

Emergency Preparedness

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Emergency Program (EP)

The LTC facility must comply with all applicable Federal, State and local emergency preparedness requirements. The LTC facility must establish and maintain an emergency preparedness program (EPP) that meets the requirements of this section. The emergency preparedness program must include, but not be limited to, the following elements:

- Emergency Plan
- Policies and Procedures
- Communications
- Training and exercise
- Emergency Power
- Integrated Plan



Emergency Preparedness Program

- EPP & its elements must be reviewed & updated annually for LTC facilities
- Must be comprehensive & consider a multitude of events
 - Should include emerging infectious diseases & pandemics during a PHE
 - Include how will plan, coordinate, & respond to a localized & widespread pandemic
 - Align EPP with state and local emergency plans/pandemic plans
- There is no specific format or system required for documenting the EP program but must be in writing.
- CMS also recommends, but is not requiring, facilities to develop a crosswalk (Table of Contents) as applicable for where their documents are located.
- Maintain documentation & records for at least 2 years
 - Surveyors will review the most recent 2 years for compliance with completing 2 exercises per year



Emergency Plan

- The [facility] must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least every 2 years. The plan must do the following:
 1. Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing residents.
 2. Include strategies for addressing emergency events identified by the risk assessment.
 3. Address resident population, including, but not limited to, persons at-risk; the type of services the LTC facility has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.
 4. 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.



All-Hazards Risk Assessment

- EPP must:
 - Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing residents.
 - Include strategies for addressing emergency events identified by the risk assessment
- Though a format is not specified, facilities must document the risk assessment
- Consider type of hazards most likely to occur in your area & unforeseen widespread communicable diseases
 - All-hazards planning does not specifically address every possible threat or risk, but ensures you will have the capacity to address a broad range of related emergencies
- Consider facility patient population & vulnerabilities



Risk Assessment Development

- 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-Tags

- E-0001 Establishment of the Emergency Program (EP)
- **E-0004 Develop and Maintain EP Program**
- **E-0006 Plan Based on All Hazards Risk Assessment**
- E-0007 EP Program Patient Population
- E-0009 Process for EP Collaboration
- E-0013 Development of EP Policies and Procedures
- **E-0015 Subsistence needs for staff and patients**
- E-0018 Procedures for Tracking of Staff and Patients
- E-0020 Evacuation
- E-0022 Policies and Procedures for Sheltering
- E-0023 Medical Records
- **E-0024 Policies and Procedures for Volunteers**
- E-0025 Arrangement with other Facilities
- **E-0026 Roles under a Waiver Declared by Secretary**
- **E- 0029 Development of Communication Plan**
- E- 0030 Names and Contact Information
- E- 0031 Emergency Officials Contact Information
- E- 0032 Primary/ Alternate Means for Communication
- E- 0033 Methods for Sharing Information
- **E- 0034 Sharing Information on Occupancy/ Needs**
- **E- 0035 LTC and ICF/IID Notifications**
- **E- 0036 Emergency Prep Training and Testing**
- **E- 0037 Emergency Prep Training Program**
- **E- 0039 Emergency Prep. Testing Requirements**
- **E- 0041 LTC Emergency Power**
- **E- 0042 Integrated Health Systems**



Updated Guidance for Emergency Preparedness-Appendix Z of the State Operations Manual (SOM)

- QSO-21-15-ALL Released 03/26/2021
 - Includes Interpretive Guidance & Updates to Appendix Z of SOM
 - Guidance in Appendix Z updated to reflect revisions made within 9/30/19 final rule which revised requirements for EP
 - Expanded Guidance related to Emerging Infectious Diseases (EIDs)
 - Feb 2019, CMS added EIDs to definition of all-hazards approach in Appendix Z as it is critical for facilities to include planning for infectious diseases within emergency preparedness program
 - Must consider preparedness & infection prevention within all-hazards approach, which covers both natural and man-made disasters
 - In light of PHE, CMS expanded EP Interpretive Guidelines to further expand on best practices, lessons learned, & planning considerations for EIDs



Appendix Z Revisions

ISSUED 04/16/2021



Introduction Section

- While the use of healthcare coalitions are encouraged, this may not always be feasible for all providers and suppliers.
- For facilities participating in coalitions, the "level" of participation is not specified.
 - If you use healthcare coalitions to conduct exercises or assist in your efforts for compliance, these efforts should be documented.
- The 2016 Emergency Preparedness Final Rule emphasized that healthcare facilities should continue to engage their healthcare coalitions and state hospital preparedness program (HPP) coordinators for training and guidance. We encourage healthcare facilities, particularly those in neighboring geographic areas, to build relationships that will allow facilities to share and leverage resources.
- For additional information, please visit <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Resources/State-resources> .



Resources

- Facilities can consider using the checklists developed by Assistant Secretary for Preparedness and Response's (ASPR's) Technical Resources and Assistance Center and Information Exchange (TRACIE) and identify the location for each of their requirements. ASPR TRACIE developed resources and checklists created from the guidance, under <https://asprtracie.s3.amazonaws.com/documents/aspr-tracie-cms-ep-rule-long-term-care.pdf>, or see all checklists under Facility-Specific Requirement Overviews at <https://asprtracie.hhs.gov/cmsrule>.
- These checklists can be used by providers and suppliers, as well as the surveyors in order to have a provider-specific checklist.

The screenshot shows a web browser window with the URL asprtracie.hhs.gov/cmsrule/provider-and-supplier-specific-resources. The page has a navigation menu with three sections: 'General Emergency Management Resources', 'Provider- and Supplier-Specific Resources', and 'Webinars and Presentations'. The 'General Emergency Management Resources' section is expanded, listing various resources such as 'ASPR TRACIE Evaluation of Hazard Vulnerability Assessment Tools', 'Exercise Program', 'Hazard Vulnerability/Risk Assessment', and 'Healthcare Facility Emergency Operations Plan "Criteria Checklist"'. A 'Back to top' button is visible at the bottom right of the resource list.



Survey Protocol

- Health surveyors should consult with LSC surveyors when concerns related to emergency power are identified to determine if a deficiency should be cited under EP standards or LSC standards.
 - They note that there may be instances of overlap as emergency preparedness regulations require alternate source power (E-0015) for inpatient facilities and also requires emergency standby power systems for Hospitals, CAHs and LTC facilities (E0041).
- There may be instances in which the facility chooses, as part of their risk assessment and program, to install an emergency standby power systems with a generator that is not subject to LSC or Physical Environment regulations under their provider/supplier type. In this instance, the facility should consider the requirements under standard (e) (tag E-0041) of the EP regulations related to testing, inspection, fuel and generator location.



Survey Protocol

- Response to emergency incidents may be the same for multiple hazards or risks
- Flexibility in how you format documentation of your EP program & not required to have separate policy/procedure for each type of hazard
 - Must address each type of hazard, but can consolidate P&Ps based on designated response without duplication within the program
- Identify in P&Ps under what circumstances you would invoke particular procedures (e.g. evacuate or shelter)
 - Actions may vary based on type of hazard
- Procedures should include who would initiate EP response
- Be prepared to provide surveyors with written evidence of EP program
- CMS recommends that surveyor review EP program with the responsible facility representative & ask the facility representative to facilitate the review by referring surveyor to specific documentation requested



Added Definitions

- Community Partners:
 - Community partners are considered any emergency management officials (fire, police, emergency medical services, etc.) for full-scale and community-based exercises, however can also include community partners that assist in an emergency, such as surrounding providers and suppliers.
- Added following to Full-Scale Exercise Definition:
 - Though there is no specific number of entities required to participate in a full-scale community-based exercise, it is recommended that it be a collaborative exercise which involves, at a minimum, local or state emergency officials to develop community-based responses to potential threats.
- Functional Exercise (FE):
 - The Department of Homeland Security's (DHS's) Homeland Security Exercise and Evaluation Program (HSEEP) explains that FEs are an operations-based exercise that is designed to validate and evaluate capabilities, multiple functions and/or sub-functions, or interdependent groups of functions. FEs are typically focused on exercising plans, policies, procedures, and staff members involved in management, direction, command, and control functions. For additional details, please visit HSEEP guidelines located at https://pretoolkit.fema.gov/documents/1269813/1269861/HSEEP_Revision_Apr13_Fina1.pdf/65bc7843-1d10-47b7-bc0d-45118a4d21da



Added Definitions

- Mock Disaster Drill:
 - A mock disaster drill is a coordinated, supervised activity usually employed to validate a specific function or capability in a single agency or organization. Mock disaster drills are commonly used to provide training on new equipment, validate procedures, or practice and maintain current skills. For example, mock disaster drills may be appropriate for establishing a community-designated disaster receiving center or shelter. Mock disaster drills can also be used to determine if plans can be executed as designed, to assess whether more training is required, or to reinforce best practices. A mock disaster drill is useful as a stand-alone tool, but a series of drills can be used to prepare several organizations to collaborate in an FSE.
- Workshop:
 - A workshop, for the purposes of this guidance, is a planning meeting, seminar or practice session, which establishes the strategy and structure for an exercise program. We are aligning our definitions with the HSEEP guidelines. For additional details, see HSEEP guidelines at https://preptoolkit.fema.gov/documents/1269813/1269861/HSEEP_Revision_Apr13_Final.pdf/65bc7843-1d10-47b7-bc0d-45118a4d21da.



E001 Establishment of the Emergency Program (EP)

- The EPP & its elements must be reviewed & updated annually for LTC facilities
- Expected to make appropriate changes to EPP in event that changes are required more frequently outside of your update cycle
- Comprehensive EPP should include emerging infectious diseases (EIDs) & pandemics during a PHE
 - Planning should include how you will plan, coordinate, & respond to a localized & widespread pandemic
- Ensure EPP is aligned with your State & local emergency/pandemic plans
- EPP must be in writing, how you document your efforts is your discretion
- Recommending, but not requiring, facilities to develop a crosswalk for where documents are located
- Must maintain documentation & records for 2 years d/t requirements r/t training & testing exercises
 - Surveyors will review most recent 2 years of documentation for compliance



E004 Develop and Maintain EP Program

- As you develop or make revisions to EPP, EIPs should be considered
 - Specific types of infectious diseases to consider or the care-related emergencies that are a result of infectious diseases are not specified
 - Examples may include: Potentially infectious bio-hazard waste, Bioterrorism, Pandemic flu, highly communicable diseases (COVID-19, Ebola, Zika virus, SARS)
- Adding EIDs within your risk assessment ensures that you consider having IP staff involved in planning, development, & revisions to the EPP
- Plans for coordination with local, state, & federal officials are essential
- Should engage & coordinate with local healthcare systems & healthcare coalitions, and state & local health departments when deciding on ways to meet surge needs in your community



E004 Develop and Maintain EP Program

- Continuity of Business
 - Considered to incorporate all continuity operations & business continuity, which involves planning to ensure business operations will continue even during a disaster
 - Facility's ability to continue operations or services related to patient care & to ensure patient safety & quality of care is continued in an emergency event
 - EP provides the framework, which includes facility & community based risk assessments that assist in addressing needs of patient populations & identifying continuity of business operations which will provide support to services necessary during an actual emergency
 - For additional information related to continuity of operations, please visit the Federal Emergency Management Agency's (FEMA's) Continuity Guidance Circular at https://www.fema.gov/sites/default/files/2020-07/Continuity-GuidanceCircular_031218.pdf.



E004 Develop and Maintain EP Program

- CMS recognizes that contractors providing essential services may be subject to same hardships as community they serve, and there are no guarantees in the event of a disaster that the contractor would be able to fulfill their duties
- EP should take into account contingency planning, such as evacuation triggers in the event essential resources provided by contractor cannot be fulfilled
- Must include in your planning & revisions of existing plans:
 - Contracts & inventory of supply needs
 - Availability of PPE
 - Critical care equipment
 - Transportation options/needs to be prepared for surge events



E-0006 Plan Based on All Hazards Risk Assessment

- No format specified, but you must document the risk assessment
- Risk assessment must include pandemics, EIDs & unforeseen widespread communicable diseases
- Must be facility-based & consider your patient population & vulnerabilities
 - For example, if your population is primarily dependent on medical equipment the risk assessment should identify a higher impact for emergencies that lead to power failures
- Select a comprehensive risk assessment tool that evaluates your risks & potential for hazards
 - Should include all risks that could disrupt facility operations & necessitate emergency response planning to address the risk mitigation requirements & ensure continuity of care



E-0006 Plan Based on All Hazards Risk Assessment

- Categorize various probable risks & hazards identified by likelihood of occurrence & create supplemental risk assessments based on the disaster or PHE
 - Power loss & potential disruption of service: Consider using heat index or heat risk assessment to identify situations that present concerns r/t patient care & safety
 - PHE, such as EIDs or pandemics: Consider risk assessments to include needs of patient population served in relation to communicable or EID outbreak & planning process to evaluate facility need's based on specific characteristics of an EID
 - Influx in need for PPE
 - Considerations r/t screening & testing
 - Transfers & discharges
 - Physical environment changes needed for distancing, isolation, or capacity/surge
 - Refer to ASPR TRACIE for the Natural Disasters Topic Collection at <https://asprtracie.hhs.gov/technical-resources/36/natural-disasters/27>



E-0007 EP Program Patient Population

- At-risk populations, in the event of EIDs & communicable diseases, may also include older adults & people of any age with underlying medical conditions or who are immunocompromised, in which exposure may place them at higher risk for server illness
- Required to have qualified person who is authorized in writing to act in absence of administrator.
 - Clarified that does not mean you must have documentation which lists each role & designee for those roles within the same policy, but may have a general plan which outlines roles & responsibilities of the different individuals (e.g. incident commander, public information officer, patient liaison, etc.) & refers to them by their titles
 - Individual serving in the role during time of survey must be able to adequately describe their role & responsibilities during an emergency



E-0007 EP Program Patient Population

- EP must include ways facility will respond to identified patient needs that cannot be addressed by in-house services in an emergency, such as use of just-in-time contracts or emergency transfers
 - Be prepared to discuss with surveyors the services that the facility would be able to provide during an emergency and any plans to address services needed that cannot be provided by the facility during an emergency as part of continuity of operations and services
- Delegation of authority & succession plans are documented plans which outline specific individuals & alternate/successors who can activate the facility EP to ensure patient safety is protected & patients will receive care at facility or if transferred, under what circumstances transfers will occur
- If you have delegations and succession plans which identifies roles and responsibilities over individual facility staff names (e.g. Safety Officer = Charge Nurse), surveyors will identify the individual who would be designated in one of the roles and interview the individual asking them to describe their role based on the facility's emergency program.



E-0009 Process for EP Collaboration

- Must have process to engage in collaborative planning for integrated emergency response
 - Every detail of cooperation & collaboration process is not required to be documented in writing, but it's expected that you document sufficient details to support verification of the process
 - When deciding on ways to meet PHE needs in community, you are expected to engage & coordinate with your local healthcare systems, local & state health depts, & federal agency staff & also encouraged to engage with your healthcare coalitions, as applicable.
 - Awareness of state's EPP & pandemic plan ensures coordination occurs within the community
 - Coordination should be pre-planned & facility management should know state & local emergency contacts



E-0013 Development of EP Policies and Procedures

- Include strategies and succession planning, as well as contingencies which support your response to any disaster or public health emergency
- Consider updates to your emergency preparedness policies and procedures during a disaster, including planning for an emergency event with a duration longer than expected
 - Incorporating CDC or other agency guidance & recommendations in policy updates or provide additional EP procedures to staff
 - May include policy delegating an individual to monitor guidance by public health agencies & issuing directives & recommendations to staff
- They are also not specifying the type of documentation-i.e. hard copy, electronic or other system-based emergency plans
- Must clearly document the date of EP P&P review and update and what the update entailed.



E-0015 Subsistence needs for staff and patients

- Should check with state agencies & accrediting organization to determine if any additional requirements exist regarding set amount of provisions to be provided in facilities
- Must continue to meet any existing health & safety standards regarding provisions, such as emergency power & lighting
- Must ensure have P&P that address food, water, medical/pharmaceutical needs for both staff & patients during emergency, regardless of whether you evacuate or not.
- Because there are additional requirements for facilities certified after 10/01/1990, for maintaining temp range between 71-81°, must include MCR/MCD certification dates in front of your plan
- If used, portable generators must be connected to facility's electrical circuits via a power transfer system, as recommended by generator's manufacturer.
 - A power transfer system typically consists of a generator power supply cord, power inlet box mounted outside, and transfer switch connected to the facility electrical panel
 - Individual extension cords should not be used to run from portable generator outlet receptacles to electrical appliances
- Adequate ventilation for portable & mobile generators may be accomplished by locating them outside the building
- If a health surveyor is unclear whether the facility is complying with the alternate sources of energy and temperature requirements, the health surveyor must consult with their LSC surveyors



E-0018 Procedures for Tracking of Staff & Patients

- Tracking of staff can often be more challenging based on the mechanism used for signing in and out for payment of staff based on hours worked, especially in the event of a power failure. Facilities can consider implementing a staff tracking system such as designating an area or protocol to check in with a designated person(s) during the emergency.
- While collaboration with healthcare coalitions is encouraged, it is not a requirement. Though the precise details of the actual collaboration with state and local emergency officials is not required to be documented, it is expected that sufficient information is documented to support verification of the process as part of the investigation.



E-0020 Evacuation

- Patient safety should be the number one priority and it is expected that facilities provide care in a safe setting, therefore any existing guidance on patient rights and safe setting should be continued. It would be prudent for facilities to consider how they would address a situation where a patient/resident refuses to evacuate, therefore leaving a patient in an unsafe environment is not acceptable.
- Triage and coordination of evacuation requires planning and communication of plans within the facility and with entities that assist in providing services such as transportation and life-saving equipment
- Surveys will ask staff to describe how they would handle a situation in which a patient refused to evacuate.



E-0024 Policies & Procedures for Volunteers

- Must have policies and procedures which include emergency staffing strategies and plan for emergencies.
 - These strategies encompass procedures to preserve the healthcare system while continuing to provide care for all patients, at the appropriate level (e.g., home-based care, outpatient, urgent care, emergency room, or hospitalization).
- Must have policies which address your ability to respond to a surge in patients that align with your facility's risk assessment, and should include planning for EIDs.
 - Concentrated efforts will be required to mobilize all aspects of the healthcare system to reduce transmission of disease, direct people to the right level of care, and decrease the burden on the healthcare system.
- In most circumstances, staffing strategies & surge planning surrounding natural disasters, such as hurricanes, are generally event-specific and focus on evacuations, transfers, & staffing assistance from areas which are not impacted by the emergency



E-0024 Policies & Procedures for Volunteers

- Infectious diseases may rise to the level of pandemic, causing severe impact on response and staffing strategies within the healthcare system. The primary goals in planning for infectious disease pandemics are to:
 - Reduce morbidity and mortality
 - Minimize disease transmission
 - Protect healthcare personnel
 - Preserve healthcare system functioning
- Consider development of policies & procedures that could be implemented during an emergency to reduce non-essential healthcare visits & slow surge within the facility, such as:
 - Instructing patients to use available advice lines, patient portals, and/or on-line self-assessment tools;
 - Call options to speak to an office/clinic staff and identification of staff to conduct telephonic interactions with patients;
 - Development of protocols so that staff can triage and assess patients quickly;
 - Determine algorithms to identify which patients can be managed by telephone and advised to stay home, and which patients will need to be sent for emergency care or come to your facility
- As part of risk-assessment, consider implications or evaluations of staffing needs (i.e. what staffing needs are required to ensure patients continue to receive care for each identified hazard)



E-0024 Policies & Procedures for Volunteers

- Must have P&P to address plans for emergency staffing
 - Could include types of healthcare professionals you would use to assist during an emergency
 - If you use volunteers as part of emergency staffing strategy, P&P must clearly outline what type of volunteers would be accepted during an emergency & what roles these volunteers might play
- Emergency staffing strategy P&Ps must outline how you would ensure healthcare professionals used for emergency staffing are credentialed, licensed, or able to provide medical support within facility in accordance with any state & federal laws
- Facilities are recommended to review the tools available related to planning for surge.
 - ASPR TRACIE has developed multiple documents which could provide additional assistance during the development of policies and procedures, which include but are not limited to <https://asprtracie.s3.amazonaws.com/documents/aspr-tracie-considerations-for-the-use-of-temporary-care-locations-for-managing-seasonal-patient-surge.pdf>



E-0025 Arrangement with other Facilities

- When developing transfer agreements, take into account your patient population & ability for receiving facility to provide continuity of services
- Facility is responsible for the tracking of residents, so written agreements should account for the patient population, number of patients, & ability for receiving facilities to continue to care for residents/patients
- Consider reviewing your developed arrangements on same annual schedule as your annual EP P&P reviews to ensure the contract/agreement/MOU is still applicable & able to be fulfilled to provide continuity of care



E-0026 Roles under a Waiver Declared by Secretary

- EPP must include P&Ps which outline facility's role in provision of care & treatment under 1135 waivers during declared PHE in alternate care sites
 - Must also be aware of what flexibilities are available with or without 1135 waiver
- Alternate Care Site (ACS) is a broad term for any building or structure that is temporarily converted for healthcare use.
 - ACS is one of several alternate care strategies that can be used in a disaster
 - Your ACS structure & process may include several different models & require different planning considerations based on type of emergency
 - Models for a facility's ACS may be dependent on factors such as:
 - emergency/disaster spread across a community;
 - anticipated longevity of operating in the ACS setting;
 - level of capacity the ACS can provide and how this correlates with the need for transfers and discharge, among many other considerations
 - Planning r/t development of an ACS is a proactive step to ensure continuity of services
 - Must address your ability to provide care in an alternate setting & capabilities of an ACS if authorized during a PHE



E-0026 Roles under a Waiver Declared by Secretary

- P&P must address facility role in emergencies when Secretary waives or modifies requirements for facility response to emergencies under section 1135 of the Act r/t provision of care at an alternate care site identified by emergency officials
 - For example, if federal licensure requirements for physicians are waived, you should have P&P addressing responsibilities of these physicians during this waiver period
- 1135 waivers are time limited & only waive federal requirements, not state requirements
 - Typically end no later than the termination of the emergency period, or 60 days from date waiver or modification is first published, unless extended for additional 60 day periods, up to the end of the emergency period
- In events in which a declaration was not made & where 1135 waiver may not apply, such as disasters affecting single facility CMS expects that state or emergency mgt officials might designate alternate sites & plan jointly with facilities on issues r/t staffing, equipment, & supplies
- Consider P&P r/t use of waivers flexibility & timeframe
- Consider how to continue operations when the 1135 waiver has expired
- For additional information on 1135 waivers and process for submission please visit the Quality, Safety & Oversight Group Emergency Preparedness Website <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/1135-Waivers> . They also recommend providers and suppliers review the ACS Toolkit developed by ASPR which can be found at: <https://files.asprtracie.hhs.gov/documents/acs-toolkit-ed1-20200330-1022.pdf>.



E- 0029 Development of Communication Plan

- Even though requirement to document collaboration with state & local officials was removed, expect that facilities continue to collaborate with state & local emergency officials & consult applicable state & local emergency & pandemic plans during creation process for communication plans
- Surveyors will ask to see evidence that communication plan has been reviewed & updated, as necessary, annually
- Surveyors will ask facility leadership or the designee responsible for the emergency program to verbally explain how they are to collaborate with Federal, State and local officials to ensure their communication plan complies with the Federal, State and local requirements



E- 0030 Names and Contact Information

- Required contact information should be readily available to, at a minimum, the individual(s) designated as the emergency preparedness coordinator or person(s) responsible for the facility's emergency preparedness program and management during an emergency event
- Contact information must be reviewed & updated at least annually



E -0031 Emergency Officials Contact Information

- Emergency management officials may include, but are not limited to, emergency management agencies which may be local to the community as well as local officials who support the Incident Command System depending on the nature of the disaster (e.g. fire, police, public health, etc.).
- Additionally, emergency management officials also include the state public health departments and State Survey Agencies as well as federal emergency preparedness officials (FEMA, ASPR, DHS, CMS, etc.) and tribal emergency officials, as applicable
- Even though the communications plan must include contact information, it does not specifically require the facility to have an individual contact for emergency management agencies. For instance, a state emergency management agency may have a specific phone line or contact method and not a specific individual person
- Surveyors will verify that the facility has contact information for the State Survey Agency and/or public health departments & that all information has been reviewed and updated annually



E- 0032 Primary/ Alternate Means for Communication

- Must identify your primary & alternate means of communication in your EP communication plan. For instance, a primary means of communication may be cellular phones, hard wire lines and the facilities intercom system, whereas the facilities alternate means (given interruption of primary means) may be the SHARED RESOURCES.



E- 0034 Sharing Information on Occupancy/ Needs

- In small community emergency disasters, reporting your needs will be coordinated through established processes to report directly to local & state emergency officials
 - May include reporting needs r/t: PPE shortages, need to evacuate or transfer patients, requests for assistance in transport, temporarily loss of part or all of facility function; and staffing shortages
- In larger scale emergencies or pandemics, reporting needs may be altered by local, state, and federal officials d/t potential volume of requests. Some may request to report specific data or slow reporting to manage volume
- Facilities should verify their reporting requirements with local Incident Command Structures or State Agencies
- Processes should include monitoring by facility emergency management coordinator or designee of reporting requirements issued by CMS or other agencies
- Identify local & state policies for reporting & contact tracing to ensure you have appropriate information to address requirements
- Actively engage with your healthcare coalitions, associations, accrediting organizations, and other stakeholders during onset of any wide-spread emergency



E- 0034 Sharing Information on Occupancy/ Needs

- During widespread disasters, reporting a facility's ability to provide assistance is critical within a community
- Pre-planning and collaborating with emergency officials before an emergency to determine what assistance may be necessary directly supports surge planning within a community
- Reporting the ability to provide assistance would also include pre-planning with public health and emergency officials in the local community to make them aware of what capabilities are available within the specific facility, e.g. number of beds, critical care equipment, staffing, etc.
- During widespread disasters, facilities may be required to report the following to local officials:
 - Ability to care for patients requiring transfer from different healthcare settings;
 - Availability of PPE;
 - Availability of staff who may be able to assist in a mass casualty incident;
 - Availability of electricity-dependent medical and assistive equipment, such as ventilators and other oxygen equipment (BiPAP, CPAP, etc.), renal replacement therapy machines (e.g., home and facility-based hemodialysis, peritoneal dialysis, continuous renal replacement therapy and other machines, etc.), and wheelchairs and beds



E- 0036 Emergency Prep Training & 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.
- For training requirements, the facility must have a process outlined within its EPP which encompasses staff and volunteer training complementing the risk assessment.
- The training for staff should at a minimum include training related to the facility's policies and procedures.
- Facilities must maintain documentation of the training so that surveyors are able to clearly identify staff training and testing conducted.
 - For example, facilities may have a sign-in roster of training conducted within their training files or inclusion of this training in their training program, or individual training certificates of completion within personnel records.
- A surveyor should be able to ask for a list of employees and to verify training on the emergency preparedness requirements as required under E-0037



E- 0036 Emergency Prep Training & Testing

- Facilities are required to conduct two testing exercises annually.
- Facilities must establish a process which includes participation of all staff in testing exercises over a period of time.
- Facilities are encouraged to consider their scheduled exercises and the appropriate departments to be included.
 - For instance, if a clinically-relevant testing exercise is not necessarily applicable to some other departments or staff, then the staff which did not participate in one year should participate in the next testing exercise to ensure that over a period of time all shifts are incorporated.
- They are not specifying that you must utilize all required equipment in the testing (drills) or a percentage of the patients/residents that would be included in these drills, however you should test your exercises according to how you would respond to the emergency would it be an actual real emergency.
- Surveyors will assess whether or not you have a training and testing program based on the facility's risk assessment and have incorporated your P&Ps, as well as your communication plan within training required for staff and your testing exercises.
 - They will refer back to your risk assessment to determine if training & testing program is reflecting risks & hazards identified



E- 0037Emergency Prep Training Program

- Training must be based on risk assessment P&Ps & communication plan
- Intent is that everyone at facility is familiar & trained on your processes for responding to an emergency
- Should include individual-based response activities in event of natural disasters & P&Ps on how to shelter-in-place or evacuate.
- Include how facility manages continuity of care to patient population, such as triage processes & transfer/discharge during mass casualty or surge events
- Training should mirror your emergency plan & include training staff on procedures that are relevant to hazards identified



E- 0037Emergency Prep Training Program

- Must provide training on your emergency plan annually
- You have flexibility to determine focus of your initial & annual training
- Initial & annual trainings should be modified as needed & if you update the P&P
 - Expect facilities to be able to demonstrate how you have updated the training
- Must be able to demonstrate additional training when EP is significantly updated or if new P&Ps added based on a new risk identified in risk assessment
- Must maintain documentation of the initial and annual training for all staff



E- 0039 Emergency Prep. Testing Requirements

- Expanded type of acceptable testing exercises
 - Can choose one of the 2 annually required testing exercises to be an exercise of your choice, which may include one community-based full-scale exercise, an individual facility-based functional exercise, a mock disaster drill, or a tabletop exercise or workshop that includes a group discussion led by a facilitator.
- While the types of acceptable testing exercises was expanded, LTC facilities must continue to conduct their exercises on an annual basis
- Testing exercises must be based on individual facility's risk assessment, P&Ps, & communication plan & support the patient population you serve
- Testing exercises should not test the same scenario year after year or the same response process



E- 0039 Emergency Prep. Testing Requirements

- Full Scale Exercises are large exercises that multiple agencies participate in & may only be available every 3-5 years. May include functional exercise or drill
- Functional exercises may not involve as many participants & allow each agency to choose its priorities to test within the confines of the exercise.
- If full-scale exercise is planned, must ensure that the exercise scenario developed is identified within your risk assessment
- No specific minimum number of staff or roles that must participate in the exercises, but strongly encourage facility leadership & department heads to participate in exercises
- Use sign in roster for exercises to substantiate staff participation
- Sufficient number of staff should participate in exercise to test the scenario & thoroughly assess the risk, P&P, or plan being tested



E- 0039 Emergency Prep. Testing Requirements

- Required to also conduct an exercise of choice which may include:
 - A second full-scale exercise that is community-based or an individual, facility based functional exercise; or
 - A mock disaster drill; or
 - A tabletop exercise (TTX) or workshop that is led by a facilitator includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.
- TTX's or workshops are expected to be group discussions led by a facilitator, who can be a staff member or contracted service.
- Intent behind TTX or workshop is to test an exercise based on facility's risk assessment



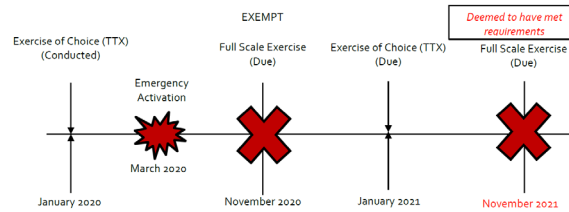
E- 0039 Emergency Prep. Testing Requirements

- Exemption based on Actual Emergency
 - See QSO-20-41-ALL Guidance related to Emergency Preparedness-Exercise Exemption based on A Facility's Activation of their Emergency Plan Revised 06/21/21 to provide additional guidance & clarifications d/t continued PHE
 - During or after an actual emergency, if you activate your emergency plan, you are exempt from next required full-scale community-based or individual, facility-based functional exercise
 - Facilities must be able to demonstrate activation of emergency plan through written documentation
 - Exemption would apply for the next required full-scale exercise only, not the exercise of choice, based on your 12-month exercise cycle
 - Guidance only applies if you are still currently operating under your activated emergency plan.
 - If you have resumed normal operating status & were exempted from a full-scale exercise for your 2020 cycle, you must conduct a full-scale exercise or individual facility-based exercise for your next cycle.
 - If still operating under currently activated EP, currently activated EP will be recognized by surveyors as having met full-scale requirement for 2021 (even if you claimed exemption for 2020)



Example Scenario

- Facility Y conducted a table-top exercise in January 2020 as the exercise of choice and was exempt from its scheduled full-scale exercise in November 2020 due to the COVID-19 PHE (that began in March 2020) and activation of its emergency plan. The facility continues to operate under activation of its emergency plan during its 2021 exercise cycle (due to continued surge of COVID-19 in their local area).
 - When must the facility conduct its next required full-scale exercise?



E- 0041 LTC Emergency Power

- For information regarding permanently installed generators, please refer to applicable NFPA Codes and Standards as discussed under Tag E-0015. In the event a health surveyor is unclear whether the facility is complying with these requirements, the health surveyor must consult with their LSC surveyors. Generally, tag E-0041 should be reviewed by a LSC surveyor.



Resources

- ASPR's TRACIE
 - <https://asprtracie.hhs.gov/technical-resources/52/long-term-care-facilities/47#education-and-training>
- QSO-20-41-ALL Revised 06/21/21 Guidance related to Emergency Preparedness-Exercise Exemption based on A Facility's Activation of their Emergency Plan
- QSO-21-15-ALL 03/26/21 Updated Guidance for Emergency Preparedness-Appendix Z of the State Operations Manual (SOM)

