

Implementation Guide

Emergency Preparedness

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Emergency Preparedness Implementation Checklist

Purpose and Intent of Medicare and Medicaid Programs; Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers

The Final Rule for Emergency Preparedness, published September 16, 2016 applies to all provider types with an implementation date of November 15, 2017.

§ 483.73 Emergency preparedness. 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 that meets the requirements of this section.

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

Emergency Plan - The LTC 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:

- (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, or Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the LTC facility's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.

RISK ASSESSMENT AND PLANNING – all providers must develop an emergency plan using all hazards approach, plan and identify in advance essential functions and who is responsible in a crisis.

- Hazards likely in geographic area
- Care-related emergencies
- Equipment and Power failures

- Interruption in Communications, including cyber attacks
- Loss of all/portion of facility
- Loss of all/portion of supplies
- Plan is to be reviewed and updated at least annually

POLICIES AND PROCEDURES

The LTC facility 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:

- (1) The provision of subsistence needs for staff and residents, whether they evacuate or shelter in place, include, but are not limited to the following:
 - (i) Food, water, medical, and pharmaceutical supplies.
 - (ii) Alternate sources of energy to maintain-- (A) Temperatures to protect resident health and safety and for the safe and sanitary storage of provisions; (B) Emergency lighting; (C) Fire detection, extinguishing, and alarm systems; and (D) Sewage and waste disposal.
- (2) A system to track the location of on-duty staff and sheltered residents in the LTC facility's care during and after an emergency. If on-duty staff and sheltered residents are relocated during the emergency, the LTC facility must document the specific name and location of the receiving facility or other location.
- (3) Safe evacuation from the LTC facility, which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s); and primary and alternate means of communication with external sources of assistance.
- (4) A means to shelter in place for residents, staff, and volunteers who remain in the LTC facility.
- (5) A system of medical documentation that preserves resident information, protects confidentiality of resident information, and secures and maintains the availability of records.
- (6) The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State or Federally designated health care professionals to address surge needs during an emergency.

(7) The development of arrangements with other LTC facilities and other providers to receive residents in the event of limitations or cessation of operations to maintain the continuity of services to LTC residents.

(8) The role of the LTC facility under a waiver declared by the Secretary, in accordance with section 1135 of the Act, in the provision of care and treatment at an alternate care site identified by emergency management officials.

COMMUNICATION PLAN

The LTC facility must develop and maintain an emergency preparedness communication plan that complies with Federal, State, and local laws and must be reviewed and updated at least annually. The communication plan must include all of the following:

- (1) Names and contact information for the following:
 - i. Staff
 - ii. Entities providing services under arrangement
 - iii. Residents' physicians
 - iv. Other LTC facilities
 - v. Volunteers
- (2) Contact information for the following:
 - i. Federal, State, tribal, regional, or local emergency preparedness staff.
 - ii. The State Licensing and Certification Agency.
 - iii. The Office of the State Long-Term Care Ombudsman.
 - iv. Other sources of assistance.
- (3) Primary and alternate means for communicating with the following:
 - i. LTC facility's staff.
 - ii. Federal, State, tribal, regional, or local emergency management agencies.
- (4) A method for sharing information and medical documentation for residents under the LTC facility's care, as necessary, with other health care providers to maintain the continuity of care.
- (5) A means, in the event of an evacuation, to release resident information as permitted under 45 CFR 164.510(b)(1)(ii).
- (6) A means of providing information about the general condition and location of residents under the facility's care as permitted under 45 CFR 164.510(b)(4).

(7) A means of providing information about the LTC facility's occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee.

(8) A method for sharing information from the emergency plan that the facility has determined is appropriate with residents and their families or representatives.

TRAINING AND TESTING PROGRAM

The LTC facility must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least annually.

(1) *Training program.* The LTC facility must do all of the following:

- i. Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles.
- ii. Provide emergency preparedness training at least annually.
- iii. Maintain documentation of the training.
- iv. Demonstrate staff knowledge of emergency procedures.

(2) *Testing.* The LTC facility must conduct exercises to test the emergency plan at least annually, including unannounced staff drills using the emergency procedures. The LTC facility must do the following:

- i. Participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based. If the LTC facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the LTC facility is exempt from engaging in a community-based or individual, facility-based full-scale exercise for 1 year following the onset of the actual event.
- ii. Conduct an additional exercise that may include, but is not limited to the following:
 - a. A second full-scale exercise that is community-based or individual, facility-based.
 - b. 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.

- iii. Analyze the LTC facility's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the LTC facility's emergency plan, as needed.

The “Medicare and Medicaid Programs; Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers” Final Rule (81 FR 63860, Sept. 16, 2016) (“Final Rule”) establishes national emergency preparedness requirements for participating providers and certified suppliers to plan adequately for both natural and man-made disasters, and coordinate with Federal, state, tribal, regional and local emergency preparedness systems.

The Final Rule also assists providers and suppliers to adequately prepare to meet the needs of patients, clients, residents, and participants during disasters and emergency situations, striving to provide consistent requirements across provider and supplier-types, with some variations. The new emergency preparedness Final Rule is based primarily off of the hospital emergency preparedness Condition of Participation (CoP) as a general guide for the remaining providers and suppliers, then tailored based to address the differences and or unique needs of the other providers and suppliers (e.g. inpatient versus out-patient providers).

The requirements are focused on three key essentials necessary for maintaining access to healthcare during disasters or emergencies: safeguarding human resources, maintaining business continuity, and protecting physical resources. The interpretive guidelines and survey procedures in this appendix have been developed to support the adoption of a standard all-hazards emergency preparedness program for all certified providers and suppliers while similarly including appropriate adjustments to address the unique differences of the other providers and suppliers and their patients.

Successful adoption of these requirements will enable all providers and suppliers wherever they are located to better anticipate and plan for needs, rapidly respond as a facility, as well as integrate with local public health and emergency management agencies and healthcare coalitions’ response activities and rapidly recover following the disaster.

Survey Protocol

These Conditions of Participation (CoP), Conditions for Coverage (CfC), Conditions for Certification and Requirements follow the standard survey protocols currently in place for each facility type and will be assessed during initial, revalidation, recertification and complaint surveys as appropriate. Compliance with the Emergency Preparedness requirements will be determined in conjunction with the existing survey process for health and safety compliance surveys or Life Safety Code (LSC) surveys for each provider and supplier type – which includes long term care facilities.

The full interpretive guidance is available at <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/Advanced-Copy-SOM-Appendix-Z-EP-IGs.pdf> .

Definitions

- **Emergency/Disaster:** An event that can affect the facility internally as well as the overall target population or the community at large or community or a geographic area.
- **Emergency:** A hazard impact causing adverse physical, social, psychological, economic or political effects that challenges the ability to respond rapidly and effectively. It requires a stepped-up capacity and capability (call-back procedures, mutual aid, etc.) to meet the expected outcome, and commonly requires change from routine management methods to an incident command process to achieve the expected outcome (see “disaster” for important contrast between the two terms). *Reference: Assistant Secretary for Preparedness and Response (ASPR) 2017-2022 Health Care Preparedness and Response Capabilities Document (ICDRM/GWU Emergency Management Glossary of Terms) (November 2016).*
- **Disaster:** A hazard impact causing adverse physical, social, psychological, economic or political effects that challenges the ability to respond rapidly and effectively. Despite a stepped-up capacity and capability (call-back procedures, mutual aid, etc.) and change from routine management methods to an incident command/management process, the outcome is lower than expected compared with a smaller scale or lower magnitude impact (see “emergency” for important contrast between the two terms). *Reference: Assistant Secretary for Preparedness and Response (ASPR) 2017-2022 Health Care Preparedness and Response Capabilities Document (ICDRM/GWU Emergency Management Glossary of Terms) (November 2016).*
- **Emergency Preparedness Program:** The Emergency Preparedness Program describes a facility’s comprehensive approach to meeting the health, safety and security needs of the facility, its staff, their patient population and community prior to, during and after an emergency or disaster. The program encompasses four core elements: an Emergency Plan that is based on a Risk Assessment and incorporates an all hazards approach; Policies and Procedures; Communication Plan; and the Training and Testing Program.
- **Emergency Plan:** An emergency plan provides the framework for the emergency preparedness program. The emergency plan is developed based on facility- and community-based risk assessments that assist a facility in anticipating and addressing facility, patient, staff and community needs and support continuity of business operations.
- **All-Hazards Approach:** An all-hazards approach is an integrated approach to emergency preparedness that focuses on identifying hazards and developing emergency preparedness capacities and capabilities that can address those as well as a wide spectrum of emergencies or disasters. This approach includes preparedness for natural, man-made, and

or facility emergencies that may include but is 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. All facilities must develop an all-hazards emergency preparedness program and plan.

- **Facility-Based:** We consider the term “facility-based” to mean the emergency preparedness program is specific to the facility. It includes but is not limited to hazards specific to a facility based on its geographic location; dependent patient/resident/client and community population; facility type and potential surrounding community assets- i.e. rural area versus a large metropolitan area.
- **Risk Assessment:** The term risk assessment describes a process facilities use to assess and document potential hazards that are likely to impact their geographical region, community, facility and patient population and identify gaps and challenges that should be considered and addressed in developing the emergency preparedness program. The term risk assessment is meant to be comprehensive, and may include a variety of methods to assess and document potential hazards and their impacts. The healthcare industry has also referred to risk assessments as a Hazard Vulnerability Assessments or Analysis (HVA) as a type of risk assessment commonly used in the healthcare industry.
- **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).
- **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.
- **Staff:** The term "staff" refers to all individuals that are employed directly by a facility. The phrase "individuals providing services under arrangement" means services furnished under arrangement that are subject to a written contract conforming with the requirements specified in section 1861(w) of the Act.

Suggested Checklist For Implementation

Regulation	Recommended Actions
<p>§ 483.73 Emergency preparedness. 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 that meets the requirements of this section. The emergency preparedness program must include, but not be limited to, the following elements:</p> <p>(a)Emergency plan. The LTC 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:</p> <p>(1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing residents.</p> <p>(2) Include strategies for addressing emergency events identified by the risk assessment.</p> <p>(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.</p> <p>(4) Include a process for cooperation and collaboration with local, tribal, regional, State, or Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the LTC facility's efforts to contact such officials and, when applicable, of its</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Review and update emergency preparedness plan to incorporate all four core elements. Incorporate contact information for all key partners, Incorporate local Emergency management agency information and contacts <input type="checkbox"/> Link EP plan to facility assessment <input type="checkbox"/> Develop an emergency plan based on a risk assessment. <input type="checkbox"/> Perform risk assessment using an “all-hazards” approach, focusing on capacities and capabilities. <input type="checkbox"/> Update emergency plan at least annually. <input type="checkbox"/> Plan must be based on a documented risk assessment using an “all hazards approach. <input type="checkbox"/> The plan must: <ul style="list-style-type: none"> 2) Include strategies to address events identified in the risk assessment, plans for evacuating or sheltering in place, working with other providers in the area. 3) Address patient population; continuity of operations; succession planning. 4) A process for cooperation/collaboration with local, tribal, regional, state or Federal EP officials to ensure an integrated response. <p>The rule to allows a provider that is part of a healthcare system consisting of multiple separately certified</p>



participation in collaborative and cooperative planning efforts.

healthcare facilities to have one unified and integrated emergency preparedness program. The integrated emergency plan and policies and procedures must be developed in a manner that takes into account each separately certified facility's unique circumstances, patient populations, services offered. In addition, a risk assessment must be conducted for each separately certified facility within the system.

- ☐ 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. 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.**

(b) Policies and procedures. The LTC facility 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:

(1) The provision of subsistence needs for staff and residents, whether they evacuate or shelter in place, include, but are not limited to the following:

(i) Food, water, medical, and pharmaceutical supplies.

(ii) Alternate sources of energy to maintain -

(A) Temperatures to protect resident health and safety and for the safe and sanitary storage of provisions;

(B) Emergency lighting;

(C) Fire detection, extinguishing, and alarm systems; and

(D) Sewage and waste disposal.

(2) A system to track the location of on-duty staff and sheltered residents in the LTC facility's care during and after an emergency. If on-duty staff and sheltered residents are relocated during the emergency, the LTC facility must document the specific name and location of the receiving facility or other location.

(3) Safe evacuation from the LTC facility, which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s); and primary and alternate means of

- ☐ 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, and procedures for sheltering in place, tracking patients and staff during an emergency. Ensure specific details are included in your plan.
- ☐ Review and update policies and procedures at least annually.
- ☐ Policies and procedures must be based on the risk assessment and the emergency plan must address (highlights/full list in the regulations)
 - provision of sub-sis-ten-ce needs, alternate energy sources, sewage and waste disposal, procedures for evacuating or sheltering in place
 - system to track location of staff and patients (accurate, readily available, shareable)
 - safe evacuation considerations (i.e. if you had to evacuate your facility, how would you ensure residents were sent to the appropriate level of care? Which residents could be moved using buses of some description and which residents need ambulance transport? How do you know which type of transportation is needed?)
 - Care and treatment needs, transportation, ID evacuation location
 - means to shelter in place (be specific as to the locations within your facility where you would shelter in place)
 - consider ability of building to survive a disaster and proactive steps that can be taken prior to an emergency

<p>communication with external sources of assistance.</p> <p>(4) A means to shelter in place for residents, staff, and volunteers who remain in the LTC facility.</p> <p>(5) A system of medical documentation that preserves resident information, protects confidentiality of resident information, and secures and maintains the availability of records.</p> <p>(6) The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State or Federally designated health care professionals to address surge needs during an emergency.</p> <p>(7) The development of arrangements with other LTC facilities and other providers to receive residents in the event of limitations or cessation of operations to maintain the continuity of services to LTC residents.</p> <p>(8) The role of the LTC facility under a waiver declared by the Secretary, in accordance with section 1135 of the Act, in the provision of care and treatment at an alternate care site identified by emergency management officials.</p>	<p>--system to preserve medical documentation (ensures confidentiality in compliance with HIPAA) and electronic medical records</p> <p>--use of volunteers and role of State and Federal Health Officials (suggest use of Medical Reserve Corps – ensure members are screened and trained in advance) (are there systems for emergency credentialing to licensed volunteers? How would you ensure during a disaster that someone who presents as an MD or RN actually holds that medical license? Would a Federal or State level disaster declaration change your volunteer credentialing? It's best to have these issues answered in advance,</p> <p>--Arrangements with other providers to receive patients in the event of limitation or cessation of operations as well as a method for sharing medical documentation with the receiving provider. (MOU or LOA for admitting and helping/ assistance during emergencies – roles, responsibilities, etc.)</p> <p><input type="checkbox"/> Add to Facility Assessment as applicable</p> <p><input type="checkbox"/> Update orientation program and annual education requirements</p> <p><input type="checkbox"/> Develop specific emergent/hazards policies and procedures – i.e. storms, weather, bomb threats, community, etc.</p> <p><input type="checkbox"/> Develop HIPAA policies and procedures related to transferring of patient information between entities</p>
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(c)Communication plan. The LTC facility must develop and maintain an emergency preparedness communication plan that complies with Federal, State, and local laws and must be reviewed and updated at least annually. The communication plan must include all of the following:

(1) Names and contact information for the following:

- (i)** Staff.
- (ii)** Entities providing services under arrangement.
- (iii)** Residents' physicians.
- (iv)** Other LTC facilities.
- (v)** Volunteers.

(2) Contact information for the following:

- (i)** Federal, State, tribal, regional, or local emergency preparedness staff.
- (ii)** The State Licensing and Certification Agency.
- (iii)** The Office of the State Long-Term Care Ombudsman.
- (iv)** Other sources of assistance.

(3) Primary and alternate means for communicating with the following:

- (i)** LTC facility's staff.
- (ii)** Federal, State, tribal, regional, or local emergency management agencies.

(4) A method for sharing information and medical documentation for residents under the LTC facility's care, as necessary, with other health care providers to maintain the continuity of care.

- ☐ Develop a communication plan that complies with both Federal and State laws. Remember land lines and cell phones may not be accessible during an emergency – determine a third level of emergent communication.
- ☐ Coordinate patient care within the facility, across health care providers, and with state and local public health departments and emergency management systems.
- ☐ Communication process for evacuating your facility for any reason - clear and regular communication with the health & medical lead agency at your local emergency operations center. Communication process for why you are evacuating, where your residents and staff are evacuating to, the routes you're taking to get there, the number of residents involved, their specific acuity levels, the number of staff evacuating with residents, and any assistance needed along the way or once you've arrived. Communication process for arrival at the evacuation site(s), your local health & medical lead agency may refer you to a similar organization in the local area for assistance.
- ☐ Communication plan for sharing information with residents and resident representatives.
- ☐ Review and update plan annually.
- ☐ The Communication Plan must include
 - names and contact info for staff, other hospitals, volunteers, State and local EP officials
 - There also must be primary and alternate means of communicating

<p>(5) A means, in the event of an evacuation, to release resident information as permitted under 45 CFR 164.510(b)(1)(ii).</p> <p>(6) A means of providing information about the general condition and location of residents under the facility's care as permitted under 45 CFR 164.510(b)(4).</p> <p>(7) A means of providing information about the LTC facility's occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee.</p> <p>(8) A method for sharing information from the emergency plan that the facility has determined is appropriate with residents and their families or representatives.</p>	<p>with staff identified as well as how to contact EP officials and emergency management agencies</p> <p>--method to share medical records and patient information including general condition and location</p> <p><input type="checkbox"/> Add to Facility Assessment as applicable</p> <p><input type="checkbox"/> Update orientation program and annual education requirements</p>
<p>(d) Training and testing. The LTC facility must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least annually.</p> <p>(1) Training program. The LTC facility must do all of the following:</p> <p>(i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles.</p> <p>(ii) Provide emergency preparedness training at least annually.</p> <p>(iii) Maintain documentation of the training.</p>	<p><input type="checkbox"/> Develop and maintain training and testing programs, including initial training in policies and procedures.</p> <p><input type="checkbox"/> Demonstrate knowledge of emergency procedures and provide training at least annually.</p> <p><input type="checkbox"/> Conduct drills and exercises to test the emergency plan.</p> <p><input type="checkbox"/> Facilities are expected to meet all Training and Testing Requirements by the implementation date (11/15/17).</p> <p><input type="checkbox"/> Add to Facility Assessment as applicable</p> <p><input type="checkbox"/> Update orientation program and annual education requirements</p> <p><input type="checkbox"/> Participation in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based exercise.</p>



<p>(iv) Demonstrate staff knowledge of emergency procedures.</p> <p>(2) Testing. The LTC facility must conduct exercises to test the emergency plan at least annually, including unannounced staff drills using the emergency procedures. The LTC facility must do the following:</p> <p>(i) Participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based. If the LTC facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the LTC facility is exempt from engaging in a community-based or individual, facility-based full-scale exercise for 1 year following the onset of the actual event.</p> <p>(ii) Conduct an additional exercise that may include, but is not limited to the following:</p> <p>(A) A second full-scale exercise that is community-based or individual, facility-based.</p> <p>(B) 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.</p> <p>(iii) Analyze the LTC facility's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the LTC facility's emergency plan, as needed.</p>	<ul style="list-style-type: none"><input type="checkbox"/> Conduct an additional exercise that may include, but is not limited to the following:<input type="checkbox"/> A second full-scale exercise that is individual, facility-based.<input type="checkbox"/> 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.<input type="checkbox"/> Providers are required to conduct two testing exercises annually; one community based full-scale exercise and one additional exercise of their choice. In the event that a provider experiences an actual emergency that tests their plan, they would be exempt from the requirement for a community based full-scale exercise for one year following the emergency event.<input type="checkbox"/> The regulation does allow for some flexibility for training and testing. For example, we require providers to conduct one community-based full-scale exercise and a second exercise of their choice. This will hopefully afford providers the flexibility to determine which testing exercise is most beneficial to them as they consider their specific needs.<input type="checkbox"/> --<u>Full-Scale Exercise</u>: (Per CMS) For purposes of the requirement for a community-based full-scale exercise, we expect facilities to simulate an anticipated response to an emergency
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	<p>involving their actual operations and the community.</p> <p>This would involve the creation of scenarios, the engagement and education of personnel, and mock patients/victims. In addition, this would include the involvement of other providers, suppliers, and community emergency response agencies.</p> <p>The intention of this requirement is to not only assess the feasibility of a provider's emergency plan through testing, but also to encourage providers to become engaged in their community and promote a more coordinated response within the facility, across health care providers, and with State and local public health departments and emergency systems.</p> <p><u>When a community-based full-scale exercise is not available:</u> Per CMS “We understand that participation in a community based full-scale exercise may not always be feasible or readily accessible. Therefore, if a community-based full-scale exercise is not feasible, the requirement does provide providers with the flexibility to conduct a testing exercise that is based on the individual facility”</p>
<p>(e)Emergency and standby power systems. The LTC facility must implement <u>emergency</u> and standby power systems based on the <u>emergency plan</u> set forth in <u>paragraph (a)</u> of this section.</p> <p>(1)Emergency generator location. The generator must be located in accordance with the location <u>requirements</u> found in the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-</p>	<p><input type="checkbox"/> Review and update policies and procedures to incorporate power systems</p> <p><input type="checkbox"/> Add to facility assessment and maintenance program</p>

<p>5, and TIA 12-6), Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4), and NFPA 110, when a new structure is built or when an existing structure or building is renovated.</p> <p>(2)Emergency generator inspection and testing. The LTC facility must implement the <u>emergency</u> power system inspection, testing, and maintenance <u>requirements</u> found in the Health Care Facilities Code, NFPA 110, and Life Safety Code.</p> <p>(3)Emergency generator fuel. LTC facilities that maintain an onsite fuel source to power <u>emergency</u> generators must have a <u>plan</u> for how it will keep <u>emergency</u> power systems operational during the <u>emergency</u>, unless it evacuates.</p>	
<p>(f)Integrated healthcare systems. If a LTC facility is part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated <u>emergency</u> preparedness program, the LTC facility may choose to participate in the healthcare system's coordinated <u>emergency</u> preparedness program. If elected, the unified and integrated <u>emergency</u> preparedness program must do all of the following:</p> <p>(1) Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated <u>emergency</u> preparedness program.</p> <p>(2) Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, <u>patient</u> populations, and <u>services</u> offered.</p> <p>(3) Demonstrate that each separately certified facility is capable of actively using the unified and</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Establish a corporate level emergency preparedness committee chaired by someone from executive leadership and hold meetings at least quarterly <input type="checkbox"/> Ensure active attendance and participation from key staff at all participating healthcare facilities — <input type="checkbox"/> Maintain detailed records of meeting agendas, meeting minutes, and formal presentations of each meeting <input type="checkbox"/> Add to Facility Assessment as applicable <input type="checkbox"/> Update orientation program and annual education requirements



integrated emergency preparedness program and is in compliance with the program.

(4) Include a unified and integrated emergency plan that meets the requirements of paragraphs (a)(2), (3), and (4) of this section. The unified and integrated emergency plan must also be based on and include -

(i) A documented community-based risk assessment, utilizing an all-hazards approach.

(ii) A documented individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach.

(5) Include integrated policies and procedures that meet the requirements set forth in paragraph (b) of this section, a coordinated communication plan and training and testing programs that meet the requirements of paragraphs (c) and (d) of this section, respectively.

- Providers can 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>