Emergency Preparedness Toolkit

Introduction

**Emergency Preparedness Toolkit**

**Introduction**

Welcome to the Emergency Preparedness Toolkit for long term care facilities. As providers of post-acute care, very high priority is given to the lives and safety of residents, staff, and community members during natural, man-made, and technical hazard situations. Fire safety drills and weather-related drills are common within our facilities, but preparedness for a multitude of disasters and corresponding drills focusing on the modern-day realities of emergencies such as an active shooter, pandemic, or a wide-spread infection are some of many emergencies or disasters that a facility must prepare for.

On September 8, 2016 CMS published in the Federal Register the Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers Final Rule. The regulation became effective November 16, 2016. Health care providers and suppliers affected by this rule were to be compliant and implement all regulations one year after the effective date, on November 15, 2017. (CMS Emergency Preparedness Rule)

In February 2019, CMS added “emerging infectious diseases” (EID) to the definition of all-hazards approach in Appendix Z. CMS determined it was critical for facilities to include planning for infectious diseases within their emergency preparedness program.

The “Burden Reduction Final Rule” was issued in September 2019 and was implemented November 29, 2019. The purpose of the Rule was to stablish national emergency preparedness requirements to ensure adequate planning for both natural and man-made disasters, and coordination with federal, state, tribal, regional and local emergency preparedness systems.

The following information is now in effect upon publication of the final rule:

* The Requirements will apply to all 17 provider and supplier types.
  + Sixteen of the 17 health care providers had the frequency of reviewing their emergency preparedness plan reduced from annually to every 2 years. The only health care provider required to complete an annual review was long term care facilities.
* Each provider and supplier will have its own set of Emergency Preparedness regulations incorporated into its set of conditions or requirements for certification.
* Must be in compliance with Emergency Preparedness regulations to participate in the Medicare or Medicaid program. The below downloadable sections will provide additional information, such as the background and overview of the final rule and related resources.

The COVID-19 Public Health Emergency (PHE) has brought a further need for emergency preparedness to be a priority in all health care settings. Numerous updates to the Emergency Preparedness Rule were initiated as a result of the pandemic.

Just as Health and Safety requirements have a set of F-tags and Life Safety Code (LSC) requirements have a set of K-Tags that are utilized for citations, the Emergency Preparedness requirements have a set of E-Tags. State survey agencies have discretion as to whether Health and Safety or LSC surveyors will conduct the emergency preparedness surveys.

Appendix Z requires long term care providers to demonstrate they have conducted a facility-specific risk assessment to identify potential hazards via an all-hazard approach; have written a detailed emergency preparedness plan; have established and revised as necessary policies and procedures; and have performed training and testing of the emergency preparedness plan with facility staff and partners in the community.

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 CMS final rule outlines 4 core elements of an Emergency Preparedness Program:

* **Risk Assessment and Emergency Planning**
  + Develop an emergency preparedness plan based on facility and community risk assessments and utilizing an all hazards approach - addressing patient populations, services offered for continuity of operations and succession plans.
* **Policies and Procedures**
  + Develop emergency preparedness policies and procedures based on risk assessment, communication plan and the emergency plan – while coordinated with the facility assessment. Need to address subsistence needs, resident tracking, evacuation process and shelter in place, protection of medical information and documentation, and arrangements with other community providers in the event of evacuation or resident transfer.
* **Communication Plan**
  + Develop an emergency preparedness plan which addresses a comprehensive communication plan that complies with federal, state and local laws; the communication plan must include contact information for relevant partners, processes for the exchange of resident information and primary and alternate means of communication.
* **Training and Testing**
  + Develop an emergency preparedness training and testing program based on the risk assessment, communication plan and emergency plan; annual training for all staff on all emergency preparedness policies and procedures; conduct and participate in two annual exercises – one of which must be a full scale community based exercise.

This toolkit is designed to walk long term care providers through the 4 core elements: giving you definitions, templates, tools, best practices, and additional resource sites to produce plans for your unique risks.

Sound, timely planning is the foundation for effective emergency management. A coordinated response is essential. The best plans are not created in isolation. An internal team with representation from all departments and all levels of staff -- in true Quality Assurance and Performance Improvement (QAPI) fashion – will produce a better result. Early in the planning process, the team should also reach out to local, county/parish, tribal, regional, state, and federal coalitions, which are called Health Care Coalitions (HCC).

Health Care Coalitions are groups of local health care and responder organizations that work together on challenges and find solutions that improve emergency preparedness and the health and safety of their communities. HCCs reflect the unique needs and features of their local areas. They help health care facilities to plan, organize, equip, train, exercise, and evaluate the health care system preparedness in their regions.

There are numerous coalitions in each state, in which they have resources, tools and can help in developing an Emergency Preparedness Plan as well as assist with the testing and training requirements. Start here to identify state contact information: <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Resources/State-resources>

Insurance carriers are also excellent sources of emergency planning materials, including a variety of checklists and templates based upon best practices and sound stewardship to protect both lives and property.

Emergency Preparedness is an on-going process. Leadership must make it a priority and not only support team members’ time to complete the task but also eliminate roadblocks to success. The team will prioritize the creation, the review, and the revision tasks. The regulation itself requires upon-hire and annual training as well as annual plan reviews, and twice-yearly drills. Feedback and analysis are key components for effective plans, action, and recovery. Systems -- well-designed and well-practiced -- will give staff, residents, and the community confidence in the facility’s ability to respond in times of emergency.

**Resources and References:**

The Centers for Medicare and Medicaid Services Emergency Preparedness Rule Resource Site: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule>

Updated Guidance for Emergency Preparedness-Appendix Z of the State Operations Manual (SOM) Ref: QSO-21-15-ALL <https://www.cms.gov/files/document/qso-20-41-all-revised-05262022.pdf>

Revisions to the State Operations Manual (SOM) Appendix Z – Emergency Preparedness Transmittal: 204 issued April 16, 2021 <https://www.cms.gov/files/document/r204soma.pdf>

The Centers for Medicare and Medicaid Services. Health Care Coalitions. <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Resources/State-resources>

Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17) Advance Copy, 2022: <https://www.cms.gov/files/document/appendix-pp-guidance-surveyor-long-term-care-facilities.pdf>

*Pathway Health Services, Inc. and the purchaser/end user, shall each indemnify and hold the other harmless from any claim or cause of action arising out of, or in connection with, the indemnifying party’s acts or omissions under this manual, including the acts of its agents and employees, and from any loss or expense or attorneys’ fees and court costs arising out of any claim or cause of action.*