

NYS Department of Health
LHCSA Emergency Preparedness Surveyor Worksheet
(Revised 1-30-18)
766.9 (c) and DAL DHCBS 16-11 issued December 1, 2016

Agency: _____ **Survey Date:** ___/___/_____

Surveyor: _____

Emergency Response Plan must have evidence of:

1. Identification of types of potential emergencies? Yes No
2. Agency is required to maintain current patient roster that contains:
 - patient name, address and telephone number? Yes No
 - emergency contact numbers of family, caregiver(s) and/or healthcare proxy? Yes No
 - Patient Classification Level? Yes No
 - Transportation Assistance Level (TAL)? Yes No
 - ventilator dependency? Yes No
 - identification of patients dependent on use of electricity for health care needs? Yes No
 - other specific patient information critical to first responders? Yes No
3. Call down list of agency staff with telephone numbers? Yes No
4. Procedure for alternate communication if telephone/computer become disabled? Yes No
5. Contact list of community partners that includes at a minimum: local health dept., local emergency management, Emergency Medical Services and law enforcement? Yes No
6. Procedure for responding to requests for information by community partners in an emergency?
Yes No
7. Evidence of agency participation in drill/exercise annually? Yes No
8. Annual review (and as needed) of plan? Yes No Date of last review: _____

Policies and Procedures Addressing:

9. How patient roster will be kept current? Yes No
10. How the staff call-down list will be kept current? Yes No
11. How the community partners contact list will be kept current? Yes No
12. Orientation/yearly in-service of staff to their responsibilities in emergency plan? Yes No
13. Did agency participate in most recent required DOH Emergency Response Drill/Survey?
Yes No

Notes: _____
