**CMS Communications Plan Template**

The communication plan supports *rapid* and *accurate* communication both internally and externally. This section describes the elements of a basic communication plan incorporated into this EOP which is updated annually and whenever needed due to changes in contact information

Relative to internal communications, the facility maintains a contact list of all staff, including telephone numbers and email addresses (if available). This contact information may be used whenever it is necessary to notify staff of a threat or emergency that may impact or involve them. We have a regular schedule to update staff on critical information related to the emergency (see Staff Recall and Survey - Appendix R for details on the physical location of contact lists). Additionally, we maintain contact lists for entities providing services under arrangement, residents’ physicians, other in-kind facilities, the Office of the Long-Term Care Ombudsman, and our current volunteers. These contact lists can be found in Appendix A, “Internal Contact Lists”, as well as *insert facility-specific contact management system.*

Once an incident is recognized that may require activation of the EOP, the person who first recognizes the incident will immediately notify their supervisor or the senior manager on site.

Our internal communication equipment includes:

* Overhead paging system
* Hand-held radios
* Cell phones with texting
* Land lines
* Message board
* Public Information Officer
* Runner
* Other

It is also important to communicate with relevant external partners to: 1) gather information relevant to the incident, and 2) share information regarding the facility’s status, activities and needs. Our facility will report incidents as required to jurisdictional authorities, e.g., report a fire to the local fire department. Additionally, our facility will communicate with various local, regional, and state partners prior to, during, and after an incident occurs. Contact information for these external partners can be found in Appendix B, “External Contact Lists”, as well as *insert facility-specific contact management system.* Our external communication equipment includes:

**PRIMARY COMMUNICATION:**

* Land lines
* Cell phones with texting
* Email

**ALTERNATE COMMUNICATION:**

* Hand-held radios
* Satellite phones
* Amateur/Ham radio
* Jurisdictional radio systems
* Regional radio systems (D/FW Wide, D/FW Connect)
* Internet
* WebEOC
* EMResource
* Other

Some of these communications methods require training to operate effectively. Specifically, Amateur/Ham radio requires a license to operate, and crisis applications such as WebEOC and EMResource can be difficult to navigate without proper training. Below is a list of facility staff or volunteers who are licensed/trained to use those systems:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Title** | **Amateur/Ham Radio License** | **WebEOC** | **EMResource** |
|  |  |  |  |  |
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In the case of a facility-specific incident requiring evacuation and/or a widespread event involving multiple sites of impact, we will contact both the *insert jurisdictional emergency operations center for your facility* and the NCTTRAC Medical Coordination Center Duty Phone at 817-607-7020. This will ensure that we are coordinating with our community response partners for resource requesting, situational awareness, and information sharing within the medical and health coordination network and local emergency operations center.

**SHARING MEDICAL INFORMATION WITH OTHER PROVIDERS TO MAINTAIN CONTINUITY OF CARE**

During an emergency event or evacuation, it is critical that other health care providers who may care for our patients/residents have accurate documentation reflecting the patient’s medical history and care plan. In non-emergency situations, our facility shares patient health records with other health care providers using *insert your facility’s method.* During an emergency, this same method will continue to be used. If this method fails, our facility will *insert your facility’s backup method.*

**RELEASING PATIENT INFORMATION TO FAMILY MEMBERS/REPRESENTATIVES IN AN EMERGENCY**

In the event of an emergency, family members/representatives will be notified and briefed on the status of the facility and the condition of their loved one as soon as it is feasible to do so. In case of an emergent situation, where time and conditions do not allow us to communicate with our resident’s families in a timely manner, we may utilize the Ombudsman, the Department of Public Health staff, the American Red Cross “Safe and Well” website, our website, and other methods as available to provide information on our status. We also have provided a phone number to families/representatives where they can call and obtain information on the status and location of their resident. That phone number is <Enter phone number here if one is established. If not delete this sentence>

**PUBLIC INFORMATION OFFICER (PIO)**

 Our facility has identified a responsible staff person to release information to the public during and after a disaster. Unless otherwise specified, it will be the facility’s Incident Commander (IC).

**METHOD OF SHARING INFORMATION ABOUT RESIDENTS’ CONDITION**

It is the policy of this facility to release of resident information as allowed under 45 CFR 164.510(b)(1)(ii). This is handled through the PIO and various forms that summarize critical care information.

During an evacuation, all residents will wear an emergency wristband with their full name and date of birth and the facility’s name and contact info.

Additional information regarding their care requirements will be sent to the intake facility, including:

* Diagnosis, allergies, code status, physician’s name and contact infor, and the next of kin or responsible party
* Current medication administration record
* A photo identification if possible

Confidentiality of this information will be protected through the following means: *insert information on how this will be done such as in a sealed envelope or folder*

Our facility will track patients throughout the transfer and repatriation process using the following method: *insert your facility’s method for tracking patients*

**PROVIDING INFORMATION REGARDING FACILITY NEEDS AND OCCUPANCY**

This facility follows the local response protocols when responding to requests for facility status and bed availability. EMResource is the method used by our facility to communicate with the <Insert lead county agency for medical health response>. Through this system, our facility responds to bed polls, reports facility status, and receives or gives other information (see Section 3: Emergency Operations Plan - Coordination with Local Response Authorities).

**SHARING INFORMATION ON THE EOP WITH RESIDENTS AND FAMILIES**

Our facility provides information to all residents and family or representatives regarding our EOP. This is done routinely as part of our admission orientation and periodically during Resident Council and family meetings. The method we use to share this information is <Enter description of the format of this information-sharing and provide a sample in the appendices if written handout>

**Appendix A: Internal Contact Lists**

|  |
| --- |
| **INTERNAL CRITICAL CONTACTS** |
| **Name/Title**  | **Primary Telephone**  | **Secondary Telephone**  |
|   |   |   |
|  |   |   |
|   |   |   |
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**STAFF AND VOLUNTEERS**

**<INSERT YOUR MOST RECENT CONTACT LIST HERE OR INDICATE LOCATION WHERE IT CAN BE FOUND>**

**IN-KIND FACILITIES**

**<INSERT YOUR MOST RECENT CONTACT LIST HERE OR INDICATE LOCATION WHERE IT CAN BE FOUND>**

**OTHER**

**<INSERT YOUR MOST RECENT CONTACT LIST HERE OR INDICATE LOCATION WHERE IT CAN BE FOUND>**

**Appendix B: External Contact Lists**

|  |
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| **EXTERNAL CRITICAL CONTACTS** |
| **Type** | **Tel #/Email** | **Contact Name** |
| **Police**  |   |   |
| **Fire**  |   |   |
| **Local State Survey Agency Daytime #** |  |   |
| **State Survey Agency 24 Hour #** |  |  |
| **Local Public Health Agency**  |   |   |
| **Local Emergency Management Agency**  |   |   |
| **Local Medical and Health Operational Area Coordinator (MHOAC)** |   |   |
| **Ambulance Company #1**  |   |   |
| **Ambulance Company #2**  |   |   |
| **Paratransit or Other Transportation**  |   |   |
| **Power Company**  |   |   |
| **Gas Company**  |   |   |
| **Telephone Company**  |   |   |
| **Water System**  |   |   |
| **Sewer System**  |   |   |
| **Fire Alarm System**  |   |   |
| **Fire Protection – Sprinkler System**  |   |   |
| **Security Alarm System**  |   |   |
| **Emergency Water Supply**  |   |   |
| **Emergency Food Supply**  |   |   |
| **Additional Staff**  |   |   |
| **Other (please specify)**  |  |   |

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| **VENDOR CONTACT INFORMATION**  |
| **Food: Perishable**Name: Address: City: State/Zip Code: Phone: Fax: Email: Website:  | **Food: Non‐perishable** Name: Address: City: State/Zip Code: Phone: Fax: Email: Website:  | **Water Utility** Name: Address: City: State/Zip Code: Phone: Fax: Email: Website: |
| **Potable Water Company** Name: Address: City: State/Zip Code: Phone: Fax: Email: Website  | **Water Company** Name: Address: City: State/Zip Code: Phone: Fax: Email: Website  | **Natural Gas Supplier** Name: Address: City: State/Zip Code: Phone: Fax: Email: Website: |
| **Ice** Name: Address: City: State/Zip Code: Phone: Fax: Email: Website: | **Generator Fuel** Name: Address: City: State/Zip Code: Phone: Fax: Email: Website: | **Cell Phone Service** Name: Address: City: State/Zip Code: Phone: Fax: Email: Website: |
| **Quick Connect Generator** **Supplier** Name: Address: City: State/Zip Code: Phone: Fax: Email: Website: | **Generator Maintenance** Name: Address: City: State/Zip Code: Phone: Fax: Email: Website: | **Electric Utility** Name: Address: City: State/Zip Code: Phone: Fax: Email: Website: |

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| **VENDOR CONTACT INFORMATION (CONT)** |
| **Pharmacy** Name: Address: City: State/Zip Code: Phone: Fax: Email: Website: | **Sanitation Supplies** Name: Address: City: State/Zip Code: Phone: Fax: Email: Website: | **Gas Utility** Name: Address: City: State/Zip Code: Phone: Fax: Email: Website: |
| **Incontinence Supplies** Name: Address: City: State/Zip Code: Phone: Fax: Email: Website: | **Paper Goods – Kitchen** Name: Address: City: State/Zip Code: Phone: Fax: Email: Website: | **Telephone Company** Name: Address: City: State/Zip Code: Phone: Fax: Email: Website: |
| **Paper Goods – Toiletries** Name: Address: City: State/Zip Code: Phone: Fax: Email: Website: | **Linen Supplies** Name: Address: City: State/Zip Code: Phone: Fax: Email: Website: | **Satellite Phone Provider** Name: Address: City: State/Zip Code: Phone: Fax: Email: Website: |
| **Assistive Devices** Name: Address: City: State/Zip Code: Phone: Fax: Email: Website: | **Fire Alarm System** Name: Address: City: State/Zip Code: Phone: Fax: Email: Website: | **Sprinkler System** Name: Address: City: State/Zip Code: Phone: Fax: Email: Website: |

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| **VENDOR CONTACT INFORMATION**  |
| **Transportation – Alternates** Name: Address: City: State/Zip Code: Phone: Fax: Email: Website: | **Transportation – Truck,** **Cargo Van, Trailer** Name: Address: City: State/Zip Code: Phone: Fax: Email: Website: | **Amateur Radio Service** Name: Address: City: State/Zip Code: Phone: Fax: Email: Website: |