



**PLANNING ASSESSMENT GUIDE  
FOR  
LONG TERM CARE FACILITIES**

The purpose of the planning assessment guide is to assist you in the evaluation of your facility emergency operations plan. The guide contains examples of best practices and suggestions for preparing with your community. The guide is based on various foundational documents from the California Department of Public Health and California Association of Health Facilities.

<b>Action:</b>	<b>Addressed in Response Plan:</b>		
	<b>Not Started</b>	<b>In Progress</b>	<b>Completed</b>
<b>I. CHAIN OF COMMAND</b>			
1- Line of authority to ensure continuous leadership during an emergency			
A- Do you have an organizational chart?			Date: Initial:
B- Do you have a position designated as the person in charge? Who is in charge during the emergency as compared to normal operation?			Date: Initial:
C- Do you have a designated back-up? Who is the back up?			Date: Initial:
2- Has your facility defined specific roles, tasks, and responsibilities for each staff person for each type of emergency?			Date: Initial:
<b>II. COMMUNICATION AND NOTIFICATION:</b>			
1- Do you have a designated position to activate the contact phone tree for disaster response?			Date: Initial:
2- Does your facility have the procedure for assigning and recalling staff ( <i>what is expected regarding "call back" (recalling an employee back to work) or "hold over" (retaining an employee at work for a prolonged period beyond normal business hours during emergency)?</i> )			Date: Initial:
3- Does your facility have predetermined arrangements for staff to report to work and alternate communication plans ( <i>such as cell phone and/or text messaging</i> )?			Date: Initial:
4- Have you issued a facility ID badge allowing staff to cross a police or fire barrier should the area be restricted?			Date: Initial:
<b>III. PROVISIONS FOR EVACUATION</b>			
1- Complete evacuation:			
A- Memorandum of Understanding (MOU)			
a- Do you have reciprocal or other agreements with nearby facilities other than hospitals to provide temporary and same level of care in an emergency?			Date: Initial:



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b- Have you developed an MOU to send care staff, medication and essential medical supplies with the residents?			Date: Initial:
c- Have you developed an MOU to share resources ( <i>personnel, equipment, supplies, pharmaceutical, and information</i> ) as needed?			Date: Initial:
d- Do you have an MOU in regard to client information? ( <i>E.g., an agreement to provide relevant client information as necessary to assist with public health function response</i> )			Date: Initial:
<b>B- Emergency transfer of client</b>			
a- Do you have arrangements for safe and efficient transportation? ( <i>E.g., private car or bus, wheel chair/van, ambulance</i> )			Date: Initial:
b- Do you have agreements with ambulance providers and/or the Orange County Transportation Authority (OCTA)?			Date: Initial:
c- Do you have mutual aid agreements with neighboring facilities?			Date: Initial:
<b>C- Evacuation plan:</b>			
a- What is the primary route?			Date: Initial:
b- What is the secondary (alternate) route?			Date: Initial:
c- Have you created a list of emergency phone numbers? ( <i>Including physicians, local health facilities, local fire and Emergency Medical Services (EMS)</i> )?			Date: Initial:
d- Have you established procedures for notifying family members, guardians, the state department and ombudsman of the resident's welfare?			Date: Initial:
<b>D- Records of resident movement</b>			
a- Have you established procedures for resident evacuation and tracking records?			Date: Initial:
b- Have you created disaster information sheet to accompany each resident who is evacuated or transferred, including basic medical information? ( <i>medication, diet, acute condition(s) and personal information relevant to their care</i> )			Date: Initial:



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E- Partial evacuation: Do you have a plan for partial evacuation? (E.g. moving of residents from damaged area of the facility to an undamaged area)			
a- Do you have procedures to describe safe practice(s) for moving and housing residents in the new area?			Date: Initial:
b- Have you identified possible placement within an existing institution or alternative institution to move displaced residents?			Date: Initial:
c- Have you identified essential equipment to ensure continuity of care?			Date: Initial:
d- Does your facility have adequate staffing to ensure safe client transfer(s)?			Date: Initial:
<b>IV. SHELTERING IN THE FACILITY</b>			
1- What is your facility's source of emergency utilities and supplies (I.e., for a minimum of 72hrs)?			Date: Initial:
A- Do you have alternate power for emergency lights and essential medical equipment?			Date: Initial:
B- Do you have enough essential medications and medical supplies (such as oxygen) at hand?			Date: Initial:
C- Do you have enough water and food for residents?			Date: Initial:
D- Do you have enough water and food for personnel who are caring for residents?			Date: Initial:
E- Does your facility have procedures to ensure the following needs are supplied (for a minimum of 72 hours)?			Date: Initial:
a- Food:			
• Emergency menus planned ahead			Date: Initial:
• Food storage without refrigeration			Date: Initial:
• Ability to prepare food without the normal functioning of kitchen appliances			Date: Initial:
• Sanitation (including means of washing utensils and plates) or disposables			Date: Initial:
b- Water:			
• Drinking (1gal/person/24 hours)			Date: Initial:
• Cooking			Date: Initial:
• Personal hygiene			Date: Initial:



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c- Medications			Date: Initial:
• Proper condition of storage			Date: Initial:
• Security/Accountability			Date: Initial:
d- First aid and medical supplies			Date: Initial:
e- Sanitation and infection control			
• Medical and human waste			Date: Initial:
• Garbage/refuse			Date: Initial:
• Personal hygiene			Date: Initial:
• An extended supply of personal protective equipment ( <i>gloves, mask, etc</i> ) to be used during an outbreak of infectious disease			Date: Initial:
f- Staff sleeping arrangements for the period of time the facility is sheltering in place if needed			Date: Initial:
g- Backup source of heat and lights			Date: Initial:
h- Transportation			Date: Initial:
i- Other essential supplies for staff and residents			Date: Initial:
F- Does your facility have systems and supplies for the use of alternative water sources ( <i>I.e., purification of water if potable water is lost, method of transporting water from its source to the resident care area</i> )?			Date: Initial:
G- Does your facility have systems and supplies to maintain a minimal standard of hygiene?			Date: Initial:
<b>V. HANDLING INFLUX OF OUTSIDE RESIDENTS</b>			
1- Has your facility identified usable space for immediate care of emergency admission. ( <i>Must address how your facility will manage emergency admits in an orderly manner</i> )?			Date: Initial:
2- Triage			
A- Does your facility have procedures for assessment of the client's level of care and capability?			Date: Initial:
a- Assess level of care			Date: Initial:
b- Cohort same medical conditions as appropriate			Date: Initial:
B- Have you determined the number of extra residents your facility can accommodate?			Date: Initial:



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C- Does your facility emergency operation plan accommodate emergency admits from other facilities?			Date: Initial:
D- Does your facility have extra supplies and equipment for additional patient during an emergency?			Date: Initial:
E- Does your emergency preparedness plan include provisions to provide prompt medical assessment and treatment to residents who may have suffered adverse health consequences from the emergency or sudden transfer?			Date: Initial:
F- Staff competency:			
a- Ventilator/Tracheostomy care			Date: Initial:
b- Complex wound management			Date: Initial:
c- IV's/Oxygen			Date: Initial:
d- Residents with rehabilitation needs			Date: Initial:
G- If you cannot accommodate, do you have procedures in place to transfer residents to other facilities?			Date: Initial:
3- Outbreak Disease Plans			
A- Does your facility have a procedure for assessment and reporting?			Date: Initial:
B- Does your facility have plan for containment and isolation?			Date: Initial:
4- Business Continuity Plan:			
A- Have you identified essential functions critical to business continuity and recovery objectives following a catastrophic event?			Date: Initial:
B- Do you have critical contact information ( <i>identify critical personnel/entities and vendors</i> )?			Date: Initial:
C- For those facilities that have electronic medical record, have you identified vital records and vital system software documentation at the back-up site?			Date: Initial:
D- Have you identified an alternate site to continue your business functions? ( <i>the number and location of alternative sites will depend on the facility and the emergency</i> )			Date: Initial:
<b>VI. REQUEST RESOURCE FOR ASSISTANCE</b>			
1- Have you developed plans for responding to requests for assistance from surrounding community?			Date: Initial:



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2- Have you developed plans for requesting resource for assistance?			Date: Initial:
<b>VII. TRAINING AND EXERCISE</b>			
1- Do you have procedures for increasing employee and resident awareness of possible emergencies?			Date: Initial:
2- Do you provide training on your staff and resident's role before, during, and after a disaster?			Date: Initial:
A- Have you determined how key staff will be instructed in their emergency roles during an emergency?			Date: Initial:
B- Have you determined provisions for training new employees regarding their disaster-related roles?			Date: Initial:
C- Have you identified the provider for emergency preparedness training and established training schedule for all employees?			Date: Initial:
D- Have you identified materials for training and assisting all staff with their personal family preparedness?			Date: Initial:
3- Do you review your emergency preparedness plan periodically, revise as necessary, and have all personnel instructed in its requirements?			Date: Initial:
4- Do you schedule exercises and testing all or portions of your facility's disaster plan on an annual basis in consultation with local emergency management officials?			Date: Initial:
5- Have you established procedures for correcting problem(s) noted during training exercises?			Date: Initial:
<b>VIII. OTHER CONSIDERATIONS:</b>			
1- Does your plan address security of the facility?			Date: Initial:
2- Does your plan address procedures for emergency discharge of residents who can be discharged without jeopardy into the community <i>(including arrangement of their care, transportation, and a follow-up inquiry within 24 hours)</i> ?			Date: Initial:
3- Does your plan address management of deceased residents during a catastrophic event until the coroner is able to respond?			Date: Initial:



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**APPENDIX**

**REGULATIONS**

**I-CHAIN OF COMMAND:**

Title 22, sections 72551, 76563 & 76928 (b)(3)

**II- COMMUNICATION AND NOTIFICATION:**

Title 22, sections 72551 (b)(2), 76563 (b)(2) & (b)(3), 76928 (b)(2) & (b)(3), 73549 (2) & (3)

**III- PROVISION FOR EVACUATION:**

California Health and Safety (H&S) Code 1336.3(b) & 1336.3(1)  
Title 22, sections 72551(b)(6)(8) (10), 72553(b)(9), 72607(a)(b), 73549 (b)(7)(9),  
73609(a)(c), 76563(b)(6)(8)(9)(10), 76609(a)(b), 76928 (b)(6)(8)(9)(10) & 76936 (a)(b)

**IV- SHELTERING IN THE FACILITY:**

Title 22, sections 72551(b)(1)(5), 76563(b)(1)(5), 76928 (b)(1)(5) & 73549 (b)(1)  
Code of Federal Regulations (CFR) 483.470(h)(1)

**V- HANDLING INFLUX OF OUTSIDE RESIDENTS:**

H&S Code 1336.3(3)  
Title 22, section 72551 (a)(12)

**VI- REQUEST RESOURCE FOR ASSISTANCE:**

**VII- TRAINING AND EXERCISE:**

CFR 483.75(m), 483.470(h)(2)  
Title 22, sections 72551 (c)(d)(e), 76563(c)(d), 76928 (c)(d) & 73549 (c)(d)

**VIII- OTHER CONSIDERATIONS:**

Title 22, sections 72551(b)(7)(11)(13), 76563(b)(7)(11)(12), 76928(b)(7)(11) &  
73549(b)(11)(12)