

2020 Home Care Compliance Assessment Workbook



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Emergency Management (EM)

Standard EM.01.01.01 ①		The organization engages in planning activities prior to developing its written Emergency Operations Plan. 📝	
EP 1 ②	③	Do the organization's leaders participate in planning activities prior to developing an Emergency Operations Plan?	④
Evidence of Standards Compliance			
⑤		Compliant? ⑥	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> NA	<input type="checkbox"/> ITHS

- Standard number and text.** This is the standard content from the *CAMHC*. The 📝 icon will be added at the end of the standard text if it has any notes or cross-references; notes and cross-references may be reviewed in the manual or on E-dition.
- EP number.** Each EP is included in this book and corresponds to the same number in the manual or on E-dition.
- Icons.** This icon box will include icons as appropriate. If an EP requires documentation, the © icon will be listed; if an EP is considered a high risk, the R icon will be listed. These two icons will match the icons in the *CAMHC*. New to this edition (and unique to this workbook), if an EP has any notes or cross-references, the 📝 icon will be listed. If an EP does not have any of these elements, the box will be empty.
- Compliance assessment question.** This content is the EP turned into a question for you to assess compliance.
- Evidence of Standards Compliance.** Use this section to record what supports compliance with this EP. This section also can be used to record what is noncompliant with this EP, which can later be used when developing the Plan of Action.
- Compliance assessment.** Once you've determined your compliance with an EP, this section allows you to mark whether your organization is compliant ("Yes") or not compliant ("No"). If an EP is not applicable to your assessment, mark the "NA" box. If an immediate threat to health or safety (ITHS) is observed, mark the "ITHS" box and address the threat immediately as required.

Standard EM.01.01.01		The organization engages in planning activities prior to developing its written Emergency Operations Plan.						
EP 1		Do the organization's leaders participate in planning activities prior to developing an Emergency Operations Plan?						
Evidence of Standards Compliance								
		<table border="1"> <tr> <th colspan="2">Compliant?</th> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> NA</td> <td><input type="checkbox"/> ITHS</td> </tr> </table>	Compliant?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> ITHS
Compliant?								
<input type="checkbox"/> Yes	<input type="checkbox"/> No							
<input type="checkbox"/> NA	<input type="checkbox"/> ITHS							
EP 2		Does the organization identify in writing the potential emergencies that could affect its ability to provide services and the likely consequences of those emergencies?						
Evidence of Standards Compliance								
		<table border="1"> <tr> <th colspan="2">Compliant?</th> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> NA</td> <td><input type="checkbox"/> ITHS</td> </tr> </table>	Compliant?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> ITHS
Compliant?								
<input type="checkbox"/> Yes	<input type="checkbox"/> No							
<input type="checkbox"/> NA	<input type="checkbox"/> ITHS							
EP 3		Does the organization prioritize the potential emergencies it has identified?						
Evidence of Standards Compliance								
		<table border="1"> <tr> <th colspan="2">Compliant?</th> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> NA</td> <td><input type="checkbox"/> ITHS</td> </tr> </table>	Compliant?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> ITHS
Compliant?								
<input type="checkbox"/> Yes	<input type="checkbox"/> No							
<input type="checkbox"/> NA	<input type="checkbox"/> ITHS							
EP 4		Does the organization determine what its role will be, if any, in the community response plan?						
Evidence of Standards Compliance								
		<table border="1"> <tr> <th colspan="2">Compliant?</th> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> NA</td> <td><input type="checkbox"/> ITHS</td> </tr> </table>	Compliant?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> ITHS
Compliant?								
<input type="checkbox"/> Yes	<input type="checkbox"/> No							
<input type="checkbox"/> NA	<input type="checkbox"/> ITHS							
EP 5		Does the organization use its prioritized emergencies as a basis for defining mitigation activities (that is, activities designed to reduce the risk of and potential damage from an emergency)?						
Evidence of Standards Compliance								
		<table border="1"> <tr> <th colspan="2">Compliant?</th> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> NA</td> <td><input type="checkbox"/> ITHS</td> </tr> </table>	Compliant?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> ITHS
Compliant?								
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<input type="checkbox"/> NA	<input type="checkbox"/> ITHS							
EP 6		Does the organization use its prioritized emergencies as a basis for defining the preparedness activities that will organize and mobilize essential resources?						
Evidence of Standards Compliance								
		<table border="1"> <tr> <th colspan="2">Compliant?</th> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> NA</td> <td><input type="checkbox"/> ITHS</td> </tr> </table>	Compliant?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> ITHS
Compliant?								
<input type="checkbox"/> Yes	<input type="checkbox"/> No							
<input type="checkbox"/> NA	<input type="checkbox"/> ITHS							

(continued on next page)

KEY: = documentation required; **R** = identified risk; = support notes and cross-references available on E-dition® or in the Comprehensive Accreditation Manual for Home Care; NA = not applicable; ITHS = Immediate Threat to Health or Safety

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Emergency Management (EM)—Mock Tracer Questions

These sample EM-related questions can be used when creating a mock tracer. All these questions may be adapted as appropriate, whether for use in an inpatient facility or in a patient's home. Questions can be chosen then copied into the Mock Tracer form or another form. These questions are only a very small sampling of the questions you should consider asking as you conduct mock tracers in your organization. In addition, a mock tracer is not built on a static list of questions; rather, the best questions are based on what you sense in the environment—what you see, hear, and otherwise experience while visiting various parts of the organization and speaking with different individuals.

EM TRACER QUESTIONS	USE QUESTION AS IS	ADAPT QUESTION FOR USE
What is your role in mitigation, preparedness, response, or recovery activities? Please describe your assigned responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>
What is the chain of command in the organization?	<input type="checkbox"/>	<input type="checkbox"/>
What is the process for communicating with staff during an emergency? What preparation has the organization made for this communication?	<input type="checkbox"/>	<input type="checkbox"/>
What processes do you have in place to communicate with vendors, contracted providers, your parent company, and external authorities as needed when an emergency occurs?	<input type="checkbox"/>	<input type="checkbox"/>
How do you communicate with patients about emergency management when they come on service?	<input type="checkbox"/>	<input type="checkbox"/>
Please show me your Emergency Operations Plan (EOP).	<input type="checkbox"/>	<input type="checkbox"/>
How does the organization communicate with patients during an emergency? What are its backup procedures if communications fail during an emergency?	<input type="checkbox"/>	<input type="checkbox"/>
What EOP-related exercises have been conducted recently? Please describe the outcomes of these exercises.	<input type="checkbox"/>	<input type="checkbox"/>
Please describe an actual emergency that has occurred in the organization since you began working here.	<input type="checkbox"/>	<input type="checkbox"/>
What provisions have you made for patient tracking, service prioritization and, if necessary, coordination with alternative care sites?	<input type="checkbox"/>	<input type="checkbox"/>
How have you prepared to manage medications, medical supplies, equipment, and nonmedical supplies for your patients during an emergency?	<input type="checkbox"/>	<input type="checkbox"/>
How do you provide for your organization's utility system needs (for example, electricity, water) during an emergency?	<input type="checkbox"/>	<input type="checkbox"/>
Who participates in emergency management exercises? Who doesn't participate in emergency management exercises, and why are they not included?	<input type="checkbox"/>	<input type="checkbox"/>
What changes have you made in your Emergency Operations Plan and in your preparedness based on the evaluations of your exercises and responses?	<input type="checkbox"/>	<input type="checkbox"/>
How have your emergency management exercises prepared you to address the areas of greatest risk in the organization?	<input type="checkbox"/>	<input type="checkbox"/>
Who is involved in planning exercises and evaluation?	<input type="checkbox"/>	<input type="checkbox"/>

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Emergency Management (EM)—Plan of Action Follow-Up

EP	REQUIRED ACTION(S)	RESPONSIBLE STAFF	DUE DATE	NOTES
	Standard EM.01.01.01			
	Standard EM.02.01.01			
	Standard EM.02.02.01			
	Standard EM.02.02.03			
	Standard EM.02.02.05			
	Standard EM.02.02.07			

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Emergency Management (EM)—Required Documentation

EP	TYPE OF REQUIRED DOCUMENTATION	DOCUMENT LOCATION	LAST VERIFIED	OWNER	NOTES
Standard EM.01.01.01					
9					
Standard EM.02.01.01					
2					
4					
7					
10					
11					
12					
14					
15					
17					
Standard EM.02.02.01					
18					
19					
20					
21					
22					
24					
Standard EM.02.02.03					
9					
Standard EM.02.02.05					
4					
Standard EM.02.02.07					