**ACTION BRIEF:**

**CMS EMERGENCY PREPAREDNESS REGULATION**

**Being Emergency Ready § 483.73 (b) POLICIES AND PROCEDURES (P&P)**

**HIGHLIGHTS: Overview**

The purpose of this document is to help centers be ready to respond effectively to emergencies and be “survey ready” by November 15, 2017 when they will be expected to be full compliance with the new CMS regulations for emergency preparedness in long term care facilities. This action brief discusses tips for updating policies and procedures related to emergency preparedness.

**REVIEW & ACTION: Implementation and Tips**

Be aware that LTC facilities must develop and implement P&Ps based on their risk assessment (see Action Brief on Risk Assessment) and emergency plan.

CMS differentiates between P&Ps from operating guidelines in the following way: Policies are a formal, definite method or course of action to be adhered to with procedures to spell out the actions needed to meet the regulation. Operating guidelines such as checklists, may be incorporated into the P&Ps but cannot take the place.

P&Ps at a minimum must address:

* Subsistence needs for residents and staff whether evacuating or sheltering in place
* Food water medical and pharmaceutical supplies
* Alternate sources of energy to maintain temperatures to protect health and safety of residents and safe storage of provisions
	+ Emergency lighting
	+ Fire detection and extinguishing and alarms
* Sewage and waste disposal
* System to track residents and on-duty staff during and after emergency including relocation sites if evacuated
* Safe evacuation included care and communication along the way, identification of relocation sites, staff responsibilities, and transportation
* Means to shelter in place for residents, staff and volunteers who remain in facility
* System of medical documentation that secures and preserves resident info and protects confidentiality while maintaining availability
* Use of volunteers or other emergency staffing strategies during surge events
* Arrangements with other LTC facilities and providers to receive residents if needed
* Role of the LTC facility under an 1135 Waiver declared by the Secretary, for care and treatment at an alternate care site identified by emergency management officials

What to KNow

* Gather an emergency preparedness or safety committee to help you review your current policies and procedures and evaluate how they will need to be revised
* While CMS does not specify an amount for subsistence needs, be sure your supplies enable you to sustain operations for a reasonable number of days as indicated by your risk assessment.
* Evaluate your alternate sources of energy and develop a plan to keep the temps in your center safe during power outages. CMS says this may not require a generator that supports your full HVAC system, unless that is the only way you maintain the temps, lights, and fire safety systems. Make sure you have a plan for temperature sensitive medications.
* Address the unique needs of your residents in terms of the needs fo an alternate energy source. Do you serve power-dependent residents (i.e. ventilator, pumps, airflow beds)? If so make sure your plan describes how you will maintain their safety until power is restored or they are evacuated.
* New regs require a plan for sewage and waste but do not specify how this is done. Consider how many days your plan says you will shelter in place, and decide on ways to maintain sanitary conditions. This could be done through bagging and storing, port a pots, arrangements with outside vendors or response partners.
* Evacuation can happen to any facility. Your P&Ps should address all the elements outlined earlier in this brief. Consider using the Nursing Home Incident Command system for staff responsibilities, as it is not person-specific, but rather allows for anyone who is available and trained to step into the many different roles required in an evacuation. It also gives you a shared language with local response partners.
* Meet with local LTC centers and response authorities to develop or learn about the local systems for relocating residents, sharing transportation, receiving and sending critical communications, and coordinating shared resources such as ambulances. This is also an opportunity to agree on the arrangements for accepting evacuated residents in terms of admission status, resources that will be sent, payment, and other details.
* Sheltering in place (SIP) is less stressful than evacuation for LTC residents, provided the center can sustain good care. Your risk assessment will indicate what hazards you are most likely to face where SIP might be a viable option. Focus on what you can reasonable do to be prepared to sustain good care during an emergency, and for how long.
* Review your systems for preservation of medical records, sharing critical care info with receiving facilities, and preserving confidentiality under HIPPA during emergencies.

**RESOURCES**

**Shelter-in-place** <http://www.azhca.org/files/2013/10/SIP_Guidebook_Final.pdf>

**National Criteria for Evacuation Decision-Making in Nursing Homes** <https://www.ahcancal.org/facility_operations/disaster_planning/documents/nationalcriteriaevacuationdecisionmaking.pdf>

**Evacuation-Resident Transportation Assessment** <http://www.azhca.org/files/2013/10/ResidentTransportationAssessmentForm.pdf>

**Communications Plan**

<https://www.ahcancal.org/facility_operations/disaster_planning/Documents/EP%20Comm%20and%20Media%20Plan.pdf>

**CMS Emergency Preparedness Checklist**

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-14-12.pdf>

**CAHF Disaster Preparedness Multiple Policy and Procedure Resources**

<http://www.cahfdisasterprep.com/>