



**-HOSPICE-
CMS Emergency Preparedness Rule
Compliance Checklist**

Hospice Organization (Medicare Facility Name):	
CMS Certification Number (CCN): <small>Complete a separate form for each CCN</small>	
Leader Responsible for Emergency Preparedness:	
Review Completed By:	
Date Review Completed:	

This tool is designed for a freestanding Hospice Agency and does not address integrated healthcare system.

Risk Assessment	Compliant (Y/N)	Comments & Supporting Documents
Conduct a community-based Risk Assessment, annually		
<ul style="list-style-type: none"> Utilize an all hazards approach 		
<ul style="list-style-type: none"> Assess the likelihood and impact of events that are specific to the geographic area and patient population 		
<ul style="list-style-type: none"> Included as a part of the Emergency Plan 		

Emergency Plan	Compliant (Y/N)	Comments & Supporting Documents
Maintain an all hazards emergency preparedness plan that is reviewed, and updated at least annually		
<ul style="list-style-type: none"> The plan is based on the Risk Assessment, addressing the events identified within including (but not limited to): <ul style="list-style-type: none"> Impact of Power Failures Natural Disasters Man-made events Technological events 		
<ul style="list-style-type: none"> The plan must address: <ul style="list-style-type: none"> Care and management of patient population to the level and type of services appropriate for the Hospice. 		
<ul style="list-style-type: none"> The plan must address Continuity of Operations (COOP) to include: <ul style="list-style-type: none"> Delegation of Authority Succession plans 		
<ul style="list-style-type: none"> The plan will be developed in a collaborative and cooperative manner with local, tribal, regional, State, and/or Federal partners with a focus on integrated response. 		



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<ul style="list-style-type: none"> ○ The Hospice should maintain documentation of planning meetings and/or invitations to partners. 		
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Policies and Procedures	Compliant (Y/N)	Comments & Supporting Documents
The Hospice must develop and implement policies and procedures based on the emergency plan and risk assessment. The policies and procedures must be reviewed and updated annually.		
At a minimum the policies and/or procedures will address:		
<ul style="list-style-type: none"> ● Communication with on-duty staff and patients to determine needed services or care. 		
<ul style="list-style-type: none"> ● Informing State and local officials of any on-duty staff or patients that are unreachable. 		
<ul style="list-style-type: none"> ● Procedures to inform State and local officials of patients in need of evacuation from their residence. 		
<ul style="list-style-type: none"> ● The security and availability of the system of medical documentation. 		
<ul style="list-style-type: none"> ● Hospice staff utilization during an emergency and the integration of State and Federally designated health care professionals to address surge. 		
<ul style="list-style-type: none"> ● The coordination with other hospices and providers to receive patients to maintain continuity of care. 		
Residential / In-patient Care Hospice facilities will need:		
<ul style="list-style-type: none"> ● A policy / procedure to shelter in place for patients and employees 		
<ul style="list-style-type: none"> ● An evacuation plan that addresses: <ul style="list-style-type: none"> ○ Continuation of care ○ Staff roles and responsibilities ○ Transportation and logistics ○ Evacuation location(s) and route ○ Primary and alternate means of communication ○ Identification and coordination with external sources of assistance 		
<ul style="list-style-type: none"> ● To plan and address the subsistence needs for employees, patient (regardless of whether they shelter in place or evacuate) to include (but not limited): 		
<ul style="list-style-type: none"> ○ Food and Water 		
<ul style="list-style-type: none"> ○ Medical and Pharmaceutical Supplies 		



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<ul style="list-style-type: none"> ○ Alternate Power to support: <ul style="list-style-type: none"> ▪ Temperature to protect patient health and safety and the sanitary storage of provisions. ▪ Life Safety Devices ▪ Sewage and waste disposal 		
<ul style="list-style-type: none"> • Hospices role under an 1135 Waiver in the utilization of an alternate care site. 		
<ul style="list-style-type: none"> • A system to track employees on-duty and sheltered patients during an emergency. Tracking must be maintained through relocation. <ul style="list-style-type: none"> ○ Tracking should include specific name and location of the receiving facility/location. 		

Communication Plan	Compliant (Y/N)	Comments & Supporting Documents
The Hospice must develop, maintain, and review annually an emergency preparedness communication plan that complies with all applicable regulations.		
At a minimum the policies and/or procedures will address:		
<ul style="list-style-type: none"> • Names and contact Information for the following: <ul style="list-style-type: none"> ○ Employees (Primary & Alternate means) ○ Entities providing services under arrangement ○ Patients' physicians ○ Other Hospices 		
<ul style="list-style-type: none"> • Contact information for the following: <ul style="list-style-type: none"> ○ Response partners including Federal, State, and local. (Primary & Alternate means) ○ Other sources of assistance 		
<ul style="list-style-type: none"> • Sharing of patient information and medical documentation, as necessary, with other health care providers to maintain continuity of care. 		
<ul style="list-style-type: none"> • Releasing patient information as permitted under: <ul style="list-style-type: none"> ○ 45 CFR 164.510(b)(1) in the event of an evacuation. ○ 45 CFR 164.510(b)(4) about the general condition and location of patients under the facility's care. 		
<ul style="list-style-type: none"> • Ability and means to provide information to the Incident Command Center or key responders as to the Hospices inpatient occupancy and ability to provide assistance. 		



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Training and Education	Compliant (Y/N)	Comments & Supporting Documents
The Hospice must educate and train staff (including contract staff, medical staff, & volunteers) regarding its comprehensive emergency preparedness program.		
The Training program will include:		
<ul style="list-style-type: none"> • Initial training on all associated policies and procedures to all new and existing employees and contracted staff consistent with their expected roles 		
<ul style="list-style-type: none"> • Annual training for staff that refreshes knowledge and addresses in changes to the associated policies and procedures. 		
<ul style="list-style-type: none"> • Staff demonstration of knowledge of emergency procedures 		
<ul style="list-style-type: none"> • A periodic review and rehearsal of the emergency preparedness plan with employees and contracted staff, emphasizing protection of patients and others. 		
<ul style="list-style-type: none"> • Record maintenance of all emergency preparedness training. 		

Testing, Exercise and Evaluation	Compliant (Y/N)	Comments & Supporting Documents
The Hospice must conduct exercises to test the emergency plan at least annually.		
The Hospice will:		
<ul style="list-style-type: none"> • Participate in a full-scale community based exercise. If a community exercise is not available, a facility-based will be accepted. A real-world emergency may also take the place of a full-scale exercise as well. 		
<ul style="list-style-type: none"> ○ The Hospice will complete an After Action Report (AAR) for the exercise / event. The development of the AAR will analyze the response and serve as documentation. 		
<ul style="list-style-type: none"> ○ The Hospice will develop a corrective action plan and revise the appropriate plans, policies, and/or procedures. 		
<ul style="list-style-type: none"> • Within 12 months of the previous exercise/event the Hospice will either: <ul style="list-style-type: none"> ○ Participate in a full-scale community based exercise. If a community exercise is not available, a facility-based will be accepted. A 		



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<ul style="list-style-type: none"> real-world emergency may also take the place of a full-scale exercise as well. ○ Table top exercise 		
<ul style="list-style-type: none"> ○ The Hospice will complete an After Action Report (AAR) for the exercise / event. The development of the AAR will analyze the response and serve as documentation. 		
<ul style="list-style-type: none"> ○ The Hospice will develop a corrective action plan and revise the appropriate plans, policies, and/or procedures. 		
<ul style="list-style-type: none"> • The Hospice will complete an After Action Report (AAR) for all real-world emergencies. 		

Additional State & Local Emergency Preparedness Requirements	Compliant (Y/N)	Comments & Supporting Documents