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Speaker Information – Bio

- NF Co-owner and Licensed Nursing Home Administrator
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Disclosure
Kenneth Daily, LNHA, Life Safety and Emergency Preparedness Specialist
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• No conflicts of interest

Learning Objectives

• Review the CMS Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers.
• Review CMS Appendix Z emergency preparedness guidance to surveyors.
• Discuss disaster mitigation actions that can either prevent the occurrence of a disaster or reduce the severity of its effects.
• Review completing a hazard vulnerability analysis tool and how to develop a facility policies based on facility priorities.
• Discuss response actions taken to implement a facility’s plans including Incident Command System which reduces injuries, chaos and promotes collaboration and interoperability with first responders.
CMS Actions

• September 2016, CMS released FINAL disaster rule, Emergency Preparedness Standards for Medicare and Medicaid Participating Providers and Suppliers

• Providers had one-year to comply and the requirements with enforcement beginning November 15, 2017
Application

- Hospitals
- Critical Access Hospitals
- Ambulatory Surgical Centers
- Religious Nonmedical Health Care Institutions
- Psychiatric Residential Treatment providers
- Long-Term Care providers
- Intermediate Care providers for Individuals with Intellectual Disabilities
- Comprehensive Outpatient Rehabilitation providers
- End-Stage Renal Disease providers
- Rural Health Clinics and Qualified Health Centers
- Home Health Agencies
- Hospice
- Organ Procurement Organizations
- Programs of All-Inclusive Care for the Elderly
- Transplant Centers
Disaster Cycle

**Mitigation** - Minimizing the effects of disaster. Examples: building/LSC

**Preparedness** - Planning how to respond including preparedness plans; emergency exercises/training; warning systems

**Response** - Efforts to minimize the hazards; Examples: search and rescue; emergency relief

**Recovery** - Returning the community to normal; providing care, rebuilding, return to normal or better

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**Emergencies vs. Disasters**

**EMERGENCY** = A hazard causing adverse physical, social, psychological, economic or operational effects that challenge the ability to respond rapidly, requiring stepped-up capacity and capability to meet the expected outcome

***... requiring a change from routine management to incident command***

**DISASTER** = An emergency with greater magnitude, longer duration and generally lower outcomes which exceeds an organization’s resources
Appendix Z

• Because the individual regulations for each specific provider and supplier share a majority of standard provisions, we have developed this Appendix Z to provide consistent interpretive guidance and survey procedures located in a single document.

E Tags (Leading Tags in Red)

• 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 providers
• E-0026 Roles under a Waiver Declared by Secretary
E - Tags (Leading Tags in Red)

- 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

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E-004 - Emergency Plan

- The format of the emergency preparedness plan that a facility uses is at its discretion
- Facility-based disasters that include but are not limited to:
  - Equipment and utility failures, including electricity, sewer, gas, water, etc.
  - Interruptions in communication
  - Cyber-attacks
  - Loss of all or portion of a facility
  - Interruptions to the normal operations such as weather, missing resident, etc.

I think we must need to update our disaster recovery plan. This one suggests we all run around in circles shouting “What do we do?!? What do we do?!”

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E-006: Hazard Vulnerability Analysis

Be based on and include a documented, facility and community-based risk assessment, utilizing an all-hazards approach capable of evaluating risk associated with a specific hazard and defined in terms of:

- probability & frequency of occurrence
- magnitude & severity
- exposure & consequences
- preparedness

Vulnerability equals hazard/threat probability plus severity minus prepared response

\[ V = P_b + S - Pr \]
E-013: Policies and Procedures

• Expected to align with the identified hazards within the facility’s risk assessment and the facility’s overall emergency preparedness program

• Review the written policies and procedures which address the facility’s emergency plan and verify the following:
  • Policies and procedures were developed based on the facility- and community- based risk assessment and communication plan, utilizing an all-hazards approach
  • Ask to see documentation that verifies the policies and procedures have been reviewed and updated on an annual basis
E-015: Policies and Procedures

- Policies and procedures must address alternate sources of energy to maintain the following
  - Temperatures to protect resident health and safety
  - Emergency lighting
  - Fire detection, extinguishing, and alarm systems
  - Sewage and waste disposal
- Alternate sources of energy depend on the resources available to a facility, such as battery-operated lights, generator, etc.
- Providers must be able to provide for adequate subsistence for all residents and staff for the duration of an emergency whether they evacuate or shelter in place, including: food, water, medical and pharmaceutical supplies

Pharmacy Role

- Institutional Pharmacies should:
  1. Review Emergency Preparedness requirements and understand the impacts to affected providers
  2. Recognize how disasters and responses may affect drug supply
  3. Create a pharmacy disaster strategy for themselves and providers
  4. Identify essential medications and necessary supplies
  5. Establish a staff training program to enhance understanding and implementation of response
E-029: Communication Plan

• CMS expects providers to develop and maintain an emergency preparedness communication plan
• Patient care must be well-coordinated within the facility, and with state and local public health departments and emergency management agencies
• Providers in rural or remote areas with limited connectivity to communication methodologies such as the Internet, World Wide Web, or cellular capabilities need to ensure their communication plan addresses how they would communicate and comply with this requirement in the absence of these communication methodologies.
E-034: Incident Command System

- Incident Command System is a management system designed to enable effective and efficient incident management by integrating a combination of providers, equipment, personnel, procedures, and communications operating within a common organizational structure.

- Once an event is identified, the highest ranking facility staff member assumes the role of Incident Commander position who has the responsibility at that moment to declare the emergency and put facility plans in motion.
ICS ...

- Common Terminology
- Modular Organization
- Management by Objectives
- Reliance on an Incident Action Plan (IAP)
- Chain of command & unity of command
- Unified Command
- Manageable span of control
- Pre-designated incident locations & facilities
- Resource Management
- Information & Intelligence Management
- Integrated Communications
- Transfer of Command
- Accountability
- Mobilization

E-025: MOU/Transfer Agreements

- Providers should identify other providers and suppliers that may be helpful in emergencies such as medical suppliers, transportation services, housing and staffing
- The arrangements should be in writing, such as Memorandums of Understanding (MOUs) and Transfer Agreements, in order to demonstrate compliance
E - 0026: Roles under Waiver Declaration

- For 1135 waivers, a facility is to demonstrate in writing it has policy which addresses the general awareness of the 1135 process
- There is no specific form or document template.
- Surveyors verify that the facility has a policy and procedure to address who to contact (i.e., contact information) in the event an 1135 waiver needs to be requested and the facility’s role in the provision of care and treatment at an alternate care site identified by emergency management officials.

E-024: Use of Volunteers

- The use of volunteers and role for integration of State and Federally designated health care professionals (Medical Reserve Corps (MRC))
- There are four cardinal rules for deploying the MRC and volunteers:
  - Ensure volunteer is appropriately credentialed and performs no service greater than their capabilities
  - The MRC unit is deployed only through a request to the MRC Unit Coordinator/Director
  - Volunteers will not self-deploy
  - No unauthorized organizations or other should ever deploy volunteers directly
- Non-medical volunteers would perform non-medical tasks
E-041: Emergency Power System

Must implement the emergency power system inspection, testing, and maintenance requirements found in the NFPA 99 Health Care providers Code, NFPA 110, and Life Safety Code

Emergency power systems (Essential Electrical System (EES))
- An EES includes an alternate source of power, distribution system, and associated equipment. The EES alternate source of power for these facility types is typically a generator
- Emergency preparedness policies and procedures
- NFPA 99 contains emergency power requirements for emergency lighting, fire detection systems, extinguishing systems, and alarm systems

E-037: Training Program

Preparedness training and testing program must reflect the risks identified in the facility’s risk assessment and be included in their emergency plan

Training refers education and instruction to staff, contractors, and facility volunteers to ensure all individuals are aware of the emergency preparedness program
E-039: Exercises

- Conduct two or more exercises to test the emergency plan at annually
- May include unannounced drills using the emergency procedures
- Participate in exercises that are either community-based or facility-based
- A tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan

The four core elements for a facility emergency preparedness plan are:
A. Evacuation, Shelter-in-Place, Communications, Training
B. Hazard Vulnerability, Communications, Policies, Training
C. Hazard Vulnerability, Evacuation, Shelter-in-Place, Training
D. Communications, Policies, Training
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C. Hazard Vulnerability, Evacuation, Shelter-in-Place, Training
D. Communications, Policies, Training

Incident Command System is only used for natural disasters?
A. True
B. False
Incident Command System is only used for natural disasters?

A. True  
B. False

Providers should address specific aspects of emergency preparedness including:

A. Use of volunteers in an emergency  
B. Communications both internal and external  
C. Every year conduct staff training and exercises  
D. None of the above  
E. All of the above
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C. Every year conduct staff training and exercises
D. None of the above
E. All of the above
References

• Medicare and Medicaid Programs; Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers Final Rule, Published 81 Fed. Reg. 63860, September 16, 2016
• State Operations Manual Appendix Z- Emergency Preparedness for All Provider and Certified Supplier Types - Interpretive Guidance
• SCG Emergency Prep Website: https://www.cms.gov/Medicare/Provider-and-Certification/SurveyCertEmergPrep/index.html


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