Powered for Patients Emergency Power System Vulnerability Survey for Rhode Island Long Term Care Facilities, Dialysis Centers and Other Non-Hospital Healthcare Facilities

NOTE: This survey is designed to help Long-Term Care facilities, Dialysis Centers and other non-hospital medical facilities assess potential vulnerabilities with emergency power supply systems. This is a self-administered survey and facilities are encouraged to review survey results internally and with their emergency power system service provider. If a facility does not have contracts in place for generator service or refueling, they are strongly encouraged to put these in place. A list of generator service and fuel providers serving Rhode Island facilities is contained in the appendix of *Protecting Patients When Disaster Strikes,* the Playbook on safeguarding emergency power published by the Rhode Island Emergency Management Agency and Powered for Patients, available online.

In addition to completing this survey, facility administrators and facility managers are encouraged to review the Checklist for Emergency Planning for Emergency Power Supply Systems contained in the appendix of *Protecting Patients When Disaster Strikes.* Completed surveys should be kept on hand at facilities to enable periodic review of results and to chart progress in addressing any deficiencies identified during the survey. Maintaining completed surveys will also keep helpful information readily available to support pre-disaster planning and emergency response activities for current and future personnel.

Part 1: Background Information

Facility Information

Facility Name: _____

Address: _____

City/Town: _____

Zip Code: _____County:_____

If part of a health care system, name of system: _____

Facility Disaster Planner Name: _____

Title: _____

Office Phone: _____

Cell Phone: _____

Email: _____

VP of Facilities or VP of Operations Name:_____

Title: _____

Office Phone: _____

Cell Phone: _____

Email: _____

Facility Manager Name:_____

Title: _____

Office Phone: _____

Cell Phone: _____

Email: _____

Person completing diesel generator portion of survey

Name: _____

Title: _____

Office Phone: _____

Cell Phone: _____

Email: _____

Date of Survey: _____

Number of Licensed Beds: _____

Number of Licensed Dialysis Stations: _____

1. Within CMS's list of health provider types, which type do you consider your facility to be?
   - ☐ Long-Term Care (LTC) Facility
   - ☐ End-Stage Renal Disease Facility
   - ☐ Psychiatric Residential Treatment Facility
   - ☐ Intermediate Care Facility for Individuals with Intellectual Disabilities
   - ☐ Ambulatory Surgical Center
   - ☐ Hospice
   - ☐ Comprehensive Outpatient Rehabilitation Facility
   - ☐ Rural Health Clinic/Federally Qualified Health Center

2. When was the last time your facility was subject to a Joint Commission survey or an inspection by a state surveyor on behalf of the State of Rhode Island or the Joint Commission?

Joint Commission Survey by State Surveyor - Date:_____

State of Rhode Island Survey/Inspection – Date: _____

a. Which state agency performed the assessment?

_____

b. Were there any deficiencies relating to your emergency power supply system?
____ Yes _____ No

If yes, please note the deficiencies and any corrective action taken and the dates of corrective action below:

Deficiencies	Corrective Action Taken/Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

c. Who on your staff was the point of contact for the survey/inspection?

_____

3. Please describe your facilities generator maintenance activities:

_____

_____

_____

_____

_____

_____

_____

_____

a. Where are maintenance logs kept within your facility? (Please note location of paper copies and electronic copies)
   Paper copies: _____

   Electronic copies: _____

b. How long are these maintenance logs kept for?

   - ☐ Indefinitely
   - ☐ 1 year or less
   - ☐ 5 years or less
   - ☐ 10 years or less
   - ☐ 15 years or less
   - ☐ 20 years or less

c. To what degree does your maintenance program follow the recommended maintenance protocols detailed by the manufacturer of your emergency power supply system?
   - ☐ Between 0 and 20%
   - ☐ Between 20 and 40%
   - ☐ Between 40 and 60%
   - ☐ Between 60 and 80%
   - ☐ Between 80 and 100%
   - ☐ Other (Please explain) _____

     _____

_____

_____

_____

Part 2: Facility Diesel Generator and Emergency Power Survey

1. How many stationary backup generators does your facility have? _____

For each of your stationary generators, please provide the following information:

Generator # 1

a. What is the name or number the facility assigns to the generator? _____

b. Manufacturer of generator _____

c. Approximate age of generator in years _____

d. Patient care and critical services areas served by the generator (please list):

_____

_____

e. _____ Rated Kw

f. _____ Rated voltage

Generator # 2

a. What is the name or number the facility assigns to the generator? _____

b. Manufacturer of generator _____

c. Approximate age of generator in years _____

d. Patient care and critical services areas served by the generator (please list):

_____

_____

e. _____ Rated Kw

f. _____ Rated voltage

Generator # 3

a. What is the name or number the facility assigns to the generator? _____

b. Manufacturer of generator _____

c. Approximate age of generator in years _____

d. Patient care and critical services areas served by the generator (please list):

_____

_____
_____
_____

e. _____ Rated Kw

f. _____ Rated voltage

2. What is the frequency of testing of emergency power system? (Check all that apply)

- ☐ Weekly
- ☐ Monthly
- ☐ Yearly

3. Is this testing performed automatically based on present testing times or manually?

- ☐ Automatically
- ☐ Manually

4. What percent of load or percent of emergency generator capacity is connected during each of the following tests?

% _____ weekly testing

% _____ monthly testing

% _____ yearly testing

5.Is this generator(s) stand alone or paralleled with other generators?

___ Stand Alone ___ Paralleled

6.Fuel type

___ Gasoline ___ Diesel ___ Natural Gas ____ Bi-fuel

7.Fuel storage capacity

___ Stand-alone tank for single unit only _____ gallons ___ Part of a central storage tank _____ gallons

8.Fuel consumption rate at full load

Generator # 1 _____ gallons/hr

Generator # 2 _____ gallons/hr

Generator # 3 _____ gallons/hr

9.Fuel consumption rate in meeting testing requirements

Generator # 1 _____ gallons/hr for weekly test

Generator # 2 _____ gallons/hr for monthly test

Generator # 3 _____ gallons/hr for yearly test

10. Do you have a service contract for your emergency power system?

___ Yes ___ No

a. Do you have an alternative service provider under contract?

___ Yes ___ No

b. What are the names and contact information of your primary and alternative service providers (if applicable)?

Primary service provider:

Point(s) of contact:_____

Primary phone:_____

Cell phone: _____

Emergency phone: _____

Email: _____

Alternative service provider:

Primary service provider:

Point(s) of contact:_____

Primary phone:_____

Cell phone: _____

Emergency phone: _____

Email: _____

11. Do you have a contract with a fuel supplier?

___ Yes ___ No

a. Do you have an alternative fuel provider under contract?

___ Yes ___ No

a. What are the names and contact information of your primary and alternative fuel providers (if applicable)?

Primary fuel provider:

Point(s) of contact:_____

Primary phone:_____

Cell phone: _____

Emergency phone: _____

Email: _____

Alternative fuel provider:

Primary service provider:

Point(s) of contact:_____

Primary phone:_____

Cell phone: _____

Emergency phone: _____

Email: _____

12. Are there restrictions in place with respect to which service companies are authorized to provide service to any of your generators, switch gear equipment or automatic transfer switches?

___ Yes ___ No ___ Unknown

a. If yes, please describe those restrictions. Also, ask your service provider what their surge capacity is during disasters to address any service needs you may have.

_____

_____

_____

_____

13. In addition to conducting required testing on backup generators, do you routinely test switch gear equipment?

___ Yes ___ No

a. If yes, please describe your switchgear testing protocol:

_____

_____

_____

_____

14. Are all your generators and switchgear above floodplain/inundation zone?

___ Yes ___ No ___ Not applicable, not in a floodplain/inundation zone

a. If no, please describe mitigation measures in place to protect emergency power system components from flooding.

_____

_____

_____

_____

b. Which map is your floodplain status based on (check one)?

___ FEMA Insurance Rate Map (FIRM) ___ RIDEM Map ___ RI Coastal Management Agency Map ___ Don't Know

15. Are your fuel tank(s) and fuel pumps above floodplain and safe from other water surges such as dam and water tower breaks?

___ Yes ___ No ___ Not applicable, because not located in an area that is expected to confront a water surge

a. If no, are fuel tanks and fuel pumps encapsulated and protected from a flood?

___ Yes ___ No

b. If yes, please describe the steps taken to protect the fuel tank and fuel pumps from flooding.

_____

_____

_____

_____

16. Do you have electrical panels or quick connects in place to allow a rapid connection to a portable generator?

___ Yes ___ No ___ Unknown

If Yes, please describe location: _____

_____

17. Have you already identified locations for temporary standby or portable generator installations at your facility?

___ Yes ___ No

If Yes, please describe location: _____

_____

18. Is the heating system for patient areas connected to the stationary back-up generators?

___ Yes ___ No ___ Unknown

19. Is the cooling system for patient areas connected to the stationary back-up generators?

___ Yes ___ No ___ Unknown

20. Do you have a stock of expendable parts, on site or readily available from a vendor, for your diesel generator(s) such as coolant; oil; and filters for fuel, oil and air?

___ Yes ___ No ___ Partial

NOTE: A list of critical generator spare parts is available in the appendix of *Protecting Patients When Disaster Strikes,* the Playbook on safeguarding emergency power published by the Rhode Island Emergency Management Agency and Powered for Patients, available online.

21. What percentage of your normal facility power load can be supplied by your emergency power system?

_____%

22. Have appropriate personnel been trained on manual operation of the diesel generators or emergency power system?

___ Yes ___ No

a. If yes, please identify these individuals: _____

_____

_____

23. Does your emergency generator system have any unique cooling or operational requirements that may require special measures during a disaster? (i.e. heat exchangers, cooling towers, etc.)

_____

_____

24. Is your Emergency Power Supply System remotely monitored by internal staff and or third-party providers?

___ Internal staff ___ Third Party Providers ___ Both

a. Is your monitoring system installed on facility servers, or hosted in the cloud?

___ Servers ___ Cloud

b. Is your system capable of sending out emails or SMS when alarms or events occur?

___ Yes ___ No

25. Does your facility use Uninterruptable Power Supply units to provide backup power?

a. If yes, please indicate which areas of the facility are supported by UPS technology.

_____

_____

_____

_____

26. Does your facility have plans to replace some or all of your generators within the next three to five years?

a. If yes, please indicate how many of your generators are slated for replacement.

_____

27. Does your facility have a protocol for contacting state officials to advise of threats to emergency power during disasters?

___ Yes ____ No

If no, contact Alysia Mihalokas, MPH, Chief, Rhode Island Department of Health's Center for Emergency Preparedness and Response, to ask about notification protocols. Ms. Mihalokas can be reached at Alysia.mihalokos@health.ri.gov

If yes, please describe protocol

_____

_____

_____

_____

Part 3: Utility Provider Information

1. Who is your primary electrical utility provider?

_____

2. Who is your designated point of contact at your primary electrical utility provider?

Name: _____

Office phone:_____

Cell phone:_____

Back up Cell Phone:_____

Email: _____S

3. How frequently are you in communication with this designated point of contact?

___ Weekly

___ Monthly

___ Quarterly

___ Yearly

4.What are your expectations in terms of your utility prioritizing power restoration for your facility during a power outage?

_____
_____

5. Are you listed as a preferred customer who receives priority restoration of power from your power provider?

___ Yes ___ No ___ Unknown

6. Are there protocols provided by your electric utility that your facility must follow before the utility will restore power after an extended power outage to help ensure the safety of utility personnel?

___ Yes ___ No ___ Unknown

If yes, please describe:

_____

_____

_____

_____

7. What additional assistance/support mechanisms would help your facility in preparing for and responding to a utility power disruption?

_____
_____
_____
_____

8. Do you have an electrician on staff for support?

___ Yes ___ No

9. Who is your primary water utility provider?

_____

10. Who is your designated point of contact at your primary water provider?

Name: _____

Office phone:_____

Cell phone:_____

Back up Cell Phone:_____

Email:_____

NOTE: If you do not have a designated point of contact, please contact your water service provider and ask for an emergency point of contact.

11. Does your primary water provider have an emergency power system to help ensure their continued operation during a power outage?

___ Yes ___ No

Note: If you don't know, be sure to contact your water service provider and ask if they have an emergency power supply system.

12. Do you have a plan in place in the event of a loss of water utility service to access potable water for your facility?

___ Yes ___ No

If yes, please describe plan:

_____

_____

_____

_____

13. Who is your designated point of contact at your primary waste water treatment provider?

Name: _____

Office phone:_____

Cell phone:_____

Back up Cell Phone:_____

Email:_____

NOTE: If you do not have a designated point of contact, please contact your waste water service provider and ask for an emergency point of contact.

14. Does your waste water treatment provider have an emergency power system to help ensure their continued operation during a power outage?

___ Yes ___ No

Note: If you don't know, be sure to contact your waste water treatment provider and ask if they have an emergency power supply system.

15. Do you have a plan in place in the event of a loss of waste water treatment utility service to help ensure sanitary conditions?

___ Yes ___ No

If yes, please describe plan:

_____

_____

_____

_____

Questions about Powered for Patients and this Emergency Power System Vulnerability Survey can be directed to:

Eric Cote, Project Director

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