



# Connect Consulting Services

Engage – Prepare – Recover

## Emergency Operations Plan (EOP) Checklist

Complete this checklist to evaluate your EOP. Keep in mind, at the core of emergency operations planning and preparation are three key elements: safeguarding human resources, protecting physical resources, and ensuring business continuity. For health centers, this translates to protecting health center staff and patients as well as safeguarding its ability to deliver health care.

Best Practice	Compliant	Location in EOP
<p><b>Emergency Operations Plan:</b> The organization has an Emergency Operations Plan (EOP) approved by their governing Board of Directors.</p> <p><u>Note:</u> The organization’s (EOP) is designed to coordinate its communications, resources and assets, safety and security, staff responsibilities, utilities, and patient clinical and support activities during an emergency. Although emergencies have many causes, the effects on these areas of the organization and the required response effort may be similar. This “all hazards” approach is required under the New CMS Final Rule (September 16, 2016).</p>		
The EOP is based on a recently conducted (within 12 months) <b>Hazard Vulnerability Assessment (HVA)</b> using an “all hazards” approach.	Y N	
The Health center continually tests and evaluates the effectiveness of the EOP and adjusts as necessary.	Y N	
<p>The EOP addresses in detail the <b>four (4) Phases</b> of emergency management.</p> <ol style="list-style-type: none"> <li>1. Mitigation; (lessen the severity and impact a potential disaster or emergency might have on a health center's operation);</li> <li>2. Preparedness (build capacity and identify resources that may be used should a disaster or emergency occur);</li> <li>3. Response (refers to the actual emergency and controls the negative effects of emergency situations);</li> <li>4. Recovery (begin almost concurrently with response activities and are directed at restoring essential services and resuming normal operations).</li> </ol> <p><u>Note:</u> Mitigation, preparedness, response and recovery occur over time. Mitigation and preparedness generally occur before an emergency, and response and recovery occur during and after an emergency.</p>	<p>Y N</p> <p>Y N</p> <p>Y N</p> <p>Y N</p>	

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[Connect@ConnectConsulting.biz](mailto:Connect@ConnectConsulting.biz) 701 12<sup>th</sup> Street, Suite 202, Sacramento, CA 95814  
916 758-3220

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The EOP addresses detailed <b>Mitigation</b> activities that are hazard specific.	Y N	
<p>The EOP identifies <b>Preparedness</b>:</p> <ol style="list-style-type: none"> <li>1. Frequency;</li> <li>2. Type;</li> <li>3. Step-by-Step actions unique to specific hazards with high probability of occurrence.</li> </ol>	<p>Y N</p> <p>Y N</p> <p>Y N</p>	
<p>The organization has a written EOP that describes the <b>Response</b> procedures to follow when emergencies occur.</p> <p><u>Note</u>: The response procedures address the prioritized emergencies but can also be adapted to other emergencies that the organization may experience. Response procedures could include the following:</p> <ul style="list-style-type: none"> <li>• Maintaining or expanding services</li> <li>• Conserving resources</li> <li>• Curtailing services</li> <li>• Supplementing resources from outside the local community</li> <li>• Closing the organization to new patients</li> <li>• Staged evacuation</li> <li>• Total evacuation</li> </ul>	Y N	
The organization has a written EOP that describes the <b>Recovery</b> strategies, actions, and individual responsibilities necessary to restore the organization’s care, treatment or services after an emergency.	Y N	
The EOP describes the processes for initiating and terminating the organization's <b>Response</b> and <b>Recovery</b> phases of an emergency, including under what circumstances these phases are activated.	Y N	
The EOP identifies the individual(s) responsible for activating the <b>Response</b> and <b>Recovery</b> phases of the emergency response.	Y N	
If the organization experiences an actual emergency, the organization implements its <b>Response</b> procedures related to care, treatment, or services for its patients.	Y N	
As part of its Emergency Operations Plan, the organization prepares for how it will <b>Communicate</b> during emergencies.		
The EOP describes how staff will be notified that emergency response procedures have been initiated.	Y N	
The EOP describes how the organization will notify external authorities that emergency response measures have been initiated.	Y N	

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Best Practice	Compliant	Location in EOP
The organization establishes backup communication systems or technologies for use in the event that internal or external systems fail during an emergency.	Y N	
The organization implements the components of its EOP that require advance preparation to support <b>Communications</b> during an emergency.	Y N	
As part of its Emergency Operations Plan, the organization prepares for how it will manage <b>Resources</b> and <b>Assets</b> during emergencies. <i>Note:</i> All organizations are required to respond to a patient's immediate care and safety needs if an emergency occurs with patients on site. <i>For organizations that plan to provide service during an emergency:</i>		
The EOP describes how the organization will obtain and replenish <b>Medications</b> and related <b>Supplies</b> that will be required in response to an emergency.	Y N	
The EOP describes how the organization will obtain and replenish <b>Medical Supplies</b> that will be required in response to an emergency.	Y N	
The EOP describes how the organization will obtain and replenish <b>Nonmedical Supplies</b> that will be required in response to an emergency.	Y N	
The organization implements the components of its EOP that require advance preparation to provide for <b>Resources</b> and <b>Assets</b> during an emergency.	Y N	
As part of its Emergency Management Plan, the organization prepares for how it will manage <b>Security</b> and <b>Safety</b> during an emergency.		
The EOP describes how internal security and safety will be provided during an emergency.	Y N	
For organizations that plan to provide services during an emergency: The EOP describes how the organization will provide for radioactive, biological, and chemical isolation and decontamination.	Y N	
The organization implements the components of its EOP that require advance preparation to support internal security and safety during an emergency.	Y N	
As part of its Emergency Operations Plan, the organization prepares for how it will manage <b>Staff</b> during an emergency.		
The EOP describes how the organization will manage staff during emergencies.	Y N	

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Best Practice	Compliant	Location in EOP
The EOP describes the following: The roles and responsibilities of staff during an emergency.	Y N	
The EOP describes the process for assigning staff to all essential staff functions.	Y N	
The EOP identifies the individual(s) to whom staff report in emergencies.	Y N	
<p>For organizations that plan to provide services during an emergency: The EOP describes how the organization will identify licensed independent practitioners, staff, and authorized volunteers during emergencies.</p> <p><u>Note</u>: This identification could include identification cards, wristbands, vests, hats or badges.</p>	Y N	
The organization implements the components of its EOP that require advance preparation to manage staff during an emergency.	Y N	
As part of its Emergency Management Plan, the organization prepares for how it will manage <b>Utilities</b> during an emergency.		
<p>For organizations that plan to provide services during an emergency, the EOP describes how the organization will provide for alternative means of meeting essential building utility needs.</p> <p><u>Note</u>: Examples of potential utility problems might include disruptions to piped medical gas systems, failure of backup generators and water pipe rupture.</p>	Y N	
The organization implements the components of its EOP that require advance preparation to provide for <b>Utilities</b> during an emergency.	Y N	
As part of its Emergency Operations Plan, the organization prepares for how it will manage patients during emergencies.		
<p>The EOP describes how the organization will manage activities related to patient care, treatment, or services.</p> <p><u>Note</u>: Activities related to care, treatment or services might include scheduling, modifying or discontinuing services; controlling information about patients; making referrals; transporting patients; and providing security.</p>	Y N	
The EOP describes how the organization will evacuate its occupied space. The organization implements the components of its Emergency Operations Plan that require advance preparation to manage patients during an emergency.	Y N	

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Best Practice	Compliant	Location in EOP
<p>During disasters, the organization may grant <b>Disaster Privileges</b> to volunteer licensed independent practitioners.</p> <p><u>Note:</u> A disaster is an emergency that, due to its complexity, scope, or duration, threatens the organization's capabilities and requires outside assistance to sustain patient care, safety or security functions.</p>		
<p>The organization grants disaster privileges to volunteer licensed independent practitioners only when the EOP has been activated in response to a disaster and the organization is unable to meet immediate patient needs.</p>	Y N	
<p>The organization identifies, in writing, those individuals responsible for granting disaster privileges to volunteer licensed independent practitioners.</p>	Y N	
<p>The organization determines how it will distinguish volunteer licensed independent practitioners from other licensed independent practitioners.</p>	Y N	
<p>The organization describes, in writing, how it will oversee the performance of volunteer licensed independent practitioners who are granted disaster privileges (for example, by direct observation, mentoring and clinical record review).</p>	Y N	
<p>Before a volunteer practitioner is considered eligible to function as a volunteer licensed independent practitioner, the organization obtains his or her valid government-issued photo identification (for example, a driver's license or passport) and at least one of the following:</p> <ul style="list-style-type: none"> <li>• A current picture identification card from a health care organization that clearly identifies professional designation;</li> <li>• A current license to practice;</li> <li>• Primary source verification of licensure;</li> <li>• Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT), the Medical Reserve Corps (MRC), the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), or other recognized state or federal response organization or group—</li> <li>• Identification indicating that the individual has been granted authority by a government entity to provide patient care, treatment, or services in disaster circumstances;</li> <li>• Confirmation by a licensed independent practitioner currently privileged by the organization or by a staff member with personal knowledge of the volunteer practitioner's ability to act as a licensed independent practitioner during a disaster.</li> </ul>	Y N	

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Best Practice	Compliant	Location in EOP
<p>During a disaster, the organization oversees the performance of each volunteer licensed independent practitioner. Based on its oversight of each volunteer licensed independent practitioner, the organization determines within 72 hours of the practitioner’s arrival if granted disaster privileges should continue.</p>	<p>Y N</p>	
<p>Primary source verification of licensure occurs as soon as the disaster is under control or within 72 hours from the time the volunteer licensed independent practitioner presents him- or herself to the organization, whichever comes first. If primary source verification of a volunteer licensed independent practitioner’s licensure cannot be completed within 72 hours of the practitioner’s arrival due to extraordinary circumstances, the organization documents all of the following:</p> <ul style="list-style-type: none"> <li>• Reason(s) it could not be performed within 72 hours of the practitioner’s arrival;</li> <li>• Evidence of the licensed independent practitioner’s demonstrated ability to continue to provide adequate care, treatment, or services;</li> <li>• Evidence of the organization’s attempt to perform primary source verification as soon as possible.</li> </ul>	<p>Y N</p>	
<p>If, due to extraordinary circumstances, primary source verification of licensure of the volunteer licensed independent practitioner cannot be completed within 72 hours of the practitioner’s arrival, it is performed as soon as possible.</p> <p><u>Note:</u> Primary source verification of licensure is not required if the volunteer licensed independent practitioner has not provided care, treatment, or services under the disaster privileges.</p>	<p>Y N</p>	

Source: The Joint Commission Ambulatory Health Care Emergency Management Chapter 2010 Prepublication Version Standard  
 HRSA PIN 2007-15