

## Questions and Answers about Emergency Planning

**1. What is a complete Emergency Operations Plan?**

A complete EOP contains a hazard analysis, a basic plan, some form of annexes and appendices with directions for staff in a variety of situations (determined by the hazard analysis), and exercise and evaluation procedures.

**2. Why should I change my old Disaster Plan?**

Federal standards are changing, and the country moved into a newer emergency preparedness mode after 9-11. Local emergency managers are a valuable resource for facilities. Facilities should make use of local and state resources to update their plans, methods and terminology. It is critical that information in plans is current.

**3. Where are materials located to help me?**

Information from HFEMSD is located at [www.healthfacilities.info](http://www.healthfacilities.info) and should be modified to suit each facility. Local emergency managers also have current information, technology and materials.

**4. How much time should this emergency planning process take?**

There is no set timeframe. A facility should form a planning team which includes members from each department, and modify existing procedures. Timeframes will vary, but the important thing is that the new EOP is current, has identified local hazards, practiced and updated. All staff should be aware of the EOP, and trained in emergency procedures. Emergency planning is an ongoing process.

**5. What are surveyors looking for?**

Surveyors are looking for complete plans that include hazard analysis, basic plans, instructions for different scenarios, training records, evaluation and revision records, and staff that understand their roles in emergencies.

**6. Why are surveyors focusing more on emergency operations planning?**

The 2007 Nursing Facility Quality of Care State Audit of HFEMSD mandates that surveyors focus more on emergency planning.

**7. What should the new EOPs look like?**

Facilities should determine how they develop their plans, what format they follow, and how they practice and evaluate their plans. EOPs are living documents, and should change frequently as they are tested. Facilities don't have to re-invent the wheel; there are resources available to make emergency planning easier. Resources and samples are available at [www.healthfacilities.info](http://www.healthfacilities.info), but that is only one source of information.

**8. Why is exercising the EOP important?**

Regulations say that EOPs should be practiced, revised, reviewed and current. If the staff at the facility panic or are unprepared during emergencies, lives could be endangered. It is important that staff practice procedures to keep residents safe.

**9. How frequently should the EOP be revised?**

As frequently as it is practiced, trained, or it is found that procedures won't work.

**10. Why is it important to include the local emergency manager when planning?**

Communities have emergency managers to help with resources, to connect the communities, and to support state and local efforts for emergency response. There is also funding available to them for exercising community plans.

**11. Why is it necessary to have a planning team?**

One person should not be responsible for the facility's plan. It takes team effort from every department to coordinate planning. Sharing the planning efforts will help the facility respond to emergencies in a more coordinated way.

**12. In what order should a facility work the CDPHE-HFEMSD toolkits?**

The online resources begin with the Hazard Analysis Toolkit, the Basic Plan Toolkit, the Annexes Toolkit, and the Appendices Toolkits. It is recommended that development follow that order.