Two important steps you can take to enhance your facility's or agency's infection control procedures are (1) ensuring all of your facility's or agency's personnel are familiar with current CDC guidelines for infection control and the use of PPE and (2) keeping personnel informed of the most recent infection control practices and standards, such as hand hygiene, proper use of PPE, respiratory etiquette, and decontaminating surfaces.

NOTE: Cohorting may occur in the community using home health and hospice care services.

3.7 INFORMATION TECHNOLOGY

Your long-term, home health, or hospice care facility or agency relies on information technology for most of its operations. Loss of this service most likely would cause your facility or agency to shut down; therefore, you should take steps to plan for possible service interruptions or loss of services.

- ☐ *Determine how you will ensure uninterrupted computer access and storage at your facility or agency during a public health emergency.*
- ☐ *Identify backup computer services needed for your facility or agency operations.*
- ☐ *Identify alternative information technology options available to your facility or agency.*
- ☐ *Set up systems for employees to work from home while performing essential business functions, such as billing and payroll.*
- ☐ *Test these systems to make sure they work.*

3.8 INFRASTRUCTURE

Planning for breakdowns in the physical plant and interruptions to utility services is necessary to ensure your facility operates efficiently during a public health emergency. Unexpected breakdowns in the physical aspects (e.g., doors, windows, beds, grab bars) of your facility are likely, and these breakdowns will need to be repaired in a timely manner. Utility services could possibly be interrupted, so you must plan for these breakdowns and service interruptions.

- ☐ *Identify physical aspects of your facility that may need maintenance work during a public health emergency.*

- ☐ *Identify who will perform this maintenance work.*

Be sure to identify backup personnel for maintenance work. Determine whether they work for other healthcare or nonhealthcare facilities in your community. If they do work for others, determine the priority level they will give your facility.

- ☐ *Identify alternative or backup utility services (e.g., heating and air conditioning, electricity, plumbing, telephone) needed to sustain your facility during a public health emergency.*

Look for alternative or backup utility services that your facility or agency needs to sustain your facility.

- ☐ *Identify alternative or backup utility services available to your facility or agency.*

Look for alternative or backup utility services that may be needed by and are available to your facility or agency.

- ☐ *Determine how to provide alternative or backup utility services that you identified as needed but not available.*

The objective of this task is to determine how you will provide the needed alternative or backup utility services that have been identified as unavailable.

3.9 RESOURCE MANAGEMENT

The Supply Chain subsection above focuses on how your facility or agency will *acquire* resources during a public health emergency. This Resource Management subsection focuses on how your facility or agency will *manage* these resources. Management includes storage and allocation. First prioritize your resources in terms of critical need during a public health emergency. Once you have prioritized them, you will be able to determine how you will allocate them if the need arises.

- ☐ *Prioritize your facility's or agency's medical resources in terms of critical need during a public health emergency.*

When prioritizing medical resources, consider the same terms used for identifying essential functions in the Continuity of Operations subsection. Determine if the loss of each medical resource would have a minor, moderate, or catastrophic effect on the operations of your facility or agency.

- ☐ *Develop a plan for allocating these medical resources.*

You may need to consider changes that occur with crisis standards of care when allocating medical supplies. See the Crisis Standards of Care subsection on page 93.

- ☐ *Prioritize your facility's or agency's nonmedical resources in terms of critical need during a public health emergency.*

When prioritizing nonmedical resources, consider the same terms used for identifying essential functions in the Continuity of Operations subsection. Determine if the loss of each nonmedical resource would have a minor, moderate, or catastrophic effect on the operations of your facility or agency.

- ☐ *Develop a plan for allocating these nonmedical resources.*

You may need to consider changes that occur with crisis standards of care when allocating nonmedical supplies. See the Crisis Standards of Care subsection on page 93.

- ☐ *Determine where you will store the food and water required to sustain your facility or agency for 2 to 3 days.*

Remember to consider the security aspect of storage. Remember that some food may require refrigeration. Does your facility or agency have enough refrigerated space for a 2- to 3-day supply of food?

- ☐ *Determine where you will store the nonmedical supplies required to sustain your facility or agency for 2 to 3 days.*

Remember to consider the security aspect.

- ☐ *Determine where you will store the medicines and medical supplies required to sustain your facility or agency for 2 to 3 days.*

Remember to consider the security aspect and the need for refrigeration of some medications.

- ☐ *Determine how you will resupply your stock, if needed, during a public health emergency.*

Check with your suppliers to see whether they service other healthcare facilities or agencies in your community and, if so, what priority level is given to your facility or agency. You may need to identify alternate suppliers.

- ☐ *Determine how you will rotate supplies that have an expiration date.*

3.10 ROLES AND RESPONSIBILITIES

In the COOP section, you identified lines of succession and delegation of authority to ensure *continuity* of your facility or agency operations during a public health emergency. In this section, you need to identify roles and responsibilities of key decision makers for both medical and nonmedical issues to ensure *maintenance* of facility or agency operations during such an event. Medical issues are issues arising from providing medical care to residents/patients, such as ethical and legal issues. Nonmedical issues cover the operation of the physical plant (e.g., heating and air conditioning).

- ☐ *Identify your facility's or agency's key decision makers for medical issues.*
- ☐ *Identify your facility's or agency's key decision makers for issues involving the physical plant.*
- ☐ *Identify who has the responsibility for ensuring that your facility or agency is in compliance with all applicable laws and regulations during a public health emergency.*

3.11 SAFETY AND SECURITY

- ☐ *Determine how to control ingress and egress within your facility or agency during a public health emergency.*

During a public health emergency, you may need to limit who comes into your facility or agency to control the spread of infection or to provide security for your personnel and medical and nonmedical supplies. This includes foot traffic and automobile traffic.

- ☐ *Determine how you will secure stockpiled food, water, medicines, and medical and nonmedical supplies.*

You considered this task in several of the topics discussed above.

- ☐ *Determine how you will ensure the safety of your personnel while at work and while traveling to and from work.*

When medical supplies and treatment are in high demand, the general public may act irrationally to obtain them.

- ☐ *Determine how you will ensure the safe delivery of supplies during a public health emergency.*

Some of the equipment or supplies delivered to your facility or agency during a public health emergency may be in high demand by the general population and, thus, may be susceptible to theft.

- ☐ *Determine how to secure the physical plant.*

As with equipment and supplies, portions of the physical plant, such as backup generators, may be susceptible to theft and, therefore, should be protected.

- ☐ *Determine what additional security measures you will need to take during a public health emergency.*

Your facility or agency may have circumstances or situations that prescribe additional security.

- ☐ *Determine how you will alert the appropriate authorities of a security breach.*

You will need to develop processes or protocols for alerting authorities in the event of a security breach. This could include alarms and panic buttons.

- ☐ *Develop additional signage (in appropriate languages) for patient and personnel areas, if needed, to reflect a change in operations.*

3.12 SUPPLY CHAIN

Planning carefully for disruptions in your supply chain and personnel patterns will increase your chances of weathering a moderate or severe public health emergency without having to close your facility. Stockpile enough essential supplies for at least 2 to 3 days¹⁰ to ensure that your facility can continue to function despite supply chain delays.

- ☐ *Determine how much food and water are required to sustain your facility or agency for 2 to 3 days.*
- ☐ *Identify sources that will give you access to food and water during a public health emergency.*
- ☐ *Identify the medications and medical supplies that are required to sustain your facility or agency during a public health emergency.*
- ☐ *Determine how much of these medications and medical supplies your facility or agency needs for a 2- to 3-day stockpile.*
- ☐ *Identify sources that will give you access to these medications and medical supplies.*

¹⁰ This timeframe is recommended in CMS's proposed rule on emergency preparedness requirements for Medicare and Medicaid participating providers and suppliers.

- ☐ *Identify nonmedical supplies that are required to sustain your facility or agency during a public health emergency.*
- ☐ *Determine how many of these nonmedical supplies your facility or agency needs for a 2- to 3-day stockpile.*
- ☐ *Identify sources that will give you access to these nonmedical supplies.*

3.13 TRANSPORTATION

- ☐ *Determine how residents/patients will be transported to or from your facility if standard modes of transportation (e.g., EMS) are not available.¹¹*

Standard modes of patient transport, such as emergency medical services (EMS), may become overwhelmed with transport requests during a public health emergency to the point where EMS cannot respond to all requests. As a result, alternative means of transportation will need to be employed for patient transport.

- ☐ *Develop strategies to assist personnel with transportation needs during a public health emergency.*

Public transportation may be impacted by the public health emergency which, in turn, may impact your employees' ability to get to work. Alternative modes of transportation for these employees will be needed as well.

FACILITY OPERATIONS ACTION PLAN

The action plan shown on the following pages is a compilation of the planning requirements discussed above. Planning requirements are posed as questions, and space is provided for you to write in your answers or responses to the questions. Additional space is provided to list who is responsible for completing each required task and when they are required to complete it. A checkbox allows you to see which tasks have been completed.

Upon completion of the planning requirements for this section, you will need to incorporate them into an operations plan for your facility or agency. This plan in turn will need to be incorporated into your facility's or agency's public health emergency preparedness and response plan.

¹¹ Not applicable to most home health and hospice care agencies, but may apply to some.

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SUBSECTION 3 – FACILITY OPERATIONS ACTION PLAN

3.1 INFRASTRUCTURE

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
What physical aspects of your facility may need maintenance work during a public health emergency?	<div></div>			<div></div>
Who will perform this work?	<div></div>			<div></div>
How will you ensure uninterrupted utility services?	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
What alternate or backup utility services are needed to sustain your facility during a public health emergency?	<div></div>			<div></div>
What alternative or backup services are available to your facility?	<div></div>			<div></div>
How will you provide alternative or backup utility services for those services identified as needed but also identified as not available?	<div></div>			<div></div>

3.2 SUPPLY CHAIN

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
How much food and water are required to sustain your facility or agency for 2 to 3 days?	<div></div>			<div></div>
From whom will you get access to food and water?	<div></div>			<div></div>
How many medications and medical supplies are required to sustain your facility or agency during a public health emergency?	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
How many medications and medical supplies will your facility or agency need for a 2- to 3-day stockpile?	<div></div>			<div></div>
From whom will you get access to these medications and medical supplies?	<div></div>			<div></div>
What nonmedical supplies are required to sustain your facility or agency during a public health emergency?	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
How many nonmedical supplies will your facility or agency need for a 2- to 3-day stockpile?	<div></div>			<div></div>
From whom will you get access to these nonmedical supplies?	<div></div>			<div></div>

3.3 RESOURCE MANAGEMENT

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
How will you prioritize your facility's or agency's medical resources in terms of critical needs during a public health emergency?	<div></div>			<div></div>
What is your plan for allocating these medical resources during a public health emergency?	<div></div>			<div></div>
How will you prioritize your facility's or agency's nonmedical resources during a public health emergency?	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
What is your plan for allocating these nonmedical resources during a public health emergency?	<div></div>			<div></div>
Where will you store the food and water required to sustain your facility for 2 to 3 days?	<div></div>			<div></div>
Where will you store the medicines and medical supplies required to sustain your facility for 2 to 3 days?	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
Where will you store the nonmedical supplies required to sustain your facility for 2 to 3 days?	<div></div>			<div></div>
How will you resupply your stock if needed during a public health emergency?	<div></div>			<div></div>
How will you rotate supplies that have an expiration date?	<div></div>			<div></div>

3.4 INFORMATION TECHNOLOGY

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
How will you ensure uninterrupted computer access and storage at your facility or agency during a public health emergency?	<div></div>			<div></div>
What backup computer services are needed for your facility or agency operations?	<div></div>			<div></div>
What alternative information technology options are available to your facility or agency?	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
What systems can you set up for employees to work from home while performing essential business functions (e.g., billing, payroll)?	<div></div>			<div></div>
How will you test these systems to make sure they work?	<div></div>			<div></div>

3.5 FINANCE

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
How will you pay your personnel for overtime hours worked during a public health emergency?	<div></div>			<div></div>
How will you pay for extra personnel added to manage residents/patients during a public health emergency?	<div></div>			<div></div>
How will you pay for extra medical supplies needed to sustain your facility or agency through a public health emergency?	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
How will you pay for extra nonmedical supplies needed to sustain your facility through a public health emergency?	<div></div>			<div></div>
How will your facility be reimbursed for excess costs associated with a public health emergency?	<div></div>			<div></div>

3.6 TRANSPORTATION

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
How will you transport patients to and from your facility, if standard modes of transportation are not available?*	<div></div>			<div></div>
* May not be applicable to home health and hospice care				
What strategies can you implement to assist personnel with transportation needs during a public health emergency?	<div></div>			<div></div>

3.7 SAFETY AND SECURITY

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
How will you control ingress and egress within your facility or agency during a public health emergency?	<div></div>			<div></div>
How will you secure stockpiled food, water, medicines, and medical and nonmedical supplies?	<div></div>			<div></div>
How will you ensure the safety of your personnel while at work and while traveling to and from work?	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
How will you ensure the safe delivery of supplies during a public health emergency?	<div></div>			<div></div>
How will you secure the physical plant?	<div></div>			<div></div>
What additional security measures do you need to take during a public health emergency?	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
How will you alert the appropriate authorities of a security breach?	<div></div>			<div></div>
What signage will you develop for patient and personnel areas? What language(s) will this signage display?	<div></div>			<div></div>

3.8 INFECTION CONTROL

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
How will your facility's or agency's infection control procedures change during a public health emergency?	<div></div>			<div></div>
What is your facility's or agency's infection control plan?	<div></div>			<div></div>
What are the triggers for activating the plan?	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
How will you educate and train your personnel, residents/patients, and family members or legal next-of-kin of residents/patients on the contents and actions prescribed in the plan?	<div></div>			<div></div>

3.9 DISEASE SURVEILLANCE AND REPORTING

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
How will your employees self-assess for and report disease symptoms?	<div></div>			<div></div>
How will you monitor personnel absenteeism?	<div></div>			<div></div>
How will you monitor personnel who have been exposed to a contagious illness during a public health emergency?	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
How will you monitor residents/patients who have been exposed to a contagious illness during a public health emergency?	<div></div>			<div></div>
How will you monitor personnel for disease symptoms during a public health emergency?	<div></div>			<div></div>
How will you monitor patients for disease symptoms during a public health emergency?	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
How will you monitor family members and loved ones of residents/patients for disease symptoms during a public health emergency?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<input type="checkbox"/>
How will you monitor vendors and other external partners for disease symptoms during a public health emergency?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<input type="checkbox"/>
To whom <u>internally</u> will you report personnel exposure or illness during a public health emergency?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<input type="checkbox"/>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
To whom <u>externally</u> will you report personnel exposure or illness during a public health emergency?	<div></div>			<div></div>
To whom <u>internally</u> will you report patient exposure or illness during a public health emergency?	<div></div>			<div></div>
To whom <u>externally</u> will you report patient exposure or illness during a public health emergency?	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
How will you educate your personnel on disease reporting requirements at your facility or agency during a public health emergency?	<div></div>			<div></div>

3.10 ENVIRONMENTAL SERVICES

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
<p>How will you maintain trash and garbage removal during a public health emergency?*</p> <p>* May not be applicable to home health and hospice care</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<input type="checkbox"/>
<p>How will you maintain removal of hazardous wastes during a public health emergency?*</p> <p>* May not be applicable to home health and hospice care</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<input type="checkbox"/>
<p>How will you maintain laundry and linen services during a public health emergency?*</p> <p>* May not be applicable to home health and hospice care</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<input type="checkbox"/>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
<p>What is your contingency plan for backup housekeeping and trash, garbage, and waste disposal services?*</p> <p>* May not be applicable to home health and hospice care</p>	<div></div>			<div></div>
<p>How will you educate and train your personnel on the proper disposal of trash, garbage, and hazardous wastes during a public health emergency?*</p> <p>* May not be applicable to home health and hospice care</p>	<div></div>			<div></div>

3.11 ROLES AND RESPONSIBILITIES

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
Who are your facility's or agency's key decision makers for medical issues?	<div></div>			<div></div>
Who are your facility's or agency's key decision makers for nonmedical issues involving the physical plant?	<div></div>			<div></div>
Who is responsible for ensuring that your facility or agency is in compliance with all applicable laws and regulations during a public health emergency?	<div></div>			<div></div>

3.12 COMMUNICATION

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
To whom will you communicate changes in your facility's or agency's operations as a result of a public health emergency?	<div></div>			<div></div>
When will you communicate with them?	<div></div>			<div></div>
How will you communicate with them?	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
Who will speak to the press or outside agencies in a public health emergency?	<div></div>			<div></div>

3.13 EDUCATION AND TRAINING

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
How will you educate your personnel about how your facility or agency will operate during a public health emergency?	<div></div>			<div></div>
When will you educate them?	<div></div>			<div></div>
Which personnel members will be educated on each component of your facility's or agency's operations?	<div></div>			<div></div>

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SUBSECTION 4 – CRISIS STANDARDS OF CARE¹²

INTRODUCTION

The United States faces the real possibility of a catastrophic public health event that involves tens of thousands or hundreds of thousands of victims. Public health emergencies—such as the 2009 H1N1 pandemic—highlight the ever changing threats posed by acts of terrorism and natural events, while also underscoring the pressing reality of these emergencies. A tremendous effort has been made over the past decade to prepare for public health emergencies. Many states and healthcare organizations have developed preparedness plans that include enhancing surge capacity to increase and maximize available resources and to manage demand for healthcare services in response to a mass illness or casualty event.

During a wide-reaching catastrophic public health emergency or disaster, however, these surge capacity plans may not be sufficient to supply healthcare providers with the resources for normal treatment procedures and usual standards of care. This is a particular concern for emergencies that may severely strain resources across a large geographic area, such as an influenza pandemic or the detonation of a nuclear device. Healthcare organizations and providers may face overwhelming demand for services, severe scarcity of material resources, insufficient numbers of qualified providers, and too little patient care space. Under these circumstances, it may be impossible to provide care according to the standards of care used in nondisaster situations and, under the most extreme circumstances, it may not even be possible to provide basic life-sustaining interventions to all residents/patients who need them.

In recent years, a number of federal, state, and local efforts have taken place to develop crisis standards of care protocols and policies for use in conditions of overwhelming resource scarcity. Those involved in these efforts have begun to carefully consider these difficult issues and to develop plans that are ethical, consistent with the community's values, and implementable during a crisis. These planning efforts are essential because, without careful planning, greater potential exists for confusion, chaos, and flawed decision making in a catastrophic public health emergency or disaster.

Although these efforts have accomplished a tremendous amount in just a few years, a great deal remains to be done in even the most advanced plan. Furthermore, the efforts have mainly been taking place independently, leading to a lack of consistency across neighboring jurisdictions and unnecessary duplication of effort. Many states have not yet substantially begun to develop policies and protocols for crisis standards of care during a mass illness or casualty event.

¹² This section is adapted from *Crisis Standards of Care: Summary of a Workshop Series* (2010) at <http://www.nap.edu/catalog/12787.html>

For purposes of developing recommendations for situations in which healthcare resources are overwhelmed, the Institute of Medicine (IOM) defined *crisis standards of care* as follows:

Crisis standards of care is defined as a substantial change in usual healthcare operations and the level of care it is possible to deliver, which is made necessary by a pervasive (e.g., pandemic influenza) or catastrophic (e.g., earthquake, hurricane) disaster. This change in the level of care delivered is justified by specific circumstances and is formally declared by a state government, in recognition that crisis operations will be in effect for a sustained period. The formal declaration that crisis standards of care are in operation enables specific legal/regulatory powers and protections for healthcare providers in the necessary tasks of allocating and using scarce medical resources and implementing alternate care facility operations.

Prior to the development of this definition, *altered standards of care* was the term generally used by healthcare and public health agencies and organizations to describe crisis standards of care.

Crisis Standards of Care in Your Long-Term, Home Health, or Hospice Care Facility or Agency

The above definition indicates that a state government will activate crisis standards of care in your state. Subsequently, further activation of these standards may come from city or county governments. Describing the overall concept and structure of crisis standards of care as it relates to the general public and other healthcare agencies and organizations is beyond the scope of this document. Rather, the focus of this section is the *impact* of crisis standards of care on your long-term, home health, or hospice care facility or agency, as it requires changes to operations, policies, plans, and procedures. All long-term, home health, and hospice care communities should have internal crisis standards of care guidelines. If your facility or agency needs to develop these guidelines, please refer to IOM's reports on the subject (see Appendix B).

The following 11 topic areas are addressed in this subsection:

1. Crisis standards of care
2. Coordination of care
3. Legal and regulatory
4. Finance
5. Infection control
6. Resource management
7. Safety and security
8. Mental health

9. Culture and religion
10. Education and training
11. Communication

PLANNING REQUIREMENTS

These tasks should be completed using the action plan at the end of this subsection, and they should be incorporated into your facility's or agency's crisis standards of care plan and ultimately into your facility's or agency's public health emergency response plan.

4.1 CRISIS STANDARDS OF CARE

- ☐ *Research the current status of crisis standards of care development and planning at the federal, state, and local level.*

The introduction to this section mentioned that much work has been done to develop crisis standards of care; however, more is still needed. For you to develop a crisis standards of care plan for your long-term, home health, or hospice care facility or agency, you should first research the current status of crisis standards of care development and planning at the federal, state, and local level. This research should focus on the legal, financial, and ethical aspects of these standards as they relate to your facility's or agency's operations and the services it provides to your residents/patients.

4.2 COORDINATION OF CARE

One way to reduce the impact of crisis standards of care is to coordinate patient care with other long-term, home health, and hospice care facilities or agencies in your community. In the Continuity of Operations section, the need for all community long-term, home health, or hospice care facilities or agencies to plan together for continuity of operations was discussed. While planning for continuity of operations, long-term, home health, and hospice care facilities or agencies in your community also should plan for crisis standards of care with a particular focus on coordination of patient care during a crisis.

- ☐ *Determine what to do with residents/patients for whom you no longer have the ability to provide care.*
- ☐ *Identify other long-term, home health, or hospice care facilities or agencies and other healthcare facilities with which you can coordinate care, and determine how you can coordinate with them.*

4.3 LEGAL AND REGULATORY

For crisis standards of care to be fully implemented, certain legal requirements will have to be waived and certain emergency authorities and powers will have to be invoked. Also, new laws may be required. The research you performed on the current status of crisis standards of care at the federal, state, and local levels should have provided you with information on the legal environment surrounding these standards. Now your task is to determine how this legal environment will impact your long-term, home health, or hospice care facility or agency.

- ☐ *Determine your facility's or agency's legal liabilities resulting from crisis standards of care.*
- ☐ *Determine how you can legally protect your personnel and others who may work in your facility or agency.*
- ☐ *Determine how you will legally comply with crisis standards of care.*

4.4 FINANCE

Your facility or agency must follow certain protocols in order to be reimbursed for the costs of patient care; however, these protocols may be altered in a crisis-standards-of-care event, which may impact financial reimbursement. Your task is to determine how your facility or agency will be impacted financially and how to ensure reimbursement occurs during a crisis.

- ☐ *Determine whether your facility or agency will be reimbursed if you deviate from normal standards of care and, if so, how it will be reimbursed.*

4.5 INFECTION CONTROL

You developed your facility's or agency's infection control plan in the Facility Operations section of the *Planning Guide*; however, during a crisis in which resources are scarce, you may not be able to fully implement this plan. For example, you may face a shortage in personnel, personal protective equipment (PPE), antiviral medications, or vaccinations. In a crisis-standards-of-care event, you will have to determine how to maintain your facility's or agency's infection control practices while operating with a shortage of resources.

- ☐ *Determine how your facility's or agency's infection control practices and procedures will be impacted by crisis standards of care and how to maintain these practices and procedures.*
- ☐ *Determine how to monitor for compliance with these practices and procedures.*

4.6 RESOURCE MANAGEMENT

Another task you accomplished in the Facility Operations section was to identify the food and water and medical and nonmedical equipment and supplies needed to sustain your facility or agency during a public health emergency. You prioritized these resources in terms of critical need, and you developed a plan for allocating these resources. In a crisis-standards-of-care event, you may have to alter your prioritization and allocation of resources. Your task here is to determine if you need to revise your resource management plan during a crisis-standards-of-care event.

☐ *Determine whether*

- *Your facility's or agency's medical resources need to be reprioritized for a crisis-standards-of-care event. Reprioritize these resources as needed.*
- *Your facility's or agency's plans for allocating, storing, and restocking medical resources needs to be modified for a crisis-standards-of-care event. Modify these plans as needed.*
- *Your facility's or agency's nonmedical resources need to be reprioritized for a crisis-standards-of-care event. Reprioritize these resources if needed.*
- *Your facility's or agency's plans for allocating, storing, and restocking nonmedical resources needs to be modified for a crisis-standards-of-care event. Modify these plans as needed.*

4.7 SAFETY AND SECURITY

As with your facility's or agency's resource management plan, the safety and security plan you developed in the Facility Operations section may need to be modified for a crisis-standards-of-care event. Other considerations for safety and security come into play when resources are in short supply, particularly human resources. For example, injuries may occur to residents/patients or personnel because of reduced staffing levels. Personnel may need to be protected from residents/patients who have been denied care or from family members or loved ones of these residents/patients.

☐ *Determine whether*

- *Your plan to control ingress and egress within your facility or agency needs to be modified for a crisis-standards-of-care event. Modify the plan as needed.*
- *Your plan to secure stockpiled food, water, medicines, and medical and nonmedical supplies needs to be modified for a crisis-standards-of-care event. Modify the plan as needed.*
- *Your plan to ensure the safety of your personnel while at work and while traveling to and from work needs to be modified for a crisis-standards-of-care event. Modify the plan as needed.*
- *Your plan to ensure the safe delivery of supplies, during a public health emergency, needs to be modified for a crisis-standards-of-care event. Modify the plan as needed.*
- *Your plan to secure your physical plant needs to be modified for a crisis-standards-of-care event. Modify the plan as needed.*
- *The signage you developed needs to be modified for a crisis-standards-of-care event. Modify signage as needed.*

☐ *Determine how to prevent patient and personnel injuries due to reduced staffing levels.*

4.8 MENTAL HEALTH

The implementation of crisis standards of care will have an impact on the mental health of your personnel, residents/patients, and family members or loved ones of residents/patients. Personnel stress may lead to errors in care, which may lead to patient injury or death. Residents who receive care may become overwhelmed with guilt because fellow residents are not receiving care. Family members and loved ones may become overwhelmed with grief because of denied care. You should monitor the mental health of all people in your facility or agency during a crisis-standards-of-care event.

- ☐ *Determine how to monitor and manage the mental health of your personnel, residents/patients, and families and loved ones of residents/patients during a crisis-standards-of-care event.*
- ☐ *Identify mental health resources that are available to your facility or agency.*
- ☐ *Determine how to maintain personnel morale during a crisis-standards-of-care event.*
- ☐ *Determine how to resolve personnel conflicts (e.g., regarding who should live or who should get resources) during a crisis-standards-of-care event.*

- ☐ *Determine how to manage personnel resistance to changes resulting from implementation of crisis standards of care.*

4.9 CULTURE AND RELIGION

The implementation of crisis standards of care by itself will have a serious impact on the operations of your long-term, home health, or hospice care facility or agency, but cultural customs and religious beliefs can exacerbate this impact. You should identify the issues that may arise in your facility or agency from these customs or beliefs during a crisis-standards-of-care event.

- ☐ *Identify cultural issues that may be encountered in your facility or agency during a crisis-standards-of-care event and determine how to address them.*
- ☐ *Identify religious issues that may be encountered in your facility or agency during a crisis-standards-of-care event and determine how to address them.*

4.10 EDUCATION AND TRAINING

Educate your personnel, residents/patients, and family members or legal next-of-kin of residents/patients on how normal standards of care will change during a crisis-standards-of-care event and what the expected impact of this change will be. A shortage of personnel could mean some personnel may need to be trained to perform tasks they normally do not perform. This education and training should occur prior to the implementation of crisis standards of care.

- ☐ *Determine when to educate your personnel on crisis standards of care, how to educate them, and what the educational content (e.g., policy or infection control changes) will be.*
- ☐ *Determine when to educate residents/patients and their families or legal next-of-kin on crisis standards of care, how to educate them, and what the educational content will be.*
- ☐ *Determine when to educate external partners or other entities on how the implementation of crisis standards of care will impact your facility or agency, how to educate them, and what the educational content will be.*
- ☐ *Determine what cross training your personnel needs and how you will train them.*

4.11 COMMUNICATION

The implementation of crisis standards of care within your facility or agency needs to be communicated to your personnel, residents/patients, and family members or legal next-of-kin of residents/patients. Providing advanced warning that the facility or agency is implementing crisis standards of care will help prepare them for the expected impact. (They will know what to expect because you will have educated them on the expected impact.)

- ☐ *Determine when and how the implementation of crisis standards of care will be communicated to personnel.*
- ☐ *Determine when and how the implementation of crisis standards of care will be communicated to residents/patients and their families or legal next-of-kin.*
- ☐ *Identify other external partners or other external entities that should be notified of the implementation of crisis standards of care in your facility or agency and determine when and how they will be notified.*
- ☐ *Determine what public messaging should be developed with regard to the implementation of crisis standards of care, when it should be developed, and who should develop it.*
- ☐ *Determine how public messaging on crisis standards of care can be coordinated within your facility or agency as well as with your external partners and other external entities.*
- ☐ *Determine how you will notify family members or legal next-of-kin of the death of a resident/patient that may have been prevented under normal standards of care.*

CRISIS STANDARDS OF CARE ACTION PLAN

The action plan shown on the following pages is a compilation of the planning requirements discussed above. Planning requirements are posed as questions, and space is provided for you to write in your answers or responses to the questions. Additional space is provided to list who is responsible for completing each required task and when they are required to complete it. A checkbox allows you to see which tasks have been completed.

Upon completion of the planning requirements for this section, you will need to incorporate them into a crisis-standards-of-care plan for your facility or agency. This plan in turn will need to be incorporated into your facility's or agency's public health emergency preparedness and response plan.

SUBSECTION 4 – CRISIS STANDARDS OF CARE ACTION PLAN

4.1CRISIS STANDARDS OF CARE

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
What is the current status of crisis standards of care development and planning at the federal level?	<div></div>			<div></div>
What is the current status of crisis standards of care development and planning at the state level?	<div></div>			<div></div>
What is the current status of crisis standards of care development and planning at the local level?	<div></div>			<div></div>

4.2 COORDINATION OF CARE

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
What will you do with residents/patients for whom you no longer have the ability to provide care?	<div></div>			<div></div>
With what other long-term, home health, or hospice care facilities or agencies can you coordinate care?	<div></div>			<div></div>
How can you coordinate with them?	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
With what other healthcare facilities or agencies can you coordinate care?	<div></div>			<div></div>
How can you coordinate with them?	<div></div>			<div></div>

4.3 LEGAL AND REGULATORY

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
What are your facility's or agency's legal liabilities resulting from crisis standards of care?	<div></div>			<div></div>
How can you legally protect your personnel and others who may work in your facility or agency?	<div></div>			<div></div>
How will you comply legally with crisis standards of care?	<div></div>			<div></div>

4.4 FINANCE

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
Will your facility or agency be reimbursed if you deviate from normal standards of care? If so, how?	<div></div>			<div></div>

4.5 INFECTION CONTROL

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
How will your facility's or agency's infection control practices and procedures be impacted by crisis standards of care?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<input type="checkbox"/>
How will you maintain these practices and procedures during crisis standards of care?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<input type="checkbox"/>
How will you monitor for compliance with these practices and procedures?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<input type="checkbox"/>

4.6 RESOURCE MANAGEMENT

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
Do your facility's or agency's medical resources need to be reprioritized for a crisis-standards-of-care event? If so, how will you reprioritize them?	<div></div>			<div></div>
Does your facility's or agency's plan for allocating medical resources need to be modified for a crisis-standards-of-care event? If so, how will you modify it?	<div></div>			<div></div>
Does your plan for storing medical resources need to be modified for a crisis-standards-of-care event? If so, how will you modify it?	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
Does your plan for restocking medical resources need to be modified for a crisis-standards-of-care event? If so, how will you modify it?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<input type="checkbox"/>
Do your facility's or agency's nonmedical resources need to be reprioritized for a crisis-standards-of-care event? If so, how will you reprioritize them?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<input type="checkbox"/>
Does your facility's or agency's plan for allocating nonmedical resources need to be modified for a crisis-standards-of-care event? If so, how will you modify it?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<input type="checkbox"/>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
Does your plan for storing nonmedical resources need to be modified for a crisis-standards-of-care event? If so, how will you modify it?	<div></div>			<div></div>
Does your plan for restocking nonmedical resources need to be modified for a crisis-standards-of-care event? If so, how will you modify it?	<div></div>			<div></div>

4.7 SAFETY AND SECURITY

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
Does your facility's or agency's plan to control ingress and egress within your facility need to be modified for a crisis-standards-of-care event? If so, how will you modify it?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<input type="checkbox"/>
Does your plan to secure stockpiled food, water, medicines, and medical and nonmedical supplies need to be modified for a crisis-standards-of-care event? If so, how will you modify it?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<input type="checkbox"/>
Does your plan to ensure the safety of your personnel while at work and while traveling to and from work need to be modified for a crisis-standards-of-care event? If so, how will you modify it?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<input type="checkbox"/>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
Does your facility's or agency's plan to ensure the safe delivery of supplies during a public health emergency need to be modified for a crisis-standards-of-care event? If so, how will you modify it?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<input type="checkbox"/>
Does your facility's or agency's plan to ensure the security of your physical plant during a public health emergency need to be modified for a crisis-standards-of-care event? If so, how will you modify it?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<input type="checkbox"/>
Does the signage you developed need to be modified for a crisis-standards-of-care event? If so, how will you modify it?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<input type="checkbox"/>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
How will your facility prevent patient injuries due to reduced staffing levels?	<div></div>			<div></div>
How will your facility prevent personnel injuries due to reduced staffing levels?	<div></div>			<div></div>

4.8 MENTAL HEALTH

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
How will you monitor and manage the mental health of your personnel during a crisis-standards-of-care event?	<div></div>			<div></div>
How will you monitor and manage the mental health of your residents/patients during a crisis-standards-of-care event?	<div></div>			<div></div>
How will you monitor and manage the mental health of families of residents/patients during a crisis-standards-of-care event?	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
What mental health resources are available to your facility or agency?	<div></div>			<div></div>
How will you maintain personnel morale during a crisis-standards-of-care event?	<div></div>			<div></div>
How will you resolve personnel conflicts during a crisis-standards-of-care event?	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
How will you manage personnel resistance to changes resulting from implementation of crisis standards of care?	<div></div>			<div></div>

4.9 CULTURE AND RELIGION

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
What cultural issues may be encountered in your facility or agency during a crisis-standards-of-care event?	<div></div>			<div></div>
How will you address these cultural issues?	<div></div>			<div></div>
What religious issues may be encountered in your facility or agency during a crisis-standards-of-care event?	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
How will you address these religious issues?	<div></div>			<div></div>

4.10 EDUCATION AND TRAINING

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
When will you educate your personnel on crisis standards of care?	<div></div>			<div></div>
How will you educate your personnel on crisis standards of care?	<div></div>			<div></div>
What will be the educational content of this training?	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
When will you educate residents/patients and their families or legal next-of-kin on crisis standards of care?	<div></div>			<div></div>
How will you educate them on crisis standards of care?	<div></div>			<div></div>
What will be the educational content of this training?	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
When will you educate external	<div></div>			<div></div>
How will you educate them on crisis standards of care?	<div></div>			<div></div>
What will be the educational content of this training?	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
What cross training will your personnel need for crisis standards of care?	<div></div>			<div></div>
How will you train them?	<div></div>			<div></div>

4.11 COMMUNICATION

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
When will the implementation of crisis standards of care be communicated to your personnel?	<div></div>			<div></div>
How will the implementation of crisis standards of care be communicated to your personnel?	<div></div>			<div></div>
When will the implementation of crisis standards of care be communicated to residents/patients and their families or legal next-of-kin?	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
How will the implementation of crisis standards of care be communicated to residents/patients and their families or legal next-of-kin?	<div></div>			<div></div>
What external partners or other external entities will be notified of the implementation of crisis standards of care?	<div></div>			<div></div>
When will they be notified?	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
How will they be notified?	<div></div>			<div></div>
What public messaging should be developed with regard to the implementation of crisis standards of care?	<div></div>			<div></div>
When should it be developed?	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
Who should develop it?	<div></div>			<div></div>
How can public messaging on crisis standards of care be coordinated within your facility or agency?	<div></div>			<div></div>
How can public messaging with your external partners and other external entities be coordinated?	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
How will you notify family members or legal next-of-kin of the death of a resident/patient that may have been prevented under normal standards of care?	<div></div>			<div></div>

SUBSECTION 5 - STAFFING

INTRODUCTION

Your long-term, home health, or hospice care facility or agency cannot function without an adequate number of qualified personnel. Unfortunately, a public health emergency may limit the availability of qualified personnel. Your facility or agency may face a reduction in its workforce because of ill personnel or personnel who are taking care of ill family members.

This subsection addresses nine staffing considerations you need to address when planning for a public health emergency:

1. Staffing – You need to determine how a public health emergency will impact your facility or agency in terms of staffing, and then you need to develop strategies to minimize this impact.
2. Supplemental personnel – You may have to supplement critical personnel with other credentialed healthcare workers.
3. Volunteers – You will need to implement policies and procedures for the use of volunteers and other temporary personnel before assigning them duties in your long-term, home health, or hospice care facility or agency.
4. Education and training – You may have to train your supplemental personnel or cross train existing personnel. You may have to educate personnel on how to monitor themselves for a disease.
5. Compensation – You need to determine how to compensate your personnel for extra hours worked. You also need to determine how to compensate supplemental personnel.
6. Policy – Your facility's or agency's policies, such as leave policies, will be challenged during a public health emergency. You need to address these policies and possibly adjust them.
7. Scope of practice – Changes in scope of practice may be allowed during a public health emergency. You need to determine how this will impact your personnel and your facility or agency.
8. Mental health – You need to monitor the mental health of your personnel during a public health emergency.
9. Communication – You need to ensure methods are available to communicate with your personnel and for them to communicate with you and others, such as family members and legal next-of-kin.

PLANNING REQUIREMENTS

These tasks should be completed using the action plan at the end of this subsection, and they should be incorporated into your facility's or agency's COOP and ultimately into your facility's or agency's public health emergency response plan.

5.1 STAFFING

A severe public health emergency, such as an influenza pandemic, "could affect as many as 40 percent of your workforce during periods of peak influenza illness. Employees could be absent because they are sick, must care for sick family members or for children if schools or daycare centers are closed, or are afraid to come to work."¹³ There are steps you can take rather than supplementing your personnel with other healthcare workers or volunteers, which are discussed below. For example, you might be able to use dietary or other nonmedical personnel to perform nonmedical tasks in your facility or agency. You may limit personnel who work at more than one facility or agency to work only at your facility or agency.

While working with a personnel shortage during a public health emergency, you may want to assign team leaders to provide personnel assignments and nursing and medical decisions. This action will allow you to provide continuity of care in the face of a personnel shortage. Whatever steps you take, you must document your staffing actions and your reason for taking them so you can justify these actions should you be questioned about them later.

☐ *Determine how*

- *Your facility's or agency's personnel will be impacted by a public health emergency.*
- *You can assign existing personnel duties or tasks outside of their normal scope of work.*
- *Your facility or agency will provide continuity of care during a public health emergency.*

☐ *Develop a plan to manage personnel who work at more than one facility or agency.*

☐ *Develop a process or protocol to document your staffing actions during a public health emergency.*

¹³ From *Guidance on Preparing Workplaces for an Influenza Pandemic* (OSHA 3327-02N 2007) at http://www.osha.gov/Publications/influenza_pandemic.html#affect_workplaces.

5.2 SUPPLEMENTAL PERSONNEL

One action you can take to address a personnel shortage in a public health emergency is to supplement critical personnel with other credentialed healthcare workers.

- ☐ *Identify critical personnel needed to sustain your facility's or agency's operations during a public health emergency.*
- ☐ *Identify strategies to replace critical personnel, if they are unable to work.*
- ☐ *Identify strategies to supplement your personnel for a surge of residents/patients during a public health emergency.*

5.3 VOLUNTEERS

Another action you can take to address personnel shortages is to use volunteers. You will need to implement policies and procedures for the use of volunteers and other temporary personnel before assigning them duties in your long-term, home health, or hospice care facility or agency. These policies and procedures might include a criminal background check or, at a minimum, a reference check; infectious disease screening; verification of credentials (e.g., nursing or medical license) if the volunteer is to be used in a clinical capacity; and determination of the competency and reliability of their work.

- ☐ *Identify current laws and regulations that impact the use of medical and nonmedical volunteers in your long-term, home health, or hospice care setting.*
- ☐ *Identify available resources for medical and nonmedical volunteers in your long-term, home health, or hospice care setting.*
- ☐ *Develop a volunteer and supplemental staffing plan that addresses the following items: screening policies and procedures; education and training; legal and liability protection; scope of work; compensation; insurance; and ethics.*

5.4 EDUCATION AND TRAINING

All personnel—including reassigned personnel, newly recruited personnel, and volunteers—need to be trained on the processes, protocols, and systems relevant to the work they are or will be performing. (**NOTE:** Nonclinical personnel cannot perform clinical work.) This training can be accomplished through regularly scheduled training sessions, cross-training sessions (e.g., at a "job skills day"), or just-in-time (JIT) training sessions. Pretests and posttests should be conducted to measure the adequacy of the training. All training should be documented in personnel folders.

- ☐ *Develop a plan for cross-training existing personnel to perform tasks for which they are qualified but not trained.*
- ☐ *Develop a plan to educate your personnel to perform these tasks: monitor themselves for exposure to an infectious disease or for infectious disease symptoms; monitor others for exposure to an infectious disease or for infectious disease symptoms; and develop a family emergency preparedness plan prior to a public health emergency event.*
- ☐ *Develop a JIT training plan for reassigned personnel, newly recruited personnel, or volunteers, on basic patient care or other relevant topic areas.*

5.5 COMPENSATION

Compensation becomes an important factor during a public health emergency when existing personnel are reassigned to tasks that may have a higher pay grade, or when recruited personnel are employed by your long-term, home health, or hospice care facility or agency. In these situations, you need to make sure that your facility or agency keeps records of employment and tracks hours worked and other staffing expenses (e.g., business office travel expense to go pick up food). To accomplish this task, you may want to appoint an individual or team to do this tracking.

Compensation during a public health emergency also involves overtime pay to nonexempt¹⁴ employees who work extra hours. You may want to consider paying employees who stay home when they are ill but who have no sick or personal leave to use for their absence.

- ☐ *Determine how to compensate*
 - *Existing personnel who are reassigned to tasks that may have a higher pay grade.*
 - *Newly recruited personnel.*

¹⁴ You should make yourself aware of the overtime compensation laws in your state.

- *Personnel who work at your facility or agency but are employees of a separate LTC facility, agency, or organization.*
 - *Nonexempt personnel for extra hours worked during a public health emergency.*
 - *Personnel who stay home when they are ill (if they have no sick or personal leave to use for their absence).*
- ☐ Track the number of hours worked by nonexempt personnel, including supplemental personnel and volunteers.

5.6 POLICY

Your long-term, home health, or hospice care facility's or agency's policies may be challenged and may need to be amended during a public health emergency. For example, you may need to put all employees' annual leave on hold because of a high absenteeism rate in your personnel.

Once you have made amendments to your facility's or agency's policies, you will need to have your human resources and risk management departments review them to ensure that they are consistent with fair labor standards and other labor laws or legal requirements.

- ☐ *Determine how you will adjust your leave policies during a public health emergency.*
- ☐ *Determine your return-to-work policy during a public health emergency.*
- ☐ *Determine how to manage personnel who refuse to come to work, refuse medications or vaccinations, or want to come to work when they are ill or symptomatic.*
- ☐ *Develop a plan to encourage personnel to come to work during a public health emergency, and consider a plan that allows your personnel's children to accompany them to work.*
- ☐ *Review your absenteeism policies with appropriate entities to ensure they are consistent with fair labor standards and other labor laws or legal requirements.*
- ☐ *Develop telecommuting policies and protocols for your personnel.*

5.7 SCOPE OF PRACTICE

Scope of practice is a term used to define actions and procedures that are permitted by law for a specific profession which, in the *Planning Guide*, is for medical care providers.¹⁵ These actions and procedures are permitted through credentialing and licensing. If your facility or agency uses or will use supplemental personnel (i.e., newly recruited personnel or volunteers), you will need to validate their credentials or licenses prior to allowing them to work at your facility or agency. You should consult with your legal counsel, if you have not already done so, to determine your facility's or agency's liability exposure from using supplemental personnel and to determine how changes in scope of practice affect union contracts.

During a severe public health emergency, scope of practice may be altered to accommodate rapidly changing circumstances, such as patient surge and shortage of resources.

Implementation of crisis standards of care (see Crisis Standards of Care subsection) is an example of how scope of practice may change. Other changes may occur, such as governmental regulation changes from the Centers for Medicare and Medicaid Services or the local or state department of health. You should identify these changes prior to a public health emergency.

- ☐ *Determine how to ensure that supplemental personnel or volunteers are credentialed or licensed to perform assigned tasks in your facility or agency.*
- ☐ *Identify liability issues that may arise when using supplemental personnel or volunteers to work in your facility or agency.*
- ☐ *Determine what changes you are allowed to make to scope of practice during a public health emergency.*
- ☐ *Determine how changes to scope of practice impact contracts with union workers.*

5.8 MENTAL HEALTH

Working during a public health emergency will be stressful to your employees. Not only will they be concerned about their residents/patients, but they will be concerned about their well-being and that of their families and loved ones. As a result, you will need to address the mental health of your personnel during a public health emergency. Steps you can take to accomplish this task include the following: provide literature describing the signs and symptoms of stress and methods to cope with it; provide a secluded, quiet space for

¹⁵ *Scope of practice* also could apply to any childcare providers you bring into your facility to provide childcare services. However, addressing the licensing and credentialing of childcare providers is beyond the scope of the *Planning Guide*. You should consult with your legal counsel to address this matter.

personnel to rest and recover; organize time for caregivers to relax and talk about their feelings; provide access to inpatient and outpatient mental health resources; and communicate with your personnel about what is happening or about to happen (e.g., implementation of crisis standards of care).

The last item above is important. Open, two-way communication between you and your personnel is a key factor in mitigating personnel anxiety and fear.

- ☐ *Determine how to monitor and manage the mental health of your personnel during a public health emergency.*
- ☐ *Identify inpatient and outpatient mental health resources available to your facility or agency.*
- ☐ *Determine how to maintain personnel morale during crisis standards of care.*
- ☐ *Determine how to mitigate anxiety and fear in your personnel.*

5.9 COMMUNICATION (INTERNAL)

Things you should consider prior to a public health emergency include maintaining a current contact list for all personnel, developing multiple methods (e.g., telephone, e-mail, and social networking websites) for communicating with personnel, and providing your personnel with access to mechanisms for communicating with family members or loved ones.

Maintaining communication with your personnel and between your personnel and their family members or loved ones will reduce their anxiety and fear and will allow them to perform their work more effectively.

- ☐ *Develop and maintain a current contact list of all personnel.*
- ☐ *Develop multiple contact methods (e.g., telephone, e-mail, social media) for notifying personnel of situations and plan activation.*
- ☐ *Determine how you will provide your personnel with access to mechanisms for communicating with family members.*

STAFFING ACTION PLAN

The action plan shown on the following pages is a compilation of the planning requirements discussed above. Planning requirements are posed as questions, and space is provided for you to write in your answers or responses to the questions. Additional space is provided to list who is responsible for completing each required task and when they are required to complete it. A checkbox allows you to see which tasks have been completed.

Upon completion of the planning requirements for this section, you will need to incorporate them into a staffing plan for your facility or agency. This plan in turn will need to be incorporated into your facility's or agency's public health emergency preparedness and response plan.

SUBSECTION 5 – STAFFING ACTION PLAN

5.1 STAFFING

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
How will your facility's or agency's personnel be impacted by a public health emergency?	<div></div>			<div></div>
How can you assign existing personnel duties or tasks outside of their normal scope of work?	<div></div>			<div></div>
How will your facility or agency provide continuity of care during a public health emergency?	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
What is your plan to manage personnel who work at more than one facility or agency?	<div></div>			<div></div>
What is your process or protocol to document your actions with regard to personnel during a public health emergency?	<div></div>			<div></div>

5.2 SUPPLEMENTAL PERSONNEL

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
Who are your critical personnel needed to sustain your facility's or agency's operations during a public health emergency?	<div></div>			<div></div>
How will you replace critical personnel, if they are unable to work?	<div></div>			<div></div>
What are your strategies to replace personnel during a public health emergency?	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
What are your strategies to supplement personnel during a public health emergency?	<div></div>			<div></div>

5.3 VOLUNTEERS

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
What are the current laws and regulations that impact the use of medical and nonmedical volunteers in your long-term, home health, or hospice care setting?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<input type="checkbox"/>
What resources are available for medical and nonmedical volunteers in your long-term, home health, or hospice care setting?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<input type="checkbox"/>
What is your volunteer staffing plan that addresses the following items: screening policies and procedures; education and training; legal and liability protection; scope of work; compensation; insurance; and ethics?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<input type="checkbox"/>

5.4 EDUCATION AND TRAINING

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
What is your plan for cross-training existing personnel to perform tasks for which they are qualified but not trained?	<div></div>			<div></div>
How will you educate your personnel on monitoring themselves for exposure to a disease or for disease symptoms?	<div></div>			<div></div>
How will you educate your personnel on monitoring others for exposure to a disease or for disease symptoms?	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
How will you educate your personnel on developing a family emergency preparedness plan prior to a public health emergency event?	<div></div>			<div></div>
How will you develop a JIT training plan for reassigned personnel, newly recruited personnel, or volunteers, on basic patient care or other relevant topic areas?	<div></div>			<div></div>

5.5 COMPENSATION

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
How will you compensate existing personnel who are reassigned to tasks that may have a higher pay grade?	<div></div>			<div></div>
How will you compensate newly recruited personnel or volunteers?	<div></div>			<div></div>
How will you compensate personnel who work at your facility or agency but are employees of a separate LTC facility, agency, or organization?	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
How will you compensate nonexempt personnel for extra hours worked during a public health emergency?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<input type="checkbox"/>
How will you track the number of hours worked by nonexempt personnel, including supplemental personnel and volunteers?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<input type="checkbox"/>
How will you compensate personnel who stay at home when they are ill (if they have no sick or personal leave to use for their absence)?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<input type="checkbox"/>

5.6 POLICY

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
How will you adjust your leave policies during a public health emergency?	<div></div>			<div></div>
What is your return-to-work policy during a public health emergency?	<div></div>			<div></div>
How will you manage personnel who refuse to come to work during a public health emergency?	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
How will you manage personnel who refuse to take medications or vaccinations?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<input type="checkbox"/>
How will you manage personnel who want to come to work when they are ill or symptomatic?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<input type="checkbox"/>
How will you encourage personnel to come to work during a public health emergency?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<input type="checkbox"/>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
Will you allow your personnel's children to accompany them to work? If so, how will you accommodate the children?	<div></div>			<div></div>
Have you reviewed your absenteeism policies with appropriate entities to ensure they are consistent with fair labor standards and other labor laws or legal requirements?	<div></div>			<div></div>
What are your telecommuting policies and protocols for your personnel?	<div></div>			<div></div>

5.7 SCOPE OF PRACTICE

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
How will you ensure that supplemental personnel are credentialed or licensed to perform assigned tasks in your facility or agency?	<div></div>			<div></div>
How will you ensure that volunteers are credentialed or licensed to perform assigned tasks in your facility or agency?	<div></div>			<div></div>
What liability issues may arise when using supplemental personnel to work in your facility or agency?	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
What liability issues may arise when using volunteers to work in your facility or agency?	<div></div>			<div></div>
What changes are you allowed to make to scope of practice during a public health emergency?	<div></div>			<div></div>
How will changes to scope of practice impact contracts with union workers?	<div></div>			<div></div>

5.8 MENTAL HEALTH

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
How will you monitor and manage the mental health of your personnel during a public health emergency?	<div></div>			<div></div>
What inpatient and outpatient mental health resources are available to your facility or agency?	<div></div>			<div></div>
How will you maintain personnel morale during crisis standards of care?	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
How will you mitigate anxiety and fear in your personnel?	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>			<div></div>

5.9 COMMUNICATION

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
How will you maintain a current contact list of all personnel?	<div></div>			<div></div>
What multiple contact methods are available for notifying personnel of situations and plan activation?	<div></div>			<div></div>
How will you provide your personnel with access to mechanisms for communicating with family members?	<div></div>			<div></div>

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SUBSECTION 6 – FATALITY MANAGEMENT

INTRODUCTION

Fatality management in a public health emergency is an important responsibility of a long-term, home health, or hospice care facility or agency. It will require a more active relationship with your medical examiner or coroner, public health department, local funeral homes, and emergency management agency. These entities will assist your facility or agency with determining mandatory reporting requirements; procedures for management of the deceased and his/her personal effects; the need for temporary storage of a deceased and his/her personal effects at your facility; and the procedures for the transfer of the deceased and his/her personal effects from your facility.

The scope of fatality management during a public health emergency goes beyond releasing the deceased to the next-of-kin. It involves numerous other factors:

- Documenting and protecting the deceased and his/her personal effects.
- Providing the following entities with a notification of death:
 - Legal next-of-kin.
 - Attending physician or medical examiner or coroner.
 - Public health department (for any suspected health threats).
 - Funeral home requested by the next-of-kin.
- Tracking and storage of the deceased and his/her personal effects at the LTC facility.
- Ensuring the family members of the deceased are treated with compassion, dignity, and respect.

As you begin to develop your facility's or agency's fatality management plan, you should be aware of the following limitations:

- Traditional means of communication may not be operational. Identify alternative means of informing the next-of-kin of a resident's or patient's death.
- The next-of-kin may be unable to travel to the LTC facility to view and identify the deceased, complete documentation required for the release of the deceased, or remove personal effects from the facility.

- Community partners may not be available to respond to the death of a resident or patient in a normal or timely manner. The delay may require temporary storage of the deceased and their personal effects at the LTC facility.
- Your LTC facility may have limited capability to temporarily store a deceased and their personal effects. Define the limitation in terms of time. For example, you may state that the removal of a deceased from your facility must be considered a priority and completed within ____ hours/days.
- When a deceased and their personal effects must be temporarily stored at the LTC facility, you will need to have procedures in place to secure the deceased and their personal effects.

This section describes seven topic areas¹⁶ to consider when developing a Fatality Management Plan for your long-term, home health, or hospice care facility's or agency's public health emergency preparedness and response plan:

1. Legal and regulatory
2. Community partnerships
3. Management of deceased (cultural/religious considerations)
4. Resource management
5. Communication and public relations
6. Stress management
7. Personnel training

PLANNING REQUIREMENTS

These tasks should be completed using the action plan at the end of this subsection, and they should be incorporated into your facility's or agency's fatality management plan and ultimately into your facility's or agency's public health emergency response plan.

6.1 LEGAL AND REGULATORY

- ☐ *Identify and learn the rules and regulations of your state regarding the prioritization of legal next-of-kin and for pronouncement and certification of death.*

¹⁶ Some of the topics in this section may not apply to home health and hospice care agencies.

When conducting a notification of death, all communication should be directed to the legal next-of-kin or the individual legally responsible for the care of the resident or patient. Also, refer to the rules and regulations of your state pertaining to the pronouncement of death and the documentation required for your state's certification of death.

- ❑ *Develop a comprehensive list of the resident's or patient's legal next-of-kin and responsible individuals.*

In the event of a public health emergency, the pre-incident legal next-of-kin or responsible individual may be personally affected and no longer available at the time of death of the resident or patient. A prioritized comprehensive list of legal next-of-kin or responsible individuals, including names, relationships, addresses, and contact information, should be maintained and included in the resident's or patient's file. This prioritized comprehensive list should contain multigeneration contacts, including individuals who may not normally be included in your facility's or agency's next-of-kin contact list (e.g., grandchildren, great grandchildren, nieces, nephews, friends).

- ❑ *Identify and learn the rules and regulations of your state concerning the management and disposition of personal effects and financial assets of deceased residents/patients.*

6.2 COMMUNITY PARTNERSHIPS

Numerous community resources can assist you with fatality management during a public health emergency. Partnerships with these resources may give you access to medical, legal, and technical guidance; material resources; and additional manpower during the planning and response to a public health emergency. Consider designating a member of your personnel to serve as a liaison to enhance communication and exchange of information between you and your community partners.

- ❑ *Develop a contact list of identified local partners that can assist you with legal and regulatory fatality management requirements.*

Local partners that may assist with identifying and complying with legal and regulatory fatality management requirements may include the medical examiner or coroner, funeral directors, the public health department, county attorneys, emergency management agencies, and the local vital records department. Create a resource list of these individuals or organizations that may assist in identifying and complying with fatality management legal issues during your public health emergency planning and response. The list should include names, addresses, telephone numbers, and e-mail addresses.

- ☐ *Seek advice from community partners on the proper care of a deceased resident or patient and on the personal protective equipment (PPE) needed by personnel when handling individuals who have died during a public health emergency.*
- ☐ *Develop a contact list of community partners that can assist with fatality management during a public health emergency.*

Community partners that may assist with fatality management during a public health emergency include the medical examiner or coroner, funeral directors, the public health department, emergency management agencies, ambulance and medical transport services, fire departments, hospitals, clergy, and faith-based organizations. Create a resource list of individuals or organizations that can assist in the management of fatalities during a public health emergency. The list should include names, addresses, routine and emergency telephone numbers, and e-mail addresses.

- ☐ *Identify cultural, social, and religious funeral traditions and customs of residents that may need to be addressed in your facility following a death when the deceased is placed in your facility's temporary storage area.*
- ☐ *Develop a contact list of local partners that can be consulted and can assist with addressing cultural, social, and religious funeral traditions of a resident.*
- ☐ *Develop a contact list of community partners that can assist with mental health and stress management support.*

Below are examples of community organizations that may assist with mental health and stress management support for your personnel and residents and their families:

- Mental health agencies
- Faith-based organizations
- Crisis hotlines
- American Red Cross
- Salvation Army

The list should include names, addresses, routine and emergency telephone numbers, and e-mail addresses.

6.3 MANAGEMENT OF DECEASED

Regardless of the cause of death, society expects that a deceased resident of an LTC facility will be cared for with respect and dignity, and treated with reverence. Many people also expect that the deceased and their personal effects will be released and returned to the next-of-kin in a timely manner.

Your fatality management plan should establish procedures for personnel on the care, documentation, temporary storage, and release of the deceased and his or her personal effects from your facility. Depending on your staffing, consideration may be given to designating specific personnel for a Transfer Team responsible for ensuring compliance with your procedures. Transfer Team members must understand that their primary role is to systematically and thoroughly document, secure, and facilitate the release of the deceased and his or her personal effects from your facility. Each team member must understand their specific tasks as well as the impact of their actions on survivors, other personnel, and the reputation of the facility. Personnel may need to be reminded, especially as they become tired and the public health emergency stretches over time, that many of the things they are handling are cherished and important treasures of family members, and that mistreatment of those items could reflect negatively on the entire operation.

❑ *Establish general guidelines for management of the deceased.*

Your guidelines may include the following:

- Once facility personnel have pronounced death and verified identification, keep the deceased covered with a protective material at all times to provide dignity and respect. The protective material may be a blanket, cloth, opaque plastic material, or a human remains pouch.
- Privacy screen the deceased outside of the view of facility residents, personnel, visitors, and the general public.
- Provide sensitive, respectful care of remains and personal effects.
- Prohibit unauthorized use of personal cameras, video and audio equipment, and mobile communication devices in the vicinity of the deceased.

❑ *Establish roles and responsibilities for the Transfer Team.*

A Transfer Team comprised of at least two individuals, with one serving as the team leader, could take on the following responsibilities:

- Comply with all PPE recommendations of the public health department.
- Verify identification of deceased.
- Ensure the dignified, secure, private, and confidential handling of the deceased and personal effects.
- Complete and securely affix a deceased identification tag to the deceased.¹⁷
- Communicate with next-of-kin regarding the death.
- Communicate with a physician, medical examiner or coroner, and funeral home regarding the death.
- Complete the deceased tracking form.¹⁸
- Complete the deceased identification packet.¹⁹
- Gather, itemize, and attach identification to personal effects.
- Ensure all human remains pouches and personal effects containers are free of tears, cracks, or leaks.
- Transfer the deceased and his/her personal effects from the place of death to the temporary holding area at the facility.
- Secure the deceased and personal effects until release to the next-of-kin.
- Facilitate and monitor the release and transfer of the deceased and personal effects from the facility.

¹⁷ See example on page 163.

¹⁸ See example on page 162.

¹⁹ See example on page 163.

Certificate of Death

A completed certificate of death is often required prior to final disposition, transfer of the deceased out-of-state, or for the legal and financial settlement of an individual's estate. A delay in the issuance of the certificate may place a heavy burden on survivors.

- ☐ *Designate a person to coordinate with funeral directors and physicians.*

The funeral director and attending physician are legally responsible for completion of the certificate of death. You may consider designating a person to assist the funeral director and physician in collection of personal and medical information required for the certificate of death.

- ☐ *Develop a protocol to obtain the information required for the certificate of death at the time of a resident's or patient's admission.*

A public health emergency may severely limit access to normal sources of a deceased's personal information. Some of this information is needed to complete documents required by officials, such as a certificate of death. You should work with your local funeral director and physicians to identify information required for the certificate of death and develop a protocol to collect that information when the resident or patient is admitted. This should ensure information availability at the time of death.

Temporary Storage

- ☐ *Develop a plan for temporary storage of the deceased.*

When developing your fatality management plan, you should anticipate that access to normal community resources may be extremely limited. Expect longer-than-normal response times by agencies or organizations that traditionally remove the deceased from your facility. Given the likely delay, you should develop temporary storage guidelines for use by the Transfer Team. You may want to consult community partners for guidance. Temporary storage guidelines should address care of the deceased based on variable storage times, storage area limitations, and management of their personal effects.

- ☐ *Determine where you will locate your temporary storage area for the deceased.*
 - Select a secure area with a cool, firm, dry surface, preferably with a floor drain.
 - Protect the deceased from weather conditions, insects, and rodents.

- Place the deceased laying shoulder-to-shoulder in a single layer (never stack remains on top of each other).
- Elevate deceased off the floor.
- Elevate and support the head and extremities of deceased to prevent pooling of blood that may negatively impact viewing by next-of-kin.
- Use a privacy screen to block the view of the deceased from outside the storage area.

❑ *Establish deceased care guidelines based on variable storage times.*

When establishing care guidelines based on variable storage times, you need to consider whether all the deceased will be cared for in the same manner regardless of storage times. You should consider that longer storage times require the use of more resources and, thus, will have a greater impact on your facility. Following is one example of storage-time-based guidelines for care of the deceased:

▪ **1 to 12 Hours**

The deceased should be dressed with an adult diaper, wrapped in bed linens, and placed in storage.

▪ **13 to 36 Hours**

The deceased will have all orifices packed with absorbent material, dressed with an adult diaper, wrapped in bed linens, and wrapped in plastic sheeting.

▪ **37 to 72 Hours**

The deceased will have all orifices packed with absorbent material, dressed in an adult diaper, wrapped in bed linens, and placed in a human remains pouch.

Personal Effects Storage and Processing

❑ *Develop guidelines for storage of the deceased's personal effects.*

The primary goal of personal effects management is to return all items that belonged to a deceased individual to the next-of-kin. For many families, every remembrance is important, whether it is a piece of clothing, a watch, a computer, a book, or a family heirloom. The proper recovery, documentation, storage, identification, and return of personal effects should be handled securely and with the upmost respect and consideration.

❑ *Develop guidelines for processing the deceased's personal effects.*

The Transfer Team can take responsibility for the following tasks:

- Document the collection of each item.
- Record each item on a personal effects inventory log.
- Coordinate the identification of personal effects with the next-of-kin.
- Ensure the complete and accurate documentation of all items, prior to release.
- Facilitate the delivery of personal effects to the next-of-kin.
- Manage all unclaimed personal effects.

To ensure "chain of custody," the Transfer Team should be extremely careful when recovering personal effects and taking inventory of each item on a personal effects inventory log. All items brought into the personal effects storage area must be thoroughly documented prior to release.

When completing the personal effects inventory log, the Transfer Team should be thorough in documenting each item. Documentation should show the type, color, size, and quantity of the item, as well as any distinguishing marks, product manufacturer's name, and any personal identification attached to the item. Every item should be described in general terms, taking care not to imply an inaccurate intrinsic value to an item. For example, a ring may be described as "a yellow banded ring with a red stone, and inscription LM&BT 10-15-1965," rather than "a gold banded ring with a ruby stone . . ."

Personal effects should be secured in a separate and locked area of the personal effects temporary storage area. Personal effects that are considered to have significant value may include cash, checks, credit cards, financial instruments, jewelry, computers, and legal documents.

Any unclaimed personal effects should be held for a period of time that will be established by the medical examiner. Once a determination has been made by your facility, in consultation with the medical examiner, the personal effects should be respectfully destroyed.

6.4 RESOURCE MANAGEMENT

The management of resources for your facility may include development of a Fatality Management Kit, which is considered an important part of any fatality management plan. Since the Kit can be a major investment for many facilities, you may consider this as a perfect opportunity to initiate community planning discussions with other facilities and community partners. The standardization of plans, forms, procedures, resources, and equipment will allow facilities to minimize their monetary investment, allow for sharing of resources, and facilitate the positive and timely return of the deceased to their next-of-kin. The Fatality Management Kit should consist of items with a long shelf life, and the Kit should be checked periodically for functionality. Consider the following suggestions when planning your Kit.

- ❑ *Develop a deceased tracking form to track a deceased resident or patient and his or her personal effects.*

Consult with the medical examiner or coroner and public health officials for information required for deceased tracking during a public health emergency. Then develop a form to document the required information. The form may include the following items shown in the table below.

Deceased Tracking Form Contents

Content Description	Content Description
Name of deceased	Funeral home requested by next-of-kin
Time of death	Where the remains are stored in the facility
Cause of death	Date and time funeral home was notified
Name of person who pronounced death	Name and signature of individual who removed the remains
Method of positive identification	Date and time of remains removal
Notes on the manner of death	Detailed listing of personal effects
Date and time of notification of next-of-kin	Name and signature of individual who received the personal effects

❑ *Develop a deceased identification packet.*

In the event of a public health emergency, the number of deaths may overwhelm the local resources' ability to manage the final disposition of remains in a timely manner. To assist in identification of remains after transfer from the facility, the local medical examiner or coroner may request that specific documentation of identity and personal information accompany the remains. Identification may include a photograph or tissue sample that could be used for deoxyribonucleic acid (DNA) testing. The deceased identification packet should be attached securely to the remains. If the remains are wrapped with plastic sheeting or are enclosed in a human remains pouch, the packet should be securely attached to the outside of the sheeting or pouch. The following table provides examples of information to include in the identification packet.

Deceased Identification Packet Contents

Content Description	Content Description
Name of deceased	Name and contact information of person who pronounced death
Time and date of death	Physician's name, address, and telephone number
Sex	Notation of any medical implants (e.g., pacemaker)
Date of birth and age at death	Copy of resident's or patient's care records
Comprehensive list of legal next-of-kin	Information collected for certificate of death
Statement of how remains were identified	

❑ *Develop a deceased identification tag.*

The deceased identification tag, commonly referred to as a "toe tag," may contain the following information:

Deceased Identification Tag Contents

Content Description	Content Description
Name of deceased	Name of funeral home
Date of death	Name of individual pronouncing death
Time of death	Name of facility
Deceased Identification Number	Location of facility
Name of attending physician	Name of legal next-of-kin

❑ *Develop a fatality management supply list.*

As you develop your Fatality Management Kit, consideration should be given to the supplies needed for the deceased identification packet, deceased identification tag, Transfer Team, and the temporary storage of the deceased and personal effects. Of course, the number of items needed for the plan will be determined by your planning assumptions. The following table lists supplies you may want to include.

Fatality Management Supply List

Supply Description	Supply Description
PPE for the Transfer Team	Permanent markers
Worker safety and comfort supplies	Plastic cable ties
Cameras	Paper bags
Batteries for cameras	Adult diapers
Personal effects storage containers	Duct tape
Sealable plastic bags (assorted sizes)	Temporary storage racks
Plastic sheeting	Body bags
Cloth sheets	Deceased identification packets
Absorbent material for orifices	Deceased identification tags

When examining your supply needs, consider this additional issue:

- What local resources are available for acquiring **body bags, packets, and tags**?

Discussions may be held with your coalition partners to determine availability, quantity, and durability of these resources in your community.

6.5 COMMUNICATION AND PUBLIC RELATIONS

During a public health emergency response, proper communication concerning the death of your residents/patients will require your facility or agency spokesperson to build trust and credibility with the next-of-kin, community partners, internal personnel, facility residents, agency patients, and the general public. This can be accomplished by expressing empathy; acknowledging uncertainty; being transparent, honest, and open; and explaining how to get more information. The spokesperson should be clear about what they know and candid about what they do not know.

Your spokesperson's messages should be timely, sincere, and truthful, and should convey that they understand the issues and will provide timely and accurate information. If a technical

issue arises, a subject matter expert should be enlisted to address questions in terms that the general public can easily understand. If the message and spokesperson are not credible, the media and the public will seek out others in which they have more faith. Unfortunately, these alternative spokespersons often will not provide the official position and may not have all the facts, thus causing confusion in the mind of the public.

Below are considerations for your facility's or agency's spokesperson during a public health emergency response.

- Coordinate messaging with community partners to provide clear and consistent information.
 - Make sure the next-of-kin and family members always receive information about their deceased and the status of the operation prior to the release of the information to the media.
 - Make sure all messages regarding a deceased are approved by the next-of-kin and, if appropriate, the medical examiner.
 - Recognize that families have the right, and often the need, to tell their story.
 - Protect the privacy of the families.
 - Never take advantage of a family's trust, for the purpose of promoting your facility or agency.
 - Develop clear, culturally appropriate, and sensitive messages.
- ☐ *Determine procedures that address how and when the next-of-kin, physician, medical examiner or coroner, public health department, and media will be notified following the death of a resident or patient.*
 - ☐ *Identify the individual(s) who will be authorized to serve as spokesperson for your facility or agency.*
 - ☐ *Develop a facility or agency communication policy that details how requests for interviews or statements regarding deaths in your facility or agency will be handled.*
 - ☐ *Identify which internal personnel and external entities receive notification of a death in your facility or agency, and how and when they are notified.*
 - ☐ *Develop standard fatality management messaging that may be used by your facility or agency during a public health emergency response.*

6.6 STRESS MANAGEMENT

In a public health emergency situation, you should anticipate that a high level of "stressors" will be present and will affect individuals connected to your facility or agency. Recognizing the higher level of stress raises the important question, "What can be done to help your personnel, residents/patients, and family members of both to help themselves and the people they serve?"

The emotional and physical toll on personnel, residents/patients, and the family members of personnel and residents/patients should be a major concern of your facility or agency during an extended public health emergency response. Studies have shown that usual coping methods—which normally help a person cope on a day-to-day basis—may fail during a crisis. A direct relationship clearly exists between an individual's emotional and physical state and his or her ability to successfully perform daily routines. In the case of personnel, as their stress and exhaustion levels increase and remain unaddressed by the worker and their agency, the worker's productivity suffers. In turn, the quality of services to residents/patients diminishes.

From the standpoint of a facility or agency, lost productivity is a significant problem. Furthermore, stress and exhaustion often give rise to other problems:

- Lowered morale.
- Lack of unity.
- Work viewed as unsafe.
- Exacerbation of existing problems and tensions.
- Increased use of sick leave or vacation time.
- Demands for investigation of an incident.
- Personnel turnover.

The well-being of family members of personnel and residents/patients can have a direct impact on the well-being of personnel and patients. A holistic approach to supporting the emotional and physical well-being of personnel, residents/patients, and family members of both may positively influence your facility or agency operations during a public health emergency response.

The intent of providing stress management during a public health emergency response is to mitigate the effects of stress by means of the following:

- Providing nonintrusive emotional support for those involved in the response, including personnel, residents/patients, and family members of both.
- Monitoring individuals for signs of stress.
- Assisting individuals in maximizing their abilities to cope with stress.
- Reducing the effects of psychological trauma to individuals.

☐ *Develop a plan to manage stress in your personnel, residents, and visitors.*

Your facility or agency can mitigate the effects of personnel stress during a public health emergency response by taking these actions:

- Providing pre-incident education on stress and stress management techniques.
- Helping individuals develop personal strategies to (a) identify and reduce their exposure and arousal to stressors, (b) cognitively reinterpret the events surrounding the stressors, and (c) express their stress in healthy ways.
- Providing stress management training to personnel who will be responsible for monitoring the physical and emotional well-being of individuals in your facility or agency.
- Monitoring individuals for stress, and providing appropriate interventions.
- Using the services of mental health, stress management, and spiritual care providers to support the personnel, residents/patients, and family members of both throughout the public health emergency response.

6.7 PERSONNEL TRAINING

To ensure compliance with your fatality management plan, ongoing training should be provided to personnel on the policies, procedures, and care of the deceased during a response.

☐ *Develop a personnel training plan for fatality management in your facility or agency.*

Below are examples of training topics you could offer:

- Rules and regulations of your state that address the role of the medical examiner, pronouncement of death, the definition and ranking of legal next-of-kin, and the disposition of personal effects and financial assets.

- Community partners who can assist in complying with legal or regulatory requirements and fatality management during a public health emergency, and how your facility or agency will integrate with community partners in the community response.
- Management of the deceased, including the purpose and duties of the Transfer Team, notification of death protocols, temporary storage, and personal effects management.
- Cultural, social, and religious issues that may impact your facility fatality management plan, and how your facility or agency will address the issues internally and externally.
- Your facility's or agency's fatality management resources and how to access them.
- Your fatality management communication and public relations guidance plans.
- Stress management and services available from physical, emotional, and spiritual care providers.

FATALITY MANAGEMENT ACTION PLAN

The action plan shown on the following pages is a compilation of the planning requirements discussed above. Planning requirements are posed as questions, and space is provided for you to write in your answers or responses to the questions. Additional space is provided to list who is responsible for completing each required task and when they are required to complete it. A checkbox allows you to see which tasks have been completed.

Upon completion of the planning requirements for this section, you will need to incorporate them into a fatality management plan for your facility or agency. This plan, in turn, will need to be incorporated into your facility's or agency's public health emergency preparedness and response plan.

SUBSECTION 6 – FATALITY MANAGEMENT

6.1 LEGAL AND REGULATORY

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
What are your state's rules and regulations regarding the prioritization of legal next-of-kin and pronouncement and certification of death?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<input type="checkbox"/>
Who are your resident's or patient's legal next-of-kin and responsible individuals?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<input type="checkbox"/>
What are the rules and regulations of your state regarding the management and disposition of personal effects and financial assets of deceased residents/patients?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<input type="checkbox"/>

6.2 COMMUNITY PARTNERSHIPS

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
What local partners can assist you with identifying and complying with legal and regulatory fatality management requirements?	<div></div>			<div></div>
What is the contact information for these local partners?	<div></div>			<div></div>
What is the proper care of a deceased resident/patient and the PPE needed by personnel when handling individuals who have died during a public health emergency?	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
What community partners can assist with fatality management during a public health emergency?	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>			<div></div>
What is the contact information for these community partners?	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>			<div></div>
What cultural, social, and religious funeral traditions and customs of residents may need to be addressed in your facility following a death when the deceased is placed in your facility's temporary storage area?	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
What local partners can be consulted and will assist with addressing cultural, social, and religious funeral traditions of a resident?	<div></div>			<div></div>
What is the contact information for these local partners?	<div></div>			<div></div>
What community partners can assist with mental health and stress management support?	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
What is the contact information for these community partners?	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>			<div></div>

6.3 MANAGEMENT OF DECEASED

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
What general guidelines will you establish for management of the deceased?	<div></div>			<div></div>
What are the roles and responsibilities of the Transfer Team?	<div></div>			<div></div>
Who will you designate to coordinate with funeral directors and physicians?	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
What is your protocol for obtaining the required information for a certificate of death at the time of a resident's or patient's admission?	<div></div>			<div></div>
What is your plan for temporary storage of the deceased?	<div></div>			<div></div>
Where will your temporary storage area for the deceased be located?	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
What are your deceased care guidelines (based on variable storage times)?	<div></div>			<div></div>
What are your guidelines for storage of the deceased's personal effects?	<div></div>			<div></div>
What are your guidelines for processing the deceased's personal effects?	<div></div>			<div></div>

6.4 RESOURCE MANAGEMENT

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
How will you track a deceased resident or patient and his or her personal effects?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<input type="checkbox"/>
What steps will you take to make sure you certify and maintain the identity of the deceased during a public health emergency?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<input type="checkbox"/>
What supplies does your facility or agency need to manage fatalities?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<input type="checkbox"/>

6.5 COMMUNICATION AND PUBLIC RELATIONS

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
What procedures will you develop to address how and when the next-of-kin, physician, medical examiner or coroner, public health department, and media will be notified following the death of a resident or patient?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<input type="checkbox"/>
Who will be authorized to serve as a spokesperson for your facility or agency?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<input type="checkbox"/>
How will requests for interviews or statements regarding deaths in your facility or agency will be handled?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<input type="checkbox"/>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
Which internal personnel are notified of a death in your facility?	<div></div>			<div></div>
How and when are they notified?	<div></div>			<div></div>
Which external entities are notified of a death in your facility?	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
How and when are they notified?	<div></div>			<div></div>
What is your standard fatality management messaging that may be used by your facility or agency during a public health emergency response?	<div></div>			<div></div>

6.6 STRESS MANAGEMENT

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
What is your plan to manage stress in your personnel?	<div></div>			<div></div>
What is your plan to manage stress in your residents?	<div></div>			<div></div>
What is your plan to manage stress in visitors?	<div></div>			<div></div>

6.7 PERSONNEL TRAINING

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
What is your personnel training plan for fatality management in your facility or agency?	<div></div>			<div></div>

Response

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RESPONSE

INTRODUCTION

This section of the *Planning Guide* focuses on your response to a public health emergency. Your long-term, home health, or hospice care facility's or agency's response basically entails activation of the plans you developed in the Pre-event Planning section of the *Planning Guide*. However, your long-term, home health, or hospice care facility's or agency's response to a public health emergency should be scalable. In other words, it should be amenable to changes in scope to meet the needs of your personnel and residents/patients based on the severity of the public health emergency. In a mild event, you may not need to activate your crisis standards of care plan whereas, in a severe event, you probably would have to activate it. The same would hold true for the other plans you developed in the Pre-event Planning section of the *Planning Guide*.

Your situational awareness will dictate how you scale up or scale down your response to a public health emergency. If you sufficiently monitor actual and developing incidents, you will be able to direct the appropriate response to these incidents. If you do not monitor them, you will be caught off guard and will be unable to respond appropriately.

This section of the *Planning Guide* addresses the following six subsections:

1. Situational awareness
2. Continuity of operations
3. Facility operations
4. Crisis standards of care
5. Staffing
6. Fatality management

This section provides planning requirements for each of the subsections listed above. At the end of this section you will find a single action plan that covers these subsections (unlike the Pre-event Planning section, which had action plans after each subsection).

PLANNING REQUIREMENTS

These tasks should be completed using the action plan at the end of this section, and they should be incorporated into your facility's or agency's public health emergency response plan.

1. SITUATIONAL AWARENESS

Awareness of the status of a public health emergency is crucial to responding effectively to the emergency. A lack of awareness will result in an ineffective response and may lead to unnecessary exposures or deaths. To ensure that you have awareness, you need to undertake these tasks:

- ☐ *Conduct status meetings or personnel briefings to*
 - *Ensure that everyone has the latest information about current developments and conditions in your facility or agency.*
 - *Listen to personnel concerns or suggestions.*
- ☐ *Identify a long-term, home health, or hospice care liaison in your community's emergency operations center (EOC) who can provide you with status updates on the public health emergency as it affects your community, your region, and your state.*
- ☐ *Stay in close contact with regulatory agencies to ensure that you have the most current information on emergency waivers or permissions or other special arrangements.*
- ☐ *Convene daily meetings with other long-term, home health, or hospice care facilities or agencies in your community to provide and receive updates on each other's status.*

2. CONTINUITY OF OPERATIONS

You already have identified the trigger(s) for activating your facility's or agency's COOP in the Pre-event Planning section. If you have activated your COOP, here are the key aspects of each component of the plan on which you need to focus:

- ☐ ***Essential functions and operations*** – *Discontinue performing functions not identified as essential.*
- ☐ ***Lines of succession*** – *Maintain the lines of succession identified in the plan.*
- ☐ ***Delegation of authority*** – *Maintain the delegated authorities identified in the plan.*
- ☐ ***Agency alternate facilities*** – *Activate identified alternate facilities.*
- ☐ ***Vital systems and equipment*** – *Protect vital systems and equipment identified in the plan.*

- ☐ **Vital records** – *Protect vital records identified in the plan.*
- ☐ **Communication systems supporting essential functions** – *Ensure uninterrupted service of communication systems supporting essential functions.*
- ☐ **Restoration and recovery** – *This component is addressed in the Recovery section.*

3. FACILITY OPERATIONS

You already have identified the trigger(s) for activating your facility operations plan in the Pre-event Planning section. If you have activated your facility operations plan, here are the key aspects of each component of the plan on which you need to focus:

- ☐ **Infrastructure** – *Ensure uninterrupted utility services and maintenance work.*
- ☐ **Supply chain** – *Stockpile food and water. Stockpile the medical and nonmedical supplies and the medications identified in the plan.*
- ☐ **Resource management** – *Allocate medical and nonmedical resources as needed and as prescribed in the plan. Restock medical, nonmedical, food and water supplies as needed.*
- ☐ **Information technology** – *Ensure uninterrupted services and maintenance work.*
- ☐ **Finance** – *Track the costs of human resources, food and water, medical and nonmedical supplies.*
- ☐ **Transportation** – *Activate the alternate transportation protocols prescribed in the plan.*
- ☐ **Safety and security** – *Control ingress and egress within your facility. Secure all stockpiled supplies. Secure the physical plant.*
- ☐ **Infection control** – *Fully implement your facility's or agency's infection control plan.*
- ☐ **Disease surveillance and reporting** – *Continue to monitor personnel, residents/patients, family members of residents/patients, and vendors for exposure to or symptoms of disease. Promptly report disease in personnel, residents/patients, family members of residents/patients, and vendors to the appropriate authorities (e.g., the local public health department), if required.*

- ☐ **Environmental services** – *Maintain removal of trash and hazardous wastes. Maintain laundry and linen services.*
- ☐ **Roles and responsibilities** – *Maintain the personnel roles and responsibilities identified in the plan.*
- ☐ **Communication** – *Notify the entities identified in the plan on changes to your facility operations.*
- ☐ **Education and training** – *Continue educating and training your personnel, residents/patients, and visitors, as needed.*

4. CRISIS STANDARDS OF CARE

You already have identified the trigger(s) for activating your crisis standards of care plan in the Pre-event Planning section. If you have activated your crisis standards of care plan, here are the key aspects of each component of the plan on which you need to focus:

- ☐ **Coordination of care** – *Coordinate patient care with other long-term, home health, or hospice care facilities or agencies or other agencies or organizations identified in your plan.*
- ☐ **Legal and regulatory** – *Inform your facility's or agency's legal department or representative that you have activated your crisis standards of care plan.*
- ☐ **Finance** – *Track any human resource or supply costs associated with crisis standards of care.*
- ☐ **Resource management** – *Prioritize and allocate medical and nonmedical resources as prescribed in the plan.*
- ☐ **Safety and security** – *Implement increased or revised safety and security measures as called for in the plan.*
- ☐ **Mental health** – *Providers will need to interact on a continuous basis with personnel, residents/patients, and families of residents/patients.*
- ☐ **Culture and religion** – *Address cultural, social, or religious issues that arise from implementing crisis standards of care.*
- ☐ **Education and training** – *Continue educating and training your personnel, residents/patients, and visitors, as needed.*
- ☐ **Communication** – *Notify the entities identified in the plan that your facility or agency has activated its crisis standards of care plan. Issue preplanned public messages, as needed.*

5. STAFFING

The *Planning Guide* addressed the fact that your long-term, home health, or hospice care facility or agency might be operating with a 40% reduction in personnel during a severe public health emergency, such as an influenza pandemic. You developed strategies to address your staffing needs and documented them in the Pre-event Planning section of the *Planning Guide*. Now you need to implement them. These are the key aspects of each component of your staffing plan on which you need to focus:

- ☐ **Staffing** – *Assign existing personnel duties or tasks outside of their normal scope of work, as needed and as prescribed in the plan. Limit personnel who work at more than one long-term, home health, or hospice care facility or agency to working only at your facility or agency. Document all actions taken with regard to personnel.*
- ☐ **Supplemental personnel** – *Replace critical personnel as needed and as prescribed in the plan. Supplement your personnel as prescribed in the plan.*
- ☐ **Volunteers** – *Screen volunteers as prescribed in the plan. Assign volunteers to work according to their capabilities or scope of practice.*
- ☐ **Education and training** – *Continue educating and training your personnel, residents/patients, and visitors, as needed, on changes in policies and procedures resulting from the response to the emerging event. Use just-in-time (JIT) training as needed.*
- ☐ **Compensation** – *Track hours worked by existing personnel, supplemental personnel, and volunteers.*
- ☐ **Policy** – *Implement the personnel policies identified in your plan.*
- ☐ **Scope of practice** – *Verify credentials or licenses of supplemental personnel or volunteers. Make changes to scope of practice, as needed and as prescribed in the plan.*
- ☐ **Mental health** – *Providers will need to interact on a continuous basis with personnel, supplemental personnel, and volunteers. Maintain personnel morale. Mitigate anxiety and fear.*
- ☐ **Communication** – *Maintain a current contact list for all personnel. Maintain multiple contact mechanisms for communicating with personnel. Provide personnel with access to communication modes to allow them to communicate with family.*

6. FATALITY MANAGEMENT

Your long-term, home health, or hospice care facility's or agency's response in a severe public health emergency will require you to legally and safely manage fatalities within your facility. You developed your facility's or agency's fatality management plan in the Pre-event Planning section of the *Planning Guide*. Now you need to implement it. These are the key aspects of each component of your fatality management plan on which you need to focus:

- ☐ **Legal and regulatory** – *Comply with the legal obligations you identified in your plan.*
- ☐ **Community partnerships** – *Coordinate with the partners you identified in your plan to assist your facility or agency with fatality management.*
- ☐ **Management of deceased** – *Implement procedures developed for personnel on the care, documentation, temporary storage, and release of the deceased and personal belongings.*
- ☐ **Resource management** – *Continue stockpiling the resources you need for fatality management.*
- ☐ **Communication and public relations** – *Make timely internal and external notifications of deaths in your facility, as prescribed in the plan.*
- ☐ **Stress management** – *Monitor individuals for signs of stress. Provide nonintrusive emotional support for those involved in the response, including personnel, residents/patients, and family members of personnel and residents/patients.*
- ☐ **Personnel training** – *Provide training to your personnel as needed and as prescribed in your plan.*

RESPONSE ACTION PLAN

The action plan shown on the following pages is a compilation of the planning requirements discussed above. Unlike the action plans in the Preplanning section, planning requirements are not posed as questions. Instead, they are listed as action items because they represent activation of each component of each plan you developed in the Preplanning section of the *Planning Guide*. This action plan can be used as a checklist to make sure that you have covered every aspect of your planning. Space is provided for you to add notes about the action item. Space is also provided to delegate responsibility for completing the action item and to record when the action item must be completed. A checkbox allows you to see which tasks have been completed.

RESPONSE

1. SITUATIONAL AWARENESS

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
Conduct status meetings with pertinent personnel at least once a day to ensure that you have the latest information about conditions in your facility or agency.	<div></div>			<div></div>
Identify a liaison in your community's emergency operations center (EOC) who can provide you with status updates on the public health emergency as it affects your community, your region, and your state.	<div></div>			<div></div>
Stay in close contact with regulatory agencies to ensure that you have the most current information on emergency waivers or permissions or other special arrangements.	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
Convene daily meetings with other long-term, home health, or hospice care facilities or agencies in your community to provide and receive updates on each other's status.	<div></div>			<div></div>

2. CONTINUITY OF OPERATIONS

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
Discontinue performing functions not identified as essential.	<div></div>			<div></div>
Maintain the lines of succession identified in the plan.	<div></div>			<div></div>
Maintain the delegated authorities identified in the plan.	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
Activate identified alternate facilities.	<div></div>			<div></div>
Protect vital systems and equipment identified in the plan.	<div></div>			<div></div>
Protect vital records identified in the plan.	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
Ensure uninterrupted service of communication systems supporting essential functions.	<div></div>			<div></div>

3. FACILITY OPERATIONS

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
Ensure uninterrupted utility services and maintenance work.	<div></div>			<div></div>
Stockpile food and water.	<div></div>			<div></div>
Stockpile the medications and medical supplies identified in the plan.	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
Stockpile the nonmedical supplies identified in the plan.	<div></div>			<div></div>
Allocate medical resources as needed and as prescribed in the plan.	<div></div>			<div></div>
Allocate nonmedical resources as needed and as prescribed in the plan.	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
Restock medical supplies as needed.	<div></div>			<div></div>
Restock nonmedical supplies as needed.	<div></div>			<div></div>
Restock food and water as needed.	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
Track the costs of human resources.	<div></div>			<div></div>
Track the costs of food and water.	<div></div>			<div></div>
Track the costs of medical supplies.	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
Track the costs of nonmedical supplies.	<div></div>			<div></div>
Activate the alternate transportation protocols prescribed in the plan.	<div></div>			<div></div>
Control ingress and egress within your facility.	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
Secure stockpiled food and water.	<div></div>			<div></div>
Secure stockpiled medicines and medical supplies.	<div></div>			<div></div>
Secure stockpiled nonmedical supplies.	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
Secure the physical plant.	<div></div>			<div></div>
Fully implement your facility's or agency's infection control plan.	<div></div>			<div></div>
Continue to monitor personnel for exposure to or symptoms of disease.	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
Continue to monitor residents/patients for exposure to or symptoms of disease.	<div></div>			<div></div>
Continue to monitor family members of residents/patients for exposure to or symptoms of disease.	<div></div>			<div></div>
Continue to monitor vendors for exposure to or symptoms of disease.	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
Promptly report disease in personnel, residents/patients, family members of residents/patients, or vendors to the appropriate authorities (e.g., the local public health department), if required.	<div></div>			<div></div>
Maintain removal of trash.	<div></div>			<div></div>
Maintain removal of hazardous wastes.	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
Maintain laundry and linen services.	<div></div>			<div></div>
Maintain the personnel roles and responsibilities identified in the plan.	<div></div>			<div></div>
Notify the entities identified in the plan on changes to your facility operations.	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
Continue educating and training your personnel on facility operations, as needed.	<div></div>			<div></div>
Continue educating residents/patients on facility operations, as needed.	<div></div>			<div></div>
Continue educating visitors on facility operations, as needed.	<div></div>			<div></div>

4. CRISIS STANDARDS OF CARE

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
Coordinate patient/resident care with other long-term, home health, or hospice care facilities or agencies or other agencies or organizations identified in your plan.	<div></div>			<div></div>
Inform your facility's or agency's legal department or representative that you have activated your crisis standards of care plan.	<div></div>			<div></div>
Track human resource costs associated with crisis standards of care.	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
Track supply costs associated with crisis standards of care.	<div></div>			<div></div>
Prioritize medical resources as prescribed in the plan.	<div></div>			<div></div>
Allocate medical resources as prescribed in the plan.	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
Prioritize nonmedical resources as prescribed in the plan.	<div></div>			<div></div>
Allocate nonmedical resources as prescribed in the plan.	<div></div>			<div></div>
Implement increased or revised safety and security measures as called for in the plan.	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
Providers will need to interact on a continuous basis to monitor the mental health of your personnel.	<div></div>			<div></div>
Providers will need to interact on a continuous basis to monitor the mental health of your residents/patients.	<div></div>			<div></div>
Providers will need to interact on a continuous basis to monitor the mental health of families of residents/patients.	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
Address cultural issues that arise from implementing crisis standards of care.	<div></div>			<div></div>
Address social issues that arise from implementing crisis standards of care.	<div></div>			<div></div>
Address religious issues that arise from implementing crisis standards of care.	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
Continue educating and training your personnel, as needed, on crisis standards of care.	<div></div>			<div></div>
Continue educating residents/patients, as needed, on crisis standards of care.	<div></div>			<div></div>
Continue educating visitors, as needed, on crisis standards of care.	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
Notify the entities identified in the plan that your facility has activated its crisis standards of care plan.	<div></div>			<div></div>
Issue preplanned public messages, as needed.	<div></div>			<div></div>

5. STAFFING

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
Assign existing personnel duties or tasks outside of their normal scope of work, as needed and as prescribed in the plan.	<div></div>			<div></div>
Limit personnel who work at more than one long-term, home health, or hospice care facility to working only at your facility or agency.	<div></div>			<div></div>
Document all actions taken with regard to personnel.	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
Replace critical personnel as needed and as prescribed in the plan.	<div></div>			<div></div>
Supplement your personnel as prescribed in the plan.	<div></div>			<div></div>
Screen volunteers as prescribed in the plan.	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
Assign volunteers to work according to their capabilities or scope of practice.	<div></div>			<div></div>
Continue educating and training your personnel, residents/patients, and visitors on changes to policies and procedures resulting from the emerging event.	<div></div>			<div></div>
Use just-in-time (JIT) training as needed.	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
Track hours worked by existing personnel.	<div></div>			<div></div>
Track hours worked by supplemental personnel.	<div></div>			<div></div>
Track hours worked by volunteers.	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
Implement the personnel policies identified in your plan.	<div></div>			<div></div>
Verify credentials or licenses of supplemental personnel.	<div></div>			<div></div>
Verify credentials or licenses of volunteers.	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
Make changes to scope of practice, as needed and as prescribed in the plan.	<div></div>			<div></div>
Providers will need to interact on a continuous basis to monitor the mental health of your personnel.	<div></div>			<div></div>
Providers will need to interact on a continuous basis to monitor the mental health of your supplemental personnel.	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
Providers will need to interact on a continuous basis to monitor the mental health of your volunteers.	<div></div>			<div></div>
Maintain personnel morale.	<div></div>			<div></div>
Mitigate personnel anxiety and fear.	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
Maintain a current contact list for all personnel.	<div></div>			<div></div>
Maintain multiple contact mechanisms for communicating with personnel.	<div></div>			<div></div>
Provide personnel with access to communication modes to allow them to communicate with family.	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
Comply with the legal obligations you identified in your plan.	<div></div>			<div></div>
Coordinate with the partners you identified in your plan to assist your facility or agency with fatality management.	<div></div>			<div></div>
Implement procedures developed for personnel on the care, documentation, temporary storage, and release of the deceased and personal belongings.	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
Continue stockpiling the resources you need for fatality management.	<div></div>			<div></div>
Make timely internal notifications of deaths in your facility, as prescribed in the plan.	<div></div>			<div></div>
Make timely external notifications of deaths in your facility, as prescribed in the plan.	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
Monitor individuals for signs of stress.	<div></div>			<div></div>
Provide nonintrusive emotional support for those involved in the response, including personnel, residents/patients, and family members of personnel and residents/patients.	<div></div>			<div></div>
Provide training to your personnel as needed and as prescribed in your plan.	<div></div>			<div></div>

Recovery

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RECOVERY

INTRODUCTION

The goal of the recovery phase is to restore your long-term, home health, or hospice care facility's or agency's functions and operations to their normal state. The length of time it takes to recover from a public health emergency depends on the severity of the event. Therefore—as with your response plan—your recovery plan should be scalable.

In the short term, recovery is an extension of the response phase in which basic services and functions are restored. In the long term, recovery is a restoration of both the personal lives of individuals and the livelihood of the community.

From the National Response Framework

This section of the *Planning Guide* focuses on the same six subsections presented in the Pre-event Planning and Response sections:

1. Situational awareness
2. Continuity of operations
3. Facility operations
4. Crisis standards of care
5. Staffing
6. Fatality management

The format of this section is similar to that of the Response section in that it provides planning requirements for each of the subsections listed above. It also provides a single action plan at the end of this section.

PLANNING REQUIREMENTS

These tasks should be completed using the action plan at the end of this section, and they should be incorporated into your facility's or agency's public health emergency recovery plan.

1. SITUATIONAL AWARENESS

- ☐ *Determine your source(s) of information on which to base decisions to transition from response mode to recovery mode.*

Only through your situational awareness of the status of the public health emergency will you know when the event is waning and going to end in the foreseeable future. Your goal should be to gather enough information to make an informed decision about transitioning your facility from a response mode to a recovery mode.

2. CONTINUITY OF OPERATIONS

During the recovery phase, your long-term, home health, or hospice care facility will deactivate its continuity of operations plan (COOP); however, you may want to take a graduated approach to deactivating it. Trying to shift your focus too quickly may disrupt your operations instead of enhancing them.

- ☐ *Determine the following:*
 - *The order in which you will bring back nonessential functions into your daily operations, when you will bring them back into operation, and how you will bring them back into operation.*
 - *What changes in lines of succession need to be made.*
 - *What changes in delegated authorities need to be made.*
 - *When you will shut down agency alternate facilities that have been activated, and how you will shut them down.*
 - *How you will deactivate any special protection systems that were put in place, and when you will deactivate them.*

3. FACILITY OPERATIONS

Your long-term, home health, or hospice care facility will deactivate its facility operations plan during the recovery phase. As with your COOP, you may want to take a graduated approach to deactivating it to avoid disruption of your operations.

One point that should not be overlooked is the need to thoroughly clean and disinfect your facility. This action will provide peace of mind to your personnel, residents/patients, and family members and loved ones of residents/patients.

☐ *Determine the following:*

- *When and how you will clean and disinfect your facility.²⁰*
- *When and how you will restock medical supplies.*
- *When and how you will restock nonmedical supplies.*
- *When and how you will restock food and water.*
- *When and how you will be reimbursed for out-of-ordinary facility operations costs associated with your response to the public health emergency.*
- *When and how you will deactivate alternate transportation protocols.²¹*
- *When and how you will deactivate controlled ingress and egress within your facility.*
- *When and how you will deactivate security measures implemented during the response phase.*
- *Which requirements of your facility's or agency's infection control plan will be relaxed, and when they will be relaxed.*
- *Whom you will notify of changes to facility operations, and when you will notify them.*

²⁰ May not apply to most home health and hospice care agencies.

²¹ May not apply to most home health and hospice care agencies.

4. CRISIS STANDARDS OF CARE

Crisis standards of care are not implemented in the recovery phase. Instead, your long-term, home health, or hospice care facility will return to normal standards of care.

☐ *Determine the following:*

- *When and how you will transition from crisis standards of care to normal standards of care.*
- *When and how you will be reimbursed for out-of-ordinary costs associated with crisis standards of care.*

5. STAFFING

During the recovery phase, your long-term, home health, or hospice care facility will release supplemental personnel and volunteers from their duties. You will begin application for reimbursement of costs associated with employing them. Most important, you will want to maintain mental health support for your personnel, residents/patients, and family members of residents/patients.

☐ *Determine the following:*

- *When and how you will return to your normal staffing plan.*
- *When and how you will release supplemental personnel from their duties at your long-term, home health, or hospice care facility or agency.*
- *When and how you will release volunteers from their duties at your long-term, home health, or hospice care facility or agency.*
- *When and how you will be reimbursed for out-of-ordinary costs associated with staffing your facility or agency during the public health emergency.*
- *How you will continue to provide mental health support to your personnel, residents/patients, and family members of residents/patients.*

6. FATALITY MANAGEMENT

Fatality management is not a primary concern during the recovery phase. If you developed an appropriate fatality management plan, you would have properly managed deaths in your long-term, home health, or hospice care facility or agency during the response phase. During the recovery phase, you should restock supplies associated with fatality management. You should provide closure on the public health emergency event for your personnel, residents/patients, and family members of residents/patients. To achieve this task, you should conduct a memorial service for those personnel, residents/patients, or family members of residents/patients who have passed.

☐ *Determine*

- *When and how you will restock supplies associated with fatality management.*
- *When and how you will conduct a memorial service.*

RECOVERY ACTION PLAN

The action plan shown on the following pages follows the same format as the Preplanning section. It provides a compilation of the planning requirements discussed above. Planning requirements are posed as questions, and space is provided for you to write in your answers or responses to the questions. Additional space is provided to list who is responsible for completing each required task and when they are required to complete it. A checkbox allows you to see which tasks have been completed.

Upon completion of the planning requirements for this section, you will need to incorporate them into a recovery plan for your facility. This plan in turn will need to be incorporated into your facility's or agency's public health emergency preparedness and response plan.

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Recovery

1. Situational Awareness

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
What are your source(s) of information on which to base decisions to transition from response mode to recovery mode?	<div></div>			<div></div>

2. Continuity of Operations

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
What is the order in which you will bring back nonessential functions into your daily operations?	<div></div>			<div></div>
When will you bring nonessential functions back into operation?	<div></div>			<div></div>
How will you bring nonessential functions back into operation?	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
What changes in lines of succession need to be made?	<div></div>			<div></div>
What changes in delegated authorities need to be made?	<div></div>			<div></div>
When will you shut down agency alternate facilities that have been activated?	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
How will you shut them down?	<div></div>			<div></div>
How will you deactivate any special protection systems that were put in place?	<div></div>			<div></div>
When will you deactivate them?	<div></div>			<div></div>

3. Facility Operations

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
When will you clean and disinfect your facility?*				
* May not be applicable to home health and hospice care				<input type="checkbox"/>
How will you clean and disinfect your facility?*				
* May not be applicable to home health and hospice care				<input type="checkbox"/>
When will you restock medical supplies?				
				<input type="checkbox"/>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
How will you restock medical supplies?	<div></div>			<div></div>
When will you restock nonmedical supplies?	<div></div>			<div></div>
How will you restock nonmedical supplies?	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
When will you restock food and water?	<div></div>			<div></div>
How will you restock food and water?	<div></div>			<div></div>
When will you be reimbursed for out-of-ordinary facility operations costs associated with your response to the public health emergency?	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
How will you be reimbursed for out-of-ordinary facility operations costs associated with your response to the public health emergency?	<div></div>			<div></div>
When will you deactivate alternate transportation protocols?*	<div></div>			<div></div>
* May not be applicable to home health and hospice care				
How will you deactivate alternate transportation protocols?*	<div></div>			<div></div>
* May not be applicable to home health and hospice care				

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
When will you deactivate controlled ingress and egress within your facility?	<div></div>			<div></div>
How will you deactivate controlled ingress and egress within your facility?	<div></div>			<div></div>
When will you deactivate security measures implemented during the response phase?	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
How will you deactivate security measures implemented during the response phase?	<div></div>			<div></div>
Which requirements of your facility's or agency's infection control plan will be relaxed?	<div></div>			<div></div>
When will they be relaxed?	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
Whom will you notify of changes to facility operations?	<div></div>			<div></div>
When will you notify them?	<div></div>			<div></div>

4. Crisis Standards of Care

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
When will you transition from crisis standards of care to normal standards of care?	<div></div>			<div></div>
How will you transition from crisis standards of care to normal standards of care?	<div></div>			<div></div>
When will you be reimbursed for out-of-ordinary costs associated with crisis standards of care?	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
How will you be reimbursed for out-of-ordinary costs associated with crisis standards of care?	<div></div>			<div></div>

5. Staffing

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
When will you return to your normal staffing plan?	<div></div>			<div></div>
How will you return to your normal staffing plan?	<div></div>			<div></div>
When will you release supplemental personnel from their duties at your long-term, home health, or hospice care facility or agency?	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
How will you release supplemental personnel from their duties at your long-term, home health, or hospice care facility or agency?	<div></div>			<div></div>
When will you release volunteers from their duties at your long-term, home health, or hospice care facility or agency?	<div></div>			<div></div>
How will you release volunteers from their duties at your long-term, home health, or hospice care facility or agency?	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
When will you be reimbursed for out-of-ordinary costs associated with staffing your facility or agency during the public health emergency?	<div></div>			<div></div>
How will you be reimbursed for out-of-ordinary costs associated with staffing your facility or agency during the public health emergency?	<div></div>			<div></div>
How will you continue to provide mental health support to your personnel?	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
How will you continue to provide mental health support to residents/patients?	<div></div>			<div></div>
How will you continue to provide mental health support to family members of residents/patients?	<div></div>			<div></div>

6. Fatality Management

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
When will you restock supplies associated with fatality management?	<div></div>			<div></div>
How will you restock supplies associated with fatality management?	<div></div>			<div></div>
When will you conduct a memorial service?	<div></div>			<div></div>

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
How will you conduct a memorial service?	<div></div>			<div></div>

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Exercise and Evaluation

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EXERCISE AND EVALUATION

INTRODUCTION

Two of the most important components of the planning process are exercise and evaluation. After you have developed your facility's or agency's public health emergency response plan, you should train your personnel, vendors, and any other people who have a stake in the plan on their roles and responsibilities as prescribed in the plan. You can accomplish this through a discussion-based activity, such as a tabletop exercise. After the exercise, you should develop an after-action report (AAR) and improvement plan (IP). The AAR identifies response issues and planning gaps by comparing actual responses during the exercise with what is described in the plan. The AAR provides recommendations for addressing these issues and gaps and making improvements to the plan. The IP lists these recommended improvements and allows you to delegate responsibilities for making them. Space is provided to assign timeframes for completion of the improvements.

You should plan to train your personnel and conduct learning and evaluation exercises on a regular basis (e.g., every year or every other year). Doing so allows you to continually improve your plan. If an actual public health emergency event occurs, be sure to develop an AAR/IP on your response to the event. Comparing your actual responses to your planned responses is the best method to evaluate your plan.

PLANNING REQUIREMENTS

As a last step in the *Planning Guide*, these tasks should be completed using the action plan at the end of this subsection and they should be incorporated into your facility's or agency's recovery plan and ultimately into your facility's or agency's public health emergency response plan.

1. EDUCATION AND TRAINING

- ☐ *Determine who you will educate and train on your long-term, home health, or hospice care facility's or agency's public health emergency preparedness and response plan, when you will educate and train them, and how you will educate and train them.*

2. EXERCISE

- ☐ *Determine how you will exercise your plan, when you will exercise it, and where you will exercise it.*

3. EVALUATION

- ☐ *Determine who will evaluate your plan and how they will evaluate it.*

EXERCISE AND EVALUATION ACTION PLAN

The action plan on the following pages follows the same format as the Preplanning and Recovery sections. It provides a compilation of the planning requirements discussed above. Planning requirements are posed as questions, and space is provided for you to write in your answers or responses to the questions. Additional space is provided to list who is responsible for completing each required task and when they are required to complete it. A checkbox allows you to see which tasks have been completed.

Upon completion of the planning requirements for this section, you will need to incorporate them into an exercise and evaluation plan for your facility or agency. This plan in turn will need to be incorporated into your facility's or agency's public health emergency preparedness and response plan.

Exercise and Evaluation

1. Education and Training

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
Who will you educate and train on your long-term, home health, or hospice care facility's or agency's public health emergency preparedness and response plan?	<div></div>			<div></div>
When will you educate and train them?	<div></div>			<div></div>
How will you educate and train them?	<div></div>			<div></div>

2. Exercise

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
How will you exercise your plan?	<div></div>			<div></div>
When will you exercise it?	<div></div>			<div></div>
Where will you exercise it?	<div></div>			<div></div>

3. Evaluation

Planning Requirement	Answer/Response	Person Responsible	Due Date	Complete?
Who will evaluate your plan?	<div></div>			<div></div>
How will they evaluate it?	<div></div>			<div></div>

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Appendices

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APPENDIX A. ABBREVIATIONS AND ACRONYMS

AAR	after-action report
CDC	Centers for Disease Control and Prevention
COOP	continuity of operations plan
DNA	deoxyribonucleic acid
DOE	Department of Energy
EMS	emergency medical services
EOC	emergency operations center
FEMA	Federal Emergency Management Agency
HHS	U.S. Department of Health and Human Services
HPA	Healthcare Preparedness Activity
IP	improvement plan
JIT	just-in-time
JIC	joint information center
LTC	long-term care
MOA	memorandum of agreement
MOU	memorandum of understanding
ORAU	Oak Ridge Associated Universities
ORISE	Oak Ridge Institute for Science and Education
U.S.	United States
WHO	World Health Organization

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APPENDIX B. RESOURCES

NOTE: Listing these resources does not indicate an endorsement of one resource over another. Also, this resource list may not be inclusive for your community; therefore, you should check your local resources to see what is available.

A Regional Planning Guide for Maintaining Essential Health Services in a Scarce Resource Environment, Recommendations from Georgia Hospital Region F Essential Health Services Project

<https://www.gha911.org/circuits/library/docs/PlanningGuide082510.doc>

This guide was developed through existing partnerships among the Georgia Division of Public Health, Georgia Hospital Association, and Regional Coordinating Hospitals. The project included a replicable model for effective coordination of essential healthcare delivery that functions despite stresses and the influx of large numbers of influenza patients during a pandemic. This guide also addresses services in a crisis care environment, a risk communication toolkit, and legal issues and waivers during a declaration of a state of emergency for pandemic influenza.

California Department of Public Health Standards and Guidelines for Healthcare Surge During Emergencies, Volume V: Long-Term Care Health Facilities

http://www.bepreparedcalifornia.ca.gov/CDPHPrograms/PublicHealthPrograms/EmergencyPreparednessOffice/EPOProgramsandServices/Surge/SurgeStandardsandGuidelines/Documents/CDPH_VolV_LTC_PublicComment_020810.pdf

Primarily developed for use by long-term care health facilities (skilled nursing facilities and large intermediate care facilities), but also beneficial for use by other providers and health plans, this volume contains information on general emergency response planning and related integration activities for long-term care health facilities. This volume also includes guidance for long-term care health facilities related to increasing capacity during a surge, augmenting both clinical and nonclinical personnel to address specific healthcare demands, addressing challenges related to patient privacy, and other relevant operational and personnel issues that might arise during surge conditions.

California Department of Public Health Standards and Guidelines for Healthcare Surge During Emergencies, Long-Term Care Health Facilities Operational Tools

http://www.bepreparedcalifornia.ca.gov/CDPHPrograms/PublicHealthPrograms/EmergencyPreparednessOffice/EPOProgramsandServices/Surge/StandardsandGuidelines/Documents/CDPH_LTC_Operational_Tools_PublicComment_020810.pdf

The *Long-Term Care Health Facilities Operational Tools Manual* contains tools that assist long-term care health facilities in healthcare surge planning for management, delivery of care, and administrative functions. The manual was designed to provide single-source direct access to the tools included within *Volume V: Long-Term Care Health Facilities* of the *Standards and Guidelines Manual*.

CDC Pandemic Influenza Collaborative Planning for Delivery of Essential Health Care Services: Portland Oregon Metro Area and SW Washington, Project Evaluation Report

http://web.multco.us/sites/default/files/health/documents/pandemic_influenza_2010.pdf

This report describes the work performed under a grant from CDC to develop, exercise, and evaluate a coordinated approach to healthcare delivery in the face of a Severity Index Category 5 influenza pandemic. Specifically, the approach to coordination developed for this project was modeled after the well-established MAC Group.

Communities of Interest for Crisis Standards of Care and Allocation of Scarce Resources

<http://www.phe.gov/coi/Pages/default.aspx>

The HHS Office of the Assistant Secretary for Preparedness and Response (ASPR) developed this website to better disseminate information and manage documents; share promising practices and ideas; and provide a workspace where users from inside and outside HHS/ASPR can come together to share documents and ideas regarding the crisis standards of care and allocation of scarce resources.

Crisis Standards of Care: A Systems Framework for Catastrophic Disaster Response

<http://www.iom.edu/reports/2012/crisis-standards-of-care-a-systems-framework-for-catastrophic-disaster-response.aspx>

In this 2012 report, IOM examines the effect of its 2009 report, and develops vital templates to guide the efforts of professionals and organizations responsible for crisis standards of care planning and implementation. The report provides a foundation of underlying principles, steps needed to achieve implementation, and the pillars of the emergency response system, each separate and yet together upholding the jurisdictions that have the overarching authority for ensuring that crisis standards of care planning and response occurs.

Crisis Standards of Care: A Toolkit for Indicators and Triggers

<http://www.iom.edu/Reports/2013/Crisis-Standards-of-Care-A-Toolkit-for-Indicators-and-Triggers.aspx>

This 2013 IOM report provides resources that may be used by federal, state, and local governments; public health agencies; emergency medical services; emergency management and public safety agencies; hospitals; and out-of-hospital healthcare organizations and agencies. This report examines indicators and triggers that guide the implementation of crisis standards of care and provides a discussion toolkit to help stakeholders establish indicators and triggers for their own communities.

Crisis Standards of Care: Where Do We Begin?

<http://www.phe.gov/coi/Documents/Crisis%20Standards%20of%20Care%20-%20Where%20do%20we%20begin.pdf>

This presentation on the Harvard National Preparedness Leadership Initiative Crisis Standards of Care Project was given in January 2013. It highlights the activities undertaken as part of the project and the lessons learned on crisis standards of care planning.

Crisis Standards of Care: Summary of a Workshop Series

<http://www.iom.edu/reports/2009/crisis-standards-of-care-summary-of-a-workshop-series.aspx>

The IOM Forum on Medical and Public Health Preparedness for Catastrophic Events hosted a series of regional workshops in Irvine, CA; Orlando, FL; New York, NY; and Chicago, IL, between March and May of 2009. The goal of each workshop was to learn from the work already being done to develop state, regional, and local crisis standards of care policies and protocols; to identify areas requiring further development, research, and consideration; and to facilitate communication and collaboration among neighboring jurisdictions. This report summarizes the discussions that took place at all four workshops.

Critical Resource Shortages Planning Guide

<http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/H1N1/CriticalResourceShortagesPlanning.htm>

This guide was developed by the Virginia Department of Health and was designed as a tool that provides a systematic approach to addressing the complex issues surrounding modification of care and, in some cases, even allocation of resources, during large-scale disasters and emergencies that result in critical resource shortage events. The approach described in the document is flexible enough to be used by any health and medical delivery organization (HMDO) or group of HMDOs.

Guidance for Establishing Crisis Standards of Care for Use in Disaster Situations, A Letter Report

<http://www.iom.edu/Reports/2009/DisasterCareStandards.aspx>

At the request of HHS/ASPR, IOM convened a committee in 2009 to develop guidance for crisis standards of care that should apply in disaster situations—both naturally occurring and man-made—under scarce resource conditions. This report focuses on articulating current concepts and guidance that can assist state and local public health officials, healthcare facilities, and professionals in the development of systematic and comprehensive policies and protocols for crisis standards of care in disasters where resources are scarce. In addition, the committee provides guidance to clinicians, healthcare institutions, and state and local public health officials for how crisis standards of care should be implemented in a disaster situation.

Guidance on Preparing Workplaces for an Influenza Pandemic

[Guidance on Preparing Workplaces for an Influenza](#)

[Pandemic](http://www.osha.gov/Publications/influenza_pandemic.html#affect_workplaces)http://www.osha.gov/Publications/influenza_pandemic.html#affect_workplaces

The Occupational Safety and Health Administration (OSHA) developed this pandemic influenza planning guidance based upon traditional infection control and industrial hygiene practices. This guidance is intended for planning purposes and is not specific to a particular viral strain.

Additional guidance may be needed as an actual pandemic unfolds and more is known about the characteristics of the virulence of the virus, disease transmissibility, clinical manifestation, drug susceptibility, and risks to different age groups and subpopulations. Employers and employees should use this planning guidance to help identify risk levels in workplace settings and appropriate control measures that include good hygiene, cough etiquette, social distancing, the use of personal protective equipment, and staying home from work when ill. Up-to-date information and guidance is available to the public through the www.pandemicflu.gov website.

Medical Surge Capacity and Capability: A Management System for Integrating Medical and Health Resources During Large-Scale Emergencies

<http://www.phe.gov/Preparedness/planning/mscc/handbook/Documents/mscc080626.pdf>

Referred to as the *Medical Surge Capacity and Capability Handbook*, this handbook describes a systematic approach for managing the medical and public health response to an emergency or disaster.

Medicare and Medicaid Programs; Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers; Proposed Rule

<https://www.federalregister.gov/articles/2013/12/27/2013-30724/medicare-and-medicaid-programs-emergency-preparedness-requirements-for-medicare-and-medicaid>

This proposed rule would establish national emergency preparedness requirements for Medicare- and Medicaid-participating providers and suppliers to ensure that they adequately plan for both natural and man-made disasters, and coordinate with federal, state, tribal, regional, and local emergency preparedness systems. It would also ensure that these providers and suppliers are adequately prepared to meet the needs of patients, residents, clients, and participants during disasters and emergency situations.

CMS is proposing emergency preparedness requirements that 17 provider and supplier types must meet to participate in the Medicare and Medicaid programs. Since existing Medicare and Medicaid requirements vary across the types of providers and suppliers, CMS is also proposing variations in these requirements. These variations are based on existing statutory and regulatory policies and differing needs of each provider or supplier type and the individuals to whom they provide healthcare services. Despite these variations, the proposed regulations would provide generally consistent emergency preparedness requirements, enhance patient safety during emergencies for persons served by Medicare- and Medicaid-participating facilities, and establish a more coordinated and defined response to natural and man-made disasters.

National Incident Management System

http://www.fema.gov/pdf/emergency/nims/NIMS_core.pdf

The National Incident Management System uses a systematic approach to integrate the best existing processes and methods into a unified national framework for incident management. Incident management refers to how incidents are managed across all homeland security activities, including prevention, protection, and response, mitigation, and recovery.

National Response Framework

http://www.fema.gov/media-library-data/20130726-1914-25045-1246/final_national_response_framework_20130501.pdf

The National Response Framework is a guide to how the nation responds to all types of disasters and emergencies. It is built on scalable, flexible, and adaptable concepts identified in the National Incident Management System to align key roles and responsibilities across the nation. This framework describes specific authorities and best practices for managing incidents that range from the serious but purely local to large-scale terrorist attacks or catastrophic natural disasters. The National Response Framework describes the principles, roles and responsibilities, and coordinating structures for delivering the core capabilities required to respond to an incident and further describes how response efforts integrate with those of the other mission areas.

National Response Plan

http://www.dhs.gov/xlibrary/assets/NRP_Brochure.pdf

The National Response Plan (NRP) is an all-discipline, all-hazards plan that establishes a single, comprehensive framework for the management of domestic incidents. It provides the structure and mechanisms for the coordination of federal support to state, local, and tribal incident managers and for exercising direct federal authorities and responsibilities. The NRP assists in the important homeland security mission of preventing terrorist attacks within the United States; reducing the vulnerability to all natural and man-made hazards; and minimizing the damage and assisting in the recovery from any type of incident.

APPENDIX C. ESSENTIAL FUNCTION WORKSHEETS

Summit County Continuity of Operations Plan

The material provided in this appendix has been provided by the Summit County, Ohio General Health District.

ESSENTIAL FUNCTIONS QUESTIONNAIRE WORKSHEET #1

DIRECTIONS: The objective of this worksheet is to evaluate essential agency functions and to develop measures to minimize disruption. Make several copies of this questionnaire before you begin, as you will need to complete this worksheet for each essential function. Use this worksheet to generate a list of prioritized essential functions and then list the prioritized essential functions on Worksheet #2.

Division/Program _____

Essential Functions Questionnaire

Essential Function: _____

Services this function provides: _____

1. The loss of this function would have the following effect on the agency:
 - ☐ Catastrophic effect on the agency or some divisions
 - ☐ Catastrophic effect on one division
 - ☐ Moderate effect on the agency.
 - ☐ Moderate effect on some divisions.
 - ☐ Minor effect on the agency or some divisions.

2. How long can this agency function continue without its usual operation of information systems and telecommunications support? Assume that loss of support occurs during your busiest or peak period. Check one only.

<input type="checkbox"/> Hours	<input type="checkbox"/> Up to 3 days	<input type="checkbox"/> Up to 3 weeks
<input type="checkbox"/> Up to 1 day	<input type="checkbox"/> Up to 1 week	<input type="checkbox"/> Up to 4 weeks
<input type="checkbox"/> Up to 2 days	<input type="checkbox"/> Up to 2 weeks	<input type="checkbox"/> Other

Indicate the peak time(s) of year and/or a peak day(s) of the week and/or peak time of the day, if any, for this function or its associated applications.

(Month)	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
(Day)	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun				
(Hour)	1am	2am	3am	4am	5am	6am	7am	8am	9am	10am	11am	12pm
	1pm	2pm	3pm	4pm	5pm	6pm	7pm	8pm	9pm	10pm	11pm	12am

3. Have you developed/established any backup procedures to be employed to continue agency functions in the event that the associated applications are not available? Consider data and/or applications on hard drives, CD-ROMs, floppy drives, Zip drives, as well as paper data.

4. The loss of this function would keep us from supplying the following services to the public and other entities:

5. List any resources upon which this function depends (partner, vendor, software.)

ESSENTIAL FUNCTIONS QUESTIONNAIRE WORKSHEET #2

DIRECTIONS: List in the table below the prioritized essential functions that you identified using Worksheet #1. If you identified three (3) essential functions, then prioritize them 1 through 3 with one being the highest priority.

Essential Function	Priority

ORDERS OF SUCCESSION WORKSHEET #3

DIRECTIONS: List the order of succession to your agency. If possible, list at least two successors.

Official (Title)	Designated Successor(s) (Title)	Limitations/Conditions	Responsibilities

DELEGATION OF AUTHORITY LISTING WORKSHEET #4

DIRECTIONS: In developing this list, the agency can review its predelegated authorities for making policy determinations and decisions at headquarters, field levels, and other organizational locations, as appropriate.

Type of Authority	Position Title Holding Authority	Triggering Conditions

AGENCY ALTERNATE FACILITIES WORKSHEET #5, PART 1

DIRECTIONS: To complete this portion of Worksheet #5, list the name of the alternate facility and the name of the facility that it will be replacing (Your Primary Facility). List the street address, contact information and any special conditions or circumstances that may exist for the use of the alternate facility.

Existing/Primary Facility	Backup/Alternate Facility	Street Address of Alternate Facility	Contact Information	Special Conditions or Circumstances for Use of the Alternate Facility

REQUIREMENTS FOR ALTERNATE FACILITIES WORKSHEET #5, PART 2

DIRECTIONS: To complete this portion of Worksheet #5, identify the requirements for the alternate work site by essential function. Utilize the list of essential functions you identified in Worksheet # 2. Requirements include personnel, special needs, power, communication, and space.

Number of Personnel	Human Needs (Special)	Power	Communication	Space Requirements

REQUIREMENTS FOR ALTERNATE FACILITIES

WORKSHEET #5, PART 3

DIRECTIONS: To complete this portion of Worksheet #5, identify the requirements for the alternate work site by essential function. Utilize the list of essential functions you identified in Worksheet # 2. Requirements include sleeping, food, transportation, and vendor agreements.

Sleeping	Food	Transportation	Vendor Agreements

VITAL SYSTEMS AND EQUIPMENT WORKSHEET #6, PART 1

DIRECTIONS: List those systems and equipment that are absolutely necessary for the continued operation of critical processes or services for fourteen days (i.e., computer, software). Do not include systems or equipment that may be useful but are not essential to performing the service.

Critical System or Equipment	Networks or Servers that Must be Operational in Order to Support the Critical System or Equipment	Priority	Description

VITAL SYSTEMS AND EQUIPMENT WORKSHEET #6, PART 2

DIRECTIONS: For each vital system or equipment identified above, list the location(s) of the system/equipment, maintenance frequency, and any particular methods of protection. If there are no protection methods in place or those in place do not seem sufficient, suggest additional methods in the last column.

Location	Maintenance Frequency	Current Protection Method(s)	Recommendations for Additional Protection Method(s) (if necessary)

VITAL RECORDS WORKSHEET #7, PART 1

DIRECTIONS: Make copies of this worksheet before you start, as you will need to complete it for each essential function identified in Worksheet #2. Using the information gathered in the Essential Function Questionnaire Worksheet (Worksheet #1), list those records that are necessary for the continued operation of critical processes or services for fourteen days. Records can be in electronic or paper form. Do not include records that may be useful, but are not essential to performing the service. Also, indicate whether these records are time-critical—needed within 72 hours of an emergency.

ESSENTIAL FUNCTION: _____

Vital Record	Description	Form of Record	Time Critical

VITAL RECORDS WORKSHEET #7, PART 2

DIRECTIONS: For each vital record identified above, list where the records are kept, how often they are backed up or revised, and any particular methods of protection, including security measures. Those vital records that have no protection other than backup or duplicate copies maybe candidates for additional protection measures.

Vital Record	Storage Location	Maintenance Frequency	Current Protection Method(s)	Recommendations for Additional Protection Method(s) (if necessary)

COMMUNICATIONS SYSTEMS SUPPORTING ESSENTIAL FUNCTIONS WORKSHEET #8

DIRECTIONS: Review information already gathered on vital systems and equipment for clues on communication systems that support critical processes and services and in turn their associated essential functions. In this chart, list the current vendor and contact information; the services the vendor is currently providing the agency; and any special emergency services the vendor has to offer.

Communication Mode	Current Provider	Services Provided	Alternate

RESTORATION AND RECOVERY RESOURCES WORKSHEET #9

DIRECTIONS: Identify all record recovery and restoration resources, contact information and services available below. Include evening, holiday, and emergency/alternate contact information, as well as contact information for regular business hours.

Company Name	Contact Name	Address/Phone	Services

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