

DISASTER AND EMERGENCY PREPAREDNESS 101

READY, SET, GO!!

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Part II

Department of Health and Human Services

Centers for Medicare & Medicaid Services
42 CFR Parts 403, 416, 418, et al.
Medicare and Medicaid Programs; Emergency Preparedness Requirements
for Medicare and Medicaid Participating Providers and Suppliers; Final
Rule



EMERGENCY PREPAREDNESS

- First published in the Federal Register for comment on December 27, 2013.
- Increases patient safety during emergencies.
- Establishes consistent emergency preparedness requirements across provider and supplier types.
- Establishes a more coordinated response to natural and man-made disasters.
- Applies to 17 Medicare and Medicaid providers and suppliers.
- Final rule published in the Federal Register on September 16, 2016.
- Rule is effective as of November 15, 2016
- Rule must be implemented November 15, 2017



WHY DISASTER AND EMERGENCY PREPAREDNESS?



THIS IS WHY...



ONE MORE THING TO LOOK FORWARD TO...

APPENDIX Z



APPENDIX Z

State Operations Manual

Appendix Z - Emergency Preparedness for All Provider and Certified
Supplier Types

Interpretive Guidance

(Rev. XXXX, TBD)



APPENDIX Z

Establishes national emergency preparedness requirements for participating providers and certified suppliers to plan adequately for both natural and man-made disasters, and coordinate with Federal, state, tribal, regional and local emergency preparedness systems.



APPENDIX Z

The Final Rule also assists providers and suppliers to adequately prepare to meet the needs of patients, clients, residents, and participants during disasters and emergency situations, striving to provide consistent requirements across provider and supplier-types, with some variations.



26 CONDITIONS OF PARTICIPATION FOR LTC

Appendix Z - Highlighted numbers represent the Conditions of Participation that apply to Long Term Care Facilities

0001	0012	0023	0034
0002	0013	0024	0035
0003	0014	0025	0036
0004	0015	0026	0037
0005	0016	0027	0038
0006	0017	0028	0039
0007	0018	0029	0040
0008	0019	0030	0041
0009	0020	0031	0042
0010	0021	0032	0043
0011	0022	0033	0044





DEFINITIONS

ALL-HAZARDS APPROACH-

is an integrated approach to emergency preparedness that focuses on identifying hazards and developing emergency preparedness capacities and capabilities that can address those as well as a wide spectrum of emergencies or disasters. Assess for hazards that are likely to occur in your geographic region

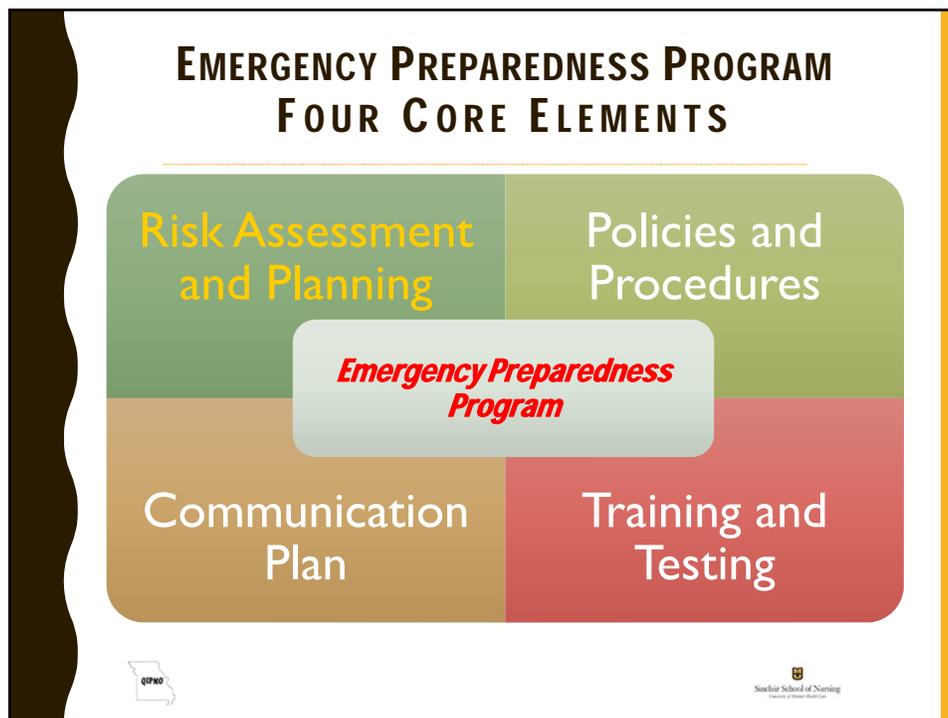
All Hazards

- *All-Hazards Approach:* This approach includes preparedness for natural, man-made, and or facility emergencies that may include but is not limited to:
 - Care-related emergencies
 - Equipment and power failures
 - Interruptions in communications, including cyber-attacks;
 - Loss of a portion or all of a facility
 - Interruptions in the normal supply of essentials, such as water and food.

Facility-Based: We consider the term “facility-based” to mean the emergency preparedness program is specific to the facility. It includes but is not limited to hazards specific to a facility based on its geographic location; dependent patient/resident/client and community population; facility type and potential surrounding community assets- i.e. rural area versus a large metropolitan area.

Full-Scale Exercise: A full scale exercise is an operations-based exercise that typically involves multiple agencies, jurisdictions, and disciplines performing functional (for example, joint field office, emergency operation centers, etc.) and integration of operational elements involved in the response to a disaster event, i.e. “boots on the ground” response activities (for example, hospital staff treating mock patients).

Table-top Exercise (TTX): A tabletop exercise involves key personnel discussing simulated scenarios in an informal setting. TTXs can be used to assess plans, policies, and procedures. A tabletop exercise is a discussion-based exercise that involves senior staff, elected or appointed officials, and other key decision making personnel in a group discussion centered on a hypothetical scenario. TTXs can be used to assess plans, policies, and procedures without deploying resources.



E-0001 EMERGENCY PREPAREDNESS PROGRAM

Under this condition/requirement, facilities are required to develop an emergency preparedness program that meets all of the standards specified within the condition/requirement. The emergency preparedness program must describe a facility's comprehensive approach to meeting the health, safety, and security needs of their staff and patient population during an emergency or disaster situation. The program must also address how the facility would coordinate with other healthcare facilities, as well as the whole community during an emergency or disaster (natural, man-made, facility). The emergency preparedness program must be reviewed annually.



E-0001 SURVEY PROCEDURES

- Interview the facility leadership and ask him/her/them to describe the facility's emergency preparedness program.
- Ask to see the facility's written policy and documentation on the emergency preparedness program.



E-0004 EMERGENCY PLAN ANNUAL REVIEW AND UPDATE

Facilities are required to develop and maintain an emergency preparedness plan. The plan must include all of the required elements under the standard. The plan must be reviewed and updated at least annually. The annual review must be documented to include the date of the review and any updates made to the emergency plan based on the review. The format of the emergency preparedness plan that a facility uses is at its discretion.



E-0004 EMERGENCY PLAN ANNUAL REVIEW AND UPDATE

An emergency plan is one part of a facility's emergency preparedness program. ***The plan provides the framework,*** which includes conducting facility-based and community-based risk assessments that will assist a facility in addressing the needs of their patient populations, along with identifying the continuity of business operations which will provide support during an actual emergency. In addition, the emergency plan supports, guides, and ensures a facility's ability to collaborate with local emergency preparedness officials.



E-0004 EMERGENCY PLAN ANNUAL REVIEW ^{AND} UPDATE

- This approach is specific to the location of the facility and considers particular hazards most likely to occur in the surrounding area. These include, but are not limited to:
 - Natural disasters
 - Man-made disasters,
 - Facility-based disasters that include but are not limited to: Care-related emergencies;
 - Equipment and utility failures, including but not limited to power, water, gas, etc.



E-0004 EMERGENCY PLAN ANNUAL REVIEW ^{AND} UPDATE

- Interruptions in communication, including cyber-attacks;
- Loss of all or portion of a facility; and
- Interruptions to the normal supply of essential resources, such as water, food, fuel (heating, cooking, and generators), and in some cases, medications and medical supplies (including medical gases, if applicable).



E-0006 RISK ASSESSMENT

- Be based on and include a documented, **facility-based** and **community-based** risk assessment, utilizing an all-hazards approach.
- Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, ***including missing residents.***



E-0006 RISK ASSESSMENT

An all-hazards approach is an integrated approach to emergency preparedness planning that focuses on capacities and capabilities that are critical to preparedness for a full spectrum of emergencies or disasters.



E-0006 RISK ASSESSMENT

Facilities are encouraged to utilize the concepts outlined in the National Preparedness System, published by the United States Department of Homeland Security's Federal Emergency Management Agency (FEMA), as well as guidance provided by the Agency for Healthcare Research and Quality (AHRQ). Facilities may rely on a community-based risk assessment developed by other entities, such as public health agencies, emergency management agencies, and regional health care coalitions or in conjunction with conducting its own facility-based assessment.



E-0006 RISK ASSESSMENT

When developing an emergency preparedness plan, facilities are expected to consider, among other things, the following:

- Identification of all business functions essential to the facility's operations that should be continued during an emergency;
- Identification of all risks or emergencies that the facility may reasonably expect to confront;
- Identification of all contingencies for which the facility should plan;
- Consideration of the facility's location;
- Assessment of the extent to which natural or man-made emergencies may cause the facility to cease or limit operations; and,
- Determination of what arrangements may be necessary with other health care facilities, or other entities that might be needed to ensure that essential services could be provided during an emergency.



E-0006 SURVEY PROCEDURES

Ask to see the written documentation of the facility's risk assessments and associated strategies.

- Interview the facility leadership and ask which hazards (e.g. natural, man-made, facility, geographic) were included in the facility's risk assessment, why they were included and how the risk assessment was conducted.
- Verify the risk-assessment is based on an all-hazards approach specific to the geographic location of the facility and encompasses potential hazards.



Facility Based All-Hazards Risk Assessment

Evaluate your facility and the area surrounding it for vulnerability to each of the identified natural hazards.

Directions: Using the rating system identified below, enter the appropriate number for your estimate of Potential Damage, Frequency of Event, and Secondary Problems. Then, multiply each figure by the following figure to get the **Total Score**. (Scores may range from 1 to 125 points.)

Potential Damage: Range 1 - 5

- 1 = Little or no likelihood of this event occurring in or affecting your area.
- 2 = Some likelihood of this event occurring in or affecting your area.
- 3 = Moderate likelihood of this event occurring in or affecting your area.
- 4 = High likelihood of this event occurring in or affecting your area.
- 5 = Very high likelihood of this event occurring in or affecting your area.

Frequency: Range 1 - 5

- 1 = Has not occurred in last 100 years.
- 2 = Happens at least once every fifty years.
- 3 = Happens at least once every ten years.
- 4 = Happens at least once every five years.
- 5 = Annual event, or more often.

Secondary Problems: Range 1 - 5

Remember, secondary effects include loss of services such as power and phone services. It may affect roadways and access to other areas of the city. Secondary effects may interfere with food and medical supplies being delivered to the area.

- 1 = No secondary effects or problems likely.
- 2 = At least one secondary effect, short-term in nature.
- 3 = Multiple secondary effects, may 2 or 3 days. (Begins to be a problem.)
- 4 = Significant secondary effect(s). May last a week. (Is a problem.)
- 5 = Significant secondary effects last more than a week. (Long-term and/or big problem.)

Example:

HAZARD	POTENTIAL DAMAGE	FREQUENCY	SECONDARY PROBLEMS?	TOTAL SCORE
Flood	3 <small>(Probably will affect this area)</small>	4 <small>(Happens about every 5 years)</small>	2 <small>(Would probably cause problems, but short-term)</small>	24

Out of a possible 125 points, this would be considered a pretty low risk.

Score your hazards now:

HAZARD	POTENTIAL DAMAGE	FREQUENCY	SECONDARY PROBLEMS?	TOTAL SCORE
Earthquake	3	2	5	30
Fire	2	2	2	8
Bomb Threat	2	1	2	4
Tornado/Severe Weather	4	4	3	48
Train Derailment	2	1	2	4
Winter Storm	4	3	4	48
Missing Person	3	4	1	12

Once you have completed the scoring, look at the Total Scores. The highest number indicates what you think may be your highest risk(s).

E-0007 ADDRESS RESIDENT POPULATION - SUCCESSION PLANNING

Address patient/client population, including, but not limited to, persons at-risk; the type of services the facility has the ability to provide in an emergency; and continuity of operations, ***including delegations of authority and succession plans.***



E-0007 ADDRESS RESIDENT POPULATION - SUCCESSION PLANNING

The emergency plan must specify the population served within the facility, such as inpatients and/or outpatients, and their unique vulnerabilities in the event of an emergency or disaster. At-risk populations include, but are not limited to, the elderly, persons in hospitals and nursing homes, people with physical and mental disabilities as well as others with access and functional needs, and infants and children.



E-0007 ADDRESS RESIDENT POPULATION - SUCCESSION PLANNING

The emergency plan must also address the types of services that the facility would be able to provide in an emergency. The emergency plan must identify which staff would assume specific roles in another's absence through succession planning and delegations of authority. Succession planning is a process for identifying and developing internal people with the potential to fill key business leadership positions in the company.



E-0007 ADDRESS RESIDENT POPULATION - SUCCESSION PLANNING

Succession planning increases the availability of experienced and capable employees that are prepared to assume these roles as they become available. During times of emergency, facilities must have employees who are capable of assuming various critical roles in the event that current staff and leadership are not available. At a minimum, there should be a qualified person who "is authorized in writing to act in the absence of the administrator or person legally responsible for the operations of the facility."



E-0007 SURVEY PROCEDURES

Interview leadership and ask them to describe the following:

- The facility's patient populations that would be at risk during an emergency event;
- Strategies the facility (except for an ASC, hospice, PACE organization, HHA, CORF, CMHC, RHC/FQHC and ESRD facility) has put in place to address the needs of at-risk or vulnerable patient populations;
- Services the facility would be able to provide during an emergency;
- How the facility plans to continue operations during an emergency;
- Delegations of authority and succession plans.



E-0009 COOPERATION AND COLLABORATION

Include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, **including documentation of the facility's efforts to contact such officials** and, when applicable, of its participation in collaborative and cooperative planning efforts.





E-0013 POLICIES AND PROCEDURES

Must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least annually.

QIPRO

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E-0013 SURVEY PROCEDURES

Review the written policies and procedures which address the facility's emergency plan and verify the following:

- Policies and procedures were developed based on the facility - and community-based risk assessment and communication plan, utilizing an all-hazards approach.
- Ask to see documentation that verifies the policies and procedures have been reviewed and updated on an annual basis.



E-0015 SUBSISTENCE NEED

The provision of subsistence needs for staff and patients whether they evacuate or shelter in place, include, but are not limited to the following:

- (i) Food, water, medical and pharmaceutical supplies
- (ii) Alternate sources of energy to maintain the following:
 - (A) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions.
 - (B) Emergency lighting.
 - (C) Fire detection, extinguishing, and alarm systems.
 - (D) Sewage and waste disposal.



E-0018 TRACKING SYSTEM

Facilities must develop a means to track patients and on-duty staff in the facility's care during an emergency event. In the event staff and patients are relocated, the facility must document the specific name and location of the receiving facility or other location for sheltered patients and on-duty staff who leave the facility during the emergency.



E-0020 SAFE EVACUATION

- Safe evacuation which includes the following:
 - (i) Consideration of care needs of evacuees.
 - (ii) Staff responsibilities.
 - (iii) Transportation.
 - (iv) Identification of evacuation location(s).
 - (v) Primary and alternate means of communication with external sources of assistance.



E-0020 SAFE EVACUATION

Facilities must have policies and procedures which address the needs of evacuees. The facility should also consider in development of the policies and procedures, the evacuation protocols for not only the evacuees, but also staff members and families/patient representatives or other personnel who sought potential refuge at the facility. Additionally, the policies and procedures must address staff responsibilities during evacuations.



E-0020 SAFE EVACUATION

Facilities must consider the patient population needs as well as their care and treatment. For example, if an evacuation is in progress and the facility must evacuate, leadership should consider the needs for critically ill patients to be evacuated and accompanied by staff who could provide care and treatment enroute to the designated relocation site, in the event trained medical professionals are unavailable by the transportation services.



E-0020 SAFE EVACUATION

Additionally, facilities should consider their triaging system when coordinating the tracking and potential evacuation of patient/residents/clients. For instance, a triaging system for evacuation may consider the most critical patients first followed by those less critical and dependent on life-saving equipment. Considerations for prioritization may be based on, among other things, acuity, mobility status, and location of the unit, availability of a known transfer destination or some combination thereof. Included within this system should be who (specifically) will be tasked with making triage decisions.



E-0022 SHELTER ^{IN} PLACE

Emergency plans must include a means for sheltering all patients, staff, and volunteers who remain in the facility in the event that an evacuation cannot be executed. In certain disaster situations (such as tornadoes), sheltering in place may be more appropriate as opposed to evacuation and would require a facility to have a means to shelter in place for such emergencies. Therefore, facilities are required to have policies and procedures for sheltering in place which align with the facility's risk assessment.



E-0022 SHELTER ^{IN} PLACE

Facilities are expected to include in their policies and procedures the criteria for determining which patients and staff that would be sheltered in place. When developing policies and procedures for sheltering in place, facilities should consider the ability of their building(s) to survive a disaster and what proactive steps they could take prior to an emergency to facilitate sheltering in place or transferring of patients to alternate settings if their facilities were affected by the emergency.



E-0023 CARE DOCUMENTATION

- A system of care documentation that does the following:
 - (i) Preserves patient information.
 - (ii) Protects confidentiality of patient information.
 - (iii) Secures and maintains the availability of records.



E-0024 USE ^{OF} VOLUNTEERS

The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency.



E-0024 USE ^{OF} VOLUNTEERS

- During an emergency, a facility may need to accept volunteer support from individuals with varying levels of skills and training. The facility must have policies and procedures in place to facilitate this support. Non-medical volunteers would perform non-medical tasks. Facilities have flexibility in determining how best to utilize volunteers during an emergency as long as such utilization is in accordance with State law, State scope of practice rules, and facility policy.
- Facilities are expected to include in its emergency plan a method for contacting off-duty staff during an emergency and procedures to address other contingencies in the event staff are not able to report to duty which may include, but are not limited to, utilizing staff from other facilities and state or federally-designated health professionals.



E-0025 CONTINUITY OF SERVICES

Policies and procedures. The development of arrangements with other [facilities] [and] other providers to receive patients in the event of limitations or cessation of operations to maintain the continuity of services to facility patients.



E-0025 CONTINUITY OF SERVICES

- Facilities are required to have policies and procedures which include prearranged transfer agreements, which may include written agreements or contracted arrangements with other facilities and other providers to receive patients in the event of limitations or cessation of operations to maintain the continuity of services to facility patients.
- Facilities should consider all needed arrangements for the transfer of patients during an evacuation.



E-0026 1135 WAIVER

The role of the [facility] under a waiver declared by the Secretary, in accordance with section 1135 of the Act, in the provision of care and treatment at an alternate care site identified by emergency management officials.



E-0026 1135 WAIVER

Facility's policies and procedures must specifically address the facility's role in emergencies where the President declares a major disaster or emergency under the Stafford Act or an emergency under the National Emergencies Act, and the HHS Secretary declares a public health emergency. Examples of 1135 waivers include some of the existing CoPs; Licensure for Physicians or others to provide services in the affected State; EMTALA; Medicare Advantage out of network providers and HIPAA.





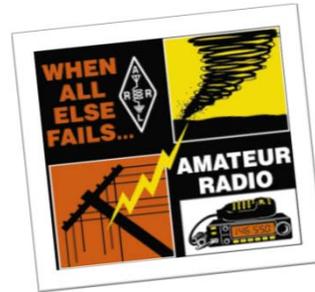
E-0029 COMMUNICATION PLAN

The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least annually. The communication plan should include how the facility interacts and coordinates with emergency management agencies and systems to protect patient health and safety in the event of a disaster.

E-0029 COMMUNICATION PLAN

- Facilities must have a written emergency communication plan that contains how the facility coordinates patient care:
 - Within the facility
 - Across healthcare providers
 - With state and local public health departments



E-0029 SURVEY PROCEDURES

- Verify that the facility has a written communication plan by asking to see the plan.
- Ask to see evidence that the plan has been reviewed (and updated as necessary) on an annual basis.



E-0030 CONTACT INFORMATION

The communication plan must include all of the following:

- (I) Names and contact information for the following:
 - (i) Staff
 - (ii) Entities providing services under arrangement
 - (iii) Patients' physicians
 - (iv) Other [facilities]
 - (v) Volunteers



E-0031 CONTACT INFORMATION

Contact information for the following:

- (i) Federal, State, tribal, regional, or local emergency preparedness staff.
- (ii) The State Licensing and Certification Agency.
- (iii) The Office of the State Long-Term Care Ombudsman.
- (iv) Other sources of assistance.



E-0031 CONTACT INFORMATION

A facility must have the contact information for those individuals and entities outlined within the standard. Facilities have discretion in the formatting of this information, however it should be readily available and accessible to leadership during an emergency event. Facilities are encouraged but not required to maintain these contact lists both in electronic format and hard-copy format in the event that network systems to retrieve electronic files are not accessible. **All contact information must be reviewed and updated at least annually.**



E-0032-PRIMARY/ALTERNATE MEANS

- Primary and alternate means for communicating with the following:
 - (i) [Facility] staff
 - (ii) Federal, State, tribal, regional, and local emergency management agencies

Facilities are required to have primary and alternate means of communicating with staff, Federal, State, tribal, regional, and local emergency management agencies. Facilities have the discretion to utilize alternate communication systems that best meets their needs.



E-0032 SURVEY PROCEDURES

- Verify the communication plan includes primary and alternate means for communicating with facility staff, Federal, State, tribal, regional and local emergency management agencies by reviewing the communication plan.
- Ask to see the communications equipment or communication systems listed in the plan.



E-0033 SHARED INFORMATION

- (4) A method for sharing information and medical documentation for patients under the [facility's] care, as necessary, with other health providers to maintain the continuity of care.
- (5) A means, in the event of an evacuation, to release patient information as permitted under 45 CFR 164.510(b)(1)(ii).
- (6) A means of providing information about the general condition and location of patients under the [facility's] care as permitted under 45 CFR 164.510(b)(4).



E-0033 SHARED INFORMATION

Facilities are required to develop a method for sharing information and medical documentation for patients under the facility's care, as necessary, with other health care providers to maintain continuity of care. Such a system must ensure that information necessary to provide patient care is sent with an evacuated patient to the next care provider and would also be readily available for patients being sheltered in place.



E-0033 SURVEY PROCEDURES

- Verify the communication plan includes a method for sharing information and medical documentation for patients under the facility's care, as necessary, with other health providers to maintain the continuity of care by reviewing the communication plan.
- Verify the facility has developed policies and procedures that address the means the facility will use to release patient information to include the general condition and location of patients, by reviewing the communication plan



E-0034 PROVIDE INFORMATION

A means of providing information about the [facility's] occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee.



E-0034 PROVIDE INFORMATION

Facilities, except for transplant centers, must have a means of providing information about the facility's needs and its ability to provide assistance to the authority having jurisdiction. For hospitals, CAHs, RNHCIs, inpatient hospices, PRTFs, **LTC facilities, and ICF/IIDs, they must also have a means for providing information about their occupancy.**



E-0035 SHARED INFORMATION

A method for sharing information from the emergency plan, that the facility has determined is appropriate, with residents [or clients] and their families or representatives.

This ONLY applies to LTC Facilities and ICF/IIDs.



EMERGENCY PREPAREDNESS PROGRAM FOUR CORE ELEMENTS

Risk Assessment
and Planning

Policies and
Procedures

***Emergency Preparedness
Program***

Communication
Plan

Training and
Testing



E-0036 TRAINING AND TESTING

(d) Training and testing. The [facility] must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least annually.



E-0036 TRAINING AND TESTING

An emergency preparedness training and testing program as specified in this requirement must be documented and reviewed and updated on at least an annual basis. The training and testing program must reflect the risks identified in the facility's risk assessment and be included in their emergency plan.



E-0036 TRAINING AND TESTING

For example, a facility that identifies flooding as a risk should also include policies and procedures in their emergency plan for closing or evacuating their facility and include these in their training and testing program. This would include, but is not limited to, training and testing on how the facility will communicate the facility closure to required individuals and agencies, testing patient tracking systems and testing transportation procedures for safely moving patients to other facilities.



E-0036 TRAINING AND TESTING

Training refers to a facility's responsibility to provide education and instruction to staff, contractors, and facility volunteers to ensure all individuals are aware of the emergency preparedness program. Testing is the concept in which training is operationalized and the facility is able to evaluate the effectiveness of the training as well as the overall emergency preparedness program. Testing includes conducting drills and/or exercises to test the emergency plan to identify gaps and areas for improvement.



E-0037 TRAINING AND DEMONSTRATION

- (I) Training program. The [facility] must do all of the following:
- (i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected role.
 - (ii) Provide emergency preparedness training at least annually.
 - (iii) Maintain documentation of all emergency preparedness training.
 - (iv) Demonstrate staff knowledge of emergency procedures.



E-0037 TRAINING AND DEMONSTRATION

Facilities are required to provide initial training in emergency preparedness policies and procedures that are consistent with their roles in an emergency to all new and existing staff, individuals providing services under arrangement, and volunteers. This includes individuals who provide services on a per diem basis such as agency nursing staff and any other individuals who provide services on an intermittent basis and would be expected to assist during an emergency.



E-0037 SURVEY PROCEDURES

- Ask for copies of the facility's initial emergency preparedness training and annual emergency preparedness training offerings.
- Interview various staff and ask questions regarding the facility's initial and annual training course, to verify staff knowledge of emergency procedures.
- Review a sample of staff training files to verify staff have received initial and annual emergency preparedness training.



E-0039 EXERCISES

- (i) Participate in a **full-scale exercise** that is community-based or when a community-based exercise is not accessible, an individual, facility-based. If the [facility] experiences an actual natural or man-made emergency that requires activation of the emergency plan, the [facility] is exempt from engaging in a community-based or individual, facility-based full-scale exercise for 1 year following the onset of the actual event.



E-0039 EXERCISES

- (ii) Conduct an **additional** exercise that may include, but is not limited to the following:
- (A) A second full-scale exercise that is community-based or individual, facility-based.
 - (B) A tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.



E-0039 EXERCISES

- (iii) Analyze the [facility's] response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the [facility's] emergency plan, as needed.



E-0039 EXERCISES

Facilities are expected to contact their local and state agencies and healthcare coalitions, where appropriate, to determine if an opportunity exists and determine if their participation would fulfill this requirement. In doing so, they are expected to document the date, the personnel and the agency or healthcare coalition that they contacted.



E-0039 EXERCISES

It is also important to note that agencies and or healthcare coalitions conducting these exercises will not have the resources to fulfill individual facility requirements and thus will only serve as a conduit for broader community engagement and coordination prior to, during and after the full-scale community-based exercise.



E-0039 EXERCISES

Facilities are responsible for resourcing their participation and ensuring that all requisite documentation is developed and available to demonstrate their compliance with this requirement.



E-0039 SURVEY PROCEDURES

- Ask to see documentation of the annual tabletop and full scale exercises (which may include, but is not limited to, the exercise plan, the AAR, and any additional documentation used by the facility to support the exercise).
- Ask to see the documentation of the facility's efforts to identify a full-scale community based exercise if they did not participate in one (i.e. date and personnel and agencies contacted and the reasons for the inability to participate in a community based exercise).
- Request documentation of the facility's analysis and response and how the facility updated its emergency program based on this analysis.



E-0041 EMERGENCY/STANDBY POWER

(e) Emergency and standby power systems. The [LTC facility and the CAH] must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section.



E-0041 EMERGENCY/STANDBY POWER

- Emergency generator location. The generator must be located in accordance with the location requirements found in the Health Care Facilities Code when a new structure is built or when an existing structure or building is renovated.
- Emergency generator inspection and testing. The [hospital, CAH and LTC facility] must implement the emergency power system inspection, testing, and [maintenance] requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code.
- Emergency generator fuel. [Hospitals, CAHs and LTC facilities] that maintain an onsite fuel source to power emergency generators must have a plan for how it will keep emergency power systems operational during the emergency, unless it evacuates.



E-0041 EMERGENCY/STANDBY POWER

- This provision for hospitals, CAHs and LTC facilities requires these facility types to base their emergency power and stand-by systems on their emergency plan, risk assessment and policies and procedures. The determination for a generator should be made through the development of the facility's risk assessment and policies and procedures.
- However, these facility types must continue to meet the existing provisions and requirements for their provider/supplier types under physical environment CoPs or any existing LSC guidance.



E-0042 INTEGRATED HEALTHCARE SYSTEMS

If a [facility] is part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency preparedness program, the [facility] may choose to participate in the healthcare system's coordinated emergency preparedness program.



E-0042 INTEGRATED HEALTHCARE SYSTEMS

- If elected, the unified and integrated emergency preparedness program must- [do all of the following:]
 - (1) Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.
 - (2) Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered.



E-0042 INTEGRATED HEALTHCARE SYSTEMS

- (3) Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance [with the program].
- (4) Include a unified and integrated emergency plan that meets the requirements of paragraphs (a)(2), (3), and (4) of this section. The unified and integrated emergency plan must also be based on and include the following:
 - (i) A documented community-based risk assessment, utilizing an all-hazards approach.
 - (ii) A documented individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach.



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- (5) Include integrated policies and procedures that meet the requirements set forth in paragraph (b) of this section, a coordinated communication plan, and training and testing programs that meet the requirements of paragraphs (c) and (d) of this section, respectively.



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What you need to think about

- Policies and Procedures E-0013
- Emergency Plan E-0009-E0028 (*only some apply to LTC*)
- Communication Plan E-0029
- Testing and Training E-0036
- All-Hazards Approach
- Community-Based and/or
- Facility-Based



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What you need to think about

- Is your home in a flood zone?
- Is your home on a fault line?
- Likely hood of a severe weather event.
- Likely hood of a gas leak; are there propane tanks on or near the property?
- Likely hood of a mass shooter event.
- Is your home/likely hood of... you fill in the blank?



KEY POINTS

- The final rule consists of our core elements:
 - Risk Assessment and emergency planning
 - Policies and procedures
 - Communication Plan
 - Training and testing
- Resources are available:
 - ASPR TRACIE
 - CMS
 - FEMA
 - SEMA
 - DHSS and Local healthcare coalitions



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Many resources are available free online. Follow the trail on the different websites...AHRG, FEMA, CMS, ASPR TRACIE, DHSS Disaster and Emergency Planning, Missouri Department of Public Safety-SEMA. Use the resources available and tailor them to your organization. No need to reinvent the wheel.



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- Not only LTC-17 provider types impacted.
- CMS Q&A's with handouts - some interesting reading.
- CMS-**Resources**
 - <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html>
- ASPR TRACIE-**Resources**
 - <https://asprtracie.hhs.gov/cmsrule>
- Missouri DHSS Disaster and Emergency Planning-**Resources**
 - <http://health.mo.gov/emergencies/index.php>



DISASTER AND EMERGENCY 483.73(B) APPENDIX Z

- FEMA-National Preparedness System
 - <https://www.fema.gov/national-preparedness-system>
- CMS Surveyor/Provider Training
 - https://surveyortraining.cms.hhs.gov/pubs/CourseMenu.aspx?cid=0CMSEmPrep_ONL
- SEMA
 - <http://sema.dps.mo.gov/>
- Missouri Emergency Coordinators
 - https://sema.dps.mo.gov/reports/EMD_Listing.php



QUESTIONS?



NEED HELP WITH IMPLEMENTATION?

WE ARE HERE TO HELP!



THANK YOU!!!

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