



CMS Emergency Preparedness Rule Break Out Session

Emergency Preparedness Acute Care

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Learning Objectives

- What steps should be taken to protect yourself and residents in the event of an emergency
- Identify your responsibilities for safety and security
- Discuss how to communicate and train your staff to respond successfully
- Discuss how to prevent or minimize adverse outcomes in the event of an emergency

Target Audience

- Administrators
- Doctors
- Nursing Staff
- Social Workers
- Dietary
- Housekeeping
- **All facility Staff**

Regulatory Requirements and Interpretive Guidance

- Emergency preparedness regulations for Long Term Care (LTC) reside in Title 42: Public Health of the electronic Code of Federal Regulations (e-CFR).
- State Operations Manual (SOM) Appendix Z of the SOM, which houses the interpretive guidelines for Emergency Preparedness for all provider and supplier types.
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-17-29.pdf>

Emergency Preparedness Final Rule

- To establish consistent emergency preparedness requirements for healthcare providers participating in Medicare and Medicaid, increase patient safety during emergencies, and establish a more coordinated response to natural and human-caused disasters. The U.S. Department of Health & Human Services Office of the Assistant Secretary for Preparedness and Response (ASPR) worked closely with CMS in the development of the rule.
- The Emergency Preparedness Final Rule was published on September 16, 2016 and is effective as of November 15, 2016. The regulations must be **IMPLEMENTED** by affected entities by **November 15, 2017**.

Emergency Preparedness Program

Core Elements

- Providers and suppliers are required to meet 4 core elements
 - ***Emergency plan***—Develop an emergency plan based on a risk assessment and using an “all hazards” approach, which will provide an integrated system for emergency planning that focuses on capacities and capabilities.
 - ***Policies and procedures***—Develop and implement policies and procedures based on the emergency plan and risk assessment that are reviewed and updated at least annually. For hospitals, Critical Access Hospitals (CAHs), and Long-Term Care (LTC) facilities, the policies and procedures must address the provision of subsistence needs, such as food, water and medical supplies, for staff and residents, whether they evacuate or shelter in place.

Emergency Preparedness Program

Core Elements (cont'd)

- ***Communication plan***—Develop and maintain an emergency preparedness communication plan that complies with federal, state and local laws. Patient care must be coordinated within the facility, across healthcare providers, and with state and local public health departments and emergency management systems to protect patient health and safety in the event of a disaster.
- ***A training and testing program***—Develop and maintain training and testing programs, including initial training in policies and procedures. Facility staff will have to demonstrate knowledge of emergency procedures and provide training at least annually. Facilities must conduct drills and exercises to test the emergency plan or participate in an actual incident that tests the plan.

Requirements

Inpatient vs. Outpatient

This quick reference chart was developed by CMS that highlights the requirements by provider type. The 17 provider and supplier types are listed below and categorized based on whether they are inpatient or outpatient, as outpatient providers are not required to provide subsistence needs.

Table 1. Affected Provider and Supplier Types

Inpatient		Outpatient	
Facility Type	Final Rule Reference	Facility Type	Final Rule Reference
Critical Access Hospitals (CAHs)	Section II. N	Ambulatory Surgical Centers (ASCs)	Section II. E
Hospices	Section II. F	Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services	Section II. O
Hospitals	Section II. C	Community Mental Health Centers (CMHCs)	Section II. P
Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)	Section II. D	Comprehensive Outpatient Rehabilitation Facilities (CORFs)	Section II. M
Long Term Care (LTC)	Section II. J	End-Stage Renal Disease (ESRD) Facilities	Section II. S
Psychiatric Residential Treatment Facilities (PRTFs)	Section II. G	Home Health Agencies (HHAs)	Section II. L
Religious Nonmedical Healthcare Institutions (RNHCIs)	Section II. D	Hospices	Section II. F
Transplant Centers	Section II. I	Organ Procurement Organizations (OPOs)	Section II. Q
		Programs of All Inclusive Care for the Elderly (PACE)	Section II. H
		Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)	Section II. R

****Please note:** This quick reference chart is not meant to be an exhaustive list of requirements nor should it serve as a substitute for the regulatory text.

Core Element #1

Risk Assessment and Emergency Planning

- Emergency plan—Develop an emergency plan based on a risk assessment and using an “all hazards” approach, which will provide an integrated system for emergency planning that focuses on capacities and capabilities.

Risk Assessment and Emergency Planning

- 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.

Risk Assessment and Emergency Planning

- 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. This approach is specific to the location of the facility and considers particular hazards most likely to occur in the surrounding area.
 - **Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach**

Risk Assessment and Emergency Planning

- 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.;
 - 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).

Risk Assessment and Emergency Planning

- The emergency plan must specify the population served within the facility, and identify “at-risk populations”, and their unique vulnerabilities in the event of an emergency or disaster.
 - Examples include, but not limited to: ventilators, vasoactive medications, neonates, pediatrics, dialysis,
- Mobility is an important part in effective and timely evacuations, and therefore facilities are expected to properly plan to identify patients who would require additional assistance, ensure that means for transport are accessible and available and that those involved in transport, as well as the patients and residents are made aware of the procedures to evacuate.

Risk Assessment and Emergency 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.
- In addition to the facility- and community-based risk assessment, **continuity of operations planning (COOP)** generally considers elements such as: essential personnel, essential functions, critical resources, vital records and IT data protection, alternate facility identification and location, and financial resources.

Risk Assessment and Emergency Planning

- While the responsibility for ensuring a coordinated disaster preparedness response lies upon the state and local emergency planning authorities, the facility must document its efforts to contact these officials to engage in collaborative planning for an integrated emergency response.
- The Organizations' emergency plan must address the location and use of alarm systems and signals. The plan must also include the methods used for containing fires, such as fire extinguishers, sprinkler systems and other current methods used.

Risk Assessment and Emergency Planning

- Verify the facility has an emergency preparedness plan by asking to see a copy of the plan.
- Ask facility leadership to identify the hazards (e.g. natural, man-made, facility, geographic, etc.) that were identified in the facility's risk assessment and how the risk assessment was conducted.
- Review the plan to verify it contains all of the required elements
- Verify that the plan is reviewed and updated annually by looking for documentation of the date of the review and updates that were made to the plan based on the review

Policies and Procedures

- Develop and implement policies and procedures based on the emergency plan and risk assessment that are reviewed and updated at least annually. For hospitals, Critical Access Hospitals (CAHs), and Long-Term Care (LTC) facilities, the policies and procedures must address the provision of subsistence needs, such as food, water and medical supplies, for staff and residents, whether they evacuate or shelter in place.
- Facilities must develop and implement policies and procedures per the requirements of this standard. The policies and procedures are expected to align with the identified hazards within the facility's risk assessment and the facility's overall emergency preparedness program.
- A facility may choose whether to incorporate the emergency policies and procedures within their emergency plan or to be part of the facility's Standard Operating Procedures or Operating Manual.

Policies and Procedures

- 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.

Policies and Procedures

- Facilities must be able to provide for adequate subsistence for all patients and staff for the duration of an emergency or until all its patients
 - Please consider the possibility that volunteers, visitors, and individuals from the community may arrive at the facility to offer assistance or seek shelter.

Policies and Procedures

- Alternate sources of energy depend on the resources available to a facility, such as battery-operated lights, or heating and cooling, in order to meet the needs of a facility during an emergency.
 - It is up to each individual facility, based on its risk assessment, to determine the most appropriate alternate energy sources to maintain temperatures to protect patient health and safety and for the safe and sanitary storage of provisions, emergency lighting, fire detection, extinguishing, and alarm systems and sewage and waste disposal.
 - In an emergency, redundancy is preferred. Generator back up if electricity goes out. What is the redundancy for the generator?

Policies and Procedures

- Facilities must establish policies and procedures that determine how required heating and cooling of their facility will be maintained during an emergency situation, as necessary, if there were a loss of the primary power source.
- Facilities are not required to provide onsite treatment of sewage but must make provisions for maintaining necessary services.
 - For example, LTC facilities are already required to meet Food Receiving and Storage provisions at §483.35(i) Sanitary Conditions, which contain requirements for keeping food off the floor and clear of ceiling sprinklers, sewer/waste disposal pipes, and vents can also help maintain food quality and prevent contamination.

Policies and Procedures

- 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. The plan should identify who is responsible for compiling/securing patient records and what information is needed during tracking a patient throughout an evacuation..
 - It is recommended that a facility that is using an electronic database consider backing up its computer system with a secondary source, such as hard copy documentation in the event of power outages.

Policies and Procedures

- Facilities must develop policies and procedures that provide for the safe evacuation of patients from the facility.
 - Must address staff responsibilities
 - 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 en route to the designated relocation site, in the event trained medical professionals are unavailable by the transportation services.

Policies and Procedures

- 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. It must be aligned with your facility's risk assessment.
- Facilities must consider in their development of policies and procedures, the needs of their patient population and what designated transportation services would be most appropriate.
 - For Example, ACLS equipped transport for vented residents

Policies and Procedures

- 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.
 - For example, if it is dangerous to evacuate or the emergency affects available sites for transfer or discharge, then the patients would remain in the facility until it was safe to effectuate transfers or discharges.

Policies and Procedures

- 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.
- 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.

Policies and Procedures

- Facilities should consider all needed arrangements for the transfer of patients during an evacuation.
 - The arrangements should be in writing, such as Memorandums of Understanding (MOUs) and Transfer Agreements, in order to demonstrate compliance

Policies and Procedures Survey Process

- Verify the emergency plan includes policies and procedures for the provision of subsistence needs including, but not limited to, food, water and pharmaceutical supplies for patients and staff by reviewing the plan.

Core Element #3

Communication Plan

- Develop and maintain an emergency preparedness communication plan that complies with federal, state and local laws. Patient care must be coordinated within the facility, across healthcare providers, and with state and local public health departments and emergency management systems to protect patient health and safety in the event of a disaster.

Communication Plan

Facilities must have a written emergency communication plan that contains how the facility coordinates patient care within the facility, across healthcare providers, and with state and local public health departments.

- 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.

Communication Plan

Facilities in rural or remote areas with limited connectivity to communication methodologies such as the Internet, World Wide Web, or cellular capabilities need to ensure their communication plan addresses how they would communicate and comply with this requirement in the absence of these communication methodologies.

- For example, if a facility is located in a rural area, which has limited or no Internet and phone connectivity during an emergency, it must address what alternate means are available to alert local and State emergency officials. Optional communication methods facilities may consider include satellite phones, radios and short wave radios.

Communication Plan

A facility must have the contact information for those individuals and entities outlined within the standard. The requirement to have contact information for “other facilities” requires a provider or supplier to have the contact information for another provider or supplier of the same type as itself.

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

Communication Plan

The communication plan should include procedures regarding when and how alternate communication methods are used, and who uses them.

- For example, if State X local emergency officials use the SHARed RESources (SHARES) High Frequency (HF) Radio program and facility Y is trying to communicate with RACES, it may be prudent to consider if these two alternate communication systems can communicate on the same frequencies.

Communication Plan

Facilities may seek information about the National Communication System (NCS), which offers a wide range of National Security and Emergency Preparedness communications services, the Government Emergency Telecommunications Services (GETS), the Telecommunications Service Priority (TSP) Program, Wireless Priority Service (WPS), and SHARES. Other communication methods could include, but are not limited to, satellite phones, radio, and short wave radio. The Radio Amateur Civil Emergency Services (RACES) is an integral part of emergency management operations.

Communication Plan

Facilities must have a means of providing information about the facility's needs and its ability to provide assistance to the authority having jurisdiction (local and State emergency management agencies, local and state public health departments, the Incident Command Center, the Emergency Operations Center, or designee). Facilities must also have a means for providing information about their occupancy.

Communication Plan

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.

Communication Plan

Occupancy reporting is considered, but not limited to, reporting the number of patients currently at the facility receiving treatment and care or the facility's occupancy percentage. The facility should consider how its occupancy affects its ability to provide assistance.

- For example, if the facility's occupancy is close to 100% the facility may not be able to accept patients from nearby facilities. The types of “needs” a facility may have during an emergency and should communicate to the appropriate authority would include but is not limited to, shortage of provisions such as food, water, medical supplies, assistance with evacuation and transfers, etc.

Core Element #4

Testing and Training

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.

- 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.

Testing and Training

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.

- For example: computer-based or printed self-learning packets may contain a test to demonstrate knowledge. If facilities choose instructor-led training, a question and answer session could follow the training.

Testing and Training

Facilities have the flexibility to determine the focus of their annual training, as long as it aligns with the emergency plan and risk assessment. Ideally, annual training should be modified each year, incorporating any lessons learned from the most recent exercises, real-life emergencies that occurred in the last year and during the annual review of the facility's emergency program.

- For example, annual training could include training staff on new evacuation procedures that were identified as a best practice and documented in the facility "After Action Report" (AAR) during the last emergency drill and were incorporated into the emergency plan during the program's annual review.

Testing and Training

Facilities that are not able to identify a full-scale community-based exercise, can instead fulfill this part of their requirement by either conducting an individual facility-based exercise, documenting an emergency that required them to fully activate their emergency plan, or by conducting a smaller community-based exercise with other nearby facilities.

- For example, a LTC facility, a hospital, an ESRD facility, and a home health agency, all within a given area, could conduct a small community-based exercise to assess their individual facility plans and identify interdependencies that may impact facility evacuations and or address potential surge scenarios due to a prolonged disruption in dialysis and home health care services.

Testing and Training

Finally, an actual emergency event or response of sufficient magnitude that requires activation of the relevant emergency plans meets the annual exercise requirements and exempts the facility for engaging in the required exercises for one year following the actual event. Facility's must be able to demonstrate this through written documentation.

Testing and Training

The Emergency Preparedness regulation requires all facilities to implement emergency and standby power systems based upon a facility's established emergency plan, policies, and procedures.

- The Emergency Preparedness Final Rule requires facilities that maintain onsite fuel sources (e.g., gas, diesel, propane) to have a plan to keep the Essential Electric System operational for the duration of emergencies as defined by the facilities emergency plan, policy and procedures, unless it evacuates.

Testing and Training

Each separately certified facility must be capable of demonstrating during a survey that it can effectively implement the emergency preparedness program and demonstrate compliance with all emergency preparedness requirements at the individual facility level. Compliance with the emergency preparedness requirements is the individual responsibility of each separately certified facility.

- Health systems that include multiple facilities that are each separately certified as a Medicare-participating provider have the option of developing a unified and integrated emergency preparedness program that includes all of the facilities within the healthcare system instead of each facility developing a separate emergency preparedness program.

Testing and Training Survey Process

- 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.
- Ask for copies of the facility's initial emergency preparedness training and annual emergency preparedness training offerings.

Discussion Q&A

- Review of crosswalk and other handouts to facilitate discussion

Resources

- CMS Advanced Copy Appendix Z, Emergency Preparedness Final Rule Interpretive Guidelines and Survey Procedures, June 7, 2017
- Centers for Medicare & Medicaid (CMS) Survey and Certification Emergency Preparedness Website: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/index.html>
- Assistant Secretary for Preparedness and Response (ASPR) TRACIE Website: <https://asprtracie.hhs.gov/>

Thank you!



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