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Nursing Care Center and Assisted Living Community

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Table of Contents

- Some items in the Table of Contents are indicated as "updated." This means that these policies and procedures (P&Ps) have been updated since the previous edition of *PolicySource*. These changes reflect updates in Joint Commission standards and elements of performance for nursing care center and assisted living community accreditation.

- Those items with a paper clip icon 📎 are not P&Ps themselves but supplementary materials or attachments for a particular P&P. Not every P&P has such attachments, but that does not prohibit someone using *PolicySource* to create their own ancillary materials for any of their own P&Ps.

- **UPDATED!** Plan for Managing Resources and Assets During an Emergency
- **UPDATED!** Plan for Managing Utilities During an Emergency
- **UPDATED!** Continuity of Operations Plan
- **UPDATED!** Disaster Recovery Plan
- **UPDATED!** Emergency Management Education and Training Policy
- **UPDATED!** Emergency Management Program Development Plan

Emergency Communications Plan

[Logo]	**TITLE** Emergency Communications Plan		**IDENTIFICATION NUMBER**
ORGANIZATION(S)	**LEVEL** ☐ System ☐ Organization ☐ Division ☐ Department	**CATEGORY** ☐ Clinical ☐ Management ☐ Regulatory	**POSTING DATE** **EFFECTIVE DATE**
REVIEW CYCLE ☐ 1 year ☐ 3 years **LAST REVIEW DATE:**	**REPLACES** **TITLE:** Emergency Communications Plan **EFFECTIVE DATE(S):**		

APPLICABILITY
This plan is applicable to nursing care centers and assisted living communities and correlates to Joint Commission standards that require written documentation. Text shaded blue only applies to nursing care centers.

PROCEDURES STATEMENT
As part of its emergency operations plan (EOP), the organization develops an emergency communications plan to maintain a current list of names and contact information of relevant stakeholders and sources of assistance and operates a system to track patients and/or residents during an emergency.

PURPOSE
To establish and maintain resources necessary for effective communication during an emergency to facilitate essential pathways for information distribution and to ensure patient and/or resident safety and safe organizational operations.

SCOPE
Applies to all communications that occur during all types of emergency situations, originating both within the organization and outside of it and both natural and human-created emergencies.

DEFINITIONS
Disaster – A type of emergency that, due to its complexity, scope, or duration, threatens the organization's capabilities and requires outside assistance to sustain care, safety, or security functions.

Emergency – An unexpected or sudden event that significantly disrupts the organization's ability to provide care, treatment, or services or the environment of care itself or that results in a sudden, significantly changed or increased demand for the organization's services. Emergencies can be either human-made or natural (such as an electrical system failure or a tornado), or a combination of both, and they exist on a continuum of severity.

Emergency operations plan (EOP) – An organization's written document that describes the process it would implement for managing the consequences of emergencies, including natural and human-made disasters, that could disrupt the organization's ability to provide care, treatment, and services.

RESPONSIBILITIES

Clinical leaders and/or other identified individuals are responsible for the following:
- Overseeing, reviewing, revising, maintaining, and implementing this plan
- Creating and maintaining the contact list for use during emergencies, in coordination with Human Resources staff members
- Identifying an individual to serve as tracking coordinator
- Ensuring that all policies and procedures related to sharing, releasing, or otherwise communicating patient and/or resident information complies with applicable law and regulation

PROCEDURES

Contact List

Clinical leaders and/or other identified individuals do the following:
1. Identify, in writing, the relevant stakeholders and sources of assistance that are necessary to include in the emergency communications plan, including the following:
   - Staff members
   - Physicians and other licensed practitioners
   - Volunteers
   - Other health care and/or nursing care facilities
   - Entities providing services under arrangement
   - Suppliers of essential services, equipment, and supplies
   - Community partners, such as but not limited to the following:
     - Fire departments
     - Police/law enforcement departments
     - Local incident command
     - Public health departments
   - Relevant federal, state, tribal, and regional authorities
   - Local emergency preparedness staff
   - State licensing and certification agencies
   - Office of the state long-term care ombudsman
   - Any other sources of assistance during an emergency, including health care coalitions
2. Ensure that organization-specific contacts are included in the systemwide contact list if the organization is part of a health care system that has a unified and integrated emergency management program.
3. Provide the name and applicable contact information (such as landline telephone number, cell phone number, e-mail address, and so on) for each individual or organization identified on the list.
4. Review the list as part of the EOP evaluation.
5. Update the list to reflect changes in names, organizations, contact information, or other details as part of the EOP evaluation and/or as necessary (for example, due to staff changes).
6. Ensure that the list is easily accessible to relevant staff during an emergency.
7. Ensure that the list and its use are incorporated into all emergency preparedness drills conducted at the organization.
8. Plan drills and exercises.
9. Evaluate drills and exercises and responses to real events.

Communication Methods

Clinical leaders and/or other identified individuals do the following:
1. Identify and maintain appropriate primary and alternative (or backup) methods for

communicating with relevant stakeholders and sources of assistance, as defined in this policy, during an emergency. Methods may include but are not limited to the following, as appropriate to each intended audience:
- Overhead announcement system
- Telephones
- Pagers
- Cell phones
- E-mail
- Reverse 911 systems
- Amateur/ham radios
- Identified television and radio programs or stations
- Employee hotline
- Backup systems and technologies

2. Ensure that organization-specific policies and procedures for communications are included in the systemwide communications plan if the organization is part of a health care system that has a unified and integrated emergency management program.
3. Use the appropriate primary or alternative communication system(s) to communicate with appropriate individuals and/or organizations on the contact list about at least the following issues:
    - Organization's needs, including but not limited to the following:
        - Shortages in personal protective equipment
        - Staffing shortages
        - Evacuation or transfer of patients or residents
        - Temporary loss of organization function, either partial or entire
    - Organization's available occupancy
    - Organization's ability to provide assistance
4. *For nursing care centers only:* Use the appropriate primary or alternative communications system(s) to communicate with patients or residents and their families or representatives about the emergency operations plan.

Patient and/or Resident Tracking System
Clinical leaders and/or other identified individuals do the following:
1. Identify an individual who will serve as tracking coordinator for the organization during an emergency.
2. Define the role of the tracking coordinator as part of the EOP.
3. Ensure that patient and/or resident transfer agreements and related documentation are addressed in the EOP and relevant policies and procedures.

In a shelter-in-place situation, the individual identified as tracking coordinator (or designee) does the following:
1. Prioritizes immediate health and safety of patients and/or residents, visitors, and staff members.
2. Documents the names of all patients and/or residents, visitors, and staff members on site during the emergency in the Emergency Roster. This is done as quickly as possible following the declaration of an emergency.
3. Documents the location of all patients and/or residents on site during the emergency in the Patient and/or Resident Emergency Tracking Log.
4. Documents patients and/or residents who voluntarily leave the organization on their own during the emergency, and the details of their departure, in the Patient and/or Resident Emergency Tracking Log.

5. Reviews and updates the Emergency Roster and Patient and/or Resident Emergency Tracking Log whenever doing so does not compromise or interfere with the immediate health and safety of patients and/or residents, visitors, and staff members.
6. Provides the information in the Emergency Roster and Patient and/or Resident Emergency Tracking Log to the incident commander, organization leaders, or other appropriate individuals and/or groups as necessary.

If patients and/or residents are transferred to another location (alternative care site) or organization during the emergency, the individual identified as tracking coordinator (or designee) does the following:
1. Updates the Patient and/or Resident Emergency Tracking Log with the following information:
   - Date and time the transfer is initiated
   - Evacuation triage category (standard or immediate)
   - Name and location of the organization that will receive the patient and/or resident
   - Contact name, phone number, and/or other contact information (for example, cell phone number, e-mail address) for the transferring and receiving organizations
   - Notes on whether the patient and/or resident records and/or medications are sent with the patient and/or resident
   - Notes on whether the patient's and/or resident's family has been notified of the transfer
   - Date and time the transfer is completed
2. Provides the transfer information, as documented in the Patient and/or Resident Emergency Tracking Log, to the individual(s) responsible for the emergency management program or other appropriate individuals and/or groups as necessary.
3. Identifies how the organization will notify families when patients and/or residents are relocated to alternative care sites.
4. Communicates with patients and/or residents and their families, including notification of any relocation to alternative care sites.
5. Maintains ongoing communication with the identified alternative care sites and, as necessary, patients and/or residents and their families.

REFERENCES

Joint Commission Standard EM.12.02.01, EP 1. The organization maintains a contact list of individuals and entities that are to be notified in response to an emergency or disaster incident. The list of contacts includes but is not limited to the following:
– Staff
– Physicians and other licensed practitioners
– Volunteers
– Other health care and/or nursing care facilities
– Entities providing services under arrangement, including suppliers of essential services, equipment, and supplies
– Relevant community partners (such as fire, police, local incident command, public health departments)
– Relevant authorities (federal, state, tribal, regional, and local emergency preparedness staff)
– State licensing and certification agencies
– Office of the state long-term care ombudsman
– Other sources of assistance (such as health care coalitions)

Joint Commission Standard EM.12.02.01, EP 2. The organization's communications plan describes how it will establish and maintain communications to deliver coordinated messages and information during an emergency or disaster incident to staff, volunteers, [patients or] residents, and others, as

applicable.

Joint Commission Standard EM.12.02.01, EP 3. The organization's communications plan describes the following:
– How the organization will communicate with and report information about its organizational needs, available occupancy, and ability to provide assistance to relevant authorities
– *For nursing care centers only:* How the organization will share information from the emergency operations plan with patients or residents and families or representatives, as appropriate

Joint Commission Standard EM.12.02.01, EP 5. In the event of an emergency or evacuation, the organization's communications plan includes a method for sharing and/or releasing location information and medical documentation for [patients or] residents under the organization's care to the following individuals or entities, in accordance with law and regulation:
– [Patient's or] resident's family, representative, or others involved in the care of the [patient or] resident
– Disaster relief organizations and relevant authorities
– Other health care providers

Joint Commission Standard EM.12.02.01, EP 6. The organization's communications plan identifies its primary and alternate means for communicating with staff and relevant authorities (such as federal, state, tribal, regional, and local emergency preparedness staff). The plan includes procedures for how and when alternate/backup communication methods are used.

Code of Federal Regulations (CFR). 45 CFR §164.510(b)(1)(ii). Uses and disclosures for involvement in the individual's care and notification purposes – Permitted uses and disclosures, 2013

Code of Federal Regulations (CFR). 45 CFR §164.510(b)(4). Uses and disclosures for involvement in the individual's care and notification purposes – Uses and disclosures for disaster relief purposes, 2013

US Centers for Medicare & Medicaid Services (CMS). Final Rule: Regulatory Provisions to Promote Program Efficiency, Transparency, and Burden Reduction, 2019

ATTACHMENTS
Emergency Communications Contact List
Emergency Operations Plan (included in *PolicySource*)
Emergency Roster
Patient and/or Resident Emergency Tracking Log

APPROVAL

NAME AND CREDENTIALS		NAME AND CREDENTIALS	
TITLE		TITLE	
SIGNATURE			DATE
SIGNATURE			DATE