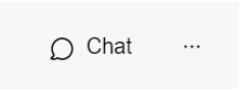
Emergency Preparedness & Appendix Z

Lunch & Learn
March 8, 2022

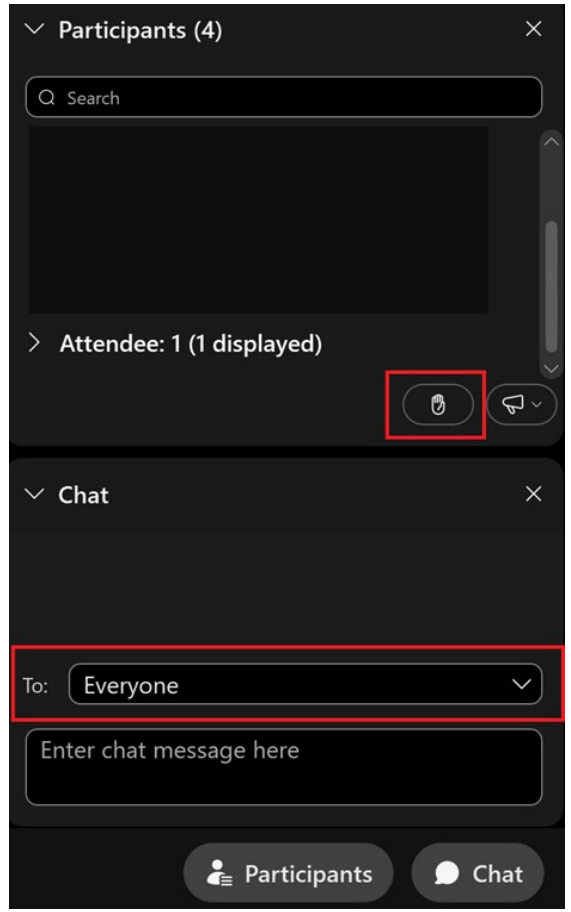
Agenda

- Welcome and Housekeeping – Lindsey Krueger
- Emergency Preparedness Overview - Evaluation Team Supervisors Jodi Johnson and Jessica Chenze
- Q & A – Bob Dehler/Lindsey Krueger
- Closing and Reminder for Next Week's Event— Lindsey Krueger

How to Ask a Question

- **Participants are muted.**
- **To ask a question** Click on the chat bubble 

to open the chat, select Everyone, and ask a question. Please note that questions sent to panelists directly will not be answered as individual chat boxes are not checked.
- **We will answer** as many questions as we can at the end of the presentation.
- **Please be respectful.**



Why did this Rule get implemented?

- September 11th Terrorist Attacks
- 2005's Hurricane Katrina
- Ebola
- Zika
- COVID-19 Pandemic

Disaster Examples

How Might an Emergency Affect a Health Care Provider?

- Need for additional health care personnel
- Shortages in medical equipment
- Lack of clarity regarding authorities
- Need for evacuation planning
- Emergency funding & payment challenges

Natural Disasters

- Earthquakes in Mexico
- Hurricanes in Texas, Florida, Puerto Rico and several Islands
- Severe weather
- Flooding - This is a threat right here in Minnesota EVERY year!
- Fires - This is always a threat anywhere (it is unpredictable!)

Emergency Management Phases

- Hazard Identification: Providers must use an “all hazards” approach identifying any hazards that may affect them in their location.
- Hazard Mitigation: Activities taken to eliminate or reduce the probability of an event or reduce its severity or consequences.
- Preparedness: Addresses how the provider or supplier will meet the needs of patients & includes staff training for the emergency plan, testing the plan and revising the plan.
- Response: Response activities address the immediate and short-term effects of an emergency.
- Recovery: Implemented to help return the facility to its usual state or “new normal”.

Purpose of the Final Emergency Preparedness Rule

Rule Addresses 3 Key Health Care Services:

- Safeguard Human Resources
- Maintain Business Continuity
- Protect Physical Resources

Goals of the Final Emergency Preparedness Rule

- Increase patient safety during emergencies
- Establish consistent emergency preparedness requirements across provider and supplier types
- Establish a more coordinated response to natural and man-made disasters

Risk Assessment & Emergency Planning

- Development of an emergency plan based on a risk assessment
- Perform risk assessment using an all-hazards approach, focusing on capacities & capabilities
- Update the emergency plan at least annually

What is All-Hazards? An all-hazards approach might include:

- Hazards likely in the geographic area specific to location of the provider
- Care related emergencies
- Equipment & power failures
- Interruption in communication such as cyberattacks
- Loss of a portion or all a facility
- Loss of a portion or all supplies
- Interruptions in the normal supply of essentials such as food & water

Policies & Procedures (P&P)

- Develop and implement P&P based on the facility's emergency plan and risk assessment.
- Ensure P&P address a range of issues including subsistence needs, evacuation plans, procedures for sheltering in place, and tracking patients and staff during an emergency.
- Review and update P&P at least annually.
- Providers must have a Communication Plan (system to contact appropriate staff to ensure timely, safe and effective care)
    a. The communication plan must comply with State & Federal laws
    b. The plan must ensure coordination of patient care within the facility, across health care providers and with State & Local public health and emergency management systems
    c. Must be reviewed and updated annually

Testing & Training

- Health care workers MUST know how to implement the plan.
- Facilities must offer staff training for emergency preparedness and an opportunity to demonstrate knowledge of the emergency plan.
- Components of the training should include:
  - Development and maintenance of training & testing programs, including initial training for staff to Policies and Procedures
  - Ensure staff demonstrate knowledge of emergency procedures and training should be provided at LEAST annually
  - Drills and exercises must be conducted to test the emergency plan
  - Facilities must develop and maintain an emergency preparedness training & testing program based on the emergency plan, risk assessment, polices & procedures, and communication plan

Community & Facility Based Assessments

- Facilities must document both risk assessments - **facility and community based.**
- Community based risk assessments ensure facilities collaborate with other entities within their community to promote an integrated response to emergency events.
- CMS allows facilities to adopt community-based risk assessments developed by other entities, the local public health agency in conjunction with their own facility-based assessment. In these cases, facilities must maintain a copy of the community-based risk assessment and collaborate with the entity that developed it to make sure their facility plan is in alignment.

The emergency plan must be based on and include documented facility and community-based risk assessments, utilizing the all-hazards approach, to include strategies for addressing emergency events identified by the risk assessment.

Patient & Client Populations

A facility's emergency plan must address the resident population including:

- Persons at risk
- Types of services the facility must be able to provide in an emergency
- How to maintain continuity of operations
- Delegations of authority & succession plans

At Risk Population

At risk populations include individuals who need help in one or more of these functional areas:

- Maintaining independence
- Communication
- Transportation
- Supervision
- Medical care

At risk populations might include elderly, residents in nursing homes, or those within assisted living facilities. Additional categories may include persons who speak another language, are from diverse cultures, lack transportation, have chronic medical conditions, or who have pharmacologic dependencies.

Continuity of Operations: Focus is on Continuity vs Recovery of Operations

In addition to facility and community-based risk assessments, other elements to be considered to ensure continuity of operations include:

- Essential personnel
- Essential functions & critical resources
- Vital records & IT data protection
- Alternate facility identification & location
- Financial resources

Facility Plan

- Must address how they will collaborate with Federal, State, local, tribal & regional emergency preparedness officials.
- State & local emergency planning authorities are responsible for ensuring a coordinated disaster preparedness response.
- Facilities MUST document their efforts to collaborate with these officials in planning for an integrated emergency response.
- A facility's plan should follow guidelines set forth by the NFPA (National Fire Protection Agency).

Minimum Requirements to Include in P&P

- Subsistence needs for staff/residents (food, water, medical & pharmaceutical supplies, and alternate energy sources)
- A system to track the location of on-duty staff and residents
- Safe evacuation from the shelter
- A means to shelter in place
- A system of medical documentation
- How to use volunteers in an emergency
- Arrangements with other facilities
- The role of the facility under a waiver declared by the secretary of DHS

Survey Procedures: Subsistence Needs

- Subsistence provisions including food, water, medical, and pharmaceutical supplies for patients and staff
- Adequate alternate energy sources to maintain:
  - Temperatures to protect patient/resident health & safety, and safe and sanitary storage of provisions
  - Emergency lighting
  - Fire detection, extinguishing, and alarm systems
  - Sewage & waste disposal

Alternate Energy Sources

- This rule does NOT require facilities to have or install generators or any other specific type of energy source. Each facility must determine the most appropriate alternate energy source to maintain safe temperatures, emergency lighting, fire detection & extinguishing, alarm systems and sewage & waste disposal.
- Facilities MUST utilize alternate sources of energy in accordance with local and state laws.

Evacuations & Sheltering in Place

- Emergency preparedness P&P must address safe evacuation from the facility including Triaging systems
- Care and treatment of residents
- Transportation
- Identification of evacuation locations
- Primary and alternate means of communication with external sources of assistance

Shelter in Place

- The facility's emergency plan must address a means to shelter in place for residents, staff, and volunteers who remain in the facility that aligns with the facility's risk assessment.
- Facilities should plan to shelter all persons who remain in the facility in the event an evacuation cannot be executed and sheltering in place is considered a safe practice.

Resources for Assistance

- The communication plan must include contact information for Federal, State, tribal, regional or local emergency preparedness staff and other sources for assistance.
- Facilities may format this information in a manner of their choosing; however, it must be readily accessible by leadership during an emergency. CMS encourages facilities to maintain contact lists in both electronic and hard-copy format to ensure their availability in the event of a network system failure.
- Facilities MUST review and update all contact information at least annually.

Patient Information: Sharing & Releasing

- The facility's communication method must ensure the information necessary to provide resident care accompanies an evacuated resident to the next provider of care AND is readily available for residents being sheltered in place.
- Although the regulation does not stipulate specific timelines, CMS expects that during an evacuation, facilities will provide information in a timeframe that allows the receiving facility to administer effective care and treatment with no delay.
- The HIPPA Privacy Rule - Title 45 Subpart E - Privacy of individually identifiable health information, section 164.510 includes: **"uses and disclosures for disaster relief purposes".** Which allows facilities to disclose certain patient information in conjunction with disaster relief efforts to notify family members, personal representatives, or certain others of a patient's location or general condition.

Sharing Emergency Plan Information

- The communication plan for LTC facilities must include a method for sharing information that the facility has determined as appropriate from the emergency plan with residents, clients, and their families or representatives.
- Facilities have flexibility in deciding what information from the emergency plan they will share, as well as the timing and way to disseminate the information.
- CMS does NOT specify how facilities must meet this part of the requirement but recommends a quick fact sheet or informational brochure.

Testing Required Annually

- The facility must conduct exercises to test the emergency plan at least annually.
- Assisted Living Facilities must include unannounced staff drills using emergency procedures in their annual testing.
- Facilities must participate in a full-scale community-based exercise or, when one is not accessible, an individual facility-based exercise. (**If a facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, they are exempt from a community based or individual facility-based, full-scale exercise for one year - if they document an after-action report.**)

Unified and Integrated Emergency Preparedness

If a health care system consisting of multiple, separately certified health care facilities elects to have a unified and integrated emergency preparedness program, facilities that are part of the system may choose to participate in the system's coordinated emergency preparedness program.

Questions?

Upcoming Presentations

March 15th
11:30 a.m. to 12:30 p.m.

on Risk Assessment

Thank you.

Assisted Living Licensure Team

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