SUMMARY
- This final rule establishes national emergency preparedness requirements for Medicare and Medicaid participating providers and suppliers to plan adequately for both natural and man-made disasters, and coordinate with federal, state, tribal, regional, and local emergency preparedness systems.
- It will also assist providers and suppliers to adequately prepare to meet the needs of patients, residents, clients, and participants during disasters and emergency situations.
- Regulations will provide consistent emergency preparedness requirements, enhance patient safety during emergencies for persons served by Medicare and Medicaid participating facilities, and establish a more coordinated and defined response to natural and man-made disasters.

IMPORTANT DATES
- Effective date 60 days after the publication in the Federal Register
- Publication set for September 16, 2016
- Estimated effective date November 16, 2016
- Implementation date November 15, 2017
PURPOSE

- Emergency Preparedness requirements do not go far enough in ensuring that those providers and suppliers are equipped and prepared to help protect those they serve during emergencies and disasters.
- Current requirements are not comprehensive enough to address the complexities of actual emergencies.
- The final rule issues emergency preparedness requirements that establish a comprehensive, consistent, flexible, and dynamic approach to emergency preparedness and response that incorporates the lessons learned from the past, combined with the proven best practices of the present.

MAJOR PROVISIONS

- Three key essentials that are necessary for maintaining access to healthcare services during emergencies:
  - Safeguarding human resources
  - Maintaining business continuity
  - Protecting physical resources

FOUR ELEMENTS OF THE EMERGENCY PREPAREDNESS PROGRAM

- Risk Assessment and Emergency Planning
- Policies and Procedures
- Communication Plan
- Training and Testing
ELEMENTS OF THE PROGRAM

1. Risk Assessment and Emergency Planning
   - Facilities will be required to perform a risk assessment that uses an “all hazards” approach prior to establishing an emergency plan.
   - Assessment will be used to identify essential components of the emergency plan.

ALL HAZARDS APPROACH

- 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.
- Specific to the location of the provider or supplier.
- Considers the particular types of hazards most likely to occur in your area.

POTENTIAL HAZARDS

- Care-related emergencies
- Equipment and power failures
- Interruptions in communications, including cyber-attacks
- Loss of a portion or all of a facility
- Interruptions in the normal supply of essentials, i.e., water and food
ELEMENTS OF THE PROGRAM

2. Policies and Procedures
   - Facility required to develop and implement policies and procedures that support the successful execution of the emergency plan and risks identified during the risk assessment process.

3. Communication Plan
   - Facilities required to develop and maintain a communication plan that complies with both federal and state law.
   - Patient care must be well-coordinated within the facility, across healthcare providers, and with state and local public health departments and emergency management agencies and systems to protect patient health and safety in the event of a disaster.

   - Must have a system to contact appropriate staff, patients' treating physicians, and other necessary persons in a timely manner to ensure continuation of patient care functions throughout the facilities and to ensure that these functions are carried out in a safe and effective manner.
ELEMENTS OF THE PROGRAM

4. Training and Testing
   - Facility required to develop and maintain an emergency preparedness training and testing program
     - Well-organized
   - Include training for new and existing staff in emergency preparedness policies and procedures
   - Annual training - staff demonstrate knowledge of emergency procedures
   - Conduct drills and exercises to test emergency plan to identify gaps and areas for improvement

REQUIREMENTS FOR LONG TERM CARE FACILITIES

- The Emergency preparedness requirements for LTC Facilities will use the requirements for hospitals with two exceptions
  - LTC Facilities must account for missing residents; and
  - LTC facilities must develop an emergency preparedness communication plan, including a method to share information from the emergency plan that is deemed appropriate for residents and families.

CHANGES FROM PROPOSED RULE

- Planning and Testing Process Involvement - No requirement to share information with stakeholders or LTC Ombudsman representatives
- Clarify that tracking during and after the emergency applies to on-duty staff and sheltered residents
- Clarify that the facility must develop a means, in the event of an evacuation, to release patient information as permitted by law
- “Community mock disaster drill” is now “full-scale exercise”
- Removed requirement for additional generator testing
**CHANGES FROM PROPOSED RULE**

- Removed the requirement for LTC facilities to have onsite treatment of sewage or to be responsible for public services.
- Removed the requirement for an additional 4 hours of generator testing and by clarifying that LTC facilities must meet the requirements of NFPA 99, 2012 edition and NFPA 110, 2010 edition.
- Added the ability for a separately certified LTC facility within a healthcare system to elect to be a part of the healthcare system’s emergency preparedness program.

**CHANGES FROM PROPOSED RULE**

- Facilities are encouraged to coordinate with other facilities in their geographic area to determine if their arrangements with any service provider are realistic, i.e., transportation. Full-scale exercise should provide facilities with the opportunity to test their emergency plans and determine if they need to include multiple options for services and whether those services have been coordinated.
- Training requirement does not limit training types to within the facility only, i.e., video demonstration, webinar, etc. This allows for group training.
- Other minor word changes and clarifications.

**CMS COST IMPLEMENTATION ESTIMATES**

- Development of a Risk Assessment
  - Total hours - 8 (ADM 4, DON 2, Maintenance/Facilities Director 2)
  - Cost - $692

- Development of an Emergency Plan
  - Total hours - 12 (ADM 6, DON 3, Maintenance/Facilities Director 3)
  - Cost - $1,038

- Development of Policies and Procedures
  - Total hours - 10 (ADM 4, DON 3, Maintenance/Facilities Director 3)
  - Cost - $868

- Assumptions:
  - Administrator & DON $85
  - Maintenance/Facilities Administrator $91
CMS COST IMPLEMENTATION ESTIMATES

- Annual Review of Policies and Procedures
  - Total hours - 6 (Administrator 3, DON 3)
  - Cost - $510
- Conduct Training
  - Total hours - 10 (Administrator 2, DON 8)
  - Cost - $850
- Conduct Training Exercise
  - Total hours - 5 (Administrator 1, DON 4)
  - Cost - $425
- Assumptions:
  - Administrator & DON $85

- Total
  - Total hours - 51 (Administrator 20, DON 23, Maintenance/Facilities Director 8)
  - Cost - $4,383 (Administrator $1,700; DON $1,955; Maintenance/Facilities Director $728)

483.73 EMERGENCY PREPAREDNESS - SUBSISTENCE

- Facilities to provide subsistence needs for staff and residents, whether they evacuate or shelter in place, including but not limited to, food, water, and medical supplies alternate sources of energy for the provision of electrical power, and maintenance of temperatures for the safe and sanitary storage of such provisions.
483.73 EMERGENCY PREPAREDNESS
- SUBSISTENCE

► State receives and distributes Strategic National Stockpile medicine and medical supplies to local communities as quickly as possible.
► Federal responsibility ceases at the delivery of push-pack to airports
► State's responsibility to break down push-packs and transport to community

483.73 EMERGENCY PREPAREDNESS
- SUBSISTENCE

► Assumption - At a minimum at LTC facility will have a 2-day supply of food and potable water for patients and staff at the onset of a disaster and will not assign a cost to this requirement
► Encourage LTC facilities to work with stakeholders for guidance and assistance in identifying medications that may be needed and plan to provide access to all healthcare partners during an event

483.73 EMERGENCY PREPAREDNESS
- TRAINING AND TESTING

► LTC facilities required to participate in or conduct a full-scale exercise and one additional testing exercise of their choice at least annually
483.75 EMERGENCY PREPAREDNESS
- EMERGENCY PLAN
► The emergency preparedness program must include, but not limited to the following elements:
► Reviewed and Updated Annually
► Based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing residents
► Include strategies for addressing emergency events identified by risk assessment

483.75 EMERGENCY PREPAREDNESS
- EMERGENCY PLAN
► Address resident population
► Persons at risk
► Type of services the facility can provide in an emergency
► Continuity of operations - including delegations of authority and succession plans
► 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

483.75 EMERGENCY PREPAREDNESS - POLICIES AND PROCEDURES
► The LTC facility must develop and implement emergency preparedness policies and procedures, based on the emergency plan. 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 safely 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.
483.75 EMERGENCY PREPAREDNESS
- POLICIES AND PROCEDURES
► Must be reviewed and updated at least annually. At a minimum, the policies and procedures must address the following:
► (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.

483.75 EMERGENCY PREPAREDNESS
- POLICIES AND PROCEDURES
► (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

483.75 EMERGENCY PREPAREDNESS
- 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.
483.75 EMERGENCY PREPAREDNESS
- COMMUNICATION PLAN

►(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.

483.75 EMERGENCY PREPAREDNESS
- COMMUNICATION PLAN

►(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.

483.75 EMERGENCY PREPAREDNESS
- COMMUNICATION PLAN

►(5) A means, in the event of an evacuation, to release resident information as permitted

►(6) A means of providing information about the general condition and location of residents under the facility's care as permitted
483.75 EMERGENCY PREPAREDNESS
- COMMUNICATION PLAN

► (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.

483.75 EMERGENCY PREPAREDNESS
- TRAINING AND TESTING

► The LTC facility must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan, risk assessment, policies and procedures, and the communication plan.
► Must be reviewed and updated at least annually.
► (1) 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.

483.75 EMERGENCY PREPAREDNESS
- TRAINING AND TESTING

► (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.
483.75 EMERGENCY PREPAREDNESS - TRAINING AND TESTING

- (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.

483.75 EMERGENCY PREPAREDNESS - EMERGENCY AND STANDBY POWER SYSTEMS

- The LTC facility must implement emergency and standby power systems based on the emergency plan
  - (1) Emergency generator location. The generator must be located in accordance with the location requirements found in the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5, 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.

- (2) Emergency generator inspection and testing. The LTC facility must implement the emergency power system inspection, testing, and maintenance requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code.

- (3) Emergency generator fuel. LTC facilities that maintain an onsite fuel source to power emergency generators must have a plan for how it will keep emergency power systems operational during the emergency, unless it evacuates.
483.75 EMERGENCY PREPAREDNESS - 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 emergency preparedness program, the LTC facility may choose to participate in the healthcare system's coordinated emergency preparedness program. If elected, the unified and integrated emergency preparedness program must do all of the following:
  - (1) Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.
  - (2) Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered.
  - (3) Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance with the program.

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