California Association of Health Facilities
SNF Emergency Preparedness
CMS Final Rule Summary

Section	Major Provisions	Notes	Resources
Part 483.73 Emergency Plan: Comply with all Fed, state, and local emergency preparedness requirements. Establish and maintain an EP program that meets the requirements of this section. Include but not be limited to following elements:	**(1). Based on and include facility and community based risk assessment utilizing an all-hazards approach including missing residents**	**New requirement: Facility specific risk assessment, incorporating the community based risk assessment** **Not limited to types of hazards in local area** **Also care –related, equipment/power failures, cyber and communication attacks**	**Tool for risk analysis** **https://www.cahfdisasterprep.com/hva** **https://asprtracie.hhs.gov/technical-resources/3/Hazard-Vulnerability-Risk-Assessment/0** **Contact Local authorities for info on community risks** • **Hospital Preparedness Program Coordinator** • **Office of Emergency Services** • **Fire or Emergency Medical Services** • **Local Public health** **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.** **This approach is specific to the location of the provider or supplier and considers the particular types of hazards most likely to occur in their areas.** **Comprehensive planning guide tool** **https://www.cahfdisasterprep.com/eop**
(a) Reviewed and updated annually	**(2). Strategies to address events**	**Emergency operations plan has**	**In-depth procedures for identified risks** **Tools for specific hazards** **http://www.cahfdisasterprep.com/hva**

and do the following:	**identified in risk assessment**	**to be tied to specific risks**	**https://asprtracie.hhs.gov/technical-resources/52/Long-term-Care-Facilities/52** **https://asprtracie.hhs.gov/technical-resources/36/Natural-Disasters/0**
	(3). Address facility population including persons-at-risk, types of service provided in an emergency, continuity of operations, delegation of authority, succession plans	**New requirement: Resident – specific and service specific risks.** **Continuity of operations with succession planning**	**Resident –specific risk assessment will be done on your typical population and must address the unique needs they would have in an emergency** **Business Continuity Plan template** **http://www.cahfdisasterprep.com/bcoop**
	(4.) Include process for ensuring cooperation and collaboration with local, tribal, regional, state or fed emergency prep officials to maintain an integrated response during disaster or emergency, including documentation of the LTC facility's efforts to contact	**New requirement: Local state prep officials – process for ensuring cooperation/collaboration** **Integrated response** **communication channels/contacts for during event** **participation in planning**	**Develop a method to document the contact and participation with local officials.** **Could be a letter, a signature on your plan, and agenda and attendance sheet from meetings attended with them** **Local Healthcare Coalitions are convened in most counties for the purposes of integrated planning. Ask your local or state emergency officials or possibly the health and safety officer of the local hospital how to find out more about the local coalition** **https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/By-Name-by-State-Healthcare-Coalitions.pdf** **Need to add a 24/7 contact for emergencies in addition to 911. Also consider alternate method of contact if phones are out**

	such officials and when applicable of its participation in collaborative/cooperative planning		**https://asprtracie.hhs.gov/technical-resources/78/Communication-Systems/0**
(b) Policies and Procedures Based on risk assessment and communication plan	**(1.) Provision of subsistence needs for staff and residents, whether evac or shelter in place including but not limited to the following**	**Staff is new requirement** **Taking subsistence along during evac also new**	**No amount of supplies specified by CMS but will be determined by the facility and based on their risk assessment.** **Suggest involve dietary consultant to address amounts, types of supplies, storage for Shelter in Place and evacuation at least until residents are in the receiving health care facility.** **http://cahfdisasterprep.com/supplies** **https://www.cahfdisasterprep.com/shelterinplace**
P&Ps must be reviewed and updated at least annually and address the following:	**i. Food, water, medical and pharmaceutical supplies**	**Pharmaceuticals new**	**Medications - Suggest this be researched with medical director, pharmacies and insurance plans which medications are critical to have, and how to stockpile and/or resupply meds** **If stockpiled need to develop system for how to store, and control access.**
	ii. Alternate sources of energy to maintain: **A] Temps to protect resident health and safety and safe storage of provisions** **B] Emergency lighting**	**New requirement for sewage and waste systems, along with the need to maintain temps for residents and storage of provisions** **Some facilities may have to replace generators if their risk assessment indicates**	**CMS clarifies – "Alternate sources of energy depend on the resources available to a facility, such as battery-operated lights, propane lights, or heating, in order to meet the needs of a facility during an emergency.** **We would encourage facilities to confer with local health department and emergency management officials, as well as and healthcare coalitions, to determine the types and duration of energy sources that could be available to assist them in providing care to their patient population during an emergency.** **As part of the risk assessment planning, facilities should determine the feasibility of relying on these sources and plan accordingly"**

	C] Fire detection, extinguishing, and alarms systems **D] Sewage and waste systems**	**that a generator is required to meet this need and the addition of these mechanical systems is too large of a load to add to the transfer switch or generator.**	**"…the provision and restoration of sewage and waste disposal systems could be beyond the operational control of some providers. However, we are not requiring LTC facilities to have onsite treatment of sewage or to be responsible for public services. LTC facilities would only be required to make provisions for maintaining the necessary services".**
	(2.) A system to track the location of on-duty staff and sheltered residents in the LTC facility's care and after emergency. **If on-duty staff and sheltered residents are relocated during emergency, must document the specific names and location or the receiving facility or other location**	**Now includes on-duty staff**	**Tracking logs for clients Emergency Operations Plan Template** **http://www.cahf.org/Portals/29/DisasterPreparedness/NHICS/NHICS%20255_MasterResidentEvacuationTracking_2017.pdf** **NHICS Personnel Time Sheet** **http://www.cahf.org/Portals/29/DisasterPreparedness/NHICS/NHICS%20252_SectionPersonnelTimeSheet_2017.pdf** **These could be adapted for tracking on-duty staff**
(b) Policies and Procedures continued	**(3.) Safe evacuation includes:** **care and treatment of evacuees; staff responsibilities; transportation; ID evac location(s); primary and alternate means of**	**Expanded requirements specify beyond just the movement of residents (transportation and relocation site) but also a plan for their**	**EOP template has full section on evacuation – Appendix B – F, pg 51** **http://www.cahf.org/Portals/29/DisasterPreparedness/EOPs/SNF_EOP_Template_Oct2015.pdf** **NHICS contains Incident Response Guide for Evacuation** **http://www.cahf.org/Portals/29/DisasterPreparedness/NHICS/EvacuationIRG_2017.pdf**

	communication with external sources of assistance	care along the way and in relocation site. Communication with external sources of assistance involves devices and access to the contact info.	Nursing Home Incident Command is a good foundational tool for all complex response procedures http://www.cahfdisasterprep.com/NHICS other tools http://cahfdisasterprep.com/evacuation https://asprtracie.hhs.gov/technical-resources/57/Healthcare-Facility-Evacuation-Sheltering/57
	(4.) Means to shelter in place for residents, staff, volunteers who remain in the LTC Facility	Expanded requirement. Staff and volunteers	Shelter in Place Planning Guide https://www.ahcancal.org/facility_operations/disaster_planning/Documents/SIP_Guidebook_Final.pdf
	(5.) System of medical documentation that preserves, resident's information, protects confidentiality of resident information, and secures and maintains the availability of records	Expanded requirement. Preservation and access of medical documentation not addressed before at state or fed level. EHR – access may be issue Non EHR- preservation may be issue	Develop this procedure with facility's privacy office to ensure that HIPPA is maintained. CMS has stated this is flexible because of wide range of record keeping systems. This needs to reflect the risk assessment for each facility. If flood or fire are major risks for examples, a plan to relocate all medical records would be expected.
	(6.) Use of volunteers in an emergency or other emergency staffing	New requirement Will need to utilize MRCs ESAR-VP	Emergency Staffing strategies EOP template has full section on staffing – Appendix N, pg 105 http://www.cahf.org/Portals/29/DisasterPreparedness/EOPs/SNF_EOP_Template_Oct2015.pdf

	strategies, including the process and role for integration of state or federally designated health care professionals to address surge needs in emergency	**Surge strategies for staffing**	**https://asprtracie.hhs.gov/documents/tips-for-retaining-and-caring-for-staff-after-disaster.pdf** **Surge capacity tools** **http://www.cahfdisasterprep.com/SurgeCapacity** **http://www.bepreparedcalifornia.ca.gov/cdphprograms/publichealthprograms/emergencypreparednessoffice/epoprogramsandservices/surge/surgestandardsandguidelines/documents/cdph_ltc_operational_tools_publiccomment_020810.pdf** **The availability and process for requesting health care emergency volunteers needs to be explore at the local level.** **The facility will need to develop policies and procedures for screening and utilizing emergent volunteers. Forms and sample policy in the EOP template– Appendix N** **http://www.cahf.org/Portals/29/DisasterPreparedness/EOPs/SNF_EOP_Template_Oct2015.pdf** **NHICS 253: Volunteer Staff Registration Form** **http://www.cahf.org/Portals/29/DisasterPreparedness/NHICS/NHICS%20253_VolunteerRegistration_2017.pdf**
(b.) P&P cont	**(7). Develop arrangements with other LTC facilities and other providers to receive residents in the event of limitations or cessation of operations to**	**Expanded requirement** **Has been addressed in state regs but not extensively and not previously addressed by CMS**	**EOP template** **http://www.cahf.org/Portals/29/DisasterPreparedness/EOPs/SNF_EOP_Template_Oct2015.pdf** **Sample Memorandums of Understanding** **http://cahfdisasterprep.com/MOU**

	maintain the continuity of services to LTC residents		
	8. Role of LTC facility under 1135 waiver in the provision of care and treatment at an alternate care site identified by emergency management officials	**New requirement Policies and procedures developed for above (b)(7) would probably be the foundation ACS are not licensed health facilities so planning for equipment and supply needs would be extensive and complex**	**CMS EP Rule FAQs** **http://www.cahf.org/Portals/29/DisasterPreparedness/Regulatory/CMS_FAQs_Oct16-Jan17.pdf** **CMS Guidance: Medicare FFS** **http://www.cahf.org/Portals/29/DisasterPreparedness/Regulatory/Consolidated_Medicare_FFS_Emergency_QsAs.pdf** **Need to refer to specific state regulations and local authorities regarding the use of alternate care sites.** **https://www.cahfdisasterprep.com/regulatory**
(c) Communication plan – Develop and maintain plan that complies with Fed, State, and local laws and must be reviewed and updated annually and including:	**(1.) Names and contact info for** **i. staff** **ii. entities providing services under arrangement** **iii. resident's physicians** **iv. other LTC facilities** **v. volunteers**	**New requirement to have formal plan. Volunteers have not been part of expectation before this.**	**Communication plan guidance – EOP Template, Appendix N, O** **http://www.cahf.org/Portals/29/DisasterPreparedness/EOPs/SNF_EOP_Template_Oct2015.pdf** **NHICS has tools for communication contact lists** **http://www.cahfdisasterprep.com/NHICS** **Needs to be expanded to include physicians and volunteers**
	(2.) Contact info for: **i. fed, state, tribal, regional or local**	**Expanded requirement except for L&C**	**EOP Template** **http://www.cahf.org/Portals/29/DisasterPreparedness/EOPs/SNF_EOP_Template_Oct2015.pdf**

	emergency prep staff **ii. L&C** **iii. Ombudsman** **iv. other sources of assistance**		**Needs to include Ombudsman**
	(3.) Primary and alternate means for communication with: **i. staff** **ii. fed, state tribal regional or local emergency management agencies**	**Expanded requirement. Call back list of for staff only specific mentioned before in state reg.** **Primary and alternate means need to be explored.**	**Cell phones could be alternate, but if tower down will need to have back up** **Local emergency web-based portal, internet, 2 way radios will need to be explored by facility** **For more information about emergency communication planning:** • **Emergency Planning: Health Care Sector** • **Government Emergency Telecommunications Service (GETS)** • **Healthcare Preparedness Capabilities - National Guidance for Healthcare System Preparedness**
(c) Communication plan cont	**(4.) Method for sharing info and medical documentation for residents under the LTC Facility's care, as necessary, with other health care providers to maintain continuity of care**	**"Disaster Tag"** **Could be the grab and go transfer packet.** **EHR planning critical due to interoperability issues**	**NHICS has sample client info sheet form that could be adapted http://www.cahf.org/Portals/29/DisasterPreparedness/NHICS/NHICS%20260_ResidentEvacuationTracking_2017.pdf** **EOP Template has sample forms http://www.cahf.org/Portals/29/DisasterPreparedness/EOPs/SNF_EOP_Template_Oct2015.pdf** **CAHF's Ready Set Go Fact Sheet about E-Health Records http://www.cahf.org/Portals/29/DisasterPreparedness/EHR/RSG_ElectHealthRecord.pdf**
	(5.) Means to release resident	**Under the Privacy Rule (HIPPA), covered**	**Additional information and resources regarding the application of the HIPAA Privacy Rule during emergency scenarios can be located at:**

	info in event of evacuation as permitted under 45 CFR 164.510(b)(1)(ii)	**entities may disclose, without a patient's authorization, protected health information about the patient as necessary to treat the patient or to treat a different patient. Treatment includes the coordination or management of health care and related services by one or more health care providers and others, consultation between providers, and the referral of patients** **Additional leniency under 1135 Waiver**	• **Summary of the HIPAA Privacy Rule** • **HIPAA Privacy in Emergency Situations** • **Emergency Situations: Preparedness, Planning, and Response**
	(6.) Means of providing info about general condition and location of residents **45 CFR 164.510(b)(4)**	**Transfer info and tracking logs**	**EOP Template has logs** **http://www.cahf.org/Portals/29/DisasterPreparedness/EOPs/SNF_EOP_Template_Oct2015.pdf** **http://www.cahf.org/Portals/29/DisasterPreparedness/Evac/Transport_triage_form.pdf** **NHICS Master Evacuation Tracking Form** **http://www.cahf.org/Portals/29/DisasterPreparedness/NHICS/NHICS%20255_MasterResidentEvacuationTracking_2017.pdf**

	(7.) Means of providing info re LTC facility's occupancy, needs, and ability to provide assistance, to authority having jurisdiction or Incident Command Center or designee	**New requirement** **Policy and system for responding to situation status requests and bed availability polls** **Connecting and communicating with local centers – localized**	**Need to collaborate with local authorities and state survey agency on this process. Probably the process already exists with hospital reporting to the EMS agencies. SNFs may be able to participate in that system.**
	(8.) Method of sharing info from emergency plan that the facility has been determined appropriate with residents and their families/reps	**New requirement** **Before event**	**Facility specific** **CMS does not specify how or frequency but leaves it up to facility to decide what is appropriate.** **Could be part of orientation** **Annual meeting** **Newsletter**
(d) . Training and Testing program – Develop and maintain an emergency prep training and testing program based on the emergency plan based on risk assessment, P&Ps and communication plan developed	**(1.) Training program must do all the following:** **i. initial training in emergency prep P&P to all new and existing staff, individuals providing services under arrangement, and volunteers consistent with their expected roles**	**Expanded requirement.** **Volunteers and those under service contracts**	**CAHF Log for Updating Emergency Operations Plan** **http://www.cahf.org/Portals/29/DisasterPreparedness/EOPs/DisasterPlanning-EOP-ManualReviewRevisionDistributionLog.pdf** **CAHF Emergency Operations Plan Review Form** **http://www.cahf.org/Portals/29/DisasterPreparedness/Regulatory/CHDSLicensing-CertDisasterPlanTool--SNF-NF.pdf**

and updated at least annually			
	ii. provide at least annually **iii. maintain documentation of training** **iv. demonstrate staff knowledge of emergency procedures**		
	(2.) Testing – LTC must conduct exercises to test plan at least annually including unannounced staff drills using the emergency procedures. LTC must do following:		**Drill templates** **http://www.cahfdisasterprep.com/exercises** **https://asprtracie.hhs.gov/technical-resources/7/Exercise-Program-Design-Evaluation-Facilitation/7** **https://www.ahcancal.org/facility_operations/disaster_planning/Documents/Black%20Diamond%20-%20AAR-IP%20-%20FINAL.PDF**
	i. Participate in a full scale exercise that is community – based or if not accessible, conduct an individual facility- based. Exempt if experience an actual or man-made emergency that	**New requirement to do community exercise** ***Local exercises are not always built for SNF**	**Need to work with local authorities to include exercise elements that is relevant for SNF participation.** **https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/By-Name-by-State-Healthcare-Coalitions.pdf**

	requires activation of the emergency plan for 1 year following the event		
(d)Training and Testing cont	**ii. Conduct an additional exercise that may include not limited to the following:** **A. A second full-scale exercise that is community 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.**	**New requirement Formal exercise with scenario and facilitator or second community full scale drill that specifically tests their plan**	**Prep a library of exercise scenarios for most common events as indicated by risk assessment** **http://www.cahfdisasterprep.com/exercises** **http://www.cahf.org/Portals/29/DisasterPreparedness/Exercises/CAHFEvacDrillGuide.pdf**
	iii. Analyze the LTC facility's response to and maintain documentation of		**After Action Template** **https://www.ahcancal.org/facility_operations/disaster_planning/Pages/Planning-Ahead.aspx**

	all drills, table top exercises, and emergency events, and revise the LTC facility's emergency plan as needed.		
(e) Emergency and standby power systems.	**(1.) Emergency generator location in accordance 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), LSC (NFPA 101 and TIA 12-1, 12-2, 12-3, 12-4), and NFPA 110, when a new structure is built or when an existing structure or building is renovated.**	**These are the same basic requirements for an emergency generator that is installed at a SNF required to provide an alternate source of power for Life Safety Compliance purposes and when life-support equipment is present. So, if it is determined that an emergency generator is needed for Emergency Preparedness purposes, the installation requirements are the same as those currently enforced by NFPA 101, The Life Safety Code, 2012 edition. References:** **Section 15.1.3 of NFPA 99, 2012 edition**	**Existing requirements** **http://www.nfpa.org/news-and-research/news-and-media/press-room/news-releases/2016/the-us-centers-for-medicare-medicaid-services-now-requires-facilities-to-comply-with-nfpa-101-and-99** **http://www.nfpa.org/codes-and-standards/all-codes-and-standards/list-of-codes-and-standards?mode=code&code=99**

		Chapter 7 of NFPA 110, 2010 edition	
	(2.) Must implement emergency power system inspection, testing, and maintenance requirements found in Health Care Facilities Code, NFPA 110, and LSC.	**These are the same inspection, testing and maintenance requirements that facilities must follow when they have an emergency generator installed. The proposed rule was going to impose a stricter testing requirement that would have required the generator to be tested on an annual basis under full load for four (4) continuous hours. This provision was not included in the final version of the rule.** **References:** **Section 15.1.3 of NFPA 99, 2012 edition** **Chapter 8 of NFPA 110, 2010 edition**	**http://www.ltlmagazine.com/blogs/stan-szpytek/5-tips-keep-emergency-generators-performing-ltc-facilities** **Shelter in Place Planning Guide has section on generators** **https://www.ahcancal.org/facility_operations/disaster_planning/Documents/SIP_Guidebook_Final.pdf**

	(3) Emergency Generator Fuel **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 evacuated.**	**Depending on the risk assessment, facilities might need to expand beyond the existing minimum requirements for fuel.**	**On-site storage may not be feasible for LTC facilities so working with vendors and local authorities for realistic re-supply plans may be an acceptable alternative to expanded amounts of fuel.**
(f) Integrated healthcare systems. If 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, they may choose to	**(1.) Demonstrate that each certified facility within the system actively participated in the development of the unified and integrated EP program** **(2) Be developed and maintained in a manner that takes in to account each facility's unique circumstances, patient populations, and services offered.**	**New requirement**	**This will be corporate-specific** **Corporate entities who want to do an integrated plan will need to adhere to all facility specific requirements, and the additional collaboration and communication with individually certified centers in their company.**

participate in the system's coordinated EP program. **If elected the unified and integrated EP program must do all of the following:**	**(3) Demonstrate each facility is capable of actively using the unified and integrated EP program and is in compliance with the program.**		
	(4) Include a unified and integrated emergency plan that meets preceding requirements and is based on and include: **(i) community based risk assessment using all hazards approach** **(ii) documented individual facility-based risk assessment for each facility in the system, utilizing an all hazards approach**	**No "one size fits" or centralized equipment unless fully integrated and able to demonstrate that each facility is actively involved in development and that their unique risks/pt population/services offered are accounted for in the plan**	
	(5) Includes integrated P&Ps that meet the requirements set		

	forth, a coordinated communication plan, and training and testing programs that the meet requirements		

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