Public Health Emergency Preparedness Plan (EPP)

Skilled Nursing Facility (SNF)

Emerging Infectious Diseases (EIDs) EPP Readiness Checklist

Facility Name: _____   **CCN:** _____   **Assessment Date:** _____   **Completed by:** _____

EIDs are outbreaks that are rapidly increasing or threaten to increase quickly and may impact the continuity of care within a healthcare setting. EIDs should be included in EPPs, as EIDs may require modification to facility protocols to protect the health and safety of residents and staff. The facility is required by the Centers for Medicare & Medicaid Services (CMS) to review and update the risk assessment/hazard vulnerability assessment on an annual basis.[1]

Assessment Items	Yes	No
A. Risk Assessment CMS Quality and Safety Oversight (QSO). QSO-21-15-ALL (pages 18, 19, 22, 24, 25) E-0006		
1. Our facility's infection preventionist is involved in the planning, development, and revision of our EPP.	☐	☐

2. Our Hazard Vulnerability Assessment (HVA)/Risk Assessment addresses our plans to prepare for EIDs including:
  a. Pandemic flu.
  b. EIDs (e.g., Ebola, Zika virus, mpox/monkeypox, SARS, or COVID-19).
  c. Potentially infectious bio-hazardous waste.
  d. Bioterrorism.
	☐	☐

3. Our Emergency Operations Plan includes protocols to evaluate that the following EID needs are addressed.
  a. Influx in need for personal protective equipment (PPE).
  b. Considerations for screening patients and visitors.
  c. Testing considerations for staff, visitors, and residents for infectious diseases.
  d. Transfers and discharges of residents.
  e. Physical environment, including but not limited to, changes needed for distancing, isolation, capacity/surge, and ventilation/filtration.
  f. Mass fatality management.
	☐	☐

Assessment Items	Yes	No
B. Reporting of Facility Needs and Ability to Provide Assistance QSO-21-15-ALL (pages 76, 77) E-0009, E-0031, E-0033		
4. Our EPP references that our liaison or designee is assigned to monitor reporting requirements issued by the Centers for Medicare & Medicaid Services (CMS), state, and local agencies (e.g., contact tracing).	☐	☐
5. Our EPP addresses our ability to report required items using established reporting systems to local, county, and state emergency officials (e.g., PPE shortages/availability, staffing shortages/availability, need to evacuate/transfer residents, requests for transporting assistance, ability to accept new residents, temporary loss of part or all facility function).	☐	☐
6. Our EPP has a protocol to actively engage with organizations and stakeholders during the onset of a widespread emergency, such as: **a.** Healthcare coalition partners (e.g., local hospitals). **b.** State and national trade associations. **c.** Health Services Advisory Group (HSAG—CMS Quality Innovation Network-Quality Improvement Organization). **d.** First responders (e.g., police and fire departments, ambulance companies).	☐	☐
C. Preparation for an Alternate Care Site (ACS) under Section 1135 Emergency Waivers QSO-21-15-ALL (pages 61, 62, 63, 77) E-0026		
7. Our EPP includes a protocol to integrate procedures related to the use of 1135 waivers during an emergency.	☐	☐
8. Our EPP considers recovery to pre-disaster conditions upon expiration of any 1135 waiver during a declared disaster or emergency.	☐	☐
9. Our facility has met with our healthcare coalition and/or the Medical Health Operational Area Coordinator (MHOAC) to discuss issues related to staffing, equipment, and supplies.	☐	☐

Assessment Items	Yes	No
D. Updating Policies and Procedures During Emergencies QSO-21-15-ALL (pages 24, 67), E-0030, E0031		
10. Our EPP has a planning chief or designee assigned to stay up to date on EID event-specific guidance, directives, and recommendations from the CDC, CMS, state and local health departments, and other healthcare systems and coalition partners.	☐	☐
11. Our facility keeps updated staff contact information to ensure the protocols to effectively communicate new directives, guidance, and recommendations to staff during an emergency can be followed (e.g., cohorting, testing, PPE, visitation, return to work criteria).	☐	☐
E. Surge Planning QSO-21-15-ALL (pages 56, 57, 58) E-0024		
12. Our EPP has policies and procedures to address emergency staffing needs. If volunteers are part of the strategy, our plan outlines the type of volunteers that would be accepted and the role they may play during an EID emergency.	☐	☐
13. Our EPP outlines how our facility will ensure healthcare professionals used for emergency staffing are credentialed, licensed, or able to provide medical support within the facility.	☐	☐
14. Our EPP includes telehealth options for residents to get treatment and medical consultations from clinicians.	☐	☐
15. Our EPP includes protocols for staff to triage and assess patients quickly to determine which patients can be managed in the facility versus which patients need to be sent for emergency care.	☐	☐
16. Our EPP includes protocols for the expansion of our licensed bed capacity in the case of a surge from an EID.	☐	☐
17. Our designated surge areas have gone through the same risk assessment to determine if the space will provide a safe environment of care.	☐	☐

1. CMS. Regulations and Guidance. 42 CFR 483.73—Emergency Preparedness. E-0013. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_z_emergprep.pdf