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**MAYOR'S OFFICE OF HOMELAND SECURITY
AND
EMERGENCY PREPAREDNESS**

LOUISIANA HOSPICE/HOME HEALTH EMERGENCY PLAN CROSSWALK 2019

HOSPICE/HOME HEALTH NAME _____

HOSPICE/HOME HEALTH ADMINISTRATOR _____

Address _____

Phone _____ Fax _____ Email _____

Every hospice/home health agency that operates in the State of Louisiana is required by The Centers of Medicare and Medicaid Services to have an emergency plan. The Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers listed in the Code of Federal Regulations (42 CFR 418.113 & 484.22) regulate the requirements that must be in the emergency plans. The Louisiana Model Hospice/Home Health Plan template will be used as the basis for every facility's plan. Each facility will provide a copy of its plan for review by the Parish Office of Emergency Preparedness in which the facility is operated, along with a completed copy of this Crosswalk. **The crosswalk must include the page number and paragraph of every item found in the emergency plan in the blanks provided.** The Parish Office of Emergency Preparedness will review the plan and will provide any suggested corrections. This crosswalk is current as of January 1, 2019.

***Indicates the new requirements for Medicare and Medicaid facilities that went into effect on November 16, 2016. All facilities must be compliant one year after the effective date on November 16, 2017.**

- 1) Cover page _____
- 2) Plan review and approved page (42 CFR 418.113, a & 484.22, a) _____
- 3) Table of contents _____
- 4) Is the plan properly tabbed? _____
- 5) Situational risk annexes? _____
- 6) Agency information page _____



7) Introduction

- a) Purpose Paragraph
- b) Demographics
 - i) Description of the facility
 - ii) Tab 1 – Facility location map
 - iii) Description of the facility’s services
- c) At Risk Registry
 - i) Tab 2 – At Risk Registry Evaluation forms
 - ii) Tab 3 – At Risk Registry Consent forms

8) Emergency Plan (42 CFR 418.113, a & 484.22, a)

- a) Emergency Considerations
- b) Risk Assessments (42 CFR 418.113, a.1 & 484.22, a.1)
 - i) Tab 4 – Annual Hazard Vulnerability Assessment Worksheet
 - ii) Statement of Emergency plan location and where it can be viewed
 - iii) List of the major hazards that could effect the facility
- c) Command and Control (42 CFR 418.113, a.3 & 484.22, a.3)
 - i) Tab 5 – Organizational Chart
 - ii) Tab 6 – Orders of Succession
 - iii) Tab 7 – Receiving facilities/organizations
- d) Emergency Declarations
 - i) Procedures for emergency declarations
- e) Coordination (42 CFR 418.113, a.4 & 484.22, a.4)
 - i) Tab 8 – State and Local Governmental Contacts

9) Policies and Procedures (42 CFR 418.113, b & 484.22, b)

- a) Administration
 - i) Agency Emergency Coordinator and Senior Management review plan and training exercise annually
 - ii) Copies of signed plan updates
 - iii) Plan to ensure all plan changes will be coordinated with responsible organizations



- iv) Plans for new admissions before, during, and after an emergency _____
- v) Plans to review patients in assisted living facilities emergency plans _____
- vi) * Policies in place to for following up with patients to determine services that are still needed if services are interrupted (42 CFR 418.113, b.1 & 484.22, b.3) _____
- vii) * Policy to inform State and Local officials of any on-duty staff or patients that the facility is unable to contact (42 CFR 418.113, b.1 & 484.22, b.3) _____

b) Individual Plans (42 CFR 484.22, b.1 Home Health Only) _____

- i) Tab 9 – Client Emergency Preparedness Plan _____

c) Client and Staff Tracking System _____

- i) Tab 10 – Notification Call List _____
- ii) Method of tracking patients and staff (written, typed list, tracking program, etc.) _____
- iii) Plans to notify the State and Local officials of on-duty staff or clients that were unable to be contacted. (42 CFR 418.113, b.2 & 484.22, b.2) _____

iv) Lockdown Procedures _____

v) Shelter in Place Procedures _____

vi) Evacuation Procedures _____

- (1) Tab 11 – Patient Evacuation Checklist _____

vii) Suspension of Services Plan _____

viii) Documentation Procedures (42 CFR 418.113, b.3 & 484.22, b.4) _____

ix) Volunteer list and work assignments (42 CFR 484.22, b.5 Home Health Only) _____

10) Communications (42 CFR 418.113, c & 484.22, c) _____

a) * Communications plan must comply with local laws (42 CFR 418. 113, c & 484.22, c.) _____

b) Internal _____

- i) Location of all employees contact numbers and emergency contacts _____

ii) Tab 12 – Vendor Contacts _____

- (1) Location of where physician information is kept _____

iii) List all means used to communicate an emergency status _____

c) External _____

- i) The name of corporate and/or ownership persons to be notified on facility’s _____



Information Page

ii) EOP contains list of all Parish, State, and Local Emergency Management persons to be notified (Tab 8)

iii) EOP contains a list of contact information for other facilities that can provide services to patients (Tab 7)

d) Communications with Clients and Visitors

i) During emergencies, staff responsible for notifying patients (Tab 10)

e) Communications with Other Healthcare Providers

i) Person in charge to release information on the location and condition of patients

ii) * Arrangements with other Healthcare facilities to receive patients in the event of limitations or cessation of operations to ensure the continuity of services (42 CFR 418.113, b.5 & 484.22, b.6)

f) Healthcare Communications with Public or Private Organizations

g) Surge Capacity and Shared Resources

h) Requesting Assistance

11) Training (42 CFR 418.113, d.1 & 484.22, d.1)

a) Procedures for training on the facility's EOP

b) Documentation of the training and state what position is responsible

12) Testing (42 CFR 418.113, d.2 & 484.22, d.2)

a) Documentation that agency participated in a full scale exercise that is community-based

i) Agency is exempt from engaging in a full scale exercise for 1 year following a natural or man-made emergency

b) Documentation of a second exercise every year

i) * The facility to choose the type of exercise it will conduct to meet the second annual testing requirement (42 CFR 418.113, d.2.ii, a & 484.22, d.2.ii)

c) After the exercises, tabletops, or actual events review response

i) Tab 13 – After Action Review and Improvement Plan

13) * Each facility's training and testing program must be based on the facility's emergency



plan, risk assessment, policies and procedures, and communication plan
(42 CFR 418.113, d & 484.22, d)

- 14) * Integrated Health Care Systems (42 CFR 418.113, e & 484.22, e)
 - a) * Demonstrate each separately certified facility actively participated in the emergency preparedness program (42 CFR 418.113, e.1 & 484.22, e.1)
 - b) * Accounts for each separately certified facility’s unique circumstances, patient populations, and services offered (42 CFR 418.113, e.2 & 484.22, e.2)
 - c) * Demonstrate that each separately certified facility is capable of actively using the Emergency preparedness program (42 CFR 418.113, e. 3 & 484.22, e.3)
 - d) * Includes a unified and integrated emergency plan (42 CFR 418.113, e.4 & 484.22, e.4)
 - e) * Includes policies and procedures (42 CFR 418.113, e.5 & 484.22, e.5)

15) Annex A – Fire Policy and Procedure

16) Annex B – Bomb Threat Policy and Procedure

17) Annex C – Active Shooter Policy and Procedure

18) Annex D – Loss of Water Policy and Procedure

19) Annex E – Electrical Power Outages Policy and Procedure

20) Annex F – Extreme Temperatures Policy and Procedure

21) Annex G – Severe Weather Policy and Procedure

22) Annex H – Hurricanes Policy and Procedure

23) Annex I – Winter Storms Policy and Procedure

24) Annex J – External Hazmat Incident Policy and Procedure

25) Annex K – Radiological Accident Policy and Procedure

26) Annex L – Bioterrorism Threats Policy and Procedure

