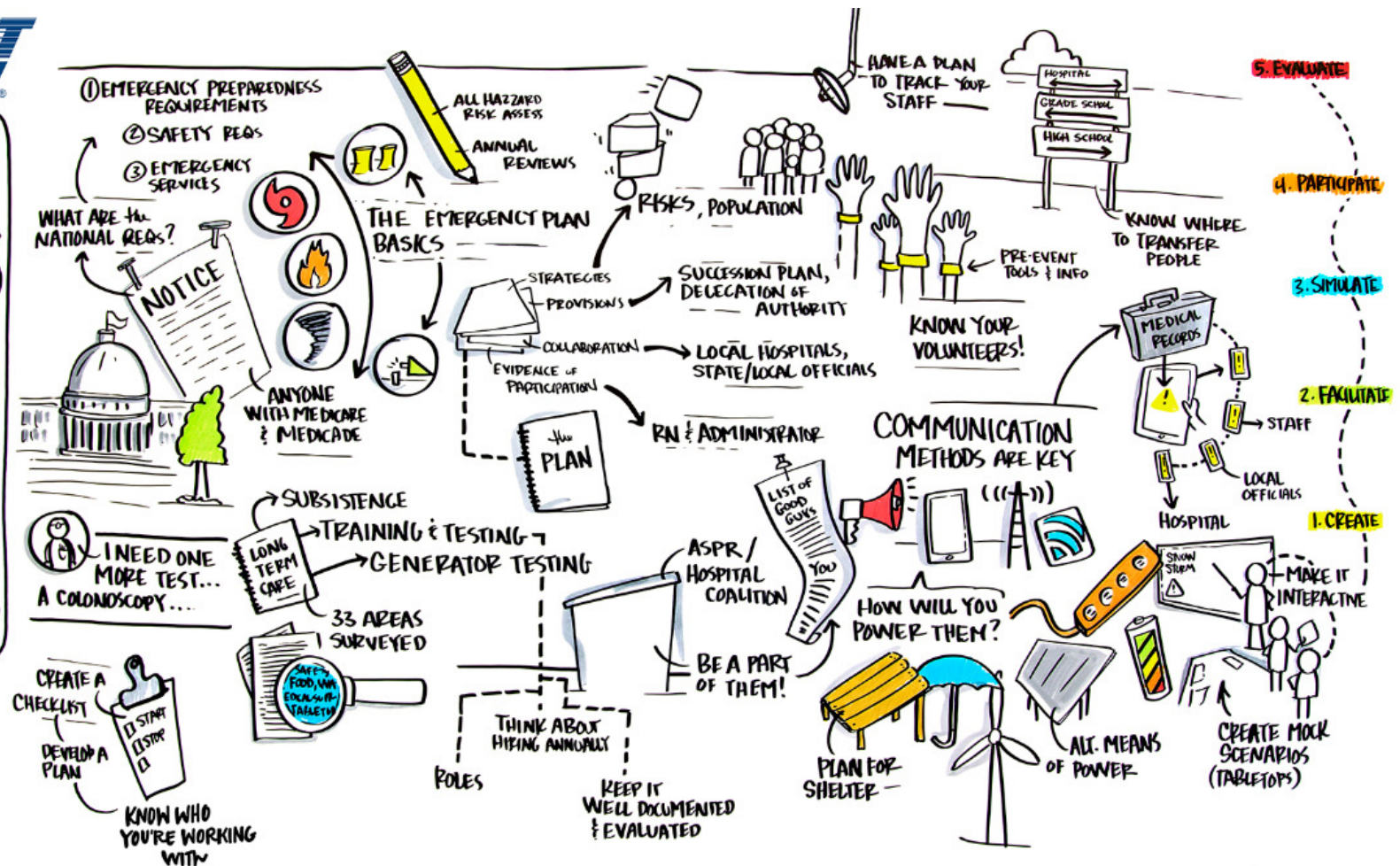


**FEDERAL  
REGULATIONS  
— for —  
DISASTER  
AND  
EMERGENCY  
PREPAREDNESS  
WHAT'S NEW?**



# CMS Emergency Preparedness Regulation & Interpretive Guidelines

All Hazards Approach: Facility and Community-Based Risk Assessment

Ray Miller, Direct Supply

# Agenda – National EP Rule

**1** | Background

**2** | Components

**3** | Resources & Basics

**4** | Collaboration & Coalitions

**5** | Evacuation & Shelter-In-Place

**6** | “All Hazards Risk Assessment”

**7** | Quality of Life *(F-675: cited ONLY at IJ level = “pervasive)*

# Emergency or Disaster?

---

Preparation,  
Practice  
& “LUCK”





# Medicare and Medicaid Programs; Emergency Preparedness Requirements



## FINAL RULE

<https://www.regulations.gov/document?D=CMS-2013-0269-0377>

- 1. **Publication:** 16 Sep '16
- 2. **Effective:** 15 Nov '16
- 3. **Incorporation:** 15 Nov '16
- 4. **Implementation:** 15 Nov '17

**Interpretive Guidelines**

**= "Survey Ready" = "Full Compliance"**

# Emergency Preparedness Purpose

This rule establishes **national** emergency preparedness **requirements** for Medicare- and Medicaid-participating providers to ensure that they adequately **plan for** both natural and man-made disasters and **coordinate with** federal, state, tribal, regional, and local emergency preparedness systems.

It is intended to ensure that (facilities) are adequately prepared to **meet the needs of residents during disasters and emergency situations.**

**FYI:** “The new rule is based primarily on of the hospital Emergency Preparedness CoP.”

# Emergency Preparedness Final Rule

Increase Patient Safety During Emergencies



Address  
Systemic  
Gaps



Establish  
Consistency



Encourage  
Coordination

SNF, NF, HH, Hospice, and ICF/IID – not AL

Applies to 17 Medicare & Medicaid Providers & Suppliers

# Agenda – National EP Rule

**1** | Background

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# Proposed Federal Regulation & Requirements

## **3 Key Essentials Focuses:**

1. Safeguarding human resources
2. Maintaining business continuity
3. Protecting physical resources

## **4 Intended Result of Successful Adoption:**

1. Anticipate (*plan*)
2. Respond
3. Integrate
4. Recover



# EMERGENCY PREPAREDNESS

EFFECTIVE NOVEMBER 15, 2017

Applicable to LTC facilities as of June 9, 2017.



## Best Practices on Program Management

E-Tag	Description
E-0001	Develop an emergency preparedness program (overall program)
E-0004	Develop and maintain emergency preparedness plan (written emergency plan)
E-0006	Conduct and document facility-based and community-based risk assessment using an All-Hazards approach (HVA)
E-0039	Annual exercises to test emergency plan, analysis and response to incorporate updates needed into plan (disaster drills)

## Documentation Requirements for Emergency Preparedness Plan

E-0007	Emergency Plan includes documentation on population served (patient/client), persons at-risk, the type of services the facility has the ability to provide in an emergency and continuity of operations.
E-0009	Emergency Plan includes documentation on ensuring cooperation and collaboration with local, tribal, regional, State & Federal emergency preparedness officials to ensure an integrated response during disaster or emergency situation.
E-0015	Emergency Plan includes documentation on policies and procedures for provision of subsistence needs for patients and staff, adequate alternative energy sources, emergency lighting, fire detection, extinguishing, alarm systems and to provide for sewage and waste disposal.
E-0018	Emergency Plan includes documentation on development of tracking system used to document locations of patients and staff.
E-0020	Emergency Plan includes documentation on policies and procedures for safe evacuation from the facility and that it includes all of the required elements.
E-0022	Emergency Plan includes documentation on policies and procedures for how it will provide a means to shelter in place for patients, staff and volunteers who remain in a facility that aligns with emergency plan and risk assessment.
E-0023	Emergency Plan includes documentation on policies and procedures for ensuring patient records are secure and readily available.
E-0024	Emergency Plan includes documentation on policies and procedures for the use of volunteers and other staffing strategies in its emergency plan.
E-0025	Emergency Plan includes documentation on arrangements and/or any agreements the facility has with other facilities to receive patients in the event the facility is not able to care for them during an emergency.
E-0026	Emergency Plan includes documentation on policies and procedures the facility's role in providing care and treatment at alternate care sites during emergencies.
E-0029	Emergency Plan includes communication plan that explains how the facility coordinates patient care within facility, providers and with state and local public health department to be reviewed annually.
E-0030	Emergency Plan includes contact information for individuals and entities outlined in communication plan (staff, entities providing services under arrangement, patient's physicians, volunteers) to be reviewed annually.
E-0031	Emergency Plan includes contact information for Federal, State, tribal regional, and local emergency preparedness staff outlined in communication plan.
E-0032	Emergency Plan includes primary and alternate means for communicating with facility staff, Federal, State, tribal, regional and local emergency management agencies outlined in communication plan.
E-0033	Emergency Plan includes a method of sharing information and medical documentation for residents under care with other health providers to maintain continuity of care outlined in communication plan.
E-0034	Emergency Plan includes a means of providing information about the facility's needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee as outlined in the Communication plan.
E-0035	Emergency Plan includes method the facility has developed for sharing the emergency plan with residents and their families or representatives, ensure it is appropriate to share outlined in the communication plan.
E-0036	Emergency Plan includes the development and documentation on training and testing program.
E-0037	Emergency Plan includes documentation on initial emergency preparedness training and annual emergency preparedness training offerings.
E-0041	Emergency Plan includes documentation that verifies the LTC facility has the required emergency and standby power systems to meet the requirements of the facility's emergency plan and corresponding policies and procedures.
E-0042	Emergency Plan includes documentation that verifies whether or not the facility has opted to be part of its healthcare system's unified and integrated emergency preparedness program.

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e-Handout

## § 483.73 Emergency Preparedness: Requirements for LTC Facilities

The [facility] must comply with all applicable Federal, State and local EP requirements. The [facility] must establish and maintain a [comprehensive] EP program that meets the requirements of this section.

The EP program must include, but not be limited to, the following elements:

1. Emergency plan *(E-Tag 0001)*
2. Policies and procedures *(E-Tag 0004)*
3. Communication plan *(E-Tag 0015)*
4. Training and testing *(E-Tag 0029)*
5. Emergency and standby power systems *(E-Tag 0036)*
6. Integrated healthcare systems *(E-Tag 0041)*

# 1. Written, Comprehensive Emergency Plan

E-Tags: 0004, 0006, 0007, 0009

“Facilities must develop an **all-hazards** EP program and plan”

(1) HVA (2) Related Strategies (3) 24/7 Resident Needs (4) AHJ Collaboration

Comprehensive, Integrated EP approach: 1] Identify/document hazards, impacts, gaps (*residents, facility, community, geographical region*)  
2] Develop EP capacities and capabilities to address gaps and challenges and **emergencies or disasters**

**Natural, man-made, or facility emergencies:** 1] care-related  
2] equipment / power 3] communications (*e.g. cyber-attacks*)  
4] essential supply interruptions (*water and food*) 5] total / partial facility loss

## 2. Specific Policies and Procedures

E-Tags: 0016, 0018, 0020, 0022, 0022, 0023, 0024, 0025, 0026

“Facilities must develop and implement EP **P&P** based on ... {EP Plan, HVA, CP}  
... “R&U ALA” ... and at a minimum must address...” :

1. Subsistence Needs\*
  2. Supplies
  3. Alternate Energy Source/s  
(temps, lighting, fire detection, sewage/disposal)
  4. Sewage and waste disposal
  5. Resident, Staff Tracking
  6. Safe Evacuation
  7. Shelter-In-Place\*
  8. Medical Documentation System  
(Secure / available)
  9. Surge Events Strategies
  10. Receiving Facility Arrangements
  11. 1135 Facility Waiver Role\*
- ALSO:** Collaboration

### SIDEBAR: CMS Differentiates

1. **POLICIES:** formal method / course of action to be adhered to
2. **PROCEDURES:** actions needed to implement policies to meet regulations
3. **OPERATING GUIDELINES:** checklists, etc. that are PART of P&Ps

### 3. Defined Communication Plan (1 of 4)

E-Tags: 0029, 0030, 0031, 0032, 0033, 0034, 0035

The [facility] must develop / maintain an EP communication plan ...  
complies with F, S, L laws ... R&U ALA ... and must include ... :

- (1&2) Names and contact information (*people, partners*)
- (3) Primary and alternate means for communicating
- (4) Method to share necessary resident info and documents
- (5) Means to release allowable resident info due to evacuation
- (6) Means to provide info regarding resident condition and location info
- (7) Means to provide info regarding (*occupancy, needs, ability to assist*) to AHJ/ICC/Designee
- (8) Method for sharing appropriate EP info with residents, families and representatives

#### Survey Procedures:

- |                           |  |
|---------------------------|--|
| 1. Ask to review...       | 3. Ask staff to demonstrate...               |
| 2. Ask to see evidence... | 4. Interview Residents, Families...          |
|                           | 5. Verify the communication plan includes... |



### 3. Defined Communication Plan (2 of 4)

E-Tags: 0029, 0030, 0031, 0032, 0033, 0034, 0035

The [facility] must develop /maintain an EP communication plan ...  
complies with F, S, L laws ... R&U ALA ... and must include ... :

Coordination of Resident Care *(within facility, across healthcare providers, w/ state/local public HDs, EM agencies, systems)*. Facilities are required to:

1. Develop method to share information and medical documentation within a timeframe to maintain continuity of care
2. Ensure that all necessary patient information that is readily available is sent **with** evacuated patient and is readily available during sheltering-in-place *(at least: name, age, DOB, allergies, current med's., diagnoses, reason for admission, blood type, advance directives, next of kin/emergency contacts; no specified means)*

### 3. Defined Communication Plan (3 of 4)

E-Tags: 0029, 0030, 0031, 0032, 0033, 0034, 0035

The [facility] must develop /maintain an EP communication plan ...  
complies with F, S, L laws ... R&U ALA ... and must include ... :

1. Primary and alternate emergency communication system  
*(with staff, Federal, State, tribal, regional and local EM agencies)*
2. “Facilities have discretion”  
*(“However, it is expected that facilities would consider pagers, cellular/ satellite phones, walkie-talkies {radio transceivers}), NOAA Weather radio...”)*
3. Emerg. com’s systems: *(availability, capability, compatibility, affordability):*
  - SHARed RESources (SHARES) HF Radio
  - National Communication System (NCS)
  - Gov’t. Emergency Telecommunications Services (GETS)
  - Telecommunications Service Priority (TSP) Program,
  - Wireless Priority Service (WPS)
  - Amateur (HAM) Radio & “Radio Amateur Civil Emergency Services” (RACES)

### 3. Defined Communication Plan (4 of 4)

E-Tags: 0029, 0030, 0031, 0032, 0033, 0034, 0035

The [facility] must develop /maintain an EP communication plan ...  
complies with F, S, L laws ... R&U ALA ... and must include ... :

**NOTE 1:** “We are allowing facilities flexibility in how they formulate and operationalize the requirements of the communication plan.”

**NOTE 2:** Facilities utilizing electronic data storage ... provide evidence of data back-up with hard copies and the capability to reproduce or access data during emergencies. ... RUALA.

## 4. Training and Testing (1 of 4)

E-Tags: 0036, 0037, 0039

The [facility] must develop /maintain an EP T&T program ... based on {Plan, HVA, CP} ... R&U ALA ... and must include ... :

### 1. Training:

- I. Initial P&P training ... new / existing staff, “contracted” individuals, volunteers, roles-based*
- II. ALA*
- III. Documented*
- IV. Demonstrate knowledge*

### 2. Testing: ...

## 4. Training and Testing (2 of 4)

E-Tags: 0036, 0037, 0039

2. Testing: ... The LTC facility must do all of the following:
  - i. Community-based full scale exercise **OR** *(when not accessible)* a Facility-based **OR** Actual natural / man-made emergency that requires activation *(exempt for 1 year)*



## 4. Training and Testing (3 of 4)

E-Tags: 0036, 0037, 0039

*(cont'd.)*

2. Testing: ... The LTC facility must do all of the following:
  - i. Additional exercise ... not limited to:
    - A. 2nd full-scale exercise *(community or individual based)*  
OR
    - B. (B) Tabletop exercise\*\* *(that includes: discussion, facilitator, narrated, clinically-relevant emergency scenario, problem statements, directed messages or challenging questions)*
  - ii. Analyze facility responses, documentation *(drills, exercises, tabletops, actual events)* ... revise EP plan

## 4. Training and Testing (4 of 4)

E-Tags: 0036, 0037, 0039

**EMAIL**   **From:** Dave Weidner, NJ HCA   **Sent:** Wednesday, 29 Mar  
                  **To:** Erin; Jocelyn; Ray Miller   **Subject:** “Participate” vs. “Plan”

1. *(Consider using an After Action “retrospective analysis” report)*
2. “Drill”: Tests a single function or capability
3. “Exercise”: Multiple agencies ... mirrors real event ... test EP
4. “Community-based hospital exercise”: (IF Medical Surge Capacity  
    **THEN** you must actually establish all components necessary to accept patients)
5. “Facility-based Community-based exercise” (*YOU own “IT”*):  
    1st Responders + Hospital + Other LTCs communities

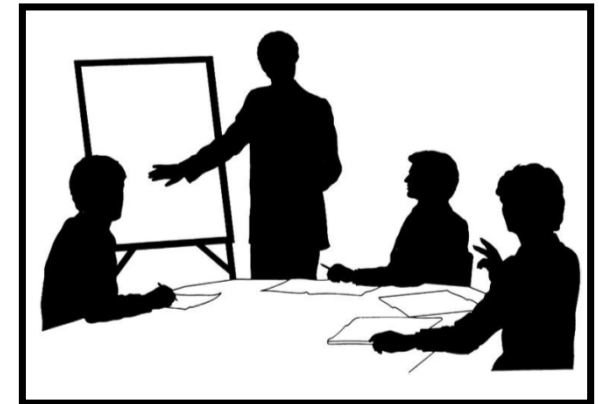
**DAVE:** “CMS encourages LTCs to reach out to Coalitions, but in many areas, LTCs have VERY LIMITED coalition involvement.”

## **\*\* Tabletop Exercises (TTX) (1 of 2)**

**DESIGNED TO CHALLENGE AN EMERGENCY PLAN:** *Group discuss / decide + facilitator + narrated, clinically-relevant emergency scenario + set of problem statements + directed messages (“inserts”) or prepared questions*

---

- 1. SIMULATION:** informal, reduced-stress, discuss/decide
- 2. FOCUSED:** roles, responsibilities, procedures, possibilities, communications, flexibility, TEAM
- 3. INTERACTIVE:** discussion, brainstorming
- 4. PARTICIPANTS:** decision makers (who?)



### **DISADVANTAGES:**

1. Can be superficial
2. Difficult to test staff and system capabilities
3. Tough to simulate staff and system overload

### **ADVANTAGES:**

1. Reality check for the team
2. Good review of plans, procedures, and policies
3. Modest commitment of time, expenses, resources
4. Good team building: Acquaints key staff with responsibilities, procedures, each other

## **\*\* Tabletop Exercises (TTX) (2 of 2)**

### **Time Commitments:**

1. Preparation: < 2 – 8 hrs.
2. Exercise: 2 – 3 hrs.
3. Follow-up: < 3 – 4 hrs.



**Participate with your Coalitions**

## 5. Emergency and Standby Power Systems (1 of 4)

E-Tags: 0041

The [facility] must implement emergency and standby power systems:

LTC facilities must comply with 2012 LSC (101), 2012 HCFC (99), NFPA 110

NFPA 99 requires ... certain LTC facilities to install, maintain, inspect and test an Essential Electric System (EES) where failure of equipment or systems is likely to cause the injury or death of patients or caregivers. The determination for a generator (is based on) the facility's risk assessment and P&P.

An EES includes an alternate power source, distribution system, and associated equipment to ensure continuity of electricity to selected areas and functions during the interruption of normal electrical service.

*The EES alternate source of power for these facility types is typically a generator.*



## 5. Emergency and Standby Power Systems (2 of 4)

E-Tags: 0041

The [facility] must implement emergency and standby power systems:

### **Emergency generator location.**

... new or renovated structures ... generator must be located IAW **1]** the HCFC (*NFPA 99*), **2]** LSC (*NFPA 101*) and **3]** applicable TIAs

### **Emergency generator inspection and testing.**

LTC facilities must implement the emergency power system inspection, testing, and [maintenance] requirements HCFC, NFPA 110, and LSC

### **Emergency generator fuel.**

LTC facilities with an onsite emergency generator fuel source must have a plan for how it will keep emergency power systems operational during the emergency, unless it evacuates. (*IAW NFPA 110*)

## 5. Emergency and Standby Power Systems (3 of 4)

E-Tags: 0041

The [facility] must implement emergency and standby power systems:

Q: What is the frequency of generator testing?

A: NFPA 110, Standard for ESP Systems ... Basic: Generator inspected weekly and test run monthly for 30 min.

“Permanent generators, may be subject to LSC surveys to ensure compliance with LSC provisions ...” (*testing, maintenance*)

**Portable Generator**: NFPA 110 requires ESPS to be permanently attached, therefore portable and mobile generators would not be permitted as an option to provide or supplement emergency power to Hospitals, CAHs or LTCs.

## 5. Emergency and Standby Power Systems (4 of 4)

E-Tags: 0041

The [facility] must implement emergency and standby power systems:

### Survey Procedures – Verify:

1. EP requirements met & P&P in-place
2. Shelter-In-Place and Evacuation plans in-place
3. Construction Renovation – written “relocation plans” in place
4. LTC facilities with generators – Verify:
  - New, altered, renovated or modified generator is located and installed IAW with NFPA 110 and HCFC 99
  - 15 Nov 2016 forward

## 6. Integrated Healthcare Systems (1 of 3)

E-Tags: 0042

If a LTC facility is part of an “integrated healthcare system” *(consisting of multiple separately certified healthcare facilities)* that elects to have a unified and integrated EP program, **the LTC facility may choose to participate** in the healthcare system's coordinate emergency program.

**If elected**, the unified and integrated emergency preparedness program must do all of the following *(5 things)*:

## 6. Integrated Healthcare Systems (2 of 3)

E-Tags: 0042

If elected, the unified and integrated emergency preparedness program must do all of the following (5 things):

1. ... each facility actively participates in the development of the unified and integrated EP program
2. (*program is*) developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered
3. (*program*) Demonstrates that each facility is capable of actively using the program and is in compliance with the program



## 6. Integrated Healthcare Systems (3 of 3)\*

E-Tags: 0042

If elected, the unified and integrated emergency preparedness program must do all of the following (5 things):

4. Include a unified and integrated emergency plan that
  - 1] meets the requirements of 2] is based on and
  - 3] includes documentation of:
    - i. Community-based HVA
    - ii. Facility-based HVA
5. Include integrated P&P, coordinated Communication Plan and Training & Testing

# Agenda – National EP Rule

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**3** | Resources & Basics

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**5** | Evacuation & Shelter-In-Place

**6** | “All Hazards Risk Assessment”

# Resources: Website

## **Downloads:**

[By Name By State Healthcare Coalitions - Updated 7-14-17 \[PDF, 2MB\]](#)

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

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

[Frequently Asked Questions \(FAQs\) Round One \[PDF, 312KB\]](#)

[Frequently Asked Questions \(FAQs\) Round Two Revised 6-1-17 \[PDF, 40KB\]](#)

[Frequently Asked Questions \(FAQs\) Round Three Revised 6-1-17 \[PDF, 35KB\]](#)

[Frequently Asked Questions \(FAQs\) Round Four \[PDF, 24KB\]](#)

[Frequently Asked Questions Round Four Definitions \[PDF, 48KB\]](#)

[General Presentation - Overview of EP \[PPTX, 3MB\]](#)

[Advanced Copy-Emergency Prep Interpretive Guidelines \[PDF, 783KB\]](#)

[Surveyor Tool- EP Tags \[XLSX, 62KB\]](#)

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## **Related Links:**

[ASPR TRACIE - Opens in a new window](#)

[NCDMPH - Opens in a new window](#)

# Resource #1: Optional Self-Assessment Tool

## § 483.73 EMERGENCY PREPAREDNESS REQUIREMENTS FOR LTC FACILITIES • OPTIONAL SELF-ASSESSMENT TOOL



This optional self-assessment tool is patterned on both the Requirements and the Interpretive Guidelines issued by CMS and updated on June 9, 2017. It has been prepared by Direct Supply®TELS® for use by facilities in measuring the level of their policy and procedure alignment with CMS EP requirements.

The LTC facility must comply with all applicable Federal, State and local emergency preparedness requirements. This document does not include state or local requirements; check with your AHJs for details regarding state and local requirements that apply to your facility. The LTC facility must establish and maintain an emergency preparedness program that meets the requirements. The emergency preparedness program must include, but not be limited to, the following elements:

In Progress	In Place	E-Tag	Elements and Tasks	Required Action (responsible party, start date, next check-in)	Date Completed
		0001	The [facility] must comply with all applicable Federal, State and local emergency preparedness requirements. The [facility] must establish and maintain a [comprehensive] emergency preparedness program that meets the requirements of this section.* The emergency preparedness program must include, but not be limited to, the following elements:		
		0004	<b>(a) Emergency plan.</b> The [facility] must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do all of the following:		
		0006	<b>(1)</b> Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing residents.		
		0006	<b>(2)</b> Include strategies for addressing emergency events identified by the risk assessment.		
		0007	<b>(3)</b> Address patient/client 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.		
		0009	<b>(4)</b> 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, including documentation of the facility's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.		
		0015	<b>(b) Policies and procedures.</b> [Facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least annually. At a minimum, the policies and procedures must address the following:		
		0015	<b>(1)</b> The provision of subsistence needs for staff and residents, whether they evacuate or shelter in place, include, but are not limited to the following: <b>(i)</b> Food, water, medical and pharmaceutical supplies.		
		0015	<b>(ii)</b> Alternate sources of energy to maintain: <b>(A)</b> _____ Temperatures to protect resident health and safety and for the safe and sanitary storage of provisions; <b>(B)</b> _____ Emergency lighting; <b>(C)</b> _____ Fire detection, extinguishing, and alarm systems; and <b>(D)</b> _____ Sewage and waste disposal.		

# Resource #2: “Recommended Tool”

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

## **Survey & Certification** *Emergency Preparedness for Every Emergency*

### **EMERGENCY PLANNING CHECKLIST RECOMMENDED TOOL FOR PERSONS IN LONG-TERM CARE FACILITIES & THEIR FAMILY MEMBERS, FRIENDS, PERSONAL CAREGIVERS, GUARDIANS & LONG-TERM CARE OMBUDSMEN**

#### **Part I: For Long-Term Care Residents, Their Family Members, Friends, Personal Caregivers, & Guardians**

Target Date	Date Completed	
		<ul style="list-style-type: none"><li>• <b>Emergency Plan:</b> Prior to any emergency, ask about and become familiar with the facility’s emergency plan, including:<ul style="list-style-type: none"><li>✓ Location of emergency exits</li><li>✓ How alarm system works and modifications for individuals who are hearing and/or visually impaired</li><li>✓ Plans for evacuation, including:<ul style="list-style-type: none"><li>▪ How residents/visitors requiring assistance will be evacuated, if necessary</li><li>▪ How the facility will ensure each resident can be identified during evacuation (e.g., attach identification information to each resident</li></ul></li></ul></li></ul>

# Agenda – National EP Rule

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# Collaboration and Coalitions

## Collaborate With:

1. **MUST:** Local, Tribal, Regional, State, Federal EP officials' efforts to maintain an integrated emergency / disaster event response
2. **CHOICE:** Local Coalitions  
(*HC Coalitions, Response & Recovery community*)  
[By Name By State Healthcare Coalitions - Updated 7-14-17](#)  
(*Reality: High—functioning, Underdeveloped, Absent*)

## Documentation:

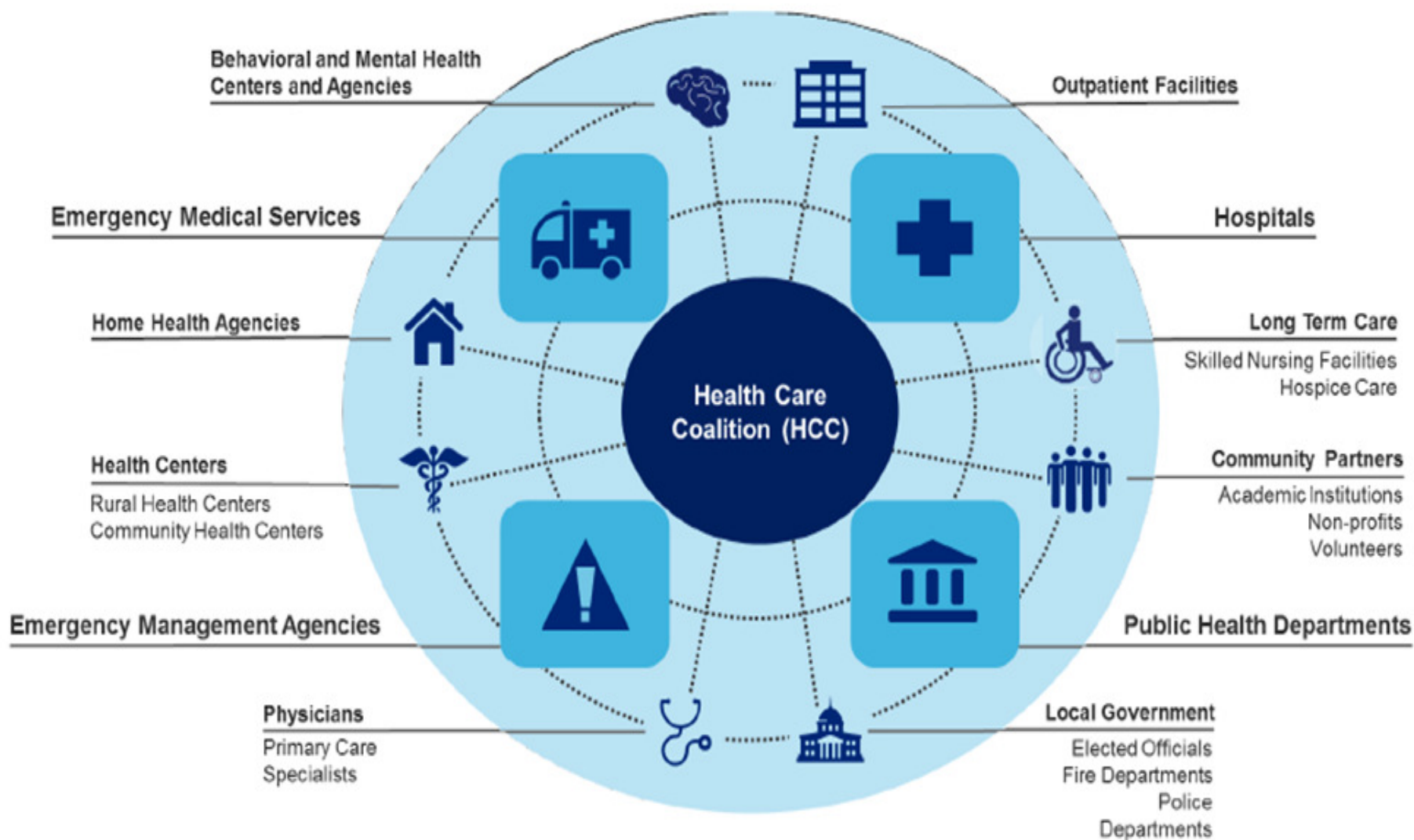
1. Efforts to contact officials
2. Collaborative participation and planning
3. Annual local EP agency contact (*update facility emergency needs*)

## Survey Procedures:

Interview facility leadership ... “describe your process for ensuring cooperation and collaboration with external (stakeholders) to ensure an integrated response ...”



# COALITIONS: Regional HC Preparation, Response and Recovery Community



# Agenda – National EP Rule

- 1** | Background
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# Evacuation and Shelter in Place

## Specific Policies And Procedures

1. **1135 waiver** use and applicability (*declared emergency*)
2. Alternate energy sources (*temps, lighting, fire detection, sewage/disposal*)
3. Communications methods (*primary and alternate*)
4. Resident and staff **subsistence needs** (*food, water, medical supplies*)
5. Use of **volunteers** during an emergency
6. ID/DD Evacuation (must be transferred to other ID/DD providers)
7. All hazards risk assessment and updates/reviews
8. Evacuation and shelter-in-place plans
9. Resident and staff tracking
10. Secure/available medical documentation and records

# 1. 1135 Waivers – Purpose (1 of 4)

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

## **PROVIDER SURVEY AND CERTIFICATION FREQUENTLY ASKED QUESTIONS**

Updated  
03/2017

### **The purposes of a waiver are to ensure that:**

1. Sufficient health care items and services are available
2. Health care providers that are unable to comply with certain requirements, may still be reimbursed and exempted from sanction (absent fraud or abuse).

# 1. 1135 Waivers – Process (2 of 4)

1<sup>st</sup> Pres. declares a major disaster / emergency  
(under the Stafford Act **OR** the National Emergencies Act)

**-AND-**

2<sup>nd</sup> HHS Sec. declares a public health emergency

**-AND-**

3<sup>rd</sup> HHS Sec. grants an 1135 Act-waiver (*federal requirements*)

---

## Examples of 1135 waivers (existing CoPs):

1. Licensure (Physicians / Others) to provide services in the affected State
2. Medicare Advantage out-of-network providers
3. EMTALA (*Emergency Medical Treatment and Labor Act*)
4. HIPAA

**FOR IMMEDIATE RELEASE:** 7 Sept 2017; Contact: HHS Press Office; 202-690-6343; [media@hhs.gov](mailto:media@hhs.gov)  
**HHS Sec. Price declares public health emergency in FL due to Hurricane Irma**

Following the lead of **1]** Pres. Trump's emergency declaration for FL, HHS Sec. Price, M.D., today **2]** declared a public health emergency in the state as Hurricane Irma continues its track toward the FL peninsula. In addition, **3]** he has taken action that gives HHS' CMS beneficiaries and their healthcare providers and suppliers greater flexibility ... (<https://www.phe.gov/emergency/news/healthactions/section1135/Pages/pr-vi-irma-6sept2017.aspx>)

Sec. Tom Price, M.D.: "Hurricane Irma has proven to be highly destructive and poses a significant threat to the health and safety of all Americans in its path. HHS has pre-positioned assets and personnel who can rapidly deploy to assist local responses in FL to Hurricane Irma ..."

Secretary Price declared public health emergencies for Puerto Rico and the U.S. Virgin Islands due to Hurricane Irma on Wednesday. ...

In addition to increasing the flexibility ... HHS has deployed more than 80 personnel to affected areas to help state and local authorities plan and respond ...

Today's declaration ... for FL follows similar public health emergency declarations for TX and LA ... under his authority in the Public Health Service Act and Social Security Act.

These actions and flexibilities are effective retroactively to September 4, 2017.

Public health and safety information for Hurricane Irma can be found at: <https://www.phe.gov/emergency/events/irma2017/Pages/default.aspx>

# 1. 1135 Waivers – P&P (4 of 4)

## Mass Casualty Incident -- Facility P&P should address:

1. In-state licensure requirements are waived
2. When out-of-state care givers arrive, what is an example of P&P that might be necessary?

*“Policies may establish a lead person in charge for accountability and oversight.”*

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**NOTE:** Facilities should also have P&P which address situations in which a **declaration was not** made; (e.g. disaster affecting **1 facility**; (e.g. **1]** potential resident transfers **2]** timelines of residents at alternate facilities)

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**Survey Procedures:** *“Verify the facility EP P&P describing the facility’s role in providing care and treatment at alternate care sites under an 1135 waiver.”*



## 4. Subsistence (§ 483.73(b)(1)) (1 of 2)

LTC facilities are required to provide subsistence needs for staff and residents ... evacuate or shelter in place, including, but not limited to:

1. Food, water, medical and pharmaceutical supplies
2. Alternate sources of energy/electrical power\*\*  
*Emergency and Standby Power Systems*
3. Safe and sanitary storage of such provisions

\*\*Subsistence Needs (*include, but are not limited to*): food, water, medical and pharmaceutical supplies, alternate sources of energy to maintain: temperatures to protect patient/resident health and safety and sanitary storage of provisions; emergency lighting; fire detection, extinguishing, and alarm systems; and sewage and waste disposal.

## 4. Subsistence (§ 483.73(b)(1)) *(2 of 2)*

LTC facilities are required to provide subsistence needs for staff and residents ... evacuate or shelter in place, including, but not limited to:

**NOTE:** “A LTC facility may decide to relocate residents to a part of the facility, such as a dining or activities room, where the facility can maintain the proper temperature requirements rather than the maintaining temperature within the entire facility. It is up to each facility to make emergency power system decisions based on its HVA and EP Plan.”

## 5. Use of volunteers during an emergency (1 of 3)

1. During an emergency ... volunteers ... with varying levels of skills and training ... P&P in place to facilitate this *(a means to shelter in place for volunteers who remain in the [facility])*
2. Scope of practice and training ... necessary privileging and credentialing
3. Non-medical volunteers = non-medical tasks
4. Flexibility BUT IAW State law and scope of practice rules AND facility policy

## 5. Use of volunteers during an emergency (2 of 3)

### 5. “Federally Designated Health Care Professionals”

*(Public Health Service {PHS} staff, National Disaster Medical System {NDMS} medical teams, Department of Defense {DOD} Nurse Corps, Medical Reserve Corps {MRC})*

### 6. Personnel federally designated Health Professional Shortage Areas {HPSAs}

*(licensed primary care medical, dental, and mental/behavioral health professionals)*

### 7. Facilities are encouraged to integrate State-established volunteer registries, and where possible, State-based Emergency System for Advanced Registration of Volunteer Health Professionals {ESAR-VHP}.

# Agenda – National EP Rule

- 1** | Background
- 2** | Components
- 3** | Resources & Basics
- 4** | Collaboration & Coalitions
- 5** | Evacuation & Shelter-In-Place
- 6** | “All Hazards Risk Assessment”

## Risk Assessment: All-Hazards Risk Approach *(1 of 6)*

\*[For LTC facilities at §483.73(a)(1):]

Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be R&UALA. 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

## Risk Assessment: All-Hazards Risk Approach (3 of 6)

1. **Purpose:** Identify and document potential loss scenarios  
(resulting in EP plan gap analysis)
2. **Methodology:** Mission-critical capacities and capabilities ...  
full spectrum of emergencies/disasters, (*internal, man-made, natural*)
3. **Facility-Specific:** Geography; residents; type; surrounding  
community assets [*i.e. rural, metropolitan area*]
4. **All-encompassing:** Care-related, equipment/power failures,  
communications interruptions (*including cyber-attacks*), partial/full  
facility loss; supply interruptions (*essentials/water/food*)
5. **Broad-spectrum:** Not “individual threat specific”; ensures  
providers will have capacity to address broad range of events



# Risk Assessment: All-Hazards Risk Approach (5 of 6)

## How To

- > “Universal” LTC threats: *(listed)*
- > “Unique” Facility Threats: determine
  1. Potential impact threats
  2. Geographic location, hx; proximity to structures, operations, transport corridors, etc.
  3. Determine hazards and vulnerabilities for county and surrounding areas (contact CEMD)

PROBABILITY	RISK	PREPAREDNESS	TOTAL
3=HIGH	5=LIFE THREAT		
2=MEDIUM	4=HEALTH/SAFETY	3=POOR	
1=LOW	3=HIGH DISRUPTION	2=FAIR	PXRXP
0=NONE	2=MODERATE DISRUPTION	1=GOOD	
	1=LOW DISRUPTION	N/A=NOT APPLICABLE	
	0= NO DISRUPTION		

**HAZARD VULNERABILITY ASSESSMENT TOOL**

EVENT	PROBABILITY	RISK	PREPAREDNESS	TOTAL
	3-HIGH	5-LIFE THREAT		
	2-MEDIUM	4-HEALTH/SAFETY	3-POOR	
	1-LOW	3-HIGH DISRUPTION	2-FAIR	PXRXP
	0-NONE	2-MODERATE DISRUPTION	1-GOOD	
		1-LOW DISRUPTION	N/A=NOT APPLICABLE	
		0- NO DISRUPTION		
<b>NATURAL EVENTS</b>				
Hurricane wind				0
Tornado				0
Severe thunderstorm				0
Snowfall				0
Blizzard				0
Ice storm				0
Earthquake				0
Temperature extremes				0
Drought				0
Flood, external				0
Wildfire				0
Landslide				0
Epidemic/pandemic				0
Dam failure				0
Explosion/munitions				0
Nuclear power plant incident				0
<b>HUMAN EVENTS</b>				
Elapement				0
Workplace violence				0
Security threat				0
HazMat exposure, external				0
Terrorism, chemical				0
Terrorism, biological				0
Hostage situation				0
Civil disturbance/community				0
Labor action				0
Bomb threat				0
<b>OTHER EVENTS</b>				
Fire, internal				0
Electrical failure				0
Generator failure				0
Transportation failure				0
Fuel shortage				0
Natural gas failure				0
Water failure				0
Sewer failure				0
Steam failure				0
Fire alarm failure				0
Communications failure				0
Medical gas failure				0
Medical vacuum failure				0
HVAC failure				0
Information system failure				0
Flood, internal				0
HazMat exposure, internal				0
Unavailability of supplier				0
Structural damage				0
Other				0
<b>Top Hazards Identified to Address in Facility Plan</b>				
	Hazard	Total		

Instructions
Hazardous Areas
HVA Tool

# IN CLOSING: Implementation Strategies: (1 of 2)

## A. Review / Evaluation Strategies:

1. ... Existing EP plan *(Consistent with AHRA)*
2. ... Consistent organizational EP practices *(facility protocols AND national standards)*
3. ... Designated EP committee members
4. ... EP inclusion in QAPI committee *(EP regulatory compliance)*
5. ... Update EP Plan *(annually / as necessary)*
6. ... Training curriculum *(Meets the facility EP requirements)*
7. ... EP Plan implementation *(consistently meets expected standards)*
8. ... QAPI-driven Process Improvement *(PIP's used for identified areas)*

## IN CLOSING: Implementation Strategies: (2 of 2)

### **B. Education Strategies:**

1. EP training provided as per Plan to all Staff
2. All Staff are aware of AND practices EP roles and responsibilities
3. Evaluation/comment is actively sought from staff

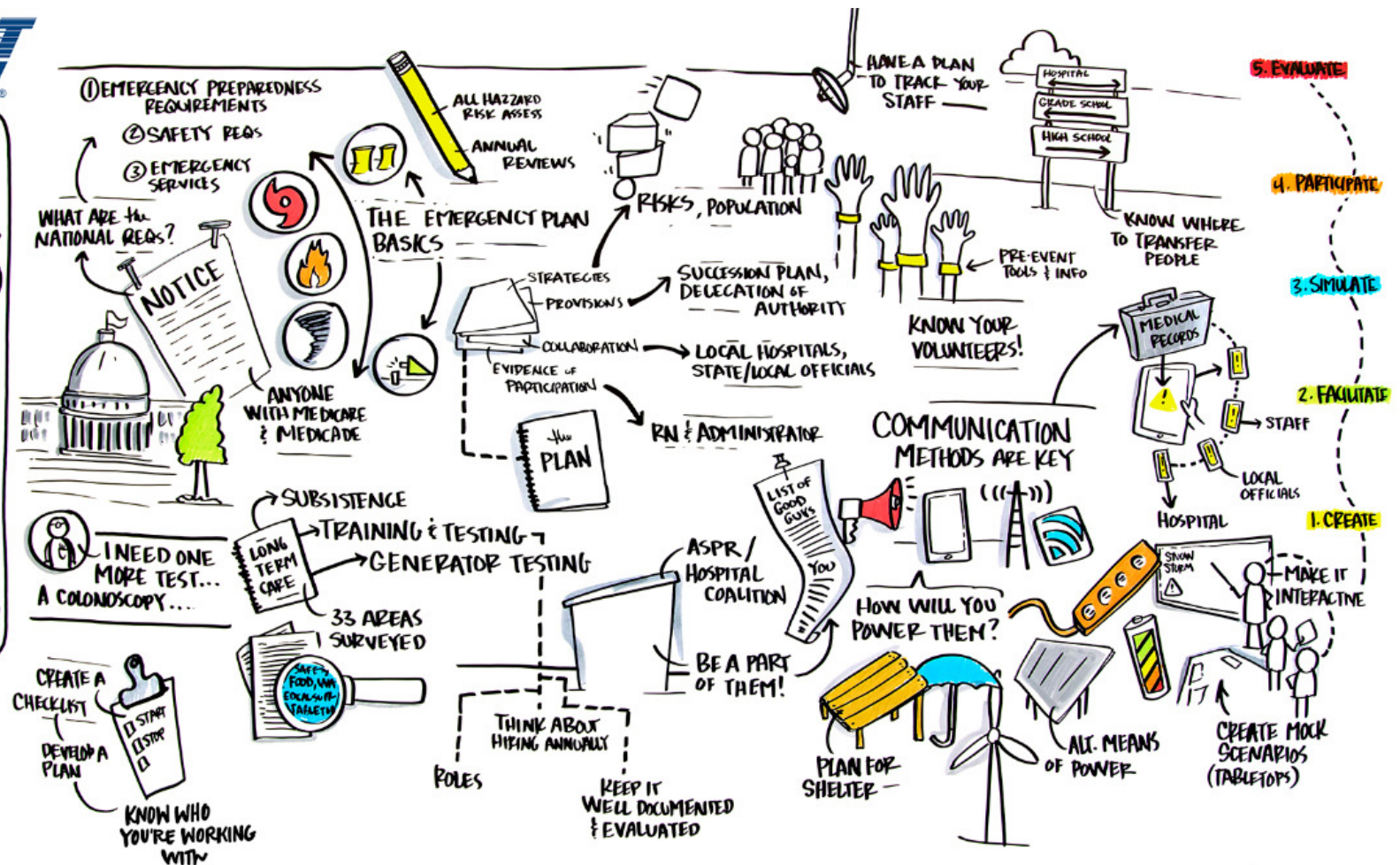
### **C. Tips: Collaborate with other providers and partners:**

1. State associations, QIOs, hospitals, etc.
2. Share ideas, trainings, resources
3. Capture opportunities for coordination

# Agenda – National EP Rule

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REGULATIONS  
— for —  
DISASTER  
AND  
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