RAISING THE BAR ON EMERGENCY PREPAREDNESS

CMS Final EP Rule

April 27th, 2017

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CALIFORNIA ASSOCIATION OF HEALTH FACILITIES

Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers

"We believe that, currently, in the event of a disaster, healthcare facilities across the nation will not have the necessary emergency planning and preparation in place to adequately protect the health and safety of their patients."

Federal Register – Published 9/16/16. Effective 11/15/16. Implementation 11/15/17

Do We Need More Regulations?

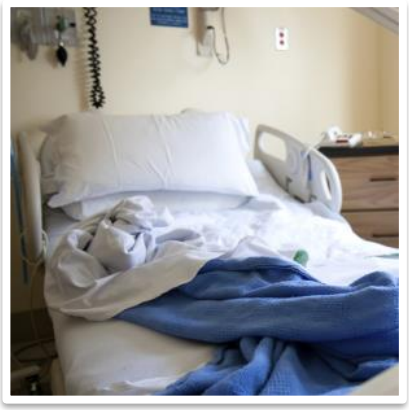
- This is CMS's response to what it sees as the complexities of actual emergencies and the inconsistencies of preparedness among certified providers
- CMS states that the existing requirements are "insufficient" and the new requirements are "comprehensive"

What Events Do I Need To Prepare For?

The “full spectrum of emergencies or disasters” to which the facility is most susceptible.

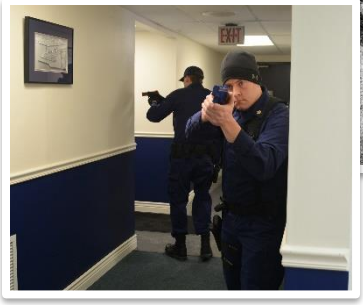
As used in the rule, the terms “emergency” and “disaster” do not refer exclusively to an event resulting in an official, public declaration of a state of emergency. Even an event confined within a single facility, such as a localized power failure or cybersecurity event, falls under the rule’s scope.

“Missing Resident” specifically mentioned for SNF and IID.



Natural Hazards

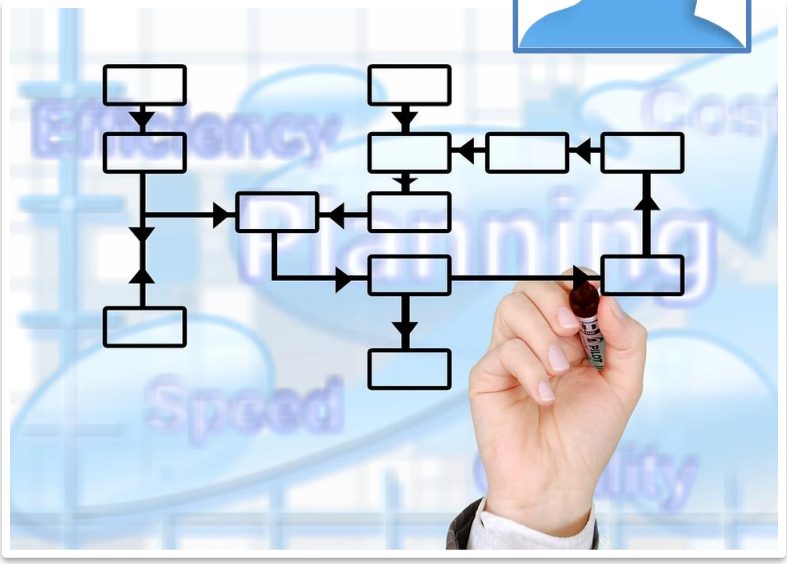
MAN - MADE HAZARDS



WHAT DO I NEED TO KNOW?

Four main components:

- ✓ Emergency Plan/Risk Assessment
- ✓ Policies and Procedures
- ✓ Communication Plan
- ✓ Training and Testing of the Plan



It is all in the details…

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 – Risk assessment Facility specific and 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	HVA tools Local • → Hospital Preparedness Program Coordinator • → Office of Emergency Services
(a) Reviewed and updated annual and do the following:	(2). Strategies to address events identified in risk assessment	Emergency Operations Plan has to be tied to specific risks	Rapid response and multiple in-depth procedures available
	(3). Address facility population including person's at risk, types of service can be provided in emergency, continuity of operations, delegation of authority, succession plans	New requirement – Resident – specific and service specific risks. Continuity of operations with succession planning	NHICS Need to develop resident – specific risk assessment tool
	(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	New requirement Local state prep officials – process for ensuring cooperation/collaboration' Integrated response 	Need a template to document the contact and participation with local officals

Part 483.73 (a) Emergency Plan

Based on and include facility and community-based Risk Assessment:

- High probability and impact events
- Address facility population at risk because of their resident/clients unique needs
- Identification of services that must be provided in the emergency
- Continuity of operations
- Process for cooperation with community response
- All Hazards Approach
- Reviewed and updated annually

WHAT DOES “ALL HAZARDS”MEAN?

- 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.

Threat and Hazard Identification Risk Assessment

(4 step process)

Answers the questions:

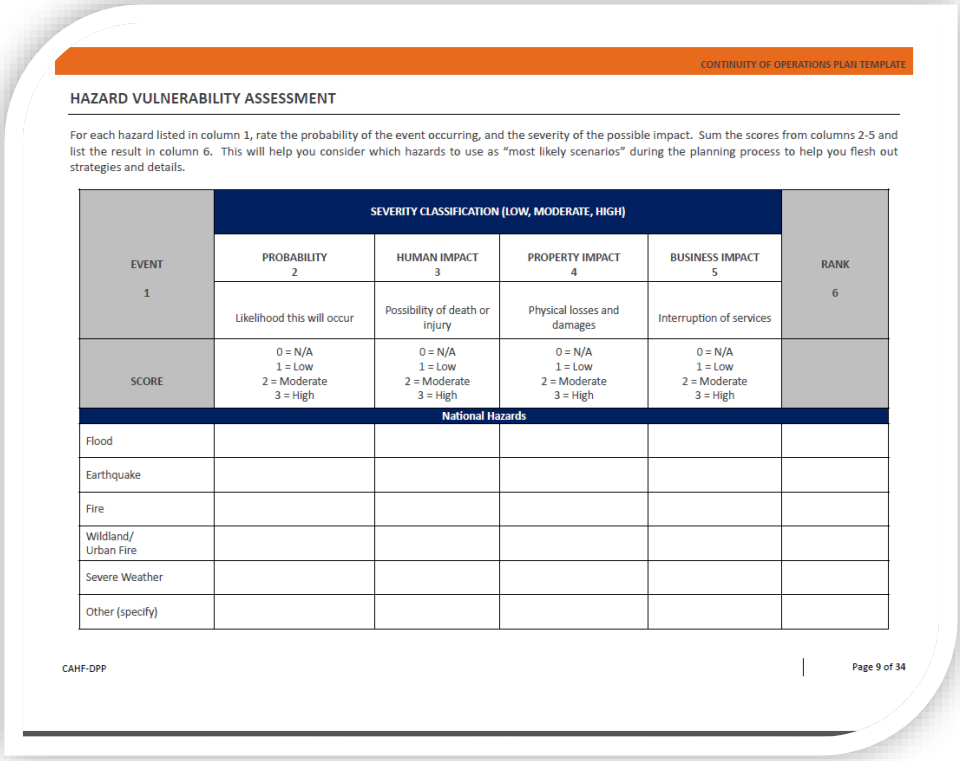
- What do we need to prepare for?
- What shareable resources are required in order to be prepared?
- What actions could be employed to avoid, divert, lessen, or eliminate a threat or hazard?

The THIRA Process:

1. **Identify Threats and Hazards of Concern:** Based on a combination of experience, forecasting, subject matter expertise, and other available resources, identify a list of the threats and hazards of primary concern to the community.
2. **Give the Threats and Hazards Context:** Describe the threats and hazards of concern, showing how they may affect the community.
3. **Establish Capability Targets:** Assess each threat and hazard in context to develop a specific capability target for each core capability identified in the National Preparedness Goal. The capability target defines success for the capability.
4. **Apply the Results:** For each core capability, estimate the resources required to achieve the capability targets through the use of community assets and mutual aid, while also considering preparedness activities, including mitigation opportunities.

http://www.fema.gov/nationalpreparedness

WHAT TOOLS CAN I USE?



CONTINUITY OF OPERATIONS PLAN TEMPLATE

HAZARD VULNERABILITY ASSESSMENT

For each hazard listed in column 1, rate the probability of the event occurring, and the severity of the possible impact. Sum the scores from columns 2-5 and list the result in column 6. This will help you consider which hazards to use as "most likely scenarios" during the planning process to help you flesh out strategies and details.

EVENT 1	SEVERITY CLASSIFICATION (LOW, MODERATE, HIGH) PROBABILITY 2	HUMAN IMPACT 3	PROPERTY IMPACT 4	BUSINESS IMPACT 5	RANK 6
	Likelihood this will occur	Possibility of death or injury	Physical losses and damages	Interruption of services	
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	
National Hazards					
Flood					
Earthquake					
Fire					
Wildland/ Urban Fire					
Severe Weather					
Other (specify)					

CAHF-DPP | Page 9 of 34

2010 HAZARD AND VULNERABILITY ASSESSMENT TOOL
Safety Management

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION) HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	RISK
	Likelihood this will occur	*Possibility of death or injury*	*Physical losses and damages*	*Interuption of services*	*Preplanning*	*Time, effectivness, resouces*	*Community/ Mutual Aid staff and supplies*	*Relative threat**
SCORE	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 - 100%*
Musculoskeletal Injuries related to patient handling	3	3	2	2	2	2	0	61%
Staff falls - outside, snow or ice	3	3	2	2	2	1	1	61%
Bloodborne pathogen exposures	3	3	2	1	2	2	0	56%
Injury from walking into glass wall / main hospital entry	2	3	2	1	2	2	3	48%
Exposure to sewage due to plumbing issues	2	2	2	3	2	1	0	37%
Staff falls - in facility due to flooring / mats	2	2	2	1	2	1	0	30%
Helicopter Accident	1	3	3	3	2	1	1	24%
Confrontation with moose	1	3	3	2	1	1	3	24%
Staff falls - in facility due to egress lighting	1	3	2	3	1	1	0	19%
Staff falls - in facility due to wet floors	1	3	2	1	2	1	0	17%
AVERAGE	1.90	2.80	2.20	1.90	1.80	1.30	0.80	38%

**Threat increases with percentage.*

RISK = PROBABILITY * SEVERITY		
0.38	0.63	0.60

a spreadsheet with number ratings

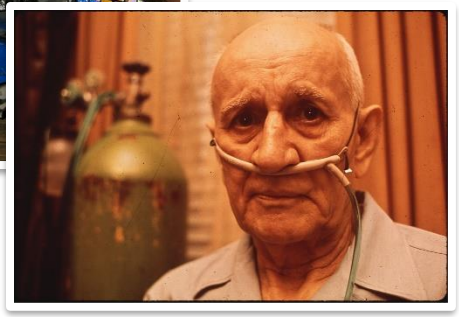
Examples www.cahfdpp.org

NEW REQUIREMENT:

Plan Must Reflect Your Population's Unique Needs

WanderGuard
DEPARTURE ALERT SYSTEM

WHAT ARE YOUR UNIQUE POPULATION'S NEEDS?



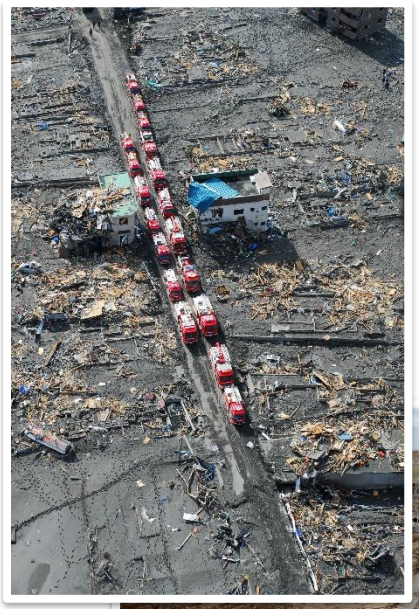
NEW REQUIREMENT:

Integrated Response Planning

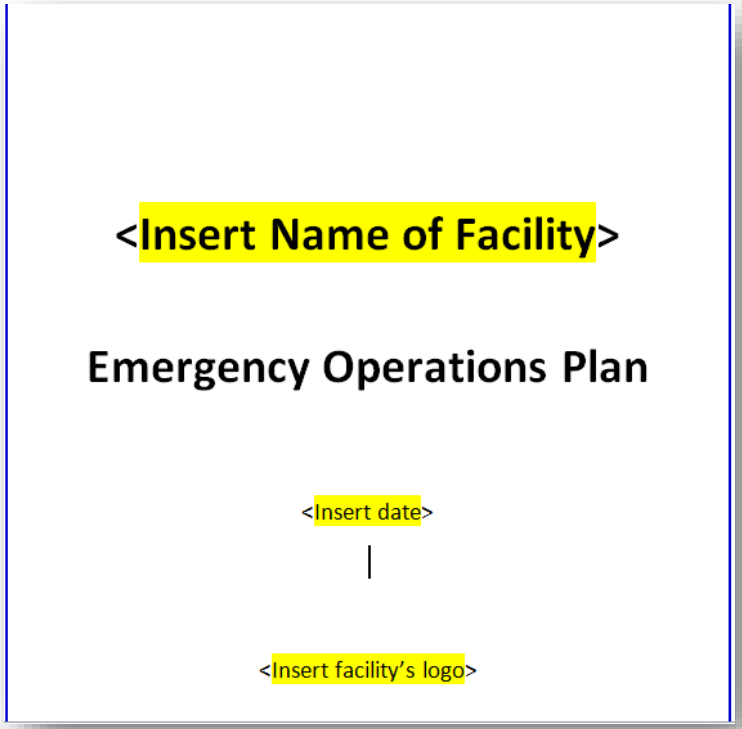
- Include process for ensuring cooperation and collaboration with local, …state and federal emergency prep officials to maintain an integrated response during disaster or emergency

- including documentation of the LTC facility's efforts to contact such officials and when applicable of its participation in collaborative/cooperative planning

Part 483.73 (a) Policies and Procedures Based on Risk Assessment and Communication Plan



HAZARD SPECIFIC PROCEDURES



The results of our HVA that identify the most relevant threats to our facility have been incorporated into our EOP (See Appendix A – Hazard Vulnerability Assessment).

Types of Incidents	See Page
Bomb Threat	5
Earthquake	6
Evacuation	8
Extreme Weather – Cold	10
Extreme Weather – Heat	11
Fire (External)	12
Fire (Internal)	13
Flood	14
Hazardous Material/Waste Spill	15
Infectious Disease (e.g., Pandemic Influenza)	16
Missing Resident	17
Shelter In Place	18
Utility Failure (e.g., Power, Water, etc.)	19
Workplace Violence (e.g., Armed Intruder, Active Shooter, Hostage, etc.)	20

http://www.cahfdisasterprep.com/PreparednessTopics/AllHazardResourcesGuides/PlanningTemplatesChecklists.aspx

QUICK REFERENCE GUIDES

www.cahfdownload.com/cahf/dpp/CAHFDP_ResourceGuide.pdf

New Requirement:

<u>P&Ps must be reviewed and updated annually and address at a minimum:</u>

- Provision of subsistence needs for staff and residents/clients, whether evacuation or shelter in place
- Food, water, medical and pharmaceutical supplies

CMS Clarifies

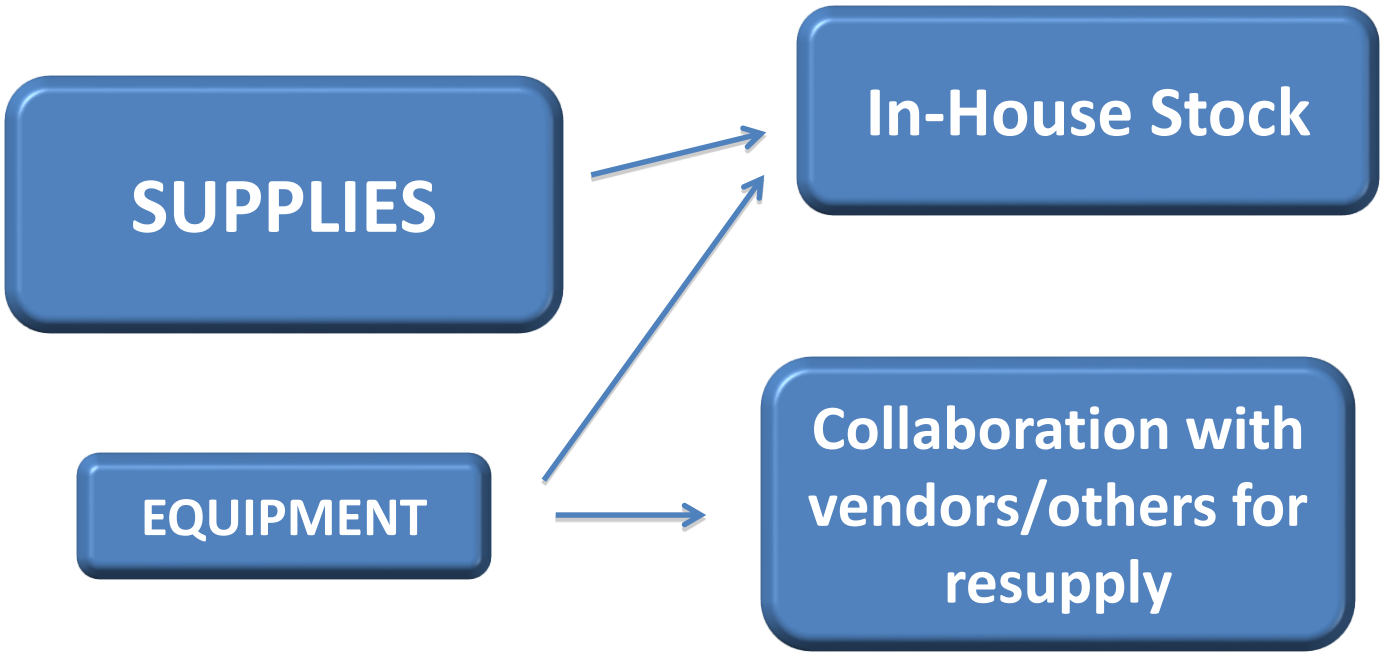
"This does not mean that facilities would need to store provisions themselves. We agree that once [patients] have been evacuated to other facilities, it would be the responsibility of the receiving facility to provide for the patients' subsistence needs.

Local, state and regional agencies and organizations often participate with facilities in addressing subsistence needs, emergency shelter, etc.

Secondly, we are not specifying the amount of subsistence that must be provided as we believe that such a requirement would be overly prescriptive."

Final Rule Comment Section – Page 80

Food, Water, Pharmaceutical Supplies



Packaging To Take With You Enroute

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"

CMS Final Rule Comment Section Page 89

Additional Clarification for LTC

"… individual power needs of the residents are encompassed within the requirement that the facility assess its resident population. Therefore, we are not adding a specific requirement for LTC facilities to provide the necessary power for a resident's individualized power needs.

However, we encourage facilities to establish policies and procedures in their emergency preparedness plan that would address providing auxiliary electrical power to power dependent residents during an emergency or evacuating such residents to alternate facilities.

If a power outage occurs during an emergency or disaster, power dependent residents will require continued electrical power for ventilators, speech generator devices, dialysis machines, power mobility devices, certain types of durable medical equipment, and other types of equipment that are necessary for the residents' health and well-being."

CMS Final Rule Comment Section Page 198-199

CMS Clarifies re: Sewage

"…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."

Final Rule Comment Section Page 199-200

NEW REQUIREMENT: Systems to Track Residents/Clients and On-duty Staff

NHICS
NURSING HOME INCIDENT COMMAND SYSTEM

NHICS FORM 252 | SECTION PERSONNEL TIME SHEET

1. FACILITY NAME:			
2. FROM DATE/TIME:		3. TO DATE/TIME:	
4. SECTION:		5. TEAM LEADER:	

6. TIME RECORD

#	EMPLOYEE (E)/VOLUNTEER (V) NAME (PLEASE PRINT)	E/V	EMPLOYEE NUMBER	NHICS ASSIGNMENT/ RESPONSE FUNCTION	DATE/TIME IN	DATE/TIME OUT	SIGNATURE	TOTAL HOURS
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

* MAY BE USUAL NURSING HOME VOLUNTEERS OR APPROVED VOLUNTEERS FROM COMMUNITY

7. CERTIFYING OFFICER:		8. DATE/TIME SUBMITTED:	

PURPOSE: RECORD EACH SECTION'S PERSONNEL TIME AND ACTIVITY
ORIGINATION: SECTION CHIEFS
ORIGINAL TO: TIME UNIT LEADER EVERY 12 HOURS
COPIES TO: DOCUMENTATION UNIT LEADER

www.cahfdisasterprep.com

NHICS
NURSING HOME INCIDENT COMMAND SYSTEM

NHICS FORM 255 | MASTER RESIDENT EVACUATION TRACKING FORM

1. INCIDENT NAME:		2. FACILITY NAME:	
3. DATE PREPARED:		4. RESIDENT TRACKING MANAGER:	

5. RESIDENT EVACUATION INFORMATION

	RESIDENT NAME:				MEDICAL RECORD #:	
DISPOSITION	MODE OF TRANSPORTATION	ACCEPTING FACILITY NAME & CONTACT INFO	TIME FACILITY CONTACTED & REPORT GIVEN	TRANSFER INITIATED (TIME/TRANSPORT CO.)	MED RECORD SENT:	☐ YES ☐ NO
☐ HOME					MEDICATION SENT:	☐ YES ☐ NO
☐ FACILITY TRANSFER					MD/FAMILY NOTIFIED:	☐ YES ☐ NO
☐ TEMP. SHELTER					ARRIVAL CONFIRMED:	☐ YES ☐ NO

	RESIDENT NAME:				MEDICAL RECORD #:	
DISPOSITION	MODE OF TRANSPORTATION	ACCEPTING FACILITY NAME & CONTACT INFO	TIME FACILITY CONTACTED & REPORT GIVEN	TRANSFER INITIATED (TIME/TRANSPORT CO.)	MED RECORD SENT:	☐ YES ☐ NO
☐ HOME					MEDICATION SENT:	☐ YES ☐ NO
☐ FACILITY TRANSFER					MD/FAMILY NOTIFIED:	☐ YES ☐ NO
☐ TEMP. SHELTER					ARRIVAL CONFIRMED:	☐ YES ☐ NO

	RESIDENT NAME:				MEDICAL RECORD #:	
DISPOSITION	MODE OF TRANSPORTATION	ACCEPTING FACILITY NAME & CONTACT INFO	TIME FACILITY CONTACTED & REPORT GIVEN	TRANSFER INITIATED (TIME/TRANSPORT CO.)	MED RECORD SENT:	☐ YES ☐ NO
☐ HOME					MEDICATION SENT:	☐ YES ☐ NO
☐ FACILITY TRANSFER					MD/FAMILY NOTIFIED:	☐ YES ☐ NO
☐ TEMP. SHELTER					ARRIVAL CONFIRMED:	☐ YES ☐ NO

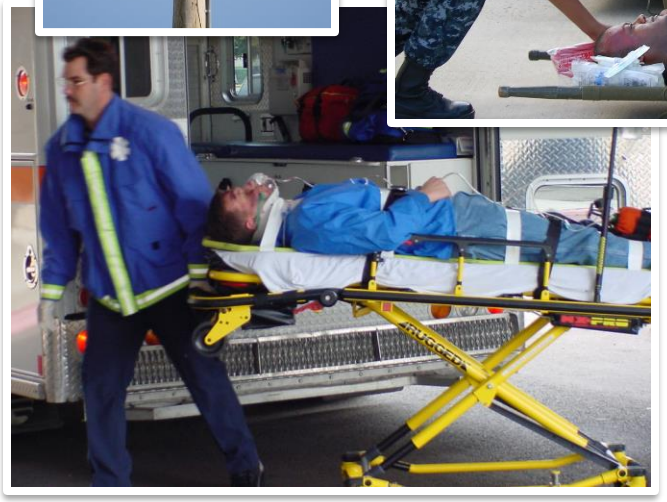
6. CERTIFYING OFFICER:		7. DATE/TIME SUBMITTED:	

PURPOSE: RECORD INFORMATION CONCERNING RESIDENT DISPOSITION DURING A FACILITY EVACUATION
ORIGINATION: OPERATIONS BRANCH
COPIES TO: PLANNING SECTION CHIEF AND DOCUMENTATION UNIT LEADER LEADER

NHICS 255
PAGE __ of __
REV. 1/11

CALIFORNIA ASSOCIATION
CAHF
OF HEALTH FACILITIES


AMBULANCE



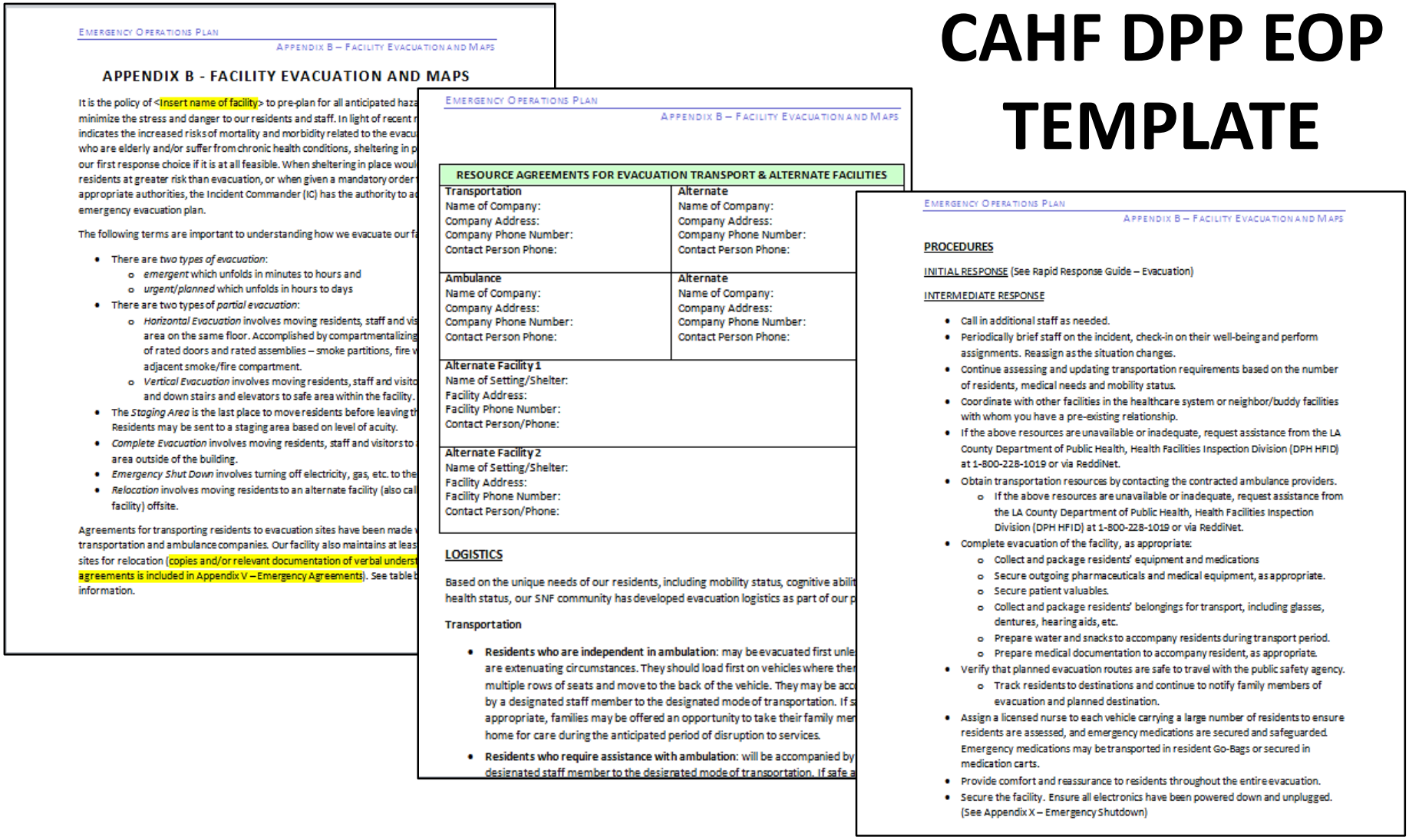
NEW REQUIREMENT: Safe Evacuation

INCLUDES:

- Care and treatment of evacuees
- Staff responsibilities
- Transportation
- Evacuation locations
- Primary and alternate means of communication with external sources of assistance

http://www.cahfdisasterprep.com/NHICS.aspx

CAHF DPP EOP TEMPLATE



EMERGENCY OPERATIONS PLAN

APPENDIX B – FACILITY EVACUATION AND MAPS

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It is the policy of <Insert name of facility> to pre-plan for all anticipated haza
minimize the stress and danger to our residents and staff. In light of recent r
indicates the increased risks of mortality and morbidity related to the evacu
who are elderly and/or suffer from chronic health conditions, sheltering in p
our first response choice if it is at all feasible. When sheltering in place woul
residents at greater risk than evacuation, or when given a mandatory order
appropriate authorities, the Incident Commander (IC) has the authority to a
emergency evacuation plan.

The following terms are important to understanding how we evacuate our fa

- There are *two types of evacuation*:
  - *emergent* which unfolds in minutes to hours and
  - *urgent/planned* which unfolds in hours to days
- There are two types of *partial evacuation*:
  - *Horizontal Evacuation* involves moving residents, staff and vis
    area on the same floor. Accomplished by compartmentalizing
    of rated doors and rated assemblies – smoke partitions, fire w
    adjacent smoke/fire compartment.
  - *Vertical Evacuation* involves moving residents, staff and visito
    and down stairs and elevators to safe area within the facility.
- The *Staging Area* is the last place to move residents before leaving th
  Residents may be sent to a staging area based on level of acuity.
- *Complete Evacuation* involves moving residents, staff and visitors to
  area outside of the building.
- *Emergency Shut Down* involves turning off electricity, gas, etc. to the
- *Relocation* involves moving residents to an alternate facility (also cal
  facility) offsite.

Agreements for transporting residents to evacuation sites have been made
transportation and ambulance companies. Our facility also maintains at leas
sites for relocation (copies and/or relevant documentation of verbal underst
agreements is included in Appendix V – Emergency Agreements). See table
information.

EMERGENCY OPERATIONS PLAN

APPENDIX B – FACILITY EVACUATION AND MAPS

RESOURCE AGREEMENTS FOR EVACUATION TRANSPORT & ALTERNATE FACILITIES

Transportation Name of Company: Company Address: Company Phone Number: Contact Person Phone:	**Alternate** Name of Company: Company Address: Company Phone Number: Contact Person Phone:
Ambulance Name of Company: Company Address: Company Phone Number: Contact Person Phone:	**Alternate** Name of Company: Company Address: Company Phone Number: Contact Person Phone:
Alternate Facility 1 Name of Setting/Shelter: Facility Address: Facility Phone Number: Contact Person/Phone:	
Alternate Facility 2 Name of Setting/Shelter: Facility Address: Facility Phone Number: Contact Person/Phone:	

LOGISTICS

Based on the unique needs of our residents, including mobility status, cognitive abilit
health status, our SNF community has developed evacuation logistics as part of our p

Transportation

- **Residents who are independent in ambulation**: may be evacuated first unle
  are extenuating circumstances. They should load first on vehicles where ther
  multiple rows of seats and move to the back of the vehicle. They may be acc
  by a designated staff member to the designated mode of transportation. If s
  appropriate, families may be offered an opportunity to take their family me
  home for care during the anticipated period of disruption to services.
- **Residents who require assistance with ambulation**: will be accompanied by
  designated staff member to the designated mode of transportation. If safe a

EMERGENCY OPERATIONS PLAN

APPENDIX B – FACILITY EVACUATION AND MAPS

PROCEDURES

INITIAL RESPONSE (See Rapid Response Guide – Evacuation)

INTERMEDIATE RESPONSE

- Call in additional staff as needed.
- Periodically brief staff on the incident, check-in on their well-being and perform assignments. Reassign as the situation changes.
- Continue assessing and updating transportation requirements based on the number of residents, medical needs and mobility status.
- Coordinate with other facilities in the healthcare system or neighbor/buddy facilities with whom you have a pre-existing relationship.
- If the above resources are unavailable or inadequate, request assistance from the LA County Department of Public Health, Health Facilities Inspection Division (DPH HFID) at 1-800-228-1019 or via ReddiNet.
- Obtain transportation resources by contacting the contracted ambulance providers.
  - If the above resources are unavailable or inadequate, request assistance from the LA County Department of Public Health, Health Facilities Inspection Division (DPH HFID) at 1-800-228-1019 or via ReddiNet.
- Complete evacuation of the facility, as appropriate:
  - Collect and package residents' equipment and medications
  - Secure outgoing pharmaceuticals and medical equipment, as appropriate.
  - Secure patient valuables.
  - Collect and package residents' belongings for transport, including glasses, dentures, hearing aids, etc.
  - Prepare water and snacks to accompany residents during transport period.
  - Prepare medical documentation to accompany resident, as appropriate.
- Verify that planned evacuation routes are safe to travel with the public safety agency.
  - Track residents to destinations and continue to notify family members of evacuation and planned destination.
- Assign a licensed nurse to each vehicle carrying a large number of residents to ensure residents are assessed, and emergency medications are secured and safeguarded. Emergency medications may be transported in resident Go-Bags or secured in medication carts.
- Provide comfort and reassurance to residents throughout the entire evacuation.
- Secure the facility. Ensure all electronics have been powered down and unplugged. (See Appendix X – Emergency Shutdown)

http://www.cahfdisasterprep.com/PreparednessTopics/AllHazardResourcesGuides/PlanningTemplatesChecklists.aspx

CALIFORNIA ASSOCIATION OF HEALTH FACILITIES

Evacuation Locations

Transportation

CALIFORNIA ASSOCIATION OF HEALTH FACILITIES

LONG-TERM CARE FACILITY EVACUATION RESIDENT ASSESSMENT FORM FOR TRANSPORT AND DESTINATION

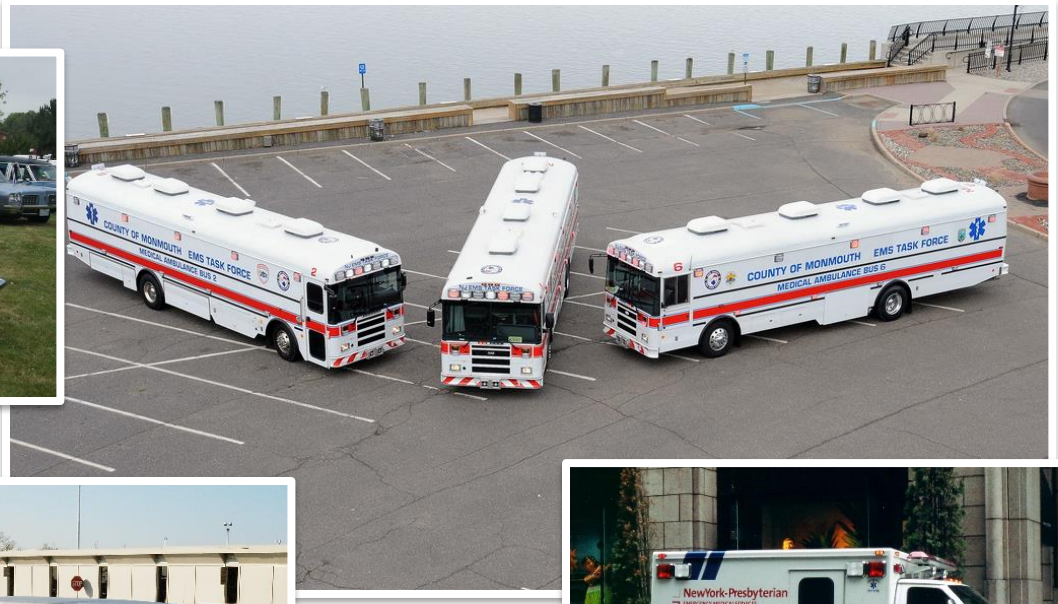
Adapted from the Shelter Medical Group Report: Evacuation, Care and Sheltering of the Medically Fragile.

FACILITY NAME: _____ **DATE:** _____

COMPLETED BY: _____ **TIME:** _____

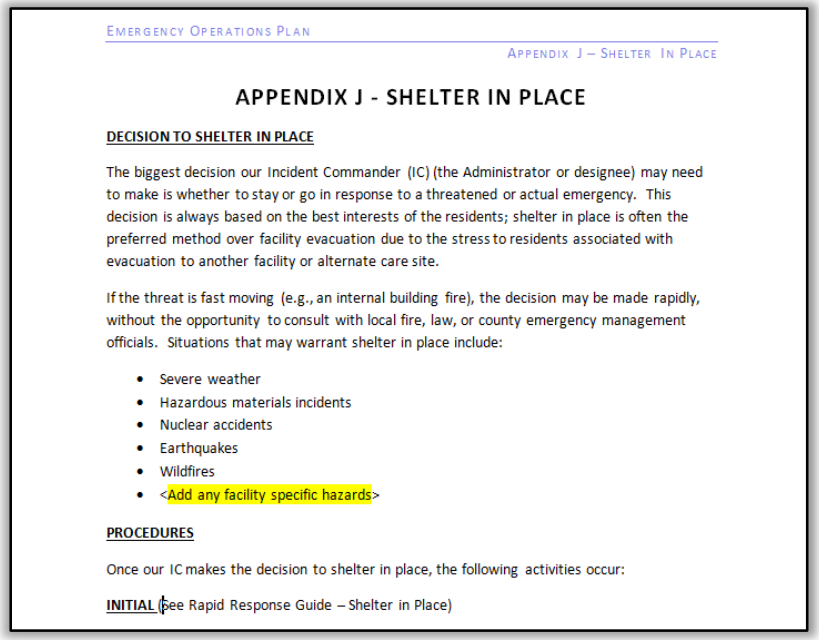
LEVEL OF CARE	FACILITY TYPE	TRANSPORT TYPE	NUMBER OF RESIDENTS
LEVEL I **Description:** Patients/residents are usually transferred from in-patient medical treatment facilities and require a level of care only available in hospital or Skilled Nursing or Sub-Acute Care Facilities. Examples: ▪ Bedridden, totally dependent, difficulty swallowing ▪ Requires dialysis ▪ Ventilator-dependent ▪ Requires electrical equipment to sustain life ▪ Critical medications requiring daily or QOD lab monitoring ▪ Requires continuous IV therapy ▪ Terminally ill	Like Facility Hospital SNF or Subacute	ALS	
LEVEL II **Description:** Patients/residents have no acute medical conditions but require medical monitoring, treatment or personal care beyond what is available in home setting or public shelters. Examples: ▪ Bedridden, stable, able to swallow ▪ Wheelchair-bound requiring complete assistance ▪ Insulin-dependent diabetic unable to monitor own blood sugar or to self-inject ▪ Requires assistance with tube feedings ▪ Draining wounds requiring frequent sterile dressing changes ▪ Oxygen dependent; requires respiratory therapy or assistance with oxygen	Like Facility Medical Care Shelter In some circumstances, may be able to evacuate to family/caregiver home	BLS Wheelchair Van Car/Van/Bus	

Modes of Transportation



NEW REQUIREMENT: Shelter in Place

- Residents/Clients + Staff + Volunteers



EMERGENCY OPERATIONS PLAN

APPENDIX J – SHELTER IN PLACE

APPENDIX J - SHELTER IN PLACE

DECISION TO SHELTER IN PLACE

The biggest decision our Incident Commander (IC) (the Administrator or designee) may need to make is whether to stay or go in response to a threatened or actual emergency. This decision is always based on the best interests of the residents; shelter in place is often the preferred method over facility evacuation due to the stress to residents associated with evacuation to another facility or alternate care site.

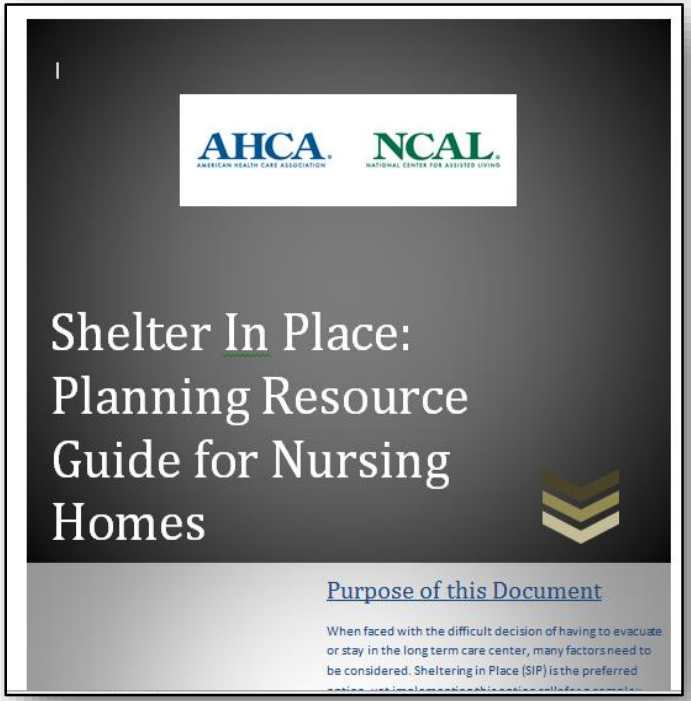
If the threat is fast moving (e.g., an internal building fire), the decision may be made rapidly, without the opportunity to consult with local fire, law, or county emergency management officials. Situations that may warrant shelter in place include:

- Severe weather
- Hazardous materials incidents
- Nuclear accidents
- Earthquakes
- Wildfires
- <Add any facility specific hazards>

PROCEDURES

Once our IC makes the decision to shelter in place, the following activities occur:

INITIAL (See Rapid Response Guide – Shelter in Place)



NEW REQUIREMENT:

Medical Documentation That Preserves Resident Information, Protects Confidentiality And Maintains The Availability Of Records

RESIDENT EMERGENCY EVACUATION TAG

FACILITY NAME _____ PHONE_____

RESIDENT'S NAME _____ DOB_____

LANGUAGE(s) SPOKEN _____ ABLE TO COMMUNICATE Y / N

FAMILY CONTACT_____ PHONE_____

CRITICAL DIAGNOSIS AND CRITICAL MEDICATIONS: _____

TREATMENTS: _____

ALLERGIES: _____

FACILITY PHARMACY: _____ PHONE: _____

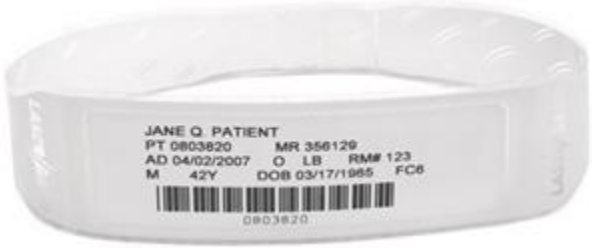
DNR ORDER: Y / N Other _____ (attach MOLST Form) No Hospitalization_____

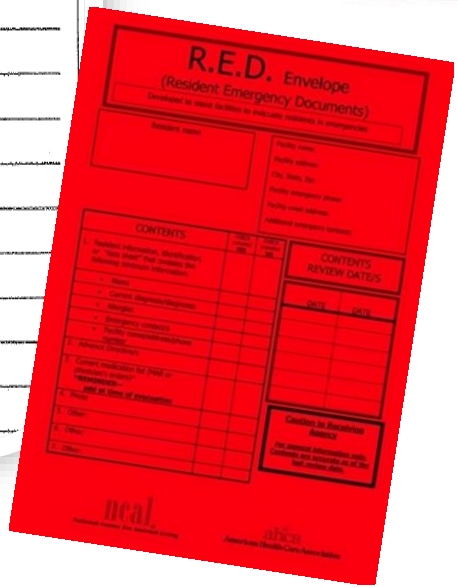
MENTAL STATUS (Dementia: Y / N)

Alert ☐ Lethargic ☐ Oriented ☐ Confused: Mildly ☐ Severely ☐

BEHAVIOR PROBLEMS / SAFETY RISK

Document all care provided to Resident *DURING TRANSFER* and/or concerns in the space below





NEW REQUIREMENT:

Use of Volunteers and Other Emergency Staffing Strategies

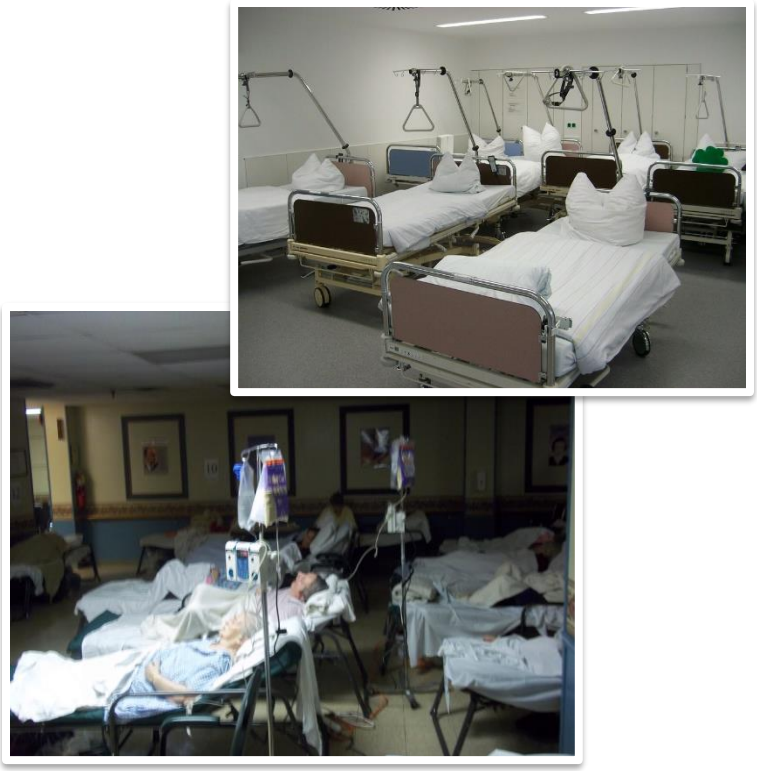
"…in an emergency a facility or community would need to accept volunteer support from individuals with varying levels of skills and training and that policies and procedures should be in place to facility this support.

Health care volunteers would be allowed to perform services within their scope of practice and training and non-medical volunteers would perform non-medical task"

CMS Final Rule Comments Page 91 and 92

NEW REQUIREMENT: Emergency Admits

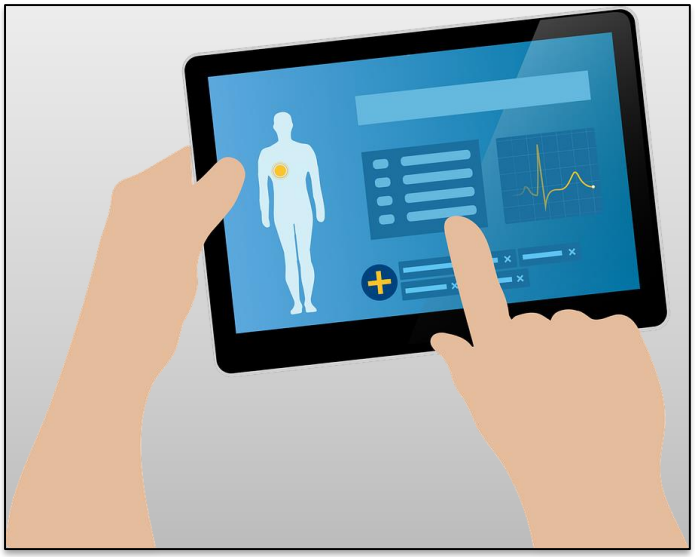
- Develop arrangements with other providers to receive residents/clients in the event of limitations or cessation of operations to maintain continuity of services to residents/clients



Section 483.73 (c) NEW REQUIREMENT: Communication Plan

Updated Annually, Including:

- ✓ Names and contact info for staff
- ✓ Entities providing services
- ✓ Resident's physicians
- ✓ Other LTC facilities
- ✓ Volunteers
- ✓ Emergency Prep staff
- ✓ State enforcement agency
- ✓ Ombudsman
- ✓ Other sources of assistance



When Cell Phones Don't Work…

<u>Primary and alternate means for communication with:</u>

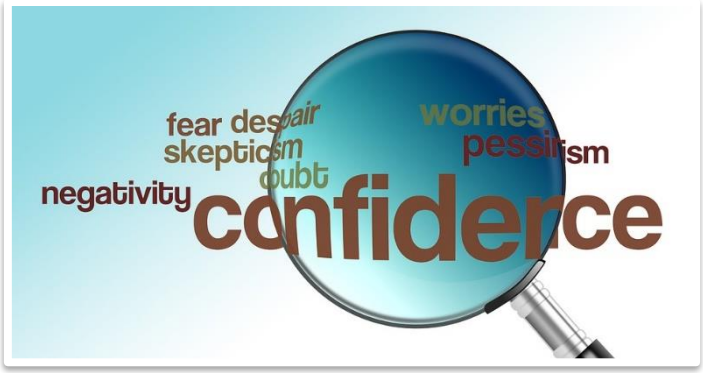
- Staff
- federal, state, tribal, regional or local EMS

Method for Sharing Info and Medical Documentation as Necessary…

- With other health care providers to maintain continuity of care
- Means to release info in event of evacuation as permitted under HIPPA
- Means of providing info about general condition and locations of residents/clients
- And regarding the occupancy, needs and ability to provide assistance to authority having jurisdiction or incident commander

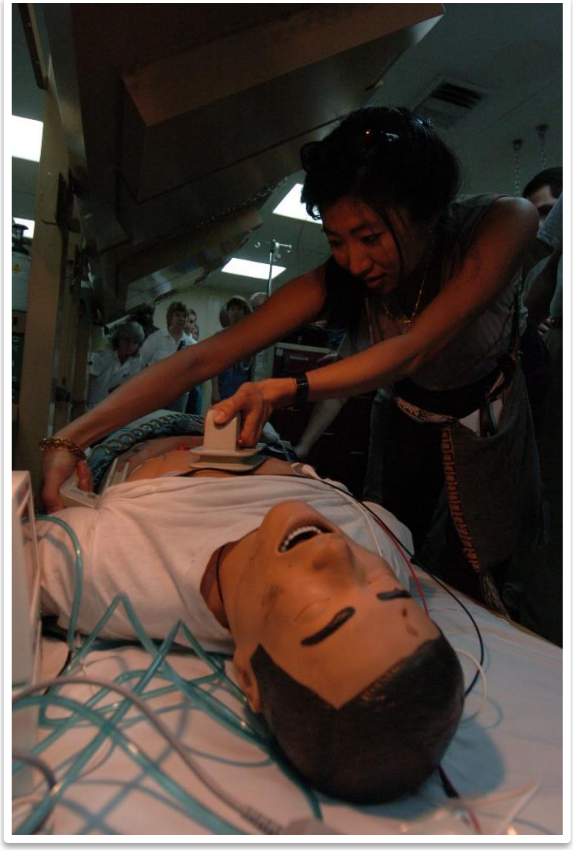
Method of Sharing Info from the Emergency Plan with Residents/Clients and Their Families/Reps

- Expectation is that this info precedes the event
- Consider at orientation, post-admission, and annually
- Could be a great trust builder with families and a way to get them to cooperate and communicate in accordance with plan during event



Training And Testing

Section 483.73 (d)



TRAINING: New Requirements

Training program must do all the following:

- ✓ Initial training in emergency prep to all new and existing staff, on hire
- ✓ Individuals providing services under arrangement,
- ✓ And volunteers consistent with their role
- ✓ Provide at least annually
- ✓ Maintain documentation
- ✓ Ensure that staff can demonstrate knowledge

NEW REQUIREMENTS:

Testing the Plan

- ✓ Participate in a full scale exercise that is community –based at least annually
- ✓ If not available, conduct a facility-based full scale exercise
- ✓ Conduct a second formal exercise that can be a table top at least annually involving a narrated clinically relevant emergency scenario and questions/problems to challenge the plan
- ✓ Analyze response to exercise and table top

DISASTER DRILLS (FUNCTIONAL)…

FULL SCALE DRILLS (COMMUNITY)…

Discussion-based Exercises or Table Tops

Table Top Exercises

Section 483.73 (e)
Emergency and stand by power systems

- Does not apply to IID
- Fortunately CMS did not require 4 hours testing as they proposed initially.
- Basically no change from current requirements in NFPA 99 and amendments for location, inspection, testing, maintenance and fuel

NEW REQUIREMENT:

Integrated Health Care Systems
Section 483.73 (f)

- If facility is part of a healthcare system with multiple facilities they can elect to have a unified and integrated EP program
- Must demonstrate that each facility participated in the development of EP
- Must reflect each facility's unique circumstances, population, and services based on their facility-specific assessment
- Have integrated P&Ps for coordinated communication plan and testing and training

QUESTIONS...?

Photo Sources: www.pixabay.com; www.commons.wikimedia.org; www.public-domain-image.com

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Thank You!

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