4. Training and Testing

Emergency Preparedness

Element 4

**Training and Testing**

**Element 4**

The final element of an emergency preparedness plan is to thoroughly test your detailed training scenarios. Running regularly scheduled drills of your disaster plan helps a facility understand their staffs’ knowledge and understanding of the plan, their roles and responsibleness and their response action, making sure that your staff is adequately informed of the plan set in place and are confident in executing the plan when a crisis arises. Part of this element is to conduct regular drills of different emergency scenarios utilizing the prescribed method in the Emergency Preparedness requirements.

**Training and Testing Program- General**

The emergency preparedness training and testing program must be based on the emergency plan, risk assessment, policies and procedures and the communication plan.

“An emergency preparedness training and testing program as specified in this requirement must be documented, reviewed and updated. The training and testing program must reflect the risks identified in the facility’s risk assessment and be included in their emergency plan. For example, a facility that identifies flooding as a risk should also include policies and procedures in their emergency plan for closing or evacuating their facility and include these in their training and testing program. This would include, but is not limited to, training and testing on how the facility will communicate the facility closure to required individuals and agencies, testing patient tracking systems and testing transportation procedures for safely moving patients to other facilities. Additionally, for facilities with multiple locations, such as multi-campus or multi-location hospitals, the facility’s training and testing program must reflect the facility’s risk assessment for each specific location.”1

Facilities are required to provide initial training in emergency preparedness policies and procedures that are consistent with their roles in an emergency to all new and existing staff, individuals providing services under arrangement, and volunteers. This includes individuals who provide services on a per diem basis such as agency nursing staff and any other individuals who provide services on an intermittent basis and would be expected to assist during an emergency.

The training provided by the facility must be based on the facility’s risk assessment policies and procedures as well as the communication plan. The intent is that staff, volunteers, and individuals providing services at the facility are familiar and trained on the facility’s processes for responding to an emergency. Training should include individual-based response activities in the event of a natural disasters, such as what the process is for staff in the event of a forecasted hurricane. It should also include the policies and procedures on how to shelter-in-place or evacuate. Training should include how the facility manages the continuity of care to its patient population, such as triage processes and transfer/discharge during mass casualty or surge events.

Furthermore, the facility must train staff based on the facility’s risk assessment. Training for staff should mirror the facility’s emergency plan and should include training staff on procedures that are relevant to the hazards identified. For example, for EID’s this may include proper use of PPE, assessing needs of patients and how to screen patients and provide care based on the facility’s capacity and capabilities and communications regarding reporting and providing information on patient status with caregiver and family members.

Facilities should provide initial emergency training during orientation (or shortly thereafter) to ensure initial training is not delayed.

**Training Component**

“Training refers to a facility’s responsibility to provide education and instruction to staff, contractors, and facility volunteers to ensure all individuals are aware of the emergency preparedness program. For training requirements, the facility must have a process outlined within its emergency preparedness program which encompasses staff and volunteer training complementing the risk assessment. The training for staff should at a minimum include training related to the facility’s policies and procedures. Facilities must maintain documentation of the training so that surveyors are able to clearly identify staff training and testing conducted. For example, facilities may have a sign-in roster of training conducted within their training files or inclusion of this training in their training program, or individual training certificates of completion within personnel records.”1

The intent of emergency preparedness training is that all staff, volunteers and individuals providing services at the facility are trained and familiar with how to respond to an emergency, such as:

* A natural disaster
* Shelter in place
* Evacuation
* Triage
* Transfer/discharge
* Expectations with mass casualty or surge events
* Emerging Infectious Disease (EID) event
  + PPE
  + Assessment
  + Screening
  + Care Requirements
  + Communication

Training requirements include:

* Initial training on the facility emergency preparedness policies and procedures, based upon the facility’s risk assessment and communication plan for all new and current staff, volunteers and any individuals providing services under arrangements, consistent with each individual’s role
* Emergency preparedness training must be provided at least annually
* The facility will maintain documentation for all staff training on emergency preparedness
* The facility will maintain records of staff demonstration of knowledge of the emergency procedures

**Continued Training**

After the initial training has been conducted for staff, facilities must provide training on their facility’s emergency plan at least annually for long-term care facilities. Facilities have the flexibility to determine the focus of their initial and annual training if it aligns with the emergency plan and risk assessment. “Initial and subsequent training should be modified as needed and if the facility updates the policies and procedures to include but not limited to incorporating any lessons learned from the most recent exercises and real-life emergencies that occurred in and during the review of the facility’s emergency program, we would expect the facility be able to demonstrate how they have updated the training as well.”1

While facilities are required to provide initial and subsequent annual training to all staff, “it is up to the facility to decide what level of training each staff member will be required to complete based on an individual's involvement or expected role during an emergency. There may be core topics that apply to all staff, while certain clinical staff may require additional topics”1

“Facilities must also be able to demonstrate additional training when the emergency plan is significantly updated. Facilities which may have changed their emergency plan should plan to conduct initial training to all staff on the new or revised sections of the plan. If a facility determines the need to add additional policies and procedures based on a new risk identified in the facility’s risk assessment, the facility must train all staff on the new policies and procedures and the staff responsibilities. Facilities are not required to retrain staff on the entire emergency plan but can choose to train staff on the new or revised element of the emergency preparedness program. For example, a facility identifies during an influenza outbreak that additional policies and procedures and adjustments to the risk assessment are needed to address a significant influx of patients/clients/residents. The facility identifies clinical locations in which contagious patients can be triaged in a manner to minimize exposure to non-infected individuals. The training for this new or revised policy can be done without needing to re-train staff on the entire program.”1

**Training of Volunteers and Contracted Staff**

When the facility contracts with individuals that provide services in other healthcare facilities, the facility will provide education to the individual(s) on the emergency preparedness plan, their expected role during emergencies and the communication plan. The facility will maintain documentation of the training materials and evidence of training completion.

**Documentation Requirements**

The facility will maintain documentation of the initial and subsequent annual training for all staff. Documentation will be maintained by the facility indicating training of the program has been completed and staff are knowledgeable of emergency procedures and will include:

* The specific training completed
* Methods used for demonstrating knowledge of the training program

**Testing Component**

Testing requirements vary based on the provider type. Inpatient providers are required to conduct two testing exercises annually.1

“Testing is the concept in which training is operationalized and the facility can evaluate the effectiveness of the training as well as the overall emergency preparedness program. Testing includes conducting drills and/or exercises to test the emergency plan to identify gaps and areas for improvement. Additionally, facilities should establish a process which includes participation of all staff in testing exercises over a period. Facilities are encouraged to consider their scheduled exercises and the appropriate departments to be included. For instance, if a clinically relevant testing exercise is not necessarily applicable to some other departments or staff, then the staff which did not participate in one year should participate in the next testing exercise to ensure that over a period all shifts are incorporated. Additionally, we are not specifying a facility to utilize all required equipment in the testing (drills) or a percentage of the patients/residents that would be included in these drills, however facilities should test their exercises according to how they would respond to the emergency would it be an actual real emergency.

Under this standard, surveyors are to assess whether the facility has a training and testing program based on the facility’s risk assessment and has incorporated its policies and procedures, as well as its communication plan within training required for staff and its testing exercises.”1

**Continued Testing**

The facility must conduct exercises to test the emergency plan at least annually, including unannounced staff drills using the emergency procedures. The facility must do the following:

“(i) Participate in an annual full-scale exercise that is community-based; or

(A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise.

(B) If the [LTC facility] facility experiences an actual natural or manmade emergency that requires activation of the emergency plan, the LTC facility is exempt from engaging its next required a full-scale community-based or individual, facility-based functional exercise following the onset of the emergency event.

(ii) Conduct an additional annual exercise that may include, but is not limited to the following:

(A) A second full-scale exercise that is community-based or an individual, facility based functional exercise; or

(B) A mock disaster drill; or

(C) A tabletop exercise or workshop that is led by a facilitator includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.

(iii) Analyze the [LTC facility] facility's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the [LTC facility] facility's emergency plan, as needed.”1

**Variability in Requirements**

“For inpatient providers (inpatient hospice facilities, PRTFs, hospitals, LTC facilities\*, ICFs/IID, and CAHs): The types of acceptable testing exercises are expanded. Inpatient providers can choose one of the two annually required testing exercises to be an exercise of their choice, which may include one community-based full-scale exercise (if available), an individual facility-based functional exercise, a mock disaster drill, or a tabletop exercise or workshop that includes a group discussion led by a facilitator.

**\*NOTE**: For LTC facilities, while the types of acceptable testing exercises were expanded, LTC facilities must continue to conduct their exercises on an annual basis. Facilities must conduct exercises to test the emergency plan, which for LTC facilities also includes unannounced staff drills using the emergency procedures.”1

**Understanding Exercises and Terminology**

Testing exercises should be based upon the facility’s risk assessment, policies and procedures and communication plan, as well as support the facility’s unique resident patient population. “Testing exercises should vary, based on the facility’s requirements, by cycles and frequency of testing. The intent is that testing exercise provide a comprehensive testing and training for staff, volunteers, and individuals providing services under arrangement as well community partners. Testing exercises must be based on the facility’s identified hazards, to include natural or man-made disasters. This should include EID outbreaks. Facilities are expected to test their response to emergency events as outlined within their comprehensive emergency preparedness program. Testing exercises should not test the same scenario year after year or the same response processes. The intent is to identify gaps in the facility’s emergency program as it relates to responding to various emergencies and ensure staff are knowledgeable on the facility’s program. In the event gaps are identified, facilities should update their emergency programs as outlined within the requirements for After-Action Review (AAR).”1

**Full-Scale and Community Based Exercises**

“As the term full-scale exercise may vary by sector, facilities are not required to conduct a full-scale exercise as defined by FEMA or DHS’s Homeland Security Exercise and Evaluation Program (HSEEP). For the purposes of this requirement, a full-scale exercise is defined and accepted as any operations-based exercise (drill, functional, or full-scale exercise) that assesses a facility’s functional capabilities by simulating a response to an emergency that would impact the facility’s operations and their given community. Full scale exercises in the industry setting are large exercises in which multiple agencies participate and may only be available every three to five years; while functional exercises are similar in nature but may not involve as many participants and in which each agency can choose its priorities to test within the confines of the exercise. Therefore, full-scale can include what is known as a “functional” exercise or drill in the industry and according to HSEEP. A full-scale exercise is also an operations-based exercise that typically involves multiple agencies, jurisdictions, and disciplines performing functional or operational elements. There is also definition for “community” as it is subject to variation based on geographic setting, (e.g., rural, suburban, urban, etc.), state and local agency roles and responsibilities, types of providers in each area in addition to other factors. In doing so, facilities have the flexibility to participate in and conduct exercises that more realistically reflect the risks and composition of their communities. Facilities are expected to consider their physical location, agency and other facility responsibilities and needs of the community when planning or participating in their exercises. The term could, however, mean entities within a state or multi-state region.

In many areas of the country, State, and local agencies (emergency management agencies and health departments) and some regional entities, such as healthcare coalitions may conduct an annual full-scale, community-based exercise to assess community-wide emergency planning, potential gaps, and the integration of response capabilities more broadly in an emergency. Facilities should actively engage these entities to identify potential opportunities, as appropriate, as they offer the facility the opportunity to not only assess their emergency plan but also better understand how they can contribute to, coordinate with, and integrate into the broader community’s response during an emergency. They also provide a collective forum for assessing their communications plans to ensure they have the appropriate contacts and understand how best to engage and communicate with their state and local public health and emergency management agencies and other relevant partners, such as a local healthcare coalition, during an emergency.

Facilities are expected to contact their local and state agencies and healthcare coalitions, where appropriate, to determine if an opportunity exists and determine if their participation would fulfill this requirement. It is also important to note that agencies and or healthcare coalitions conducting these exercises will not have the resources to fulfill individual facility requirements and thus will only serve as a conduit for broader community engagement and coordination prior to, during and after the full-scale community-based exercise. Facilities are responsible for resourcing their participation and ensuring that all requisite documentation is developed and available to demonstrate their compliance with this requirement.

Facilities are encouraged to engage with their area Health Care Coalitions (HCC) (partnerships between healthcare, public health, EMS, and emergency management) to explore integrated opportunities. Health Care Coalitions (HCCs) are groups of individual health care and response organizations who collaborate to ensure each member has what it needs to respond to emergencies and planned events. HCCs plan and conduct coordinated exercises to assess the health care delivery systems readiness. There is value in participating in HCCs for participating in strategic planning, information sharing and resource coordination. HCC’s do not coordinate individual facility exercises, but rather serve as a conduit to provide an opportunity for other provider types to participate in an exercise. HCCs should communicate exercise plans with local and state emergency preparedness agencies and HCCs will benefit the entire community’s preparedness. In addition, CMS does not regulate state and local government disaster planning agencies. It is the sole responsibility of the facility to comply.

Facilities which determine that a full-scale community-based exercise will be planned for the facility’s exercise requirement must also ensure that the exercise scenario developed is identified within the facility’s risk assessment. While generally local and state emergency officials plan emergency exercises which could occur within the geographic location or community, facilities must ensure that participation in the exercise would adequately test the facility’s emergency program (specifically its policies and procedures and communication plan). For instance, in the event the local or state full-scale exercise is testing the response to a major multiple car accident requiring airlift transfers of patients, a LTC facility or ESRD facility may not be impacted by this type of disaster or require activation of its emergency program, therefore the exercise may not be as appropriate. In this case, the facility could document that the scenario offered in this full-scale community-based exercise and that the facility conducted an individual facility-based exercise to test its emergency program instead. However, if the state or local exercise is testing an EID outbreak, all facilities in the community may be impacted, therefore participation would be strongly recommended.

The intent behind full-scale and community-based exercises is to ensure the facility’s emergency program and response capabilities complement the local and state emergency plans and support an integrated response while protecting the health and safety of patients.”1

**Individual Facility-Based Exercises**

“Facilities that are not able to identify a full-scale community-based exercise, can instead fulfill this part of their requirement by either conducting an individual facility-based exercise, documenting an emergency that required them to fully activate their emergency plan, or by conducting a smaller community-based exercise with other nearby facilities. Facilities that elect to develop a small community-based exercise can not only assess their own emergency preparedness plans but also better understand the whole community’s needs, identify critical interdependencies and or gaps and potentially minimize the financial impact of this requirement. For example, a LTC facility, a hospital, an ESRD facility, and a home health agency, all within a given area, could conduct a small community-based exercise to assess their individual facility plans and identify interdependencies that may impact facility evacuations and or address potential surge scenarios due to a prolonged disruption in dialysis and home health care services. Those that elect to conduct a community-based exercise should try to contact their local/state emergency officials and healthcare coalitions, where appropriate, and offer them the opportunity to attend as they can provide valuable insight into the broader emergency planning and response activities in their given area. Community partners are considered any emergency management officials (fire, police, emergency medical services, etc.) for full-scale and community-based exercises, however, can also mean community partners that assist in an emergency, such as surrounding providers and suppliers.

**Participation**

While the regulations do not specify a minimum number of staff, or the roles of staff in the exercises, it is strongly encouraged that facility leadership and department heads participate in exercises. If an exercise is conducted at the individual facility-based level and is testing a particular clinical area, staff who work in this clinical area should participate in the exercise for a clear understanding of their roles and responsibilities. Additionally, facilities can review which members of staff participated in the previous exercise and include those who did not participate in the subsequent exercises to ensure all staff members have an opportunity to participate and gain insight and knowledge.

Facilities can use a sign-in roster for the exercise to substantiate staff participation. Enough staff should participate in the exercise to test the scenario and thoroughly assess the risk, policy, procedure, or plan being tested.

Facilities that conduct an individual facility-based exercise will need to demonstrate how it addresses any risk(s) identified in its risk assessment. For example, an inpatient facility might test their policies and procedures for a flood that may require the evacuation of patients to an external site or to an internal safe “shelter-in-place” location (e.g., foyer, cafeteria, etc.) and include requirements for patients with access and functional needs and potential dependencies on life-saving electricity-dependent medical equipment. An outpatient facility, such as a home health provider, might test its policies and procedures for a flood that may require it to rapidly locate its on-duty staff, assess the acuity of its patients to determine those that may be able to shelter-in-place or require hospital admission, communicate potential evacuation needs to local agencies, and provide medical information to support the patient’s continuity of care. If the facility uses fire drills based on their risk assessment (e.g., wildfires) as a full-scale community-based exercise in one given year (which is also a requirement for some providers/suppliers under Life Safety Code), the facility is encouraged to choose in the following year a different hazard in their risk assessment to conduct an exercise to ensure variability in the training and testing program. The intent of the requirements under the emergency preparedness condition for participation/condition for coverage, or requirement for LTC, is to test the facility’s ability to respond to any emergency outlined within their risk assessment. The purpose of testing the facility’s emergency program is to identify gaps in response which could result in adverse events for patients and staff and to adjust plans, policies, and procedures to ensure patient and staff safety is maintained regardless of the type of emergency which occurs.

**Table-Top Exercise and Workshops**

Facilities are also required to conduct an “exercise of choice” or, for some, only conduct a table-top exercise (TTX) or workshop. Please refer to the definition section above. TTX’s or workshops are expected to be group discussions led by a facilitator. We are not defining whether the facilitator must be a staff member or contracted service. Some facilities may find that a specific department lead may be best suited dependent on the scenario being tested, while other facilities may find an outside facilitator may be more appropriate to facilitate.

The intent behind TTX’s or workshops is to test an exercise based on the facility’s risk assessment. Some facilities may find it prudent to conduct a TTX or workshop prior to a full-scale or individual facility-based exercise to identify potential gaps or challenges and then update the policies and procedures accordingly to resolve the potential issue. This would allow for facilities to test their adjustments during a full-scale or individual facility-based exercise to determine if the corrective action was appropriate.

**After-Action Reviews**

Each facility is responsible for documenting their compliance and ensuring that this information is available for review at any time for a period of no less than three (3) years. Facilities should also document the lessons learned following their tabletop and full-scale exercises and real-life emergencies and demonstrate that they have incorporated any necessary improvements in their emergency preparedness program. Facilities may complete an after action review process to help them develop an actionable after action report (AAR). The process includes a roundtable discussion that includes leadership, department leads and critical staff who can identify and document lessons learned and necessary improvements in an official AAR. The AAR, at a minimum, should determine 1) what was supposed to happen; 2) what occurred; 3) what went well; 4) what the facility can do differently or improve upon; and 5) a plan with timelines for incorporating necessary improvement. Lastly, facilities that are a part of a healthcare system can elect to participate in their system’s integrated and unified emergency preparedness program and exercises. However, those that do will still be responsible for documenting and demonstrating their individual facility’s compliance with the exercise and training requirements.

**Exemption based on Actual Emergency**

Finally, an actual emergency event or response of sufficient magnitude that requires activation of the relevant emergency plans meets the full-scale exercise requirement and exempts the facility for engaging in their next required community-based full-scale exercise or individual, facility-based exercise for following the actual event; and facilities must be able to demonstrate this through written documentation. With the changed requirements because of the 2019 Burden Reduction final rule (81 FR 63859) for outpatient providers required to conduct full-scale exercises only every other year, opposite of their exercises of choice, these facilities are exempt from their next required full-scale or individual facility-based exercise. For inpatient providers, the full-scale exercise would be annually. The intent is to ensure that facilities conduct at least one exercise per year.

For example, in the event an outpatient provider conducts a required full-scale community-based exercise in January 2019 and completed the optional exercise of its choice in January 2020, and experiences an actual emergency in March 2020, the outpatient provider is exempt from next required full-scale community based or individual facility-based exercise in January 2021. If the outpatient provider conducts a required full-scale community-based exercise in January 2020 and has the optional exercise of its choice scheduled for January 2021, and experiences an actual emergency in March 2020, the outpatient provider is exempt from next required full-scale community based or individual facility-based exercise in January 2022 but must still conduct the required exercise of choice in January 2021. The exemption is based on the facility’s required full-scale exercise, not the exercise of choice, therefore the exemption may not be applicable until two years following the activation of the emergency plan, dependent on the cycle the facility has determined and the actual emergency event.

For inpatient providers, the exemption would apply for the next required full-scale exercise as well, however, it may be the same year or following year, as inpatient providers are required to perform two exercises per year. If an inpatient provider completed the full-scale exercise in January 2020 and is scheduled to conduct an exercise of choice in November 2020, but experiences an actual emergency in March 2020 which required activation of its emergency plan, the inpatient provider is exempt from the next required full-scale exercise in January 2021, but must complete the exercise of choice. If the inpatient provider conducted an exercise of choice prior to the actual emergency and had a full-scale exercise scheduled for November 2020, then the inpatient provider would be exempt from that full-scale exercise as it would not be the exercise of choice.

The exercises of choice, which allow facilities to choose one (e.g., another full scale/individual facility based; mock disaster drill; or tabletop exercises) are not considered as the required full-scale community based or individual facility-based exercises. Facilities which may have schedule full-scale exercises annually as part of their licensure or accrediting organizations requirements, would be exempt from their next required annual full-scale exercise. Facilities which have a full-scale exercise scheduled as part of their exercise of choice for the opposite years would be exempt from their next scheduled exercise following an emergency, which would still be July 2021 (using the above example). Facilities must document that they had activated their emergency program based on an actual emergency. Documentation may include but is not limited to a section 1135 waiver issued to the facility (time limited and event-specific); documentation alerting staff of the emergency; documentation of facility closures; meeting minutes which addressed the time and event specific information. The facility must also complete an after action review and integrated corrective actions into their emergency preparedness program.”1

It is recommended that facilities retain at least 2 years of emergency testing exercise documentation.

**Excellent Resources for Exercises and Drills**

U.S. Department of Homeland Security-FEMA, Emergency Management Institute: <https://training.fema.gov/is/coursematerials.aspx?code=IS-200.c>

California Association of Health Facilities (CAHF): <http://www.cahf.org/Portals/29/DisasterPreparedness/Evac/TTX_evac_final_FDF.pdf> and <https://www.cahfdisasterprep.com/exercises>

U.S. Department of Health & Human Services. TRACIE Healthcare Emergency Preparedness Information Gateway, Exercise Program: <https://asprtracie.hhs.gov/technical-resources/7/exercise-program/1>

**References and Resources**

1Centers for Medicare & Medicaid Services. Revisions to the State Operations Manual (SOM) Appendix Z – Emergency Preparedness. April 16, 2021: <https://www.cms.gov/files/document/r204soma.pdf>

For additional information and tools, please visit the CMS Quality, Safety & Oversight Group Emergency Preparedness website at: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep>

United States Department of Health and Human Services. TRACIE Healthcare Emergency Preparedness Information Gateway: <https://asprtracie.hhs.gov/>

FEMA CERT Tabletop Exercises: <https://www.fema.gov/emergency-managers/national-preparedness/exercises> & [https://www.uslegalforms.com/form-library/79955-fema-cert-tabletop-exercise-2?msclkid=1cef85af0b1d14d58743e63545838ccd&utm\_source=bing&utm\_medium=cpc&utm\_campaign=US\_Executive\_Department\_DHS%20Forms&utm\_term=fema%20tabletop%20exercise%20template&utm\_content=\*FEMA%20CERT%20Tabletop%20Exercise%202](https://www.uslegalforms.com/form-library/79955-fema-cert-tabletop-exercise-2?msclkid=1cef85af0b1d14d58743e63545838ccd&utm_source=bing&utm_medium=cpc&utm_campaign=US_Executive_Department_DHS%20Forms&utm_term=fema%20tabletop%20exercise%20template&utm_content=*FEMA%20CERT%20Tabletop%20Exercise%202)

**SAMPLE**

The following guidance is adapted from CMS and the Wisconsin Ombudsman Program brochure for residents of facilities scheduled for closure.

**Emergency Plan**: Prior to any emergency, ask about and become familiar with the facility’s emergency plan, including:

* Location of emergency exits
* How alarm system works and modifications for individuals who are hearing and/or visually impaired
* Plans for evacuation, including:
  + How residents/visitors requiring assistance will be evacuated, if necessary
  + How the facility will ensure each resident can be identified during evacuation (e.g., attach identification information to each resident prior to evacuation)
  + Facility’s evacuation strategy
  + Where they will go
  + How their medical charts will be transferred
  + How families will be notified of evacuation
* Will families be able to bring their loved one home rather than evacuating, which is often less traumatic than a move to a new facility?
* How family members can keep the facility apprised of their location and contact information (e.g., address, phone number, e-mail address), so the facility will be able to contact them, and family members will be able to check with the facility to meet their loved one following an emergency
* How residents and the medicines and supplies they require will be prepared for the emergency, have their possessions protected and be kept informed during and following the emergency
* How residents (if able) and family members can be helpful (for example, should family members come to the facility to assist?)
* How residents, who are able, may be involved during the emergency, including their roles and responsibilities. Note: It is important for staff to know each resident personally, and whether involving him/her in the emergency plan will increase a sense of security or cause anxiety. For example, residents may have prior work or personal experience that could be of value (health care, emergency services, military, amateur ham radio operators, etc.) Provide the opportunity for residents to discuss any fears and what actions may help to relieve their anxiety (e.g., a flashlight on the bed, water beside the bed, etc.).

**Helping Residents in a Relocation**: Suggested principles of care for relocated residents include:

* Encourage the resident to talk about expectations, anger, and/or disappointment
* Work to develop a level of trust
* Present an optimistic, favorable attitude about the relocation
* Anticipate that anxiety will occur
* Do not argue with the resident
* Do not give orders
* Do not take the resident’s behavior personally
* Use praise liberally
* Be courteous and kind
* Include the resident in assessing problems
* Encourage family participation
* Ensure staff in the receiving facility introduce themselves to residents

**Employees’ Family Emergency Preparedness Training**

Employees are the most valuable resource during an emergency. Hazards affecting their community place additional stress on them.

Preparing employees to prepare themselves and their families in advance is key to families effectively confronting and recovering from a disaster. Encourage staff to create a family emergency plan that includes a communication plan, evacuation plan, and a disaster supplies kit.

The emergency plan should address how family members will contact one another, where they will meet if they are not together, safely shutting off utilities, and care of pets.

When developing an emergency plan for one’s family, it is also prudent to find out about emergency plans at work, daycare, and school (the places family members might be during an emergency.)

Once all the necessary information is gathered, family members should get together to discuss the information to put in the plan. Also discuss the types of disasters that are most likely to occur in the area. Explain what to do in each case and plan accordingly. Practice the plan at least twice a year and update the plan as information changes and issues arise.

**References and Resources**

Wisconsin Department of Health. CMS Emergency Preparedness Rule Workbook: Long-Term Care: Nursing/Skilled Nursing Facilities: <https://www.dhs.wisconsin.gov/publications/p01948aw.docx>

**Exercise Design Checklist**

Adapted from: Tool for Evaluating Core Elements of Hospital Disaster Drills.

AHRQ Publication No. 08-0019, June 2008

**Working Exercise Title**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Exercise Planning Team Members**

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| --- | --- | --- | --- |
| **Name** | **Phone** | **Email** | **Organization** |
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**I. Scope of Exercise: who will participate, what, where, when?**

A. Select the type of exercise is your hospital performing? (Check one.)

1. \_\_\_ Tabletop Exercise (discussion-based exercise, appropriate for 96 hr discussion)

\_\_\_ Full Scale Exercise (operations-based exercise in real time)

\_\_\_Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_ Single Facility \_\_\_ Community-wide

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. Determine what the exercise scenario will include?

(Check all that apply.) (This is based on the Hazard Vulnerability Assessment)

(Hospital Incident Command System (HICS) reference documents can be found at [www.emsa.ca.gov/HICS](http://www.emsa.ca.gov/HICS), select appendix H.)

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| --- | --- |
| **Type of Hazard** | **Explanation** |
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C. Identify the main objectives (also known as target capabilities or critical areas) to be evaluated during the exercise? (Check all that apply.)

|  |  |
| --- | --- |
| **Target Capabilities or Critical Areas** | **Included and Observed** |
| Decontamination |  |
| Sheltering in place |  |
| Incident command |  |
| Communication and information flow |  |
| Staffing |  |
| Triage |  |
| Evacuation |  |
| Security |  |
| Resident Records |  |
| Evacuation |  |
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|  |  |

D. Determine the levels of activity will be included in the exercise? (Check all that apply.)

|  |  |
| --- | --- |
| **Levels of Activity Included in Exercise** | **Included and Observed** |
| Incident Command activated |  |
| Simulated Communication |  |
| Lock down |  |
| Communications |  |
| Supplies and Services requested |  |
| Utility failures |  |
| Triage of victims |  |
| Partial evacuation |  |
| Simulated clinical procedures performed |  |
| Victim transport |  |
| Tracking resource availability |  |
| Tracking of residents, staff |  |
|  |  |
|  |  |

E. Determine who will participate.

|  |  |  |
| --- | --- | --- |
| **Participants** | **Active** | **Passive** |
| Administration |  |  |
| Management Team |  |  |
| Residents |  |  |
| Local EMS |  |  |
| Volunteers |  |  |
| Law Enforcement |  |  |
| State agency(ies) (specify) |  |  |
| Federal agency(ies) (specify): |  |  |
| Hospital/health systems(s) |  |  |
| Media |  |  |
| Ambulance service |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. Identify who will control (manage) the actual exercise: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Identify who will evaluate the exercise: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Identify the expected number of victims: \_\_\_\_\_\_\_\_\_

Identify who will arrange for victims? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. When will the exercise occur?
   1. Proposed date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. Proposed start time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   3. Estimated length of the exercise: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   4. Proposed location(s) of the exercise: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**II. Main Exercise Objectives (Based on Hazard Vulnerability Assessment and items corrected in previous exercises.)**

**Si**mple (straightforward, easy to read);

**M**easurable (specific and quantifiable);

**A**chievable (within the time of the exercise);

**R**ealistic (is the scenario is likely to occur);

**T**ask-oriented (some observable action taken: Incident Command should be set up within 10 minutes of notification.)

A. Communications

a.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. Resources

a.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C. Safety and Security

a.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D. Staff Roles and Responsibilities

a.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E. Utilities

a.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

F. Resident Care

a.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VI. Identify the major and detailed events in chronological order.**

(The script that moves the action and provides information to drive objectives known as the master sequence of events list or MSEL).

Note: The Incident Command grids from the HICS website ([www.emsa.ca.gov/HICS](http://www.emsa.ca.gov/HICS),Appendix H) may be helpful.

**VII**. **Complete the After Action Report and Improvement Plan**

The After Action Report identifies the strengths and opportunities for improvement from the exercise.

**After Action Report/Improvement Plan Instructions and Templates – CMS**

After action reports and improvement plans are part of the testing and training process. AARs help facilities to assess their response to the exercise and determine necessary improvement activities which specifically outline how and when improvement will be made to address those identified by the exercise evaluation and ARRs.

Below is the link to resources and tools that can be modified to meet your facility’s specific needs. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Templates-Checklists.html>

or

You can access the:

**“CMS Health Care Provider**

**After Action Report/Improvement Plan”**:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/aartemplateinstructions.zip>

**Resources and References:**

The Centers for Medicare and Medicaid Services Emergency Preparedness Rule Resource Site: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule>

Updated Guidance for Emergency Preparedness-Appendix Z of the State Operations Manual (SOM) Ref: QSO-21-15-ALL <https://www.cms.gov/files/document/qso-20-41-all-revised-05262022.pdf>

Revisions to the State Operations Manual (SOM) Appendix Z – Emergency Preparedness Transmittal: 204 issued April 16, 2021 <https://www.cms.gov/files/document/r204soma.pdf>

The Centers for Medicare and Medicaid Services. Health Care Coalitions. <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Resources/State-resources>

Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17) Advance Copy, 2022: <https://www.cms.gov/files/document/appendix-pp-guidance-surveyor-long-term-care-facilities.pdf>

Centers for Medicare & Medicaid Services QSEP Training: <https://qsep.cms.gov/pubs/CourseMenu.aspx?cid=0CMSEmPrep_ONL>