



MedTrainer

TOOLKIT

# Updating Your Disaster Preparedness Plan



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# Readjusting After Recent Disasters

Emergency plans have been tested in recent years and compliance leniencies were given so health care providers could keep people safe.

Now, there are many learnings for healthcare organizations to implement, new guidance to follow, and policies to adjust.

Use the checklists, worksheets, and diagrams in this toolkit to make necessary updates to your emergency preparedness plan – so you are ready for the next one.

## Recent Situations to Learn From



Multiple Disasters Simultaneously



Healthcare Workforce Issues Magnified



Prolonged Emerging Infectious Disease (EID)



Supply Chain Disruptions

# Assess Your Disaster Preparedness Program

## Immediately

- ☐ Review loosened requirements for the Centers for Medicare and Medicaid Services (CMS) Burden Reduction Final Rule (84 FR 51732).
- ☐ Familiarize yourself with expiring/expired/extended CMS 1135 waivers related to the COVID-19 pandemic.
- ☐ Evaluate your personal preparedness to ensure you are ready for an emergency and will be able to help others.
- ☐ Use what you learned to build a better recovery plan template to move forward after the disaster.
- ☐ Identify potential community partners and collaboration opportunities.

## Consistently

- ☐ Conduct After Action Reviews (AARs) and create Improvement Action Plans (IAPs) on a routine basis, not just post-emergency.
- ☐ Maintain contact with local and state officials on their emergency plans.
- ☐ Meet with community partners in preparation for the next emergency.
- ☐ Solicit feedback from employees to identify issues and risks you may not have considered.
- ☐ Ensure staff is trained following changes to your disaster preparedness plan and training completion is documented.

## Annually

- ☐ Review regulatory changes made within the past year.
- ☐ Review the core requirements of a disaster preparedness program.
- ☐ Review and update your disaster preparedness plans, including your emergency plan, communication plan, and documents and policies (make sure to document this review!).
- ☐ Assess your performance over the past year and identify opportunities for continuous improvement.
- ☐ Assign and track employee training on the disaster preparedness plan.
- ☐ Ensure your emergency communication plan is updated and the right people have access to it.
- ☐ Assign and record completion of required OSHA training related to emergency preparedness.
- ☐ Evaluate your collaboration efforts and brainstorm ideas for improvement.

# Review Loosened Requirements for the Burden Reduction Final Rule (84 FR 51732)

During the COVID-19 disaster, CMS adjusted the **Burden Reduction Final Rule**, relaxing some of the requirements. Use this checklist to review your compliance, make necessary changes, and communicate changes to your staff as soon as possible. This checklist should not replace your comprehensive review of changes to CMS policy.

- ☐ Biennial review of your emergency program (decreased from an annual review).
- ☐ Long term care (LTC) facilities are still required to review their emergency program annually.
- ☐ Emergency plans no longer need to include documentation of efforts to contact local, tribal, regional, state, and federal emergency preparedness officials and a facility's participation in collaborative and cooperative planning efforts.
- ☐ Training requirement is decreased from annually to every two years. Nursing homes will still be required to provide annual training.
- ☐ Inpatient testing requirement flexibility is increased so that one of the two annually-required testing exercises may be an exercise of the facility's choice.
- ☐ Outpatient testing requirement relaxed from two testing exercises to one testing exercise annually.

# Review the Core Requirements

Below are the Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers Final Rule. **List of facilities impacted.**

## Risk Assessment and Emergency Plan

Develop an emergency plan based on your community risk assessment and using an “all-hazards” approach, which will provide an integrated system for emergency planning that focuses on capacities and capabilities. Review and update the plan at least every other year.

## Policies and Procedures

Develop and implement policies and procedures based on the emergency plan and your risk assessment. For hospitals, critical access hospitals (CAHs), and long-term care (LTC) facilities, the policies and procedures must address the provision of subsistence needs, such as food, water, and medical supplies for staff and residents, whether they evacuate or shelter in place.

## Communication Plan

Develop and maintain an emergency preparedness communication plan that complies with federal, state, and local laws. Patient care must be coordinated within the facility, across healthcare providers, and with state and local public health departments and emergency management systems to protect patient health and safety in the event of a disaster.

## Training and Testing Program

Develop and maintain training and testing programs, including initial training on policies and procedures. Staff will have to demonstrate knowledge of the facility’s emergency procedures. Facilities must conduct drills and exercises to test the emergency plan or participate in an actual incident that tests the plan.

Source: **Centers for Medicare and Medicaid Services.**



### OSHA Emergency and Disaster Planning

Physician practices and groups not identified in the CMS Rule can use this **OSHA Emergency Action Plan checklist** to remain compliant.

### Accreditation Standards

In addition to meeting the CMS and OSHA requirements, accredited organizations will also need to adhere to the standards of their accrediting body (for example: **Joint Commission**).

# Policies to Include in Your Plan

Your disaster preparedness plan is based on your organization's Hazard Vulnerability/Risk Assessment (HVA), which will have identified the emergencies that could have the greatest impact on your facility. There may be additional policies you need to add, but this a general list to get you started:

- ☐ Policy on Evacuation
- ☐ Policy on Natural Disaster
- ☐ Policy on Fire
- ☐ Policy on Loss of Fire Alarm System
- ☐ Policy on Severe Weather
- ☐ Policy on Internal Flooding/Water Damage
- ☐ Policy on Power Outage
- ☐ Policy on Electrical Safety
- ☐ Policy on Bomb Threats
- ☐ Policy on Chemical Spills
- ☐ Policy on Workplace Safety
- ☐ Policy on an Active Shooter
- ☐ Policy on Mitigation on Transmission of Seasonal Influenza
- ☐ Policy on Clear-Text Alerting
- ☐ Policy on Lock Down
- ☐ Policy on Employee Infection Prevention and Control
- ☐ Policy on Utilities Systems Failure and Staff Response



Need a place to keep all your documents, policies, and procedures for staff to access and acknowledge?  
**Check out MedTrainer!**

# Use Recent Disasters to Improve Your Plan

The COVID-19 pandemic tested the emergency plan of every healthcare organization. It was compounded by social unrest, natural disasters, and global supply chain issues.

## CMS Expanded Guidance

CMS added their learnings through expanded guidance surrounding emerging infectious diseases (EIDs) in [Appendix Z](#) of the CMS Burden Reduction Final Rule (84 FR 51732). This checklist identifies areas where you can apply learnings from recent disasters to ensure continuous improvement to your disaster preparedness plans.

## Plan for Concurrent Disasters

Preparing for one type of disaster only partially prepares you for other types and focusing solely on the common elements leaves gaps (Framework for Healthcare Disaster Resilience). As seen in 2020, it is vital to prepare for multiple types of disasters occurring simultaneously.

- ☐ Follow the CMS expanded guidance on risk assessment considerations and surge planning due to natural disasters and EIDs.
- ☐ Build as many disaster scenarios as you can and prioritize your response based on the greatest impact to the organization. For example, an ASC can shut down, so their scenarios and prioritization will be different from assisted living.
- ☐ Identify your organization's limits – such as number of patients who can be accepted, number of staff needed to operate, etc.
- ☐ Create standing memorandums of understanding with fiduciaries such as manufacturers and staffing agencies to expedite the acquisition of resources.

## All-Hazard Risk Assessment

An all-hazard risk assessment, or Hazard Vulnerability/Risk Assessment (HVA), will help your organization be ready for concurrent disasters and is also a requirement for CMS (Emergency Preparedness Rule), Joint Commission Emergency Management, and NFPA.

The assessment should be based on geographical location and the individual facility dynamics, such as patient population, and include these key components:

Probability	Impact	Preparedness
Risk	Human	Plans
Historical Data	Property	Resources
Predictive Data	Business	Partnerships



# Maximize Testing of Your Emergency Plan

As you may have realized during recent disasters, in order to be truly prepared, you need to go above and beyond the minimum requirements – especially when it comes to testing your plan.

## Testing Requirements

- ☐ Inpatient facilities must complete two testing exercises annually (one is your choice).
- ☐ Outpatient facilities must complete one testing exercise annually.
- ☐ Document training and testing programs, including initial training on policies and procedures.
- ☐ Ensure staff can demonstrate knowledge of the facility's emergency procedures.

## Best Practices

These testing best practices can help to ensure you're ready and have set expectations to avoid some of the surprises and finger pointing from recent disasters.

- ☐ Educate employees – from receptionists to providers – prior to the testing exercise on their responsibilities in the event of a disaster so they know their role in your response plans.
- ☐ Test your plan as often as needed to ensure you've prepared for the most likely scenarios identified in your HVA.
- ☐ Conduct After Action Reviews (AAR) after every testing exercise.
- ☐ Send an anonymous survey to exercise participants for additional feedback.
- ☐ Record a training on your disaster preparedness plan and upload it to your learning management system for every employee to watch.
- ☐ Track training completion (ideally within your LMS) and track every participant in each training exercise. Keep these records alongside any other documents and policies that may be needed during a survey.
- ☐ Create an employee emergency policy, including required participation in testing exercises, and consequences for not following it.
- ☐ Conduct competency checks for staff member readiness in their assigned roles and leader readiness for an incident command role.
- ☐ Set measurable outcomes for the number of testing exercises you will complete annually, the number of different scenarios from your HVA, and benchmarks for your post-test survey.

# Rethink Collaboration During a Disaster

As many healthcare organizations learned in 2020, emergencies require collaboration and creativity beyond just checking the box in your CMS emergency plan. As you make adjustments to your disaster plans, use this worksheet to think through possible partnerships.

## Academic Institutions

Partnering with academic institutions will enable your facility to expand capacity and build the future workforce. For example, during the COVID-19 pandemic, Norton Children’s Hospital in Louisville, Kentucky, used student nurses to cover more than 2,000 shifts (source: [American Hospital Association](#)).

### Partnership Ideas

Example: Schedule a quarterly meeting of all nearby institutions to brainstorm ideas and share information.

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## Non-Traditional Partners

Schools/boards, religious organizations, and grassroots groups can be vital in distributing information and building trust. For example, [Rush University Medical Center](#) collaborated with community groups to expand testing and vaccination.

### Partnership Ideas

Example: Offer access to each other’s email lists or provide information to be included in newsletters.

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# Major Employers

Co-hosting community events with large employers or corporate partners can **build the bridges** you will need in a disaster.

## Partnership Ideas

Example: Identify allies in the business community who can act as influencers on your behalf.

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# Nearby Healthcare Organizations

Proactively establishing agreements and collaboration with healthcare organizations in your county and state will ensure all emergency responders are better prepared. For example, an ambulatory surgery center (ASC) may be one of the first places where procedures are canceled in a disaster, but that facility and staff can provide other services in the community.

## Partnership Ideas

Example: Set a specific time and day for a daily or weekly call during the disaster where CEOs from each healthcare organization shares information.

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# Facility Staff

All levels of staff within your facility can provide invaluable feedback on issues, solutions, and processes. While this feedback is required in some cases (such as your Exposure Control Plan), you might be surprised at the insight you get when you ask (you don't have to implement the ideas you receive).

## Partnership Ideas

Example: Share a survey with staff following every disaster training, drill, or actual event. each healthcare

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# Streamline Disaster Preparedness With MedTrainer

## Use Proven Safety Plan Templates

MedTrainer's Safety Plan Builder offers OSHA-approved templates that you can configure based on the needs of your organization. You can also upload your own plans to get electronic acknowledgement and store for easy access by and employee.

## Organize Documents & Policies

Store all policies and procedures in the MedTrainer Document Center where you can maintain version control, send for approvals and acknowledgements, and access from anywhere with an internet connection.

## Instant Access to Safety Data Sheets

You're always compliant with MedTrainer SDS management that is accessible from any internet-connected device. Search our database of over one million SDS with McKesson's automatically populating within two days of your purchase.

**Get started with MedTrainer today.**

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