CMS Emergency Preparedness Regulation and Interpretive Guidelines
All Hazards Approach: Facility and Community-Based Risk Assessment
Ray Miller, Direct Supply

Agenda – National EP Rule

1. Background
   2. Components
   3. Resources & Basics
   4. Collaboration & Coalitions
   5. Evacuation & Shelter-In-Place
   6. “All Hazards Risk Assessment”

Emergency or Disaster?
Preparation, Practice and “LUCK”
Emergency Preparedness Purpose

This rule establishes national emergency preparedness requirements for Medicare- and Medicaid-participating providers to ensure that they adequately plan for both natural and man-made disasters and coordinate with federal, state, tribal, regional, and local emergency preparedness systems.

It is intended to ensure that (facilities) are adequately prepared to meet the needs of residents during disasters and emergency situations.

FYI: “The new rule is based primarily on of the hospital Emergency Preparedness CoP.”

Increase Patient Safety During Emergencies

Address systemic gaps
Establish consistency
Encourage coordination

SNF, NF, HH, Hospice, and ICF/IID -- not AL

Applies to 17 Medicare & Medicaid Providers & Suppliers
Emergency Preparedness Regulations Applies To:

1. §403.748, Condition of Participation for Religious Nonmedical Health Care Institutions (RNHCIs)
2. §416.54, Condition for Coverage for Ambulatory Surgical Centers (ASCs)
3. §418.113, Condition of Participation for Hospices
4. §441.184, Requirement for Psychiatric Residential Treatment Facilities (PRTFs)
5. §460.84, Requirement for Programs of All-Inclusive Care for the Elderly (PACE)
6. §482.15, Condition of Participation for Hospitals
7. §482.78, Requirement for Transplant Centers
8. §483.73, Requirement for Long-Term Care (LTC) Facilities
9. §483.475, Condition of Participation for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/Ms)
10. §484.22, Condition of Participation for Home Health Agencies (HHAs)
11. §485.68, Condition of Participation for Comprehensive Outpatient Rehabilitation Facilities (CORFs)
12. §485.625, Condition of Participation for Critical Access Hospitals (CAHs)
13. §485.727, Conditions of Participation for Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services
14. §485.930, Condition of Participation for Community Mental Health Centers (CMHCs)
15. §486.360, Condition of Participation for Organ Procurement Organizations (OPOs)
16. §491.12, Conditions for Certification for Rural Health Clinics (RHCs) and Conditions for Coverage for Federally Qualified Health Centers (FQHCs)
17. §494.62, Condition for Coverage for End-Stage Renal Disease (ESRD) Facilities

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Proposed Federal Regulation and Requirements

3 Key Essentials Focuses:

1. Safeguarding human resources
2. Maintaining business continuity
3. Protecting physical resources

4 Intended Result of Successful Adoption:

1. Anticipate (plan)
2. Respond
3. Integrate
4. Recover
§ 483.73 Emergency Preparedness: Requirements for LTC Facilities

The facility must comply with all applicable Federal, State and local EP requirements. The facility must establish and maintain a comprehensive EP program that meets the requirements of this section.

The EP program must include, but not be limited to, the following elements:

1. Emergency plan. (E-Tag 0001)
2. Policies and procedures. (E-Tag 0004)
3. Communication plan. (E-Tag 0015)
4. Training and testing. (E-Tag 0029)
5. Emergency and standby power systems. (E-Tag 0036)
6. Integrated healthcare systems. (E-Tag 0041)

1. Written, Comprehensive Emergency Plan
   E-Tags: 0004, 0006, 0007, 0009

   “Facilities must develop an all-hazards EP program and plan”

Comprehensive, Integrated EP approach: 1] Identify / document hazards, impacts, gaps (residents, facility, community, geographical region)
2] Develop EP capacities and capabilities to address gaps and challenges and emergencies or disasters

Natural, man-made, or facility emergencies: 1] care-related
equipment / power 3] communications (e.g. cyber-attacks)
4] essential supply interruptions (water and food) 5] total / partial facility loss
2. Specific Policies and Procedures
E-Tags: 0016, 0018, 0020, 0022, 0023, 0024, 0025, 0026

Facilities must develop and implement EP P&P based on ...

1) Subsistence Needs
2) Supplies
3) Alternate Energy Source/s
4) Sewage and waste disposal
5) Resident, Staff Tracking
6) Safe Evacuation
7) Shelter-In-Place
8) Medical Documentation System
9) Surge Events Strategies
10) Receiving Facility Arrangements

SIDEBAR: CMS Differentiates

1. POLICIES: formal method / course of action to be adhered to
2. PROCEDURES: actions needed to implement policies to meet regulations
3. OPERATING GUIDELINES: checklists, etc. that are PART of P&Ps

3. Defined Communication Plan

The [facility] must develop /maintain an EP communication plan ...

(1&2) Names and contact information (people, partners)
(3) Primary and alternate means for communicating
(4) Method to share necessary resident info and documents
(5) Means to release allowable resident info due to evacuation
(6) Means to provide info regarding resident condition and location info
(7) Means to provide info regarding (occupancy, needs, ability to assist) to AHJ/ICC/Designee
(8) Method to share appropriate EP info with residents, families and representatives

Survey Procedures:
1. Ask to review ...
2. Ask to see evidence ...
3. Ask staff to demonstrate ...
4. Interview Residents, Families ...
5. Verify the communication plan includes ...

3. Defined Communication Plan (2 of 4)

The [facility] must develop /maintain an EP communication plan ...

Coordination of Resident Care (within facility, across healthcare providers, state/local public HDs, EM agencies, systems). Facilities are required to:

1. Develop method to share information and medical documentation within a timeframe to maintain continuity of care.
2. Ensure that all necessary patient information that is readily available is sent with evacuated patient and is readily available during sheltering-in-place (at least: name, age, DOB, allergies, current med’s, diagnoses, reason for admission, blood type, advance directives, next of kin/emergency contacts; no specified means)
3. Defined Communication Plan (3 of 4)  
E-Tags: 0029, 0030, 0031, 0032, 0033, 0034, 0035

The facility must develop and maintain an EP communication plan that complies with F, S, L laws ... and must include ... :

1. Primary and alternate emergency communication system  
(with staff, Federal, State, tribal, regional and local EM agencies)

2. "Facilities have discretion" ("However, it is expected that facilities would consider pagers, cellular/satellite phones, walkie-talkies (radio transceivers), NOAA Weather radio ... ")

3. Emerg. com’s systems: (availability, capability, compatibility, affordability):
   - SHAred RESources (SHARES) HF Radio
   - National Communication System (NCS)
   - Gov’t. Emergency Telecommunications Services (GETS)
   - Telecommunications Service Priority (TSP) Program,
   - Wireless Priority Service (WPS)
   - Amateur (HAM) Radio & "Radio Amateur Civil Emergency Services" (RACES)

NOTE 1: "We are allowing facilities flexibility in how they formulate and operationalize the requirements of the communication plan."

NOTE 2: Facilities utilizing electronic data storage ... provide evidence of data back-up with hard copies and the capability to reproduce or access data during emergencies. ... RUALA.

4. Training and Testing (1 of 5)  
E-Tags: 0036, 0037, 0039

The facility must develop and maintain an EP T&T program ... based on {Plan, HVA, CP} ... and must include ... :

(1) Training:
   (i) Initial P&P training ... new / existing staff, "contracted" individuals, volunteers, roles-based
   (ii) ALA
   (iii) Documented
   (iv) Demonstrate knowledge

(2) Testing: ...

More to follow ...
4. Training and Testing (2 of 5)
E-Tags: 0036, 0037, 0039

(1) Testing: … The LTC facility must do all of the following:

(i) Community-based-full-scale exercise OR (when not accessible) an individual, facility-based OR actual natural / man-made emergency that requires activation (exempt for 1 year)

4. Training and Testing (3 of 5)
E-Tags: 0036, 0037, 0039

(1) Testing: … The LTC facility must do all of the following:

(ii) Additional exercise … not limited to:

(A) 2nd full-scale exercise (community-based or individual)

(B) Tabletop exercise** (that includes: discussion, facilitator, narrated, clinically-relevant emergency scenario, problem statements, directed messages or challenging questions)

(iii) Analyzed facility responses, documentation (drills, tabletop exercises, emergency events) … revise EP plan

4. Training and Testing (4 of 5)
E-Tags: 0036, 0037, 0039

1. Roles-based as per policies and procedures
2. Return demonstration (x 37)
3. Upon hire and annually
4. Documented
5. Testing:
   A. Annual:
      1) Community mock drill (OR manmade/natural disaster)
      2) Table exercises** (led by a facilitator, EP-based)
   B. Document and analyze all responses (drills, tabletops, actual)
   C. Revise EP as necessary
4. **Training and Testing** (5 of 5)

E-Tag: 0036, 0037, 0039

**EMAIL** From: Dave Weidner, Health Care Asoc. / NJ
Sent: Wednesday, 29 Mar
To: Erin Prendergast; Jocelyn Montgomery; Ray Miller
Subject: “Participate” vs. “Plan”

1. (Consider using an After Action “retrospective analysis” report)
2. “Drill”: Tests a single function or capability
3. “Full Scale Exercise”: Multiple agencies … mirrors real event
4. “Community-based hospital exercise”: (Medical Surge Capacity -- Receiving facility must actually establish all the components necessary to accept the patients)

5. Your Own “Community-based full scale exercise”:

   1st Responders + Hospital + Other LTCs

“CMS encourages LTCs to reach out to Coalitions, but in many areas, LTCs have VERY LIMITED coalition involvement.”

**Tabletop Exercises (TTX) (1 of 2)**

DESIGNED TO CHALLENGE AN EMERGENCY PLAN: Group discussion + facilitator + narrated, clinically-relevant emergency scenario + set of problem statements + directed messages (“inserts”) or prepared questions

1. SIMULATION: (informal, reduced-stress, talk) “call departments, facilitator-led, narrated, clinically-relevant scenario with problem statements, directed challenges”
2. FOCUSED: roles, responsibilities, procedures, possibilities, decision making, communications, flexibility, TEAM
3. INTERACTIVE: discussion, brainstorming
4. PARTICIPANTS: decision makers

**ADVANTAGES:**

1. Reality check for the team
2. Good review of plans, procedures, and policies
3. Modest commitment of time, expenses, resources
4. Good team building – acquaints key staff with responsibilities, procedures, each other

**DISADVANTAGES:**

1. Can be superficial
2. Tough to simulate staff and system overload
3. Difficult test of staff and system capabilities

Time Commitments:
Prep: < 8 hrs.
Drill: 2 – 3 hrs.
Follow-up: < 8 hrs.

Participate with your Coalitions
5. Emergency and Standby Power Systems (1 of 4)
E-Tag: 0041

The [facility] must implement emergency and standby power systems:

LTC facilities must comply with 2012 LSC (101) and 2012 HCFC (99)
NFPA 99 requires … certain LTC facilities to install, maintain, inspect and test an Essential Electric System (EES) where failure of equipment or systems is likely to cause the injury or death of patients or caregivers.
An EES includes an alternate power source, distribution system, and associated equipment to ensure continuity of electricity to selected areas and functions during the interruption of normal electrical service.
The EES alternate source of power for these facility types is typically a generator.

5. Emergency and Standby Power Systems (2 of 4)
E-Tag: 0041

The [facility] must implement emergency and standby power systems:

Emergency generator location. … new or renovated structures … generator must be located IAW 1] the HCFC (NFPA 99), 2] LSC (NFPA 101) and 3] applicable TIAs

Emergency generator inspection and testing. LTC facilities must implement the emergency power system inspection, testing, and [maintenance] requirements HCFC, NFPA 110, and LSC

Emergency generator fuel. LTC facilities with an onsite emergency generator fuel source must have a plan for how it will keep emergency power systems operational during the emergency, unless it evacuates. (IAW NFPA 110)

5. Emergency and Standby Power Systems (3 of 4)
E-Tag: 0041

The [facility] must implement emergency and standby power systems:

Q: What is the frequency of generator testing according to the NFPA 110?
A: NFPA 110, Standard for EPSS Systems … Basic -- generator inspected weekly and test run for 30 min. monthly

Permanent generators, may be subject to LSC surveys to ensure compliance with LSC provisions (testing, maintenance)

Portable Generator: NFPA 110 requires EPSS to be permanently attached, therefore portable and mobile generators would not be permitted as an option to provide or supplement emergency power to Hospitals, CAHs or LTCs.

5. Emergency and Standby Power Systems (4 of 4)

The [facility] must implement emergency and standby power systems:

Survey Procedures -- Verify:
1. EP requirements met & P&P in-place
2. S-l-P and evac. plans in-place
3. Construction Renovation -- written relocation plans in place
4. LTC facilities with generators -- Verify:
   • A new, altered, renovated or modified generator locations
     (15 Nov 2016 to 15 Nov 2017): is located /installed IAW with
     NFPA 110 and NFPA 99
   • EP plan includes how to keep the generator operational
     during an emergency (unless they plan to evacuate)

6. Integrated Healthcare Systems (1 of 3)

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 coordinate emergency program.

If elected, the unified and integrated emergency preparedness
program must do all of the following (5):

6. Integrated Healthcare Systems (2 of 3)

… If elected, the unified and integrated emergency preparedness
program must do all of the following (5):

(1) … each facility actively participates in the development of the unified
and integrated EP program

(2) (program is) developed and maintained in a manner that
takes into account each separately certified facility's unique
circumstances, patient populations, and services offered.

(3) (program) Demonstrates that each facility is capable of
actively using the program and is in compliance with the
program.
6. Integrated Healthcare Systems (3 of 3)

E-Tags: 0042

If elected, the unified and integrated emergency preparedness program must do all of the following (5):

(4) Include a unified and integrated emergency plan that meets the requirements and is based on and includes documented:

(i) community-based, all-hazards risk assessment.

(ii) individual, facility-based, all-hazards risk assessment.

(5) Include integrated P&P, coordinated communication plan, training and testing.

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Resources: Website

Downloads:
By Name By State Healthcare Coalitions - Updated 7-14-17 [PDF, 2MB]
Facility Transfer Agreement - Example [PDF, 56KB]
17 Facility Provider Supplier Types Impacted [PDF, 89KB]
Frequently Asked Questions (FAQs) Round One [PDF, 312KB]
Frequently Asked Questions (FAQs) Round Two Revised 6-1-17 [PDF, 40KB]
Frequently Asked Questions (FAQs) Round Three Revised 6-1-17 [PDF, 35KB]
Frequently Asked Questions (FAQs) Round Four [PDF, 48KB]
Frequently Asked Questions Round Four Definitions [PDF, 56KB]
General Presentation - Overview of EP [PPTX, 3MB]
Advanced Copy-Emergency Prep Interpretive Guidelines [PDF, 783KB]
Surveyor Tool- EP Tags [XLSX, 62KB]

Related Links:
ASPR TRACIE - Opens in a new window
NCEMPH - Opens in a new window

**Resources: Recommended Tool -- #1**

**Emergency Preparedness Checklist**

**Recommended Tool for Effective Health Care Facility Planning**

**Tasks**

- Develop Emergency Plan: Gather all available relevant information when developing the emergency plan. This information includes, but is not limited to:
  - Copies of any state and local emergency planning regulations or requirements.
  - Facility personnel names and contact information.
  - Contact information of local and state emergency managers.
  - A facility organization chart.
  - Building configuration and life safety systems information.
  - Specific information about the characteristics and needs of the individuals for whom care is provided.

- All Hazards Continuity of Operations (COOP) Plan: Develop a continuity of operations business plan using an all-hazards approach (e.g., hurricanes, floods, tornados, fire, biodiversity, pandemic, etc.) that could potentially affect the facility directly and indirectly within the particular area of location. Instead


**Resources: Recommended Tool -- #2**

**Emergency Preparedness Checklist (for LTC Facilities - Updated August 2006)**

- Determine a facility emergency plan.

- Identify emergency contacts:
  - Provide information on local and state emergency managers.
  - A facility organization chart.
  - Building configuration and life safety systems information.
  - Specific information about the characteristics and needs of the individuals for whom care is provided.

- Develop a continuity of operations business plan using an all-hazards approach (e.g., hurricanes, floods, tornados, fire, biodiversity, pandemic, etc.) that could potentially affect the facility directly and indirectly within the particular area of location. Instead

**Resources: Recommended Tool -- #3a**

**Emergency Planning Checklist**

**Recommended Tool for Persons in Long-Term Care Facilities & Their Family Members, Friends, Personal Caregivers, Guardians & Long-Term Care Ombudsmen**

**Part I: For Long-Term Care Residents, Their Family Members, Friends, Personal Caregivers, & Guardians**

<table>
<thead>
<tr>
<th>Task</th>
<th>Content</th>
</tr>
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<tbody>
<tr>
<td><strong>Emergency Plan:</strong></td>
<td>Prior to any emergency, ask about and become familiar with the facility's emergency plan, including:</td>
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<tr>
<td>✔️</td>
<td>Location of emergency exits.</td>
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<tr>
<td>✔️</td>
<td>How alarm systems works and modifications for individuals who are hearing and/or visually impaired.</td>
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<tr>
<td>✔️</td>
<td>Plans for evacuation, including:</td>
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<tr>
<td>✔️</td>
<td>How residents' needs during assistance will be evacuated, if necessary.</td>
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<tr>
<td>✔️</td>
<td>How the facility will ensure each resident can be identified during evacuation (e.g., attach identification information to each resident).</td>
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Representatives of the Office shall support resident and/or family councils in emergency preparedness by:

1. Conducting annual resident and family councils outreach
2. Providing a ready-made presentation, recommended materials, other talking points (tracking training completion)
3. Encouraging and facilitating councils' involvement in facility emergency preparations and exercises (e.g. evacuate, shelter-in-place, point of distribution, etc.)
4. Handing out emergency checklist during family councils

**Collaboration and Coalitions**

**Collaborate With:**

1. **MUST:** Local, Tribal, Regional, State, Federal EP officials' efforts to maintain an integrated emergency/disaster event response
2. **CHOICE:** Local Coalitions (HC Coalitions, Response & Recovery community)

**Survey Procedures:**

Interview facility leadership ... “describe your process for ensuring cooperation and collaboration with external (stakeholders) to ensure an integrated response ...”
Networking: Emergency Management Community

Benefits of Coalition Participation:
1. Networking / Learning / $$$
2. Shared expense / bulk purchasing power
3. Shared effort for exercise planning and development
4. A window into the “Emergency Management World”

Coalitions Reality Check:
1. High-functioning
2. Underdeveloped
3. Absence of

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Evacuation and Shelter in Place

Specific Policies And Procedures

1. 1135 waiver use and applicability (declared emergency)
2. Alternate energy sources (temps, lighting, fire detection, sewage/disposal)
3. Communications methods (primary and alternate)
4. Resident and staff subsistence needs (food, water, medical supplies)
5. Use of volunteers during an emergency
6. ID/DD Evacuation (must be transferred to other ID/DD providers)
7. All hazards risk assessment and updates/reviews
8. Evacuation and shelter-in-place plans
9. Resident and staff tracking
10. Secure/available medical documentation and records

1. 1135 Waivers -- Purpose (1 of 3)

The purposes of a waiver are to ensure that:

1) Sufficient health care items and services are available

2) Health care providers that are unable to comply with certain requirements, may still be reimbursed and exempted from sanction (absent fraud or abuse).

NOTE: If a provider regains its ability to comply with a waived requirement before the end of the declared emergency period, the waiver of that requirement would no longer apply to that hospital.
1. **1135 Waivers -- Requirements** (2 of 3)

1st -- Pres. declares a major disaster / emergency  
(under the Stafford Act OR the National Emergencies Act)  

AND

2nd -- HHS Sec. declares a public health emergency  

AND

3rd -- HHS Sec. grants an 1135 Act-waiver (federal requirements)

**Examples of 1135 waivers (existing CoPs):**

1. Licensure (Physicians / Others) to provide services in the affected State
2. Medicare Advantage out of network providers
3. EMTALA (Emergency Medical Treatment and Labor Act)
4. HIPAA

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1. **1135 Waivers – Examples** (3 of 3)

**Mass Casualty Incident -- Facility P&P should address:**

1. In-state licensure requirements are waived
2. When out-of-state care givers arrive, what is an example of P&P that might be necessary?
   
   “Policies may establish a lead person in charge for accountability and oversight.”

**NOTE:** Facilities should also have P&P which address situations in which a declaration was not made; (e.g. disaster affecting 1 facility; (e.g. 1] potential resident transfers 2] timelines of residents at alternate facilities)

**Survey Procedures:** “Verify the facility EP P&P describing the facility’s role in providing care and treatment at alternate care sites under an 1135 waiver.”

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4. **Subsistence (§ 483.73(b)(1))** (1 of 2)

LTC facilities are required to provide subsistence needs for staff and residents ... evacuate or shelter in place, including, but not limited to:

1. Food, water, medical and pharmaceutical supplies
2. Alternate sources of energy/electrical power**
   
   Emergency and Standby Power Systems
3. Safe and sanitary storage of such provisions
   
   **Subsistence Needs** (include, but are not limited to): food, water, medical and pharmaceutical supplies, alternate sources of energy to maintain; temperatures to protect patient/resident health and safety and sanitary storage of provisions; emergency lighting; fire detection, extinguishing, and alarm systems; and sewage and waste disposal.
4. Subsistence (§ 483.73(b)(1)) (2 of 2)

LTC facilities are required to provide subsistence needs for staff and residents … evacuate or shelter in place, including, but not limited to:

NOTE: 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 HVA and EP Plan.

5. Use of volunteers during an emergency (1 of 3)

1. During an emergency … volunteers … with varying levels of skills and training … P&P in place to facilitate this (a means to shelter in place for volunteers who remain in the facility)

2. Scope of practice and training … necessary privileging and credentialing

3. Non-medical volunteers = non-medical tasks

4. Flexibility BUT IAW State law and scope of practice rules AND facility policy

5. Use of volunteers during an emergency (2 of 3)

5. “Federally Designated Health Care Professionals” (Public Health Service [PHS] staff, National Disaster Medical System [NDMS] medical teams, Department of Defense [DOD] Nurse Corps, Medical Reserve Corps [MRC])

6. Personnel federally designated Health Professional Shortage Areas (HPSAs) (licensed primary care medical, dental, and mental/behavioral health professionals)

7. Facilities are encouraged to integrate State-established volunteer registries, and where possible, State-based Emergency System for Advanced Registration of Volunteer Health Professionals (ESAR-VHP).
5. Use of volunteers during an emergency *(3 of 3)*

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<td>1. Communications</td>
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<td>2. Rounds, reporting, alerting</td>
</tr>
<tr>
<td>3. IDs/photo for staff / volunteers</td>
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<tr>
<td>4. Visitors’ reception area / sign in</td>
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<tr>
<td>5. NFPA: Coordinate with local law enforcement</td>
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6. “All Hazards Risk Assessment”

Risk Assessment: All-Hazards Risk Approach *(1 of 6) *(For LTC facilities at §483.73(a)(1):)*

Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do the following:

1. Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach *(including missing residents (ICF/AIDs = “clients”)) *

2. Include strategies for addressing emergency events identified by the risk assessment.
1. **Purpose:** Identify and document potential loss scenarios (resulting in EP plan gap analysis)

2. **Methodology:** Mission-critical capacities and capabilities ... full spectrum of emergencies/disasters, (internal, man-made, natural)

3. **Facility-Specific:** Geography; residents; type; surrounding community assets (i.e. rural, metropolitan area)

4. **All-encompassing:** Care-related, equipment/power failures, communications interruptions (including cyber-attacks), partial/full facility loss; supply interruptions (essentials/water/food)

5. **Broad-spectrum:** Not “individual threat specific”; ensures providers will have capacity to address broad range of events
Risk Assessment: All-Hazards Risk Approach (5 of 6)

**How To**

- "Universal" LTC threats: (listed)
- "Unique" Facility Threats: determine
  1. Potential impact threats
  2. Geographic location, hx; proximity to structures, operations, transport corridors, etc.
  3. Determine hazards and vulnerabilities for County and surrounding areas (contact CEMD)

**Risk Assessment: All-Hazards Risk Approach (6 of 6)**

Noteworthy Statement:
State Operations Manual
Appendix Z- EP for All Provider Types
Interpretive Guidance, pg. 11

"Facilities may rely on a community-based risk assessment developed by other entities (PHA, EMA, regional HCC)."

Facilities are expected to:
1] “have a copy of the community-based risk assessment"
2] "work with the entity that developed it to ensure that the facility’s emergency plan is in alignment."

IN CLOSING: Implementation Strategies: (1 of 2)

A. Review / Evaluation Strategies:
1. … Existing EP plan (Consistent with AURA)
2. … Consistent organizational EP practices (facility protocols AND national standards)
3. … Designated EP committee members
4. … EP inclusion in QAPI committee (EP regulatory compliance)
5. … Update EP Plan (annually / as necessary)
6. … Training curriculum (Meets the facility EP requirements)
7. … EP Plan implementation (consistently meets expected standards)
8. … QAPI-driven Process Improvement (PIP’s used for identified areas)
IN CLOSING: Implementation Strategies: (2 of 2)

B. Education Strategies:
1. EP training provided as per Plan to all Staff
2. All Staff are aware of AND practices EP roles and responsibilities
3. Evaluation/comment is actively sought from staff

C. Tips: Collaborate with other providers and partners:
1. State associations, QIOs, hospitals, etc.
2. Share ideas, trainings, resources
3. Capture opportunities for coordination

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Thank You