Are You Ready for the New Emergency Preparedness Requirements?

*CMS Final EP Rule*

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**Speakers**

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Please enter into the chat box where you are from

Learning Objectives

- Members will identify the four main components:
  - Emergency Plan/Risk Assessment
  - Policies and Procedures
  - Communication Plan
  - Training and Testing of the Plan

- Members will recognize new components of the final rule
Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers

“We believe that, currently, in the event of a disaster, healthcare facilities across the nation will not have the necessary emergency planning and preparation in place to adequately protect the health and safety of their patients.”

Federal Register – Published 9/16/16. Effective 11/15/16. Implementation 11/15/17

Do We Need More Regulations?

- This is CMS’s response to what it sees as the complexities of actual emergencies and the inconsistencies of preparedness among certified providers
- CMS states that the existing requirements are “insufficient” and the new requirements are “comprehensive”
What Events Do I Need To Prepare For?

Please respond to the following question in the chat box:
What hazards are the biggest concern for your center’s region?

The “full spectrum of emergencies or disasters” to which the facility is most susceptible.

As used in the rule, the terms “emergency” and “disaster” do not refer exclusively to an event resulting in an official, public declaration of a state of emergency. Even an event confined within a single facility, such as a localized power failure or cybersecurity event, falls under the rule’s scope.

“Missing Resident” specifically mentioned for SNF and IID.
What Do I Need To Know?

Four main components:

- Emergency Plan/Risk Assessment
- Policies and Procedures
- Communication Plan
- Training and Testing of the Plan

It is all in the details…

SNF-Emergency-Preparedness-CMS-Final-Rule-Summary

<table>
<thead>
<tr>
<th>Section</th>
<th>Major Provisions</th>
<th>Notes</th>
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<tbody>
<tr>
<td>Part 485, Emergency Plan</td>
<td>(5) Establish and maintain a comprehensive emergency plan, including emergency operation plans and incident command systems.</td>
<td>Emergency Operation Plans must be tailored to specific risks.</td>
<td>Ongoing Emergency Operations Plan must be updated.</td>
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<td>(6) Provide training and education to employees, including appropriate roles and responsibilities.</td>
<td>Training and education must be ongoing.</td>
<td>Must be updated to reflect developments.</td>
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<td>(7) Establish procedures for communicating with local, State, and Federal authorities.</td>
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IMPROVING LIVES by DELIVERING SOLUTIONS for QUALITY CARE
Part 483.73 (a) Emergency Plan

Based on and include facility and community-based Risk Assessment:

- High probability and impact events
- Address facility population at risk because of their resident/clients unique needs
- Identification of services that must be provided in the emergency
- Continuity of operations/Delegation of Authority
- Process for cooperation with community response
- All Hazards Approach
- Reviewed and updated annually

What Does “All Hazards” mean?

- 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.

- This approach is specific to the location of the provider or supplier and considers the particular types of hazards most likely to occur in their areas.
Threat and Hazard Identification Risk Assessment
(4 step process)

Answers the questions:

- What do we need to prepare for?
- What shareable resources are required in order to be prepared?
- What actions could be employed to avoid, divert, lessen, or eliminate a threat or hazard?

http://www.fema.gov/nationalpreparedness

The THIRA Process:
1. Identify Threats and Hazards of Concern: Based on a combination of experience, forecasting, subject matter expertise, and other available resources, identify a list of the threats and hazards of primary concern to the community.
2. Give the Threats and Hazards Context: Describe the threats and hazards of concern, showing how they may affect the community.
3. Establish Capability Targets: Assess each threat and hazard in context to develop a specific capability target for each core capability identified in the National Preparedness Goal. The capability target defines success for the capability.
4. Apply the Results: For each core capability, estimate the resources required to achieve the capability targets through the use of community assets and mutual aid, while also considering preparedness activities, including mitigation opportunities.

What Tools Can I Use?

Kaiser Permanente

- checklists or a spreadsheet with number ratings
- Examples www.caohdo.org
Plan Must Reflect Your Population’s Unique Needs

What Are Your Unique Population’s Needs?

Please share your center’s response in the chat box
Integrated Response Planning

- Include process for ensuring cooperation and collaboration with local, state and federal emergency prep officials to maintain an integrated response during disaster or emergency.

- Include documentation of the LTC facility’s efforts to contact such officials and when applicable of its participation in collaborative/cooperative planning.

- Include contact info in the plan for emergency officials you should be contacting during emergencies.

Policies and Procedures Based on Risk Assessment and a Communication Plan
Hazard Specific Procedures

<Insert Name of Facility>

Emergency Operations Plan

1. [Insert Date]

2. [Insert Facility’s logo]

The results of our PHAs that identify the most relevant threats to our facility have been incorporated into our EOP (See Appendix X – Hazard Vulnerability Assessment).

<table>
<thead>
<tr>
<th>Type of Incident</th>
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<td>Earthquake</td>
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<td>Extreme Weather</td>
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<td>Extreme Weather – Cold</td>
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<td>Extreme Weather – Heat</td>
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<td>Flood</td>
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<td>Fire (Ignited)</td>
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<td>Hazardous Materials/Waste Spill</td>
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<td>Hazardous Substance (e.g., Pandemic Influenza)</td>
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<td>Missing Resident</td>
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<td>Shelter in Place</td>
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<td>Utility Failure (e.g., Power, Water, etc.)</td>
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<tr>
<td>Workplace Violence (e.g., Armed Intruder, Active Shooter, Hostage, etc.)</td>
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http://www.cahfdisasterprep.com/PreparednessTopics/AllHazardResourcesGuides/PlanningTemplatesChecklists.aspx

Quick Reference Guides

![Quick Reference Guides Diagram]

Policies & Procedures must be:

- Reviewed and updated annually and address at a minimum:
- Provision of _subsistence needs for staff_ and residents/clients, whether evacuation or shelter in place
- Food, water, medical and pharmaceutical supplies

CMS Clarifies

“This does not mean that facilities would need to store provisions themselves. We agree that once [patients] have been evacuated to other facilities, it would be the responsibility of the receiving facility to provide for the patients’ subsistence needs.

Local, state and regional agencies and organizations often participate with facilities in addressing subsistence needs, emergency shelter, etc.

Secondly, we are not specifying the amount of subsistence that must be provided as we believe that such a requirement would be overly prescriptive.”

Final Rule Comment Section – Page 80
Food, Water, Pharmaceutical Supplies

- SUPPLIES
- In-House Stock
- EQUIPMENT
- Collaboration with vendors/others for resupply

Packaging To Take With You Enroute

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Alternate Sources of Energy

To maintain:

- Temps to protect resident/client health and safety and safe storage of provisions
- Emergency lighting
- Fire detection, extinguishing, and alarm systems
- Sewage and waste disposal

Additional Clarification for LTC/IID

- Rule requires SNFs to have generators
- Does not specify generator must support HVAC or whole building (unless needed to meet temp, lighting etc. requirement)
- Does not specify IID must have generator (unless needed to meet temp, lighting etc. requirement)

"...we encourage facilities to establish policies and procedures in their emergency preparedness plan that would address providing auxiliary electrical power to power dependent residents during an emergency or evacuating such residents to alternate facilities."
CMS Clarifies re: Sewage

“…the provision and restoration of sewage and waste disposal systems could be beyond the operational control of some providers.

However, we are not requiring LTC facilities to have onsite treatment of sewage or to be responsible for public services.

LTC facilities would only be required to make provisions for maintaining the necessary services.”

Final Rule Comment Section Page 199-200

Systems to Track Residents/Clients and On-duty Staff

www.caahdisasterprep.com
Safe Evacuation

INCLUDES:
- Care and treatment of evacuees
- Staff responsibilities
- Transportation
- Evacuation locations
- Primary and alternate means of communication with external sources of assistance

http://www.cahfadisasterprep.com/NHICS.aspx
The development of arrangements in collaboration with other facilities to receive residents/clients is necessary in order to provide the continued needed care and treatment for all ....
Transportation

Shelter in Place

- Residents/Clients + Staff + Volunteers
NEW REQUIREMENT:
Medical Documentation That Preserves Resident Information, Protects Confidentiality And Maintains The Availability Of Records

Use of Volunteers and Other Emergency Staffing Strategies

"...in an emergency a facility or community would need to accept volunteer support from individuals with varying levels of skills and training and that policies and procedures should be in place to facilitate this support.

Health care volunteers would be allowed to perform services within their scope of practice and training and non-medical volunteers would perform non-medical task"
Emergency Admits (Surge)

- Develop arrangements with other providers to receive residents/clients in the event of limitations or cessation of operations to maintain continuity of services to residents/clients

Communication Plan

Updated Annually, Including:

- Names and contact info for staff
- Entities providing services
- Resident’s physicians
- Other LTC facilities
- Volunteers
- Emergency Prep staff
- State enforcement agency
- Ombudsman
- Other sources of assistance
When Cell Phones Don’t Work…

Primary and alternate means for communication with:

- Staff
- Federal, state, tribal, regional or local EMS

Method for Sharing Info and Medical Documentation as Necessary…

- With other health care providers to maintain continuity of care
- Means to release info in event of evacuation as permitted under HIPPA
- Means of providing info about general condition and locations of residents/clients
- And regarding the occupancy, needs and ability to provide assistance to authority having jurisdiction or incident commander
Method of Sharing Info from the Emergency Plan with Residents/ Clients and Their Families/Reps

- Expectation is that this info precedes the event
- Consider at orientation, post-admission, and annually
- Could be a great trust builder with families and a way to get them to cooperate and communicate in accordance with plan during event

Training And Testing
TRAINING:

Training program must do all the following:

- Initial training in emergency prep to all new and existing staff, on hire
- Individuals providing services under arrangement,
- And volunteers consistent with their role
- Provide at least annually
- Maintain documentation
- Ensure that staff can demonstrate knowledge

TESTING:

- Participate in a full scale exercise that is community – based at least annually
- If not available, conduct a facility-based full scale exercise
- Conduct a second formal exercise that can be a table top at least annually involving a narrated clinically relevant emergency scenario and questions/problems to challenge the plan
- Analyze response to exercise and table top
Full Scale Drills (Community)...

Discussion-based Exercises or Table Tops
Emergency And Stand By Power Systems

- Does not apply to IID
- Fortunately CMS did not require 4 hours testing as they proposed initially.
- Basically no change from current requirements in NFPA 99 and amendments for location, inspection, testing, maintenance and fuel
Integrated Health Care Systems

- If a facility is part of a healthcare system with multiple facilities, they can elect to have a unified and integrated EP program.
- Must demonstrate that each facility participated in the development of EP.
- Must reflect each facility’s unique circumstances, population, and services based on their facility-specific assessment.
- Have integrated P&Ps for coordinated communication plan and testing and training.

Questions?
Please email us at educate@ahca.org

With the subject line “Emergency Preparedness Final Rule Question”