



## **CMS Emergency Preparedness Rule Break Out Session**

**Emergency Preparedness Final Rule  
Deep Dive!**

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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 LTC facility Staff**

# Regulatory Scheme

- Emergency preparedness regulations for Long Term Care (LTC) reside in Title 42: Public Health of the electronic Code of Federal Regulations (e-CFR).
- §483.73 Long-Term Care (LTC) Facilities
- Appendix Z of the SOM, which houses the interpretive guidelines for LTC and is written and formatted in a manner which breaks down the general requirements for LTC, then annotates the differences and the interpretive guidelines.  
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-17-29.pdf>

# Emergency Preparedness Program

- 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.

# Emergency Preparedness Program 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.
- Verify the LTC's program was developed based on an all-hazards approach by asking their leadership to describe how the facility used an all-hazards approach when developing its program.

# Final Rule

## Four Core Elements

- The final rule includes four core elements central to an effective and comprehensive framework of emergency preparedness.
  - Risk Assessment and Emergency Planning
  - Policies and Procedures
  - Communication Plan
  - Training and Testing

# Risk Assessment and Emergency Planning

## In-Depth Look

- 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

## In-Depth Look

- 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, including missing residents**

# Risk Assessment and Emergency Planning

## In-Depth Look

- 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

## In-Depth Look

- 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.
- 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

## In-Depth Look

- 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 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

## In-Depth Look

- 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 Survey Process

- 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

- 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

## In-Depth Look

- 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

## In-Depth Look

- 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

## In-Depth Look

- 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.

# Policies and Procedures

## In-Depth Look

- 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

## In-Depth Look

- 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.
  - LTC facilities are required to track the location of sheltered patients and staff during and *after* an emergency.
  - 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

## In-Depth Look

- The tracking systems set up by facilities may want to consider who is responsible for compiling/securing patient records and what information is needed during tracking a patient throughout an evacuation.

# Policies and Procedures

## In-Depth Look

- 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

## In-Depth Look

- 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

## In-Depth Look

- Facilities policies and procedures must outline primary and alternate means for communication with external sources for assistance.
  - For instance, primary methods may be considered via regular telephone services to contact transportation companies for evacuation or reporting evacuation needs to emergency officials; whereas alternate means account for loss of power or telephone services in the local area. In this event, alternate means may include satellite phones for contacting evacuation assistance.



# Policies and Procedures

## In-Depth Look

- 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.

# Policies and Procedures

## In-Depth Look

- 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.

# Policies and Procedures

## In-Depth Look

- 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

## In-Depth Look

- 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

## In-Depth Look

- 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.

# 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

## In-Depth Look

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

## In-Depth Look

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

## In-Depth Look

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

## In-Depth Look

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

## In-Depth Look

LTCs 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). LTCs must also have a means for providing information about their occupancy.

# Communication Plan

## In-Depth Look

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

## In-Depth Look

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.

# Communication Plan

## In-Depth Look

LTC facilities are required to share emergency preparedness plans and policies with family members and resident representatives or client representatives, respectively. Facilities have flexibility in deciding what information from the emergency plan should be shared, as well as the timing and manner in which it should be disseminated.

- “Fact Sheet” or informational brochure to the family members and resident or client representatives which may highlight the major sections of the emergency plan and policies and procedures deemed appropriate by the facility.

# Communication Plan

## Survey Process

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- Verify that the facility has a written communication plan by asking to see the plan.



# 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

## In-Depth Look

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

## In-Depth Look

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

## In-Depth Look

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

## In-Depth Look

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

## In-Depth Look

The Emergency Preparedness regulation requires all LTC 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 LTC 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

## In-Depth Look

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.

- LTCs 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

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- Further Questions ?

# 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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