



CMS Emergency Preparedness Rule General Presentation

Understanding the Emergency Preparedness Final Rule

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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

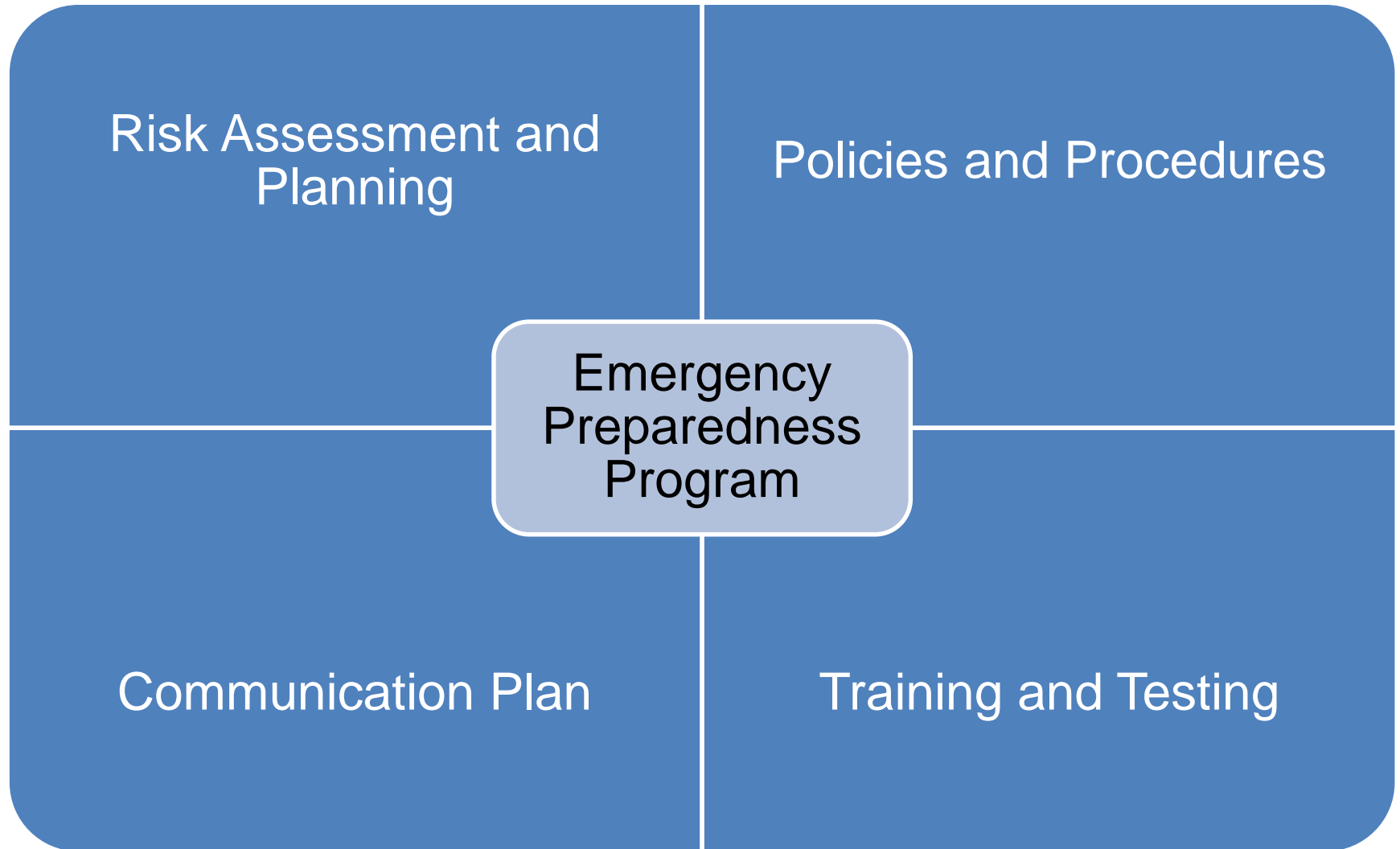
Target Audience

- Applies to all 17 provider and supplier types
- Specifically to Long Term Care
 - Administrators
 - Doctors
 - Nursing Staff
 - Social Workers
 - Dietary
 - Housekeeping
 - **All LTC facility Staff**

Final Rule

- *Medicare and Medicaid Programs; Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers*
- Published September 16, 2016
- Implementation date November 15, 2017
- Compliance required for participation in Medicare
- Emergency Preparedness is one new CoP/CfC of many already required

Four Provisions for All Provider Types



Risk Assessment and Planning

- Develop an emergency plan based on a risk assessment.
- Perform risk assessment using an “all-hazards” approach, focusing on capacities and capabilities.
- Update emergency plan at least annually.

All-Hazards Approach: Definition

- 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, including internal emergencies and a man-made emergency (or both) or natural disaster.

All-Hazards Approach: Specific to the Location

- This approach is specific to the location of the provider or supplier and considers the particular type of hazards most likely to occur in their areas. **These may include, but are 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, and interruptions in the normal supply of essentials such as water and food.**

Policies and Procedures

- Develop and implement policies and procedures based on the emergency plan and risk assessment.
- Policies and procedures must address a range of issues including subsistence needs, evacuation plans, procedures for sheltering in place, tracking patients and staff during an emergency.
- Review and update policies and procedures at least annually.

Communication Plan

- Develop a communication plan that complies with both Federal and State laws.
- Coordinate patient care within the facility, across health care providers, and with state and local public health departments and emergency management systems.
- Review and update plan annually.

Training and Testing Program

- Develop and maintain training and testing programs, including initial training in policies and procedures.
- Demonstrate knowledge of emergency procedures and provide training at least annually.
- Conduct drills and exercises to test the emergency plan.

Training & Testing Requirements

- Facilities are expected to meet all Training and Testing Requirements by the implementation date (11/15/17).
 - Participation in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based exercise.
- Conduct an additional exercise that may include, but is not limited to the following:
 - A second full-scale exercise that is individual, facility-based.
 - 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.

Training & Testing Program Definitions

- **Facility-Based:** When discussing the terms “all-hazards approach” and facility-based risk assessments, we consider the term “facility-based” to mean that the emergency preparedness program is specific to the facility. Facility-based includes, but is not limited to, hazards specific to a facility based on the geographic location; Patient/Resident/Client 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 a multi-agency, multijurisdictional, multi-discipline exercise involving functional (for example, joint field office, emergency operation centers, etc.) and “boots on the ground” response (for example, firefighters decontaminating mock victims).

Training & Testing Program Definitions

- **Table-top Exercise (TTX):** A table-top exercise is a group discussion led by a facilitator, using narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. It involves key personnel discussing simulated scenarios, including computer-simulated exercises, in an informal setting. TTXs can be used to assess plans, policies, and procedures.

Final Rule- There are Requirements Which Vary by Provider Type

- Outpatient providers are not required to have policies and procedures for the provision of subsistence needs.
- Home health agencies and hospices required to inform officials of patients in need of evacuation.
- Long-term care and psychiatric residential treatment facilities must share information from the emergency plan with residents and family members or representatives.

Temperature Controls and Emergency and Standby Power Systems

- Under the Policies and Procedures, Standard (b) there are requirements for subsistence needs and temperature controls.
- Additional requirements for hospitals, critical access hospitals, and long-term care facilities are located within the Final Rule under Standard (e) for Emergency Power and Stand-by Systems.

Interpretive Guidelines

- The Survey & Certification Group (SCG) is in the process of developing the Interpretive Guidelines (IGs) which will assist in implementation of the new regulation.
- We are working to finalize the IGs and will inform you when they become available.
- The IGs will be formatted into one new Appendix within the State Operations Manual (SOM) applicable to all 17 provider/supplier types

Some FAQs Not Posted

- Real-World Activation of the EP Plan:
 - If a facility experienced an actual natural or manmade emergency that required activation of its emergency plan, it will be exempt from engaging in a community or individual, facility-based full-scale exercise for 1 year following the onset of the actual event, as under sections (d)(2)(i) of the provider and suppliers specific testing requirements.

Some FAQs Not Posted

- Term “Community”:
 - CMS did not define community to afford providers and supplies the flexibility to develop emergency exercises that reflect their risk assessments. This can mean multi-state regions. The goals behind the full-scale exercises and broad term of community is to ensure healthcare providers collaborate with other entities, when possible, to promote an integrated response to disasters.
 - By allowing this flexibility, especially taking into account rural areas, facilities are able to more realistically reflect the risks and composition of their communities.

Roles and Responsibilities

Preparedness is the shared responsibility of everyone



Roles and Responsibilities

- Familiar with Emergency Preparedness Plan
 - The plan will identify other key roles
 - Healthcare partners (hospitals, nursing homes, and emergency squad)
 - The location and use of fire alarm systems and signals.
 - The methods used for containing fires, such as fire extinguishers, sprinkler systems and other current methods used
 - The closing of corridor doors, the operation of manual fire alarm devices, and the removal of patients from the room of fire origin

Roles and Responsibilities

- 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 have been evacuated and its operations cease.
- 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.

Roles and Responsibilities

Tracking

- **A system to track the location of on-duty staff and sheltered residents during and after an emergency. If on-duty staff and sheltered residents are relocated during the emergency, the “organization” must document the specific name and location of the receiving facility or other location.**
- Facilities are not required to track the location of patients who have voluntarily left on their own, or have been appropriately discharged, since they are no longer in the facility’s care. However, this information must be documented in the patient’s medical record should any questions later arise as to the patient’s whereabouts.

Roles and Responsibilities

“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.

Roles and Responsibilities

Medical Records

- **Facilities must develop and implement emergency preparedness policies and procedures, based on the emergency plan. The policies and procedures must be reviewed and updated at least annually.**
 - In addition to any existing requirements for patient records found in existing laws, under this standard, facilities are required to ensure that patient records are secure and readily available to support continuity of care during emergency.

Roles and Responsibilities

Emergency Staffing

- Be familiar with methods 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.

Roles and Responsibilities

Communication

- Expect greater communication with community hospitals, LTC, and other providers
- Greater communication with local and state authorities and fire departments.
- Update contact information
- Be familiar with emergency communication systems especially in rural areas with limited access to WWW, Cell service, and other traditional communication devices

Roles and Responsibilities

Communication

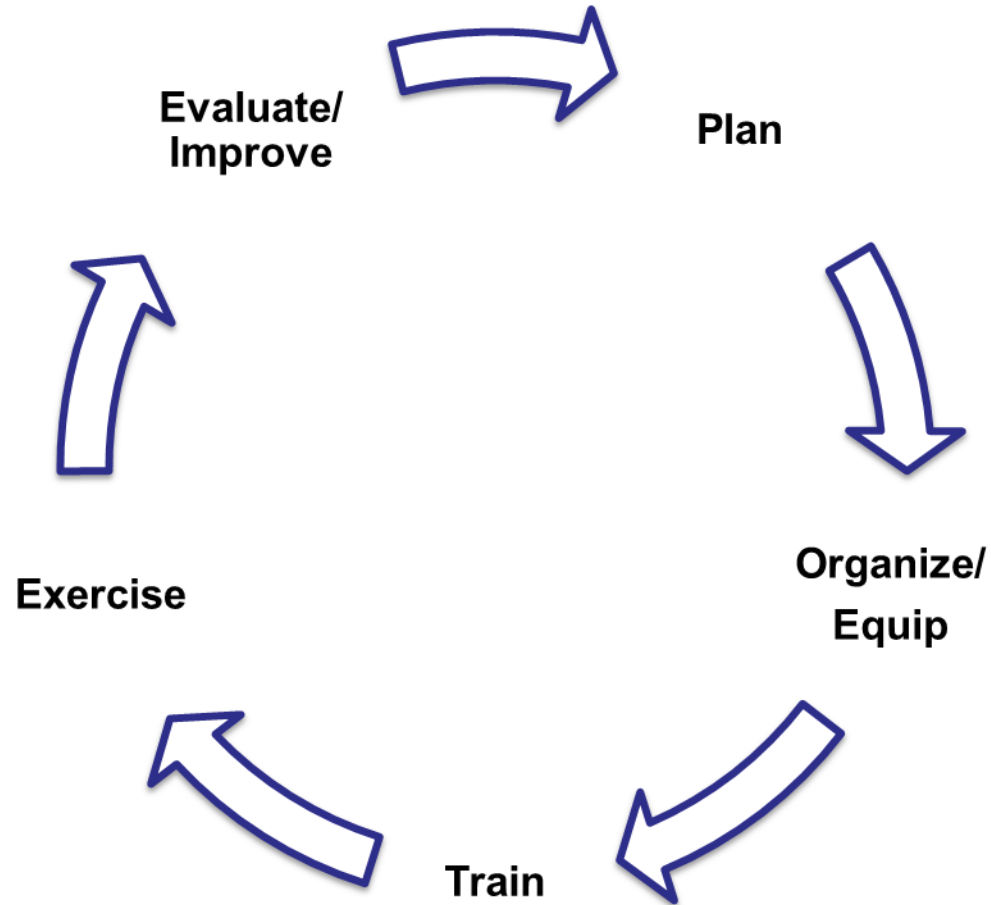
- Nursing staff are expected to provide patient care information to receiving facilities during an evacuation, within a timeframe that allows for effective patient care.
 - Facilities should not delay patient transfers during an emergency to assemble all patient reports, tests, etc. to send with the patient. Facilities should send all necessary patient information that is readily available and should include at least, patient name, age, DOB, allergies, current medications, medical diagnoses, current reason for admission (if inpatient), blood type, advance directives and next of kin/emergency contacts.

Roles and Responsibilities

Communication

- 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.

Roles and Responsibilities



Compliance

- Facilities are expected to be in compliance with the requirements by 11/15/2017.
- In the event facilities are non-compliant, the same general enforcement procedures will occur as is currently in place for any other conditions or requirements cited for non-compliance.
- Training for surveyors is under development

Collaboration with ASPR TRACIE

- SCG has been collaborating for several months with the ASPR TRACIE
- SCG's primary focus is on the development of Interpretive Guidelines and Surveyor Training
- Currently working to provide additional recommendations through ASPR TRACIE for stakeholders who are interested in developing training for providers

The SCG Website

- Providers and Suppliers should refer to the resources on the CMS website for assistance in developing emergency preparedness plans.
- The website also provides important links to additional resources and organizations who can assist.
- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/index.html>

References

- CMS Survey & Certification - Emergency Preparedness
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/index.html>
- CMS Appendix Z-Emergency Preparedness Interpretive Guidelines
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/Advanced-Copy-SOM-Appendix-Z-EP-IGs.pdf>
- CMS Emergency Response and Recovery <https://www.cms.gov/About-CMS/Agency-Information/Emergency/index.html>
- CMS Emergency Preparedness checklist for LTC
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/HealthCareProviderGuidance.html>
- Slide 21 Picture: <http://www.cnn.com/2017/08/27/us/flooded-nursing-home-residents-trnd/index.html>

The SCG Website

[Home](#) > [Medicare](#) > [Survey & Certification - Emergency Preparedness](#) > [Emergency Preparedness Rule](#)

Survey & Certification - Emergency Preparedness

[State Survey Agency Guidance](#)

[Health Care Provider Guidance](#)

[Lessons Learned/Archives](#)

Emergency Preparedness Rule

[Core EP Rule Elements](#)

[Earthquakes](#)

[Hurricanes](#)

[Severe Weather](#)

[Flooding](#)

[Wild Fires and Fires General](#)

[Influenza and Viruses](#)

[Homeland Security Threats](#)

[Templates & Checklists](#)

Emergency Preparedness Rule

Survey & Certification- Emergency Preparedness Regulation Guidance

Guidance for Surveyors, Providers and Suppliers Regarding the New Emergency Preparedness (EP) Rule

On September 8, 2016 the Federal Register posted the final rule *Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers*. The regulation goes into effect on November 16, 2016. Health care providers and suppliers affected by this rule must comply and implement all regulations one year after the effective date, on November 16, 2017.

Purpose: To establish national emergency preparedness requirements to ensure adequate planning for both natural and man-made disasters, and coordination with federal, state, tribal, regional and local emergency preparedness systems. The following information will apply upon publication of the final rule:

- Requirements will apply to all 17 provider and supplier types.
- Each provider and supplier will have its own set of Emergency Preparedness regulations incorporated into its set of conditions or requirements for certification.
- Must be in compliance with Emergency Preparedness regulations to participate in the Medicare or Medicaid program. The below downloadable sections will provide additional information, such as the background and overview of the final rule and related resources.

Additional information has been provided on the left side hyperlinks categorized by information from the EP Rule, such as the Emergency Preparedness Plan, Communication Plan, Policies and Procedures and Testing.

The below downloadable sections will provide additional information, such as the background and overview of the final rule and related resources.

Downloads

[By Name By State Healthcare Coalitions \[PDF, 256KB\]](#) 

[Facility Transfer Agreement - Example \[PDF, 56KB\]](#) 

[17 Facility- Provider Supplier Types Impacted \[PDF, 89KB\]](#) 

[EP Rule - Table Requirements by Provider Type \[PDF, 126KB\]](#) 

Related Links

[ASPR TRACIE](#)

[NCDMPH](#) 

Thank you!



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