AHCA Summary of Interpretive Guidance for Emergency Preparedness Requirements

Introduction

The four main components of the requirements are consistent with the National Preparedness Cycle. The emergency plan, policies and procedures, communication plan and the training and testing program all must be reviewed and updated at least annually. Annual reviews will allow a center to identify gaps and areas for improvement to the center's emergency plan. Policies and procedures are to be based on the emergency plan, risk assessment, and the communication plan. The policies and procedures will operationalize a center's emergency plan. Components of the final requirements focus on an integrated response during a disaster or emergency situation. Surveyors will be provided training on the emergency preparedness requirements.

Below is an overview of the main components of the rule, and what was included in the recently released IG.

Survey Protocol

These Conditions of Participation (CoPs), Conditions for Coverage (CfCs), and conditions for certification and requirements follow the standard survey protocols currently in place for each facility type and will be assessed during initial, revalidation, recertification and complaint surveys as appropriate. Compliance with the Emergency Preparedness requirements will be determined in conjunction with the existing survey process for health and safety compliance surveys or Life Safety Code (LSC) surveys for each provider and supplier type.

The survey process in the IG will strongly rely on the written documentation provided by the center and interviews with leadership. Members are strongly encouraged to review the IG in full to help make sure their center complies.

Emergency Plan

The final rule states that the emergency plan must be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing residents. Strategies for addressing emergency events identified by the risk assessment, resident population, the type of services the center has the ability to provide in an emergency; and continuity of operations must be included in the plan. For ICF/IID members, the rule explains that the emergency plan must address the special needs of its client population. Centers will need a process for cooperation and collaboration with local, tribal, regional, State, or Federal emergency preparedness officials. Centers will need to include documentation of their efforts to contact officials and of their participation in collaborative and cooperative planning efforts.

According to page 5 of the IG, the emergency preparedness program must describe a facility's comprehensive approach to meeting the health, safety, and security needs of their staff and patient population during an emergency or disaster situation. The program must also address how the facility would coordinate with other healthcare facilities, as well as the whole community

during an emergency or disaster (natural, man-made, facility). The IG notes on page 6 that the term “comprehensive” in this requirement is to ensure that facilities do not only choose one potential emergency that may occur in their area, but rather consider a multitude of events and be able to demonstrate that they have considered this during their development of the emergency preparedness plan. It is important to note that page 8 of the IG includes that the annual review of the plan must be documented to include the date of the review and any updates made to the emergency plan based on the review.

Page 11 of the IG explains that facilities may rely on a community-based risk assessment developed by other entities, such as public health agencies, emergency management agencies, and regional health care coalitions or in conjunction with conducting its own facility-based assessment. If this approach is used, facilities are expected to have a copy of the community-based risk assessment and to work with the entity that developed it to ensure that the facility’s emergency plan is in alignment.

The emergency plan must identify which staff would assume specific roles in another’s absence through succession planning and delegations of authority. More details on this can be found on page 13 of the IG.

Policies and Procedures

The final rule outlines the provision of subsistence needs for staff and residents, whether they evacuate or shelter in place, will need to include: (1) food, water, medical, and pharmaceutical supplies. (2) Alternate sources of energy to maintain temperatures, emergency lighting, fire detection, extinguishing, and alarm systems, sewage and waste disposal.

The final rule clarified that centers will need to include a system to track the location of on-duty staff and sheltered residents in the center's care during and after an emergency as well as a system for medical documentation. Safe evacuation and shelter in place procedures will need to be included. Evacuation policies and procedures will need to consider care and treatment needs of evacuees, staff responsibilities, transportation and identification of evacuation location(s). Centers will also need to include arrangements with other LTC facilities and other providers to receive residents in the event of limitations or cessation of operations**.**

Page 22 of the IG notes that alternate sources of energy depend on the resources available to a facility, such as battery-operated lights, or heating and cooling, in order to meet the needs of a facility during an emergency. Facilities are not required to upgrade their electrical systems, but after review of their risk assessment, facilities may find it prudent to make any necessary adjustments to ensure that occupants health and safety needs are met, and that facilities maintain safe and sanitary storage areas for provisions. Page 22-23 also includes information about portable and permanent generator related testing requirements we encourage you to read.

Page 30 of the IG includes that facilities must consider in their development of policies and procedures the needs of their patient population and what designated transportation services would be most appropriate. Page 33 of the IG states that facilities are expected to include in their policies and procedures the criteria for determining which patients and staff that would be sheltered in place. Page 35 states that facilities are expected to include in their emergency plan a

method for contacting off-duty staff during an emergency and procedures to address other contingencies in the event staff are not able to report to duty which may include, but are not limited to, utilizing staff from other facilities and state or federally-designated health professionals. Page 36 notes that facilities are required to have policies and procedures which include prearranged transfer agreements, which may include written agreements or contracted arrangements with other facilities and other providers to receive patients in the event of limitations or cessation of operations to maintain the continuity of services to facility patients. Page 38 notes that facilities must develop and implement policies and procedures that describe their role in providing care at alternate care sites during emergencies.

Communication Plan

A center's emergency preparedness communication plan must comply with Federal, State, and local laws. The communication plan must include name and contact information for nine key groups including volunteers. The final rule states that centers will need to provide a primary and alternate way for communicating with center staff and Federal, State, tribal, regional, or local emergency management agencies. The communication plan in the final rule outlines eight components the plan must include and does not require specific timeframes for center communications in the emergency preparedness requirements.

Page 41 of the IG includes that facilities must have a written emergency communication plan that contains how the facility coordinates patient care within the facility, across healthcare providers, and with state and local public health departments. Please look at page 43 for the type of contact information, including other facilities information, you should have listed in your communication plan. Page 47 includes what patient information and medical documentation should be shared with other health care providers to maintain continuity of care.

Training and Testing

Centers will need to conduct initial training in emergency preparedness policies and procedures to all new and existing staff, contract staff, and volunteers. Training must be documented and staff must be able to demonstrate knowledge of the emergency procedures.

Centers must conduct exercises to test the emergency plan at least annually, including unannounced staff drills using the emergency procedures. Centers will need to participate in a full-scale exercise that is community-based if not accessible then an individual, facility based. An additional exercise will need to be conducted by the center such as a second full-scale exercise that is community-based or individual, facility-based or 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. Testing will need to include an analysis of the center's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the emergency plan, as needed.

Page 56 of the IG includes that facilities must maintain documentation of the annual training for all staff. The documentation must include the specific training completed as well as the methods used for demonstrating knowledge of the training program. Facilities have flexibility in ways to demonstrate staff knowledge of emergency procedures.

Page 59 notes that since full-scale exercise may vary by sector, facilities are not required to conduct a full-scale exercise as defined by FEMA or DHS's Homeland Security Exercise and Evaluation Program (HSEEP). For the purposes of this requirement, a full-scale exercise is defined and accepted as any operations-based exercise (drill, functional, or full-scale exercise) that assesses a facility's functional capabilities by simulating a response to an emergency that would impact the facility's operations and their given community. A full-scale exercise is also an operations-based exercise that typically involves multiple agencies, jurisdictions, and disciplines performing functional or operational elements.

Emergency and Standby Power Systems **Does not apply to ICF/IID communities**

The final rule adopts the Health Care Facilities Code (NFPA 99, Life Safety Code NFPA 101 and NFPA 110) for the location of the emergency generator and the Health Care Facilities Code, NFPA 110, and Life Safety Code for the emergency power system inspection, testing, and maintenance requirements. For centers that maintain an onsite fuel source to power emergency generators must have a plan for how it will keep emergency power systems operational during an emergency.

According to page 59 of the IG, facilities may plan to evacuate all patients, or choose to relocate internally only patients located in certain locations of the facility based on the ability to meet emergency power requirements in certain locations. For example, a LTC facility may decide to relocate residents to a part of the facility, such as a dining or activities room, where the facility can maintain the proper temperature requirements rather than the maintaining temperature within the entire facility. It is up to each facility to make emergency power system decisions based on its risk assessment and emergency plan.