


**CMS EMERGENCY PREPAREDNESS RULE**

**EVACUATION CASE STUDIES**

**WASHINGTON STATE HEALTHCARE  
SAFETY COUNCIL**




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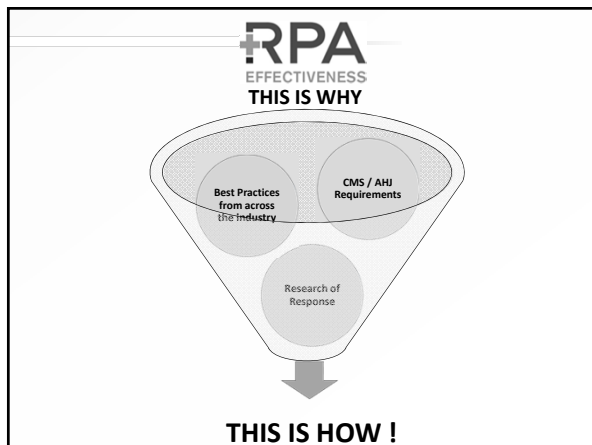
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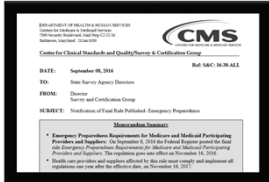



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**New Regulations Apply to 17 Providers**

The regulation focuses on **4 Core Elements** of Emergency Preparedness:

- ▶ Annual Risk Assessment & Emergency Planning (all-hazards approach)
- ▶ Policies and Procedures
- ▶ Communication Plan
- ▶ Training and Testing

- ✓ Emergency Power
- ✓ Integrated Health Systems
- ✓ Transplant Centers


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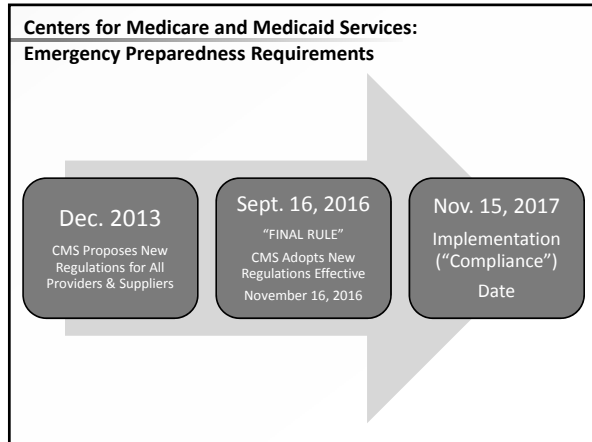
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- Steps to a Compliant Emergency Preparedness Program**
1. Assess your Current Program to the 2016 CMS Final Rule
  2. Update and Complete Hazard Vulnerability Assessment (HVA)/Mitigation Plans with Community Partners
  3. Create an Action Plan for Compliance and Continuous Readiness
    - ▶ Enhance your Emergency Operations Plan
    - ▶ Test your Plan for Resources & Assets Capabilities
    - ▶ Conduct Training for all Levels of Leadership and Staff
    - ▶ Conduct 1 Full Scale Exercise with Community Involvement
    - ▶ Conduct 1 other exercise
  4. Develop and Implement an Annual Compliance Calendar

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**Conduct Assessment of Your Current Program**

**How to Conduct an Assessment?**

PART 482 — CONDITIONS OF PARTICIPATION FOR HOSPITALS	Related Joint Commission Standards CAME, Jan 2017	Compliance C = Compliant P = Partial N = Non-compliant	Notes: Please Provide a description of how this is met
<b>§ 482.15 Emergency Preparedness.</b> The hospital must comply with all applicable Federal, State and local emergency preparedness requirements. The hospital must develop and maintain a comprehensive emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not be limited to, the following elements: <b>(4) Emergency plan.</b> The hospital must develop and maintain an emergency preparedness plan that must be reviewed and updated at least annually. The plan must do all of the following: (1) be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach; (2) include strategies for addressing emergency events identified by the risk assessment; (3) address patient population, including, but not limited to, persons at risk, the type of services the hospital has the ability to provide in an emergency, and continuity of operations, including delegations of authority and succession plans; (4) include a process for cooperation and collaboration with local, tribal, regional, state, or federal emergency preparedness officials; efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the hospital's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.	EM 01 01 01 EPs 1-8  EM 02 01 01 EP 1		

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**17 Provider Types**

**Affected Provider and Supplier Types**

Inpatient	Outpatient
Critical Access Hospitals (CAHs)	Ambulatory Surgical Centers (ASCs)
Hospices	Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services
Hospitals	Community Mental Health Centers (CMHCs)
Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)	Comprehensive Outpatient Rehabilitation Facilities (CORFs)
Long Term Care (LTC)	End-Stage Renal Disease (ESRD) Facilities
Psychiatric Residential Treatment Facilities (PRTFs)	Home Health Agencies (HHAs)
Religious Nonmedical Health Care Institutions (RNHCIs)	Hospices
Transplant Centers	Organ Procurement Organizations (OPOs)
	Programs of All Inclusive Care for the Elderly (PACE)
	Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)

**17 Provider Types: are they in your organization???**

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### Is it Only You?

#### Integrated Health Systems

- ▶ Healthcare facilities that are part of a system may elect to be part of the system's "unified and integrated emergency preparedness program"; however, the program must:
  - ▶ Demonstrate that each facility actively participates
  - ▶ Develop and maintain, taking into account the uniqueness of each individual facility (services, residents, circumstances, etc.)
  - ▶ Must demonstrate each individual facility is capable of actively using the unified and integrated emergency preparedness program (Training, Testing, and Live Events Documentation)
  - ▶ Must have facility-specific Hazard Vulnerability Assessments (HVAs) and may also have a Regional HVA




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### Complete your HVA and Mitigation Plans

#### Hazard Vulnerability Assessment (HVA)

- ▶ Systematic approach to recognizing hazards that may effect the ability to care for residents.
- ▶ The risks associated with each hazard are analyzed to prioritize planning, mitigation, response and recovery activities.
- ▶ "All-Hazards" approach




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### The Annual Risk Assessment

#### Why Conduct an HVA?

Because it's REQUIRED to be done annually.




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**The Annual Risk Assessment**

**Why Conduct an HVA?**  
Because events happen, what is YOUR risk?



All images © from their source

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**The Annual Risk Assessment**

**Why Conduct an HVA**

- ▶ Annually assesses hazards to assist facility in developing:
  - ▶ **Mitigation Plans** (can infrastructure be hardened to mitigate hazards, equipment purchased, etc.)
  - ▶ **Preparedness Plans** (what emergency response plans should be in place for known hazards)
  - ▶ **Exercise / Drill Plans** (what should the focus be for the year)

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**Get Organized First – Then Do It!**

**How to Conduct an HVA**

- ▶ Pick a model
- ▶ Assemble a Multidisciplinary Team
  - ▶ Leadership, Clinical, Facilities, Safety
  - ▶ Engage Local/Emergency Management partners
- ▶ Conduct an Internal and Exterior Tour
  - ▶ Review External Hazards
  - ▶ Review Internal (Facility) Hazards
- ▶ Complete the HVA
- ▶ Develop Mitigation & Preparedness Plans




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## Using the Tools

## How to Conduct an HVA

► **RPA 2017** (tool modified from Kaiser Permanente HVA tool)

 <b>RPA</b> <small>Resilience Planning Agency</small>		Hazard Vulnerability Assessment				<b>RISK</b> 0.00		<b>PROBABILITY</b> 0.00		<b>SEVERITY</b> 0.00	
		NATURAL HAZARDS				SEVERITY		MITIGATION			
HAZARD	PROBABILITY (P-4)	HUMAN IMPACT	IMPACT PROPERTY IMPACT	BUSINESS IMPACT	PREPARED- NESS	NATURAL RESPONSE	EXTERNAL RESPONSE	Relative Risk		Comments	
								Possibility of death or injury	Physical losses and damages		Interruption of services
Avalanche									0.00		
Blizzard									0.00		
Coastal Tsunami / Erosion									0.00		
Dam Failure									0.00		
Drought									0.00		
Frost / Hard Storm									0.00		
Earthquake									0.00		
Flooding (External)									0.00		
Hamaging Winds									0.00		
Hail Storm									0.00		
Hurricane									0.00		
Infection Disease (SARS, Flu, etc.)									0.00		
Wildfire									0.00		
Severe Thunderstorm									0.00		
Snow / Ice Storm									0.00		


Instructions


Scoring Scale

Natural

Technological

Human





[illegible]

## Technological Hazards

### A CSX train with 112 cars loaded with hazardous materials, oil and grain derailed



## Mitigation Plans

### How to develop Mitigation Plans

- ▶ Develop following your HVA Annually
  - ▶ May be carry over year-to-year
- ▶ Determine “Top Relative Risks”
  - ▶ Using the HVA as a tool, what risks are rated high
  - ▶ Could be “Top 10” or any > 50% Risk, etc.
- ▶ Review what can be done to minimize the risk?
  - ▶ Infrastructure Improvement
  - ▶ Equipment Purchases
  - ▶ Planning
  - ▶ Training
  - ▶ Collaboration with other Partners

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## Can You Really Complete All of This?

RPA RUSSELL PHILLIPS & ASSOCIATES Fire and Emergency Management for Healthcare Facilities				EMERGENCY OPERATIONS PLAN APPENDIX 1B - Mitigation Plans for High Risk Hazards February 2017	
EVENT TYPE	EVENT	Relative Threat	Comments	2017 Mitigation Plans to Consider	
Natural Hazards	Tornado	48 %	Naturally occurring events cannot be avoided, however, this facility has committed action plans when these events occur and conducts robust pre-planning prior to storm seasons, and forecasted events. As detailed and evidenced in our Emergency Operations Plan.	• Staff training on these plans	
	Hurricane	48 %		• Provide transportation evacuation survey to EMS provider that shows what type of ambulances and vehicles may be needed in an evacuation.	
	Earthquake	48 %		• Consider plans, equipment and available resources in this first year for snow removal	
	Blizzard	52 %	Likely to occur, minimal human or property impact. But business impact "High" due to need to report		
Generator Failure		48 %	Two generators with no redundancy (ie serve 1/2 of bldg); no external connection; external generator could be used but needs 50 ft connection and set-up	• Consider infrastructure improvements to have outside quick connect and set-up MOUs, etc.	
Loss of Water		52 %	Only one main feeds campus, consider alternate water supply connections, storage, etc.	• Consider infrastructure improvements to have outside quick connect and set-up MOUs, etc. • Consider more on-site water storage (only 60 gallons of water in storage today)	
Human Hazards	Bomb Threat	48 %		• Develop Plans and review with local PD • Provide KOC and PD with Floor Plans • Have Local PD review security of building, considering locked doors, access points, use of electronic sign in ("Fast Pass"), access to PD of Cameras, etc.	
	Active Shooter / Hostage Situation	48 %	Ranked "moderate" due to concerns due to no planning in place and location near large population center & staff concerns.	• Review PD access to all parts of the building, including Knox Box and first point for PD. Card access for PD, etc. • Develop and implement a training plan for STAFF by the Local EMT and PD (including training, drills, etc.)	
	Hazardous Materials - Internal	48 %	Have chemicals on site, have some response plans, but no process of re-dring 1028 bottles to replace and make accessible to all	• Update and distribute KOCs, educate staff • Review in-house spill kits, consider adding to them • Review training of in-house staff, consider review training annually for manufacturers of spill kit equipment	

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## The Foundation

- ▶ Plan Activation & Incident Command
- ▶ Communications Plans
- ▶ Full Building Evacuation Plans
- ▶ Surge / Influx Plans

**“THIS IS WHY → THIS IS HOW”**

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### Develop or Enhance Your Emergency Operations Plan

#### Emergency Operations Plan (EOP)

- ▶ The facility must develop and maintain an emergency preparedness plan that must be reviewed and updated at least annually.
  - ▶ Based on your risk assessment (HVA)
  - ▶ Addresses patient population, services provided and continuity of operations
  - ▶ Collaboration with local, state and federal partners




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### It is a Program, Not Just a Plan – Engage Partners

#### READY TO WORK TOGETHER WITH RESPONSE PARTNERS




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### Emergency Operations Plan: TOC

#### SAMPLE TABLE OF CONTENTS

MANAGEMENT PLAN	EMERGENCY OPERATIONS PLAN
PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES	
INCIDENT COMMAND SYSTEM	
FULL BUILDING EVACUATION & SURGE PLAN	
EMERGENCY PROCEDURES FOR SPECIFIC EVENTS	
EMERGENCY LISTS (96 Hour Capabilities)	
COOP & RECOVERY PLAN	
APPENDICES	

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**Code Words or Plain Language?****One Facility's "Hybrid Approach"**

- ▶ The following are emergency coded announcements:
  - ▶ Fire: "Code Red"
  - ▶ Emergency Operations Plan Activated: "Code D"
  - ▶ Bomb Threat: "Code Black"
  - ▶ Hostage: "Code Silver"
  - ▶ Missing Resident: "Code Green"
- ▶ The following "plain language" announcements:
  - ▶ Active Shooter / Person with Weapon: Announce "Active shooter or person with weapon" and the location
  - ▶ Building Lockdown: Announce the need to lockdown the building for an external threat

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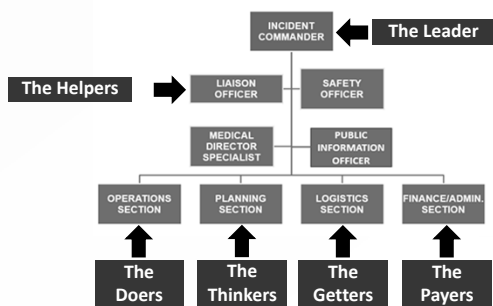
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**Simple Concept – YES!****Incident Command System (example of LTC)  
Key Concepts**


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**The Big One in 2017 – Communications Plan****Communication Plans**

- ▶ The Facility must develop and maintain an emergency preparedness communications plan that must be reviewed and updated at least annually.
- ▶ Names and contact info for:
  - ▶ Staff, providers, patients physicians, "other facilities", volunteers
  - ▶ Federal, state, tribal, regional and local Emergency Management agencies, State Licensing Agency, Ombudsman
- ▶ Primary and alternate means for communication internally and externally




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## Methods

### Communication Plans

- ▶ Method for communication with staff and the Local/County Emergency Operations Center (AHJ) – **COMMAND CENTER PLAN**
  - ▶ **No frequency** requirement by CMS – TRAINING PLAN
- ▶ Method for sharing medical information in the event of an evacuation or special circumstances (1135b waivers, PHI, etc.) to maintain the continuity of care – **FULL BUILDING EVACUATION PLAN**

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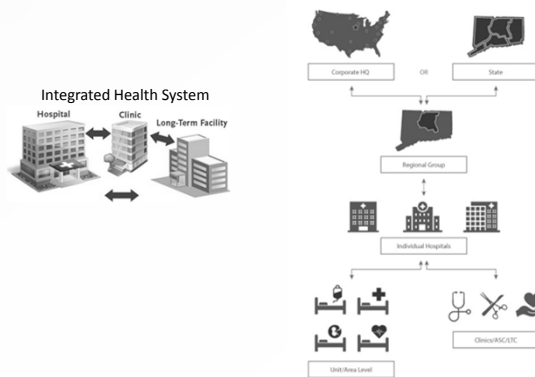
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## Situation Reports / Situational Awareness




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## Full Building Evacuation Plan

### Why a Full Building Evacuation Plan

- ▶ Evacuation from a Healthcare Facility is the **EXCEPTION, Not the Rule**




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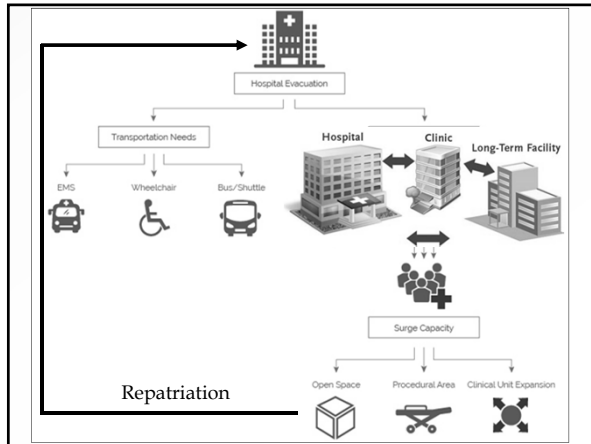
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**The Flow**

**Full Building Evacuation Plan**

- ▶ Establish **Incident Command System** with roles and responsibilities to manage the event
  - ▶ Labor Pool & Evacuation Groups
- ▶ Prepare patients on the Clinical Units
- ▶ Move to an internal Holding/Staging Area
- ▶ Transport from Holding/Staging Area to an Alternate Care Site, receiving facility, or discharge to home
- ▶ **Communication Plan:** addresses communication with patient, families, providers, etc. and sharing medical information (electronic or paper-based)

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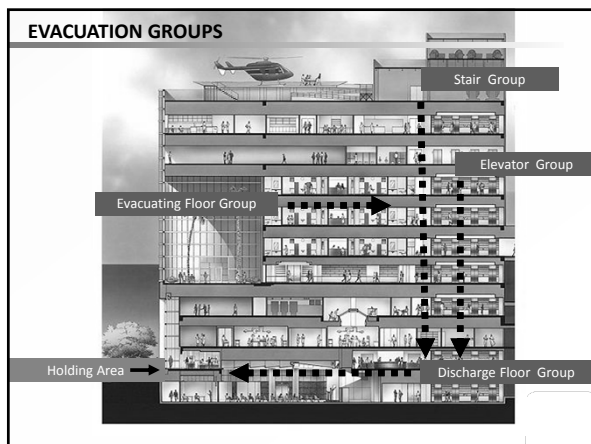
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### The Equipment...When Things Are Non-functional



**Elevators not working**

Evacuation Chairs  
& Sleds




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### Evacuation Sites – Plan them Early

#### Pre-Established Evacuation Sites

- ▶ Primary sites should be pre-selected, written agreements
  - ▶ Patient Categories of Care
- ▶ Address highest acuity patients first
- ▶ Address surge numbers next; assume they have no open beds
- ▶ Process to communicate
  - ▶ Where they are, point person, and contact information
- ▶ Need to identify one facility at least fifty miles away as an evacuation site

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### Medical Records - Easy but Challenging

#### Sharing Medical Records



(4) A method for sharing information and medical documentation for patients under the facility's care, as necessary, with other health care providers to maintain the continuity of care.

(5) A means, in the event of an evacuation, to release resident information as permitted under 45 CFR 164.510(b)(1)(ii).

(6) A means of providing information about the general condition and location of residents under the facility's care as permitted under 45 CFR 164.510(b)(4).

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#### Procedures Applicable to All Hazard Responses

- ▶ Managing Security and Safety during a Disaster
- ▶ Management of Staff during a Disaster
- ▶ Management of Utilities during a Disaster
- ▶ Managing Patients during a Disaster
- ▶ Managing Resources and Assets during a Disaster

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#### On Your Own...or With Partners

##### ▶ Managing Security and Safety during a Disaster



- Campus Lock Down
  - ▶ Secure Campus with local Law Enforcement

- Or, with own staff, if local Law Enforcement is not available




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#### How to Notify and Organize Staff

##### ▶ Management of Staff during a Disaster

- Notification of Off-duty Staff
  - ▶ Phone Trees – simple, but need updating!
  - ▶ Mass Notification Systems are an option (\$\$'s)
  - ▶ Accountability for On-duty Staff: What does this mean?

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### Emergency Credentialing / Volunteers

#### ► Management of Staff during a Disaster

- Emergency Credentialing Plan: the facility will manage the activities of individuals who receive disaster privileges:
  - Verify ID (duplicate ID)
  - Working under observation of facility staff
  - Verification with state licensing authorities (within 72 hrs)
- Managing all “volunteers” and outside assistance




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### Strategies to Remain Operational

#### ► Managing Resources and Assets during a Disaster



- Stockpiling
- Conservation Strategies
- Status Reports & Monitoring
- Sharing Resources




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### Subsistence, Say That 3 Times Fast

#### ► Managing Resources and Assets during a Disaster

- *“... must address ... The provision of subsistence needs for staff and patients, whether they evacuate or shelter in place, include, but are not limited to the following....”*
- **Must** include at least the following (Required):
  - Water (Potable, Fire Protection, Other)
  - Food
  - Medical Supplies
  - Pharmaceutical Supplies

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Resources & Assets: Water

Source: 

Resource Usage Calculator

Census

Patients

Staff

Visitors

=

561

Normal Usage

Units Per Day

Units/Day/Person

Expected Duration

Hours

Days

Contingency Usage

Units Per Day

Units/Day/Person

Expected Duration

Hours

Days

Contingency Plan Notes

use is based on .5 gallons per day, per person for at least Patients & Staff (461 total per day)

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Document, Document, Document

► Managing Resources and Assets during a Disaster

► Conduct an **assessment** to determine what **other resources and assets** are critical to your operation and providing care

► Capture in your **assessment** and **review annually**:
 

► **Who** is responsibly for ensuring critical supplies?

► **Where** are they stored?

► **Access** to the resources and assets?

► **Vendor** lists for resources and assets?

► **Utilities**, what are the back-up plans, contingency plans and external resources to support the loss?

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IMPORTANT: Process of Assessment

► Managing Resources and Assets during a Disaster

► Capture in your **assessment** and **review annually**:
 

► If the resource is consumable, how long will on-hand supplies last if used?

► Consider who is using it (e.g., patients, staff)

► Consider worst case scenario ("Supplies the day before your next delivery")

► Are there conservation measures that can extend the supplies (e.g., limit bed changes to dirty or every other day)

► Are there alternate supplies to supplement (e.g., "Bath in a Bag" for water loss scenarios)

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### What CMS Says...

#### ► Managing Resources and Assets during a Disaster

##### ► Interpretive Guidelines:

- Facilities must be able to provide for adequate subsistence for all patients and staff for the duration of an emergency or until all its patients have been evacuated and its operations cease.
- Your emergency plan needs to include policies and procedures for the provision of subsistence needs including, but not limited to, food, water and pharmaceutical supplies for patients and staff by reviewing the plan.
- Facilities have flexibility in identifying their individual subsistence needs that would be required during an emergency.

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### Alternate Sources of Energy

#### ► Managing Resources and Assets during a Disaster

##### ► "... must address ... Alternate sources of energy to maintain:

- Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions,
- Emergency Lighting,
- Fire Detection, extinguishing, and alarm systems; and
- Sewage and waste disposal"




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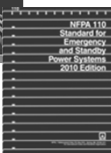
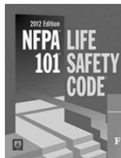
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### Other Requirements

#### ✓ Emergency Power



- Hospitals that have on-site fuel sources must have a plan for how it will keep emergency power systems operational during the emergency, unless it evacuates.

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**CMS Says...**

► **Managing Resources and Assets during a Disaster**

► **Interpretive Guidelines:**

- It is up to each individual facility, based on its risk assessment, to determine the most appropriate alternate energy sources to maintain temperatures to protect patient health and safety and for the safe and sanitary storage of provisions, emergency lighting, fire detection, extinguishing, etc.

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**Policies, Procedures and Communications Plan**

**How to develop  
Procedures for Specific Events**

- Build around your HVA
- Use your multi-disciplinary team to work out expected responses
- Bring in Subject Matter Experts (SMEs) as necessary (e.g., Police for Active Shooter, FD for fire response & evacuation)
- Develop plans or response guides that address all levels of response:
  - Activation / Notification
  - Immediate Actions (Area or origin, facility, person-in-charge)
  - Facility Leadership Response
  - Local, Regional or Mutual Aid Plan response

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**Training and Testing**

► **Training: requirements for all staff**

- Who
- When
- What



► **Exercises: requirements, types**

► **Documentation of Training and Exercises**

***"THIS IS WHY → THIS IS HOW"***

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**Who?**

**Training Programs - WHO**

- ▶ Initial training for new and existing staff, individuals providing services under arrangement, and volunteers consistent with their expected role




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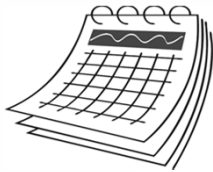
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**When?**

**Training Programs - WHEN**

- ▶ Provide training at least annually
- ▶ Maintain documentation of training
- ▶ Demonstrate staff knowledge of emergency procedures




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**The Overview and Actions**

**Training Programs - WHAT**

- ▶ Emergency Operations Plan
  - Activation protocols
  - Plan contents
  - Accessing key information
  - Immediate actions




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**Unable to Help You if Unable to Help Themselves**

**Training Programs - WHAT**

- ▶ Understand personal emergency preparedness
- ▶ Become familiar with the tools available for personal and professional readiness
  - Emergency Kit
  - Family Emergency Communication Plan
  - Family Preparedness Skills




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**Drilling Way Down**

**Training Programs - WHAT**

- ▶ Specific Procedures
- ▶ Specialized Equipment




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**What CMS Says...**

**Training Programs**

**Survey Procedures**



- ▶ Ask for copies of the facility's initial emergency preparedness training and annual emergency preparedness training offerings.
- ▶ Interview various staff and ask questions regarding the facility's initial and annual training course, to verify staff knowledge of emergency procedures.
- ▶ Review a sample of staff training files to verify staff have received initial and annual emergency preparedness training.

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**Together or Stand-alone****Exercise #2**

- ▶ Conduct an additional exercise that may include, **but is not limited to**:
  - A second "full-scale exercise" that is community-based, or individual facility-based
  - A tabletop exercise that includes a group discussion, a narrated clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.




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**There is a Lot – But You Can Do it!****Training & Testing Summary**

- ▶ Initial training for new and existing staff, individuals providing services under arrangement, and volunteers consistent with their expected role.
- ▶ Provide training at least annually
- ▶ Demonstrate staff knowledge of emergency procedures
- ▶ Conduct at least two (2) exercises to test the emergency plan at least annually – one must involve the community
- ▶ Actual activations – if documented properly, can count as one (1) exercise
- ▶ Maintain Documentation of Training and Exercises

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**Develop & Implement Annual Compliance Calendar****Action Items**

- ▶ Develop an Initial Compliance Plan based on the GAPS found in your analysis to bring your program into compliance by November 15, 2017
- ▶ Develop an Annual Compliance Calendar to ensure continued compliance:
  - Annual Hazard Vulnerability Assessment (HVA)
  - Annual review of your EOP and Emergency Preparedness Program including all Policies and Procedures
  - Annual Training (by Responsibilities – Leadership & Staff)
  - Testing (Exercises) requirements

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EPP Compliance Calendar				
<div>  <div> <b>RUSSELL PHILLIPS &amp; ASSOCIATES</b>                      Fire and Emergency Management                      for Healthcare Facilities                 </div> </div> <div>                     Emergency Preparedness Program Compliance Calendar                      FACILITY NAME / DATE                 </div>				
EMERGENCY PREPAREDNESS PROGRAM & PLANNING SCHEDULE				
Tasks	Responsible	Frequency	Date	Comments
Annual Hazard Vulnerability Analysis	EPP Team Leader & EPP Team	Annually	January	<ul style="list-style-type: none"> <li>Multi-disciplinary Team will complete the internal HVA.</li> <li>Present &amp; discuss with local Emergency Management.</li> </ul>
Annual Mitigation Plans	EPP Team Leader & EPP Team	Annually	January	<ul style="list-style-type: none"> <li>Identify on HVA significant higher relative risks and consider mitigation plans to reduce risk.</li> </ul>
Annual Compliance Calendar includes EPP Program & Planning Training and Testing Schedules	EPP Team Leader & EPP Team	Annually	February	<ul style="list-style-type: none"> <li>Create calendar to effectively manage program compliance.</li> <li>Develop report plans and review with Facility Leadership and EM Stakeholders (County and Community).</li> </ul>
Quarterly EPP Team Meetings	EPP Team Leader & EPP Team	Quarterly Meetings	March, June, September, December	<ul style="list-style-type: none"> <li>Review any new legislation.</li> <li>Review and approve EPP Annual Review.</li> <li>Significant updates or exercises.</li> <li>Review and provide action on the Mitigation Plan and any Mitigation Plans from Exercises or Real Event.</li> </ul>
EPP Annual Review: • Plan Activation process • Communications Plan Incident Command System • Emergency Preparedness Program EPP Annual Review: • Emergency Procedures (specific events) • Full Building Evacuation Plans • Surge & Influenza Plans • Fire Procedures EPP Annual Review: • Emergency Resources & Assets • Emergency List Updates EPP Annual Review: • Continuity of Operations Plans (COOP)	EPP Team Leader & EPP Team	Annually	April	<ul style="list-style-type: none"> <li>Working groups to review plans and provide revisions at June EPP Team meeting.</li> </ul>
	EPP Team Leader & EPP Team	Annually or if major changes to plans	April	<ul style="list-style-type: none"> <li>Working groups to review 1/3 of plans per year and provide revisions at September EPP Team meeting.</li> <li>The plan will be reviewed in its entirety annually with major revisions done on the 1/3 basis.</li> </ul>
	EPP Team Leader & EPP Team	Annually	July	<ul style="list-style-type: none"> <li>Working groups to review 1/3 of plans per year and provide revisions at September EPP Team meeting.</li> <li>The plan will be reviewed in its entirety annually with major revisions done on the 1/3 basis.</li> </ul>
	EPP Team Leader & EPP Team	Annually	October	<ul style="list-style-type: none"> <li>Review all emergency lists to ensure quality, phone numbers, contacts, etc. are up to date. The lists should be sent to the respective departments for review.</li> <li>Update any Mutual Aid Plans, or Healthcare Coalition groups that qualify participate each.</li> <li>Provide revisions at September EPP Team meeting.</li> </ul>
EPP Annual Review	EPP Team Leader & EPP Team	Annually	October	<ul style="list-style-type: none"> <li>Annually to have all departments review their compliance.</li> <li>Key departments may have more detailed plans requiring review (e.g., IT, Facilities, etc.).</li> <li>Provide review at September EPP Team meeting.</li> </ul>

EPP Compliance Calendar	
<p>► <b>Training Plans:</b></p> <ul style="list-style-type: none"> <li>➢ New Employees</li> <li>➢ Annual for All Employees</li> <li>➢ Leadership ICS training</li> <li>➢ Any "special" training based on responsibilities (evacuation equipment, building lockdown, etc.)</li> </ul> <p>► <b>Exercise Plans:</b></p> <ul style="list-style-type: none"> <li>➢ Two (2) exercises to test the emergency plan at least annually – one must involve the community</li> <li>➢ After Action Reports / Improvement Plans: ongoing attention during EP Team Meetings</li> </ul> <p><b>Yes, actual events – IF DOCUMENTED – can take the place of one of these. But don't plan on that!</b></p>	

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