



**Colorado Department
of Public Health
and Environment**

THE READINESS RATING WORKSHEET

WHAT IS THE READINESS RATING WORKSHEET?

This worksheet is the first step in conducting a hazard analysis. By asking a series of simple **YES or NO** questions, the Readiness Rating Worksheet helps identify existing strengths and weaknesses for the facility. The worksheet also provides an overview orientation to emergency planning, and is a useful tool for those new to emergency planning concepts.

The worksheet is divided into the four major areas of disaster management and emergency planning: **Prevention, Preparedness, Response, and Recovery**. Each section includes a brief definition and explanation of the area's role in emergency planning. At the end of the worksheet is a **Readiness Rating Scorecard**, a convenient, one-sheet chart that quickly identifies the strengths and weaknesses of the facility for planning purposes.

SECTION ONE: PREVENTION

"Prevention" refers to all possible steps a society takes to prevent disasters and emergencies from occurring. Though disasters are impossible to prevent entirely (for example, no one can control the weather), many things that make disasters worse can be circumvented through active planning and pre-emptive control of potentially hazardous situations. This process is called *mitigation*, and much of the next part of the checklist will help identify areas where the facility is already preventing and mitigating disasters, as well as areas where more development and practice might be needed. It may be useful to gather inspection records, previous safety reports, and current emergency plans or procedures before beginning this section.

Safety Inspections

Safety inspections are part of the certification process for facilities that receive Medicaid and Medicare funding. Safety inspections also fulfill state and federal regulations for life safety and fire codes and licensing.

Using the facility's official inspection logs, please determine whether the following systems have been inspected within the last year and check **YES** or **NO**.

	YES	NO
Elevators and Stairwells		
Emergency Exits		
Fire Alarms		
Fire Extinguishers		
Smoke Detectors		
Sprinklers		
Totals:		

Emergency Operations Plan

An Emergency Operations Plan (EOP) is the go-to guide for all hazards and disasters that might affect a facility. The plan should be *All-Hazards* in nature, meaning that the basic emergency response of the facility is the same for any disaster. Based on the hazard analysis, specific plans for the most likely disasters should also be included, and several of these specific plans are mandated by state and federal regulations. The EOP should be *scalable*, meaning the plan can be adapted to incidents of any size or severity. The plan must be reviewed and updated on an annual basis to ensure the information is current and accurate. Also, the plan must be exercised regularly so that staff and residents are familiar with their roles during an emergency.

Please check **YES** or **NO** for each of the following questions regarding the facility's EOP:

		YES	NO
Base Plan:	Does the facility have an Emergency Operations Plan?		
	Has the plan been reviewed and updated in the last year?		
	Is there an official log for recording reviews, changes, or updates in the plan?		
Hazard Analysis:	Was a Hazard Analysis conducted as part of the plan?		
	Does the plan address all hazards the facility is likely to encounter based on the hazard analysis?		
Plan Contents:	Does the plan include the following:		
	Evacuation Plan		
	Shelter in Place Plan		
	Call-Down List		
	Staff Roles and Responsibilities or ICS roles		
Specific Hazards:	Are there plans for the following specific hazards: <i>42 CFR 483.75(m)1 and 6 CCR 1011-1, Chapter V, part 13</i>		
<i>These specific hazards are listed in state or federal regulations and must be included in the EOP. These plans must also be posted at nursing stations and relevant security stations in the facility. 42 CFR 483.75(m)2, 6 CCR 1011-1, Chapter V, part 2.3 and LSC 18.7.1.1 (existing) or LSC 19.7.1.1 (new).</i>	Tornados		
	Winter Storms/Blizzards		
	Facility Fires		
	Missing Residents		
	Wildfires		
	Flood		
	Loss of Vital Services		
	Explosion in the facility		
	Food Shortages		
Staff Shortages			
Totals			



SECTION TWO: PREPAREDNESS

“Preparedness” refers to the steps a facility takes to be ready for disasters that occur despite the best prevention and mitigation efforts. Preparedness helps ensure the facility survives the disaster and the immediate aftermath period when outside assistance may be delayed. Many of these steps make up the base plan in the EOP and should be regularly reviewed and exercised with staff. This section examines the clarity of responsibilities within the facility, the level of self-sustainability of the facility in a disaster, and how often the facility practices for disasters. It might be useful to gather drill and training records, supply lists, evacuation plans, command charts, call-down lists, and existing emergency procedures before beginning this section.

ICS/Staff Responsibilities

Establishing clear staff responsibilities during a crisis streamlines the decision-making process, helps prevent chaos, and increases the effectiveness of response plans. Utilizing the Incident Command System/Structure (ICS) increases the effectiveness even more.

Please check **YES** or **NO** for the following ICS/Staff Responsibilities questions:

		YES	NO
Critical Staff	Are the critical staff in the facility identified?		
	Are there at least two back-ups for each critical function on each shift?		
	Are the critical staff aware of their roles in an emergency?		
ICS Training	The following courses are available online from FEMA and help the staff to understand ICS and emergency planning. Please indicate whether the critical staff have taken the following courses: (website: http://training.fema.gov/IS/)		
	IS-100.HC Introduction to the Incident Command System for Healthcare/Hospitals (est. 2.5 hours)		
	IS-197.SP Special Needs Planning Considerations for Service and Support Providers (est. 4.5 hours)		
	IS-200.HC Applying ICS to Healthcare Organizations (est. 3 hours)		
	IS-700 National Incident Management System (NIMS), An Introduction (est. 3 hours)		
	Note: It is recommended that all staff take these online courses. They are clearly structured, easy to follow, and take only a few hours to complete. Familiarity with terminology and the government’s expectations of health care facilities during an emergency will help prepare the facility for success.		
Practice	Are the staff responsibilities and ICS structures practiced during drills?		
Display	Are roles and responsibilities for disasters clearly displayed at every nursing station, the front desk, kitchen, and other critical access points for easy reference during an emergency? (hint: Display using an ICS chart!)		
Total			



96-Hour Emergency Kits

Supplies, including food and water, medicines, medical supplies, and other critical resources such as clothing and bedding, are likely to be in short supply following a disaster. Preparing a 96-Hour Emergency Kit for the facility delays the potential impact of these shortages on the facility. This checklist covers the most critical components of the kit, but is not intended to be inclusive. A more comprehensive list is available under the “Emergency Preparedness Resources” link located on the state health department’s website located at: <http://www.cdphe.state.co.us/hf/index.html>.

Please check **YES** or **NO** for the following questions about emergency kits:

		YES	NO
Food, Water and Medicine Stockpiles	Is the facility capable of storing four days worth of food and water? <i>42 CFR 483.70(h)</i>		
	Are there methods for preparing this food for residents and staff?		
	Are there extra doses of critical medication available?		
	Are there extra stockpiles of basic medical supplies such as gloves, syringes, bandages, etc.?		
Extra Linens and Clothing	Are there sufficient extra clean linens and blankets for residents?		
	Are there alternative methods for heating or cooling residents such as extra, weather appropriate clothing?		
	Are there extra clean clothes for the residents?		
Emergency Power and Lighting	Is emergency power available? <i>42 CFR 483.70(b)</i>		
	If so, is the emergency power effective for minimum of 1½ hours? <i>NFPA 99, 3.4.2.2, 3.4.2.1.4</i>		
	Are flashlights readily available, with extra batteries?		
Communications	Is there a battery-backup operated weather radio, that the staff knows how to use?		
	Are there alternative methods of communication within the facility?		
	Are there alternative methods of communication outside the facility?		
Safety	Are there shovels, de-ice, or salt accessible for sidewalks, walkways, and doorways?		
	Is there tape and boards or cardboard for broken glass?		
	Is the staff aware of safe handling procedures for broken glass?		
	Can the facility’s openings (doors and windows) be isolated from the outdoors?		
Total			



Exercising the Plan

Annexes and Hazard-Specific Appendices (the specific plans or procedures on what to do during a disaster) must be exercised regularly. The **Exercise Tracking Log** included in this Hazard Analysis Toolkit might be a helpful addition to the EOP if the facility does not already have a method for tracking training, drills and evaluations.

Using official logs if available, please check **YES** or **NO** for the following questions:

	YES	NO
Does the facility practice tornado drills more than twice a year?		
Does the facility run fire drills at least once per shift each quarter?		
Is there a method for tracking the exercises and drills of the EOP?		
Is there a method for tracking performance during drills and exercises?		
Are the resources easily accessible to staff?		
TOTAL		

Public Information

Designating a single point of contact for all information requests for the facility ensures a consistent, accurate message is communicated to families, staff, media and the public. Special training is encouraged for identified public information officers (PIO) who are also responsible for communicating with local emergency personnel.

Using current facility policies, please answer **YES** or **NO** for the following questions:

	YES	NO
Is there a designated PIO to coordinate information?		
Are there pre-scripted messages to facilitate accurate, timely information?		
Is the PIO aware of communication roles with local emergency personnel?		
Are other employees aware of the appropriate information procedures?		
TOTAL		

Resource Lists

During a disaster, facilities need to determine courses of actions, find available assistance, and gather information about the disaster or hazard. Often, these resources include local news websites, the state health department, or communications sent via television and radio. Collecting a list of resources for a variety of topics in a single location increases their usefulness during a hazard. The contents of resource lists are unique to the needs of the facility.

Please check **YES** or **NO** for the following questions about resource lists:

	YES	NO
Does the facility have a resource list that is easily located?		
Are the resources multi-media in nature?		
Does the list include a call-down sheet with contact information for local emergency managers, first responders, fire, police, and medical support?		
TOTAL		

SECTION THREE: RESPONSE

The actions taken by a facility during an event make up the “Response” phase of disaster planning. This is where much of the planning identified in the “Preparedness” state is actively applied and utilized. Appropriate response measures may vary slightly based on the scope of the disaster, but the basic response framework is the same. For health facilities, the three options are generally to shelter-in-place (SHIP), evacuate (EVAC) or close the facility. In each case, networking within the community and establishing a relationship with the local emergency management departments is critical. This section discusses those partnerships, as well as two of the basic facility response plans. It might be useful to gather any existing aid agreements, supplier contracts, evacuation and sheltering plans, or other disaster resources for the facility before beginning this section.

Mutual Aid Agreements (MAAs)

Planning for additional assistance before a disaster occurs helps ensure the aid is available when needed. Consider making aid agreements with similar facilities for additional staffing, supplies, or temporarily housing residents. Also consider making agreements both with nearby facilities and with facilities that are ten to fifteen miles away. In urban areas, this distance may need to be further, in order to prevent aid partners from being affected by the same disasters. Alternate forms include the Memorandum of Understanding (MOU) and Memorandum of Agreement (MOA). These forms have varying degrees of responsibility and accountability, and all aid agreements should be cleared by facility legal advisors where applicable.

Using facility records and aid agreements please check **YES** or **NO** for the following questions:

	YES	NO
Does the facility have written MOUs, MOAs or MAAs in place with other local facilities?		
Are there MOUs, MOAs, or MAAs in place with other facilities that are further away ?		
Are these documents reviewed and re-confirmed on a yearly basis?		
Do the documents include all relevant contact information and activation procedures?		
Are aid partners included in drills and exercises?		
Does the facility regularly assess the capability to respond to requests from partners?		
Where applicable, are these documents reviewed and approved by legal advisors?		
Are there MAAs for a variety of potential resources, including:		
Evacuation Support		
Extra Staff		
Housekeeping/Maintenance for the building		
Sheltering support		
Supplies (medical, food, bedding, clothing, etc.)		
Transferring Patients		
Transportation		
Total		



Shelter in Place Procedures (SHIP)

Shelter-in-place means defending the safety of residents and staff from inside the facility in the event of an emergency. This requires coordinating critical supplies and resources for availability to the facility, independent of outside assistance. The recommended timeline for SHIP procedures is 96 hours, or four days. It is recommended these plans are posted alongside evacuation plans.

Please check **YES** or **NO** regarding the following SHIP questions:

	YES	NO
Does the facility have a SHIP plan?		
Is the plan practiced regularly (at least twice yearly)?		
Are there adequate supplies on hand to SHIP for at least 96 hours? (see the preparedness section)		
Are there procedures to re-evaluate the SHIP decision as the disaster or event progresses?		
Is there adequate staff to SHIP at any given time, or plans to augment current staffing levels during an emergency?		
Is the facility in a safe enough location to SHIP for most events?		
Is the SHIP plan posted and easily accessible to staff?		
Total		

Evacuation Procedures (EVAC)

Though most health facilities prefer not to evacuate, sometimes the nature of the disaster leaves a facility with no alternative. Examples include, but are not limited to, fires, flooding (particularly for single-story facilities), explosions and other causes of significant structural damage. Evacuation plans are required to be posted at the telephone operator's position or security in the facility and at each nurse's station.

Please check **YES** or **NO** regarding the following EVAC questions:

	YES	NO
Does the facility have an EVAC plan?		
Is the plan posted in accordance with state and federal regulations? <i>LSC 101 19.7.1 (existing facilities), LSC 101 18.7.1 (new facilities) and 6 CCR 1011-1, Chapter V, 13.</i>		
Is the EVAC plan physically exercised at least once yearly?		
Is the EVAC plan drilled quarterly?		
Does the plan include a decision tree for determining when an evacuation is appropriate?		
Does the plan include conditions for safe re-entry to the facility?		
Total		

SECTION FOUR: RECOVERY

“Recovery” facilitates the transition back into normal operations while integrating the fiscal, physical and emotional readjustments for the facility and community. Recovery is a broad concept that bridges two different phases of emergency planning: the EOP and the continuity of operations (COOP) planning. The ideas discussed in this section may be included in the emergency plan at the discretion of the facility, but should not replace the development of additional COOP planning. Before beginning, gather any existing recovery information including official policies for the facility, call down lists, mutual aid agreements, patient transfer procedures, authority trees, and other relevant information.

Continuity of Operations (COOP) Planning

Even the worst disasters eventually end, and planning for Continuing Operations (COOP) is a critical component for recovery. The COOP is a separate document from the EOP, but some measure of continuity planning is part of a well-developed action plan for disaster response.

Please check **YES** or **NO** regarding the following COOP questions:

	YES	NO
Has the facility identified the resources required to re-open or return the facility to normal procedures after a disaster?		
Are these resources available?		
Is there a timeline implementing the COOP plan after a disaster?		
Does the timeline indicate how long the COOP plan is intended to operate?		
Are there alternate locations for residents?		
Are there check-in procedures for evacuated or temporarily transferred patients?		
Total		

Recovery Mutual Aid Agreements (MAAs)

Mutual Aid Agreements are as critical to the successful recovery of a facility as they are in preparing for and responding to disasters. Recovery aid agreements are generally classified differently because of scope, intent, scale, and the limited nature of resources following a disaster. Generally, these documents are stored in the COOP plan. The guidelines for recovery agreements are the same: facilities should consider a wide range of potential sources, offer reciprocal agreements, make agreements with both local and outlying facilities and resource centers, and put the agreements in writing.

Please check **YES** or **NO** regarding the following recovery MAA questions:

	YES	NO
Does the facility have recovery aid agreements in place?		
If so, do these agreements meet the same standards outlined under Response ?		
Are these agreements reviewed and reaffirmed on an annual basis?		
Are there contingency plans if the facility is unable to fulfill their aid agreements with other facilities?		
Total		



SECTION FIVE: READINESS RATING SCORECARD

The Scorecard provides a quick, single-source overview of the Readiness Rating Worksheet. Use this scorecard when filling out the **Risk Assessment Planning Matrix** in Section Three of the Hazard Analysis Packet. It is also a handy single-glance reference for identifying potential exercise or drill areas, and for tracking improvement and progress within the facility's emergency planning process.

To complete the **Readiness Rating Scorecard**:

1. Tally up the total number of **YES** and **NO** responses and record in each section where indicated in the chart below.
2. Calculate the percent of questions with a **YES** answer by dividing the total of **YES** answers by the **TOTAL** ($\text{YES} \div \text{TOTAL}$) answers in each subtotal category, and for the entire sheet.
3. Use the key to determine what **Readiness Rating** corresponds to the percentage and record in the **RATING** column. This is the number that will transfer onto the **Risk Assessment Planning Matrix**.

	YES	NO	Total	% YES	Rating
Section One: Prevention					
Safety Inspections			6		
Emergency Operations Plan			19		
Subtotal:			25		
Section Two: Preparedness					
ICS/Staff Responsibilities			9		
96-Hour Emergency Kit			17		
Exercising the Plan			5		
Public Information			4		
Resource Lists			3		
Subtotal:			38		
Section Three: Response					
Mutual Aid Agreements			14		
Shelter in Place Procedures			7		
Evacuation Procedures			6		
Subtotal:			27		
Section Four: Recovery					
Continuity of Operations			6		
Recovery Mutual Aid Agreements			4		
Subtotal:			10		
Total			100		

Key
After calculating the percent of answers that were YES, locate what range the percentage for each section and subsection in the chart below, and record the corresponding **Readiness Rating** in the **Rating** column to the left.

85-100% = 1
Very Ready

70-85% = 2
Needs Work

≤ 70% = 3
Not Ready

