This presentation is current as of September 16, 2017 and will be updated as information with shared by CMS.
State Operations Manual Appendix Z - Emergency Preparedness for All Provider and Certified Supplier Types

Interpretive Guidance

§483.73, Requirement for Long-Term Care (LTC) Facilities

E0006 - 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.
2. Include strategies for addressing emergency events identified by the risk assessment.

- For LTC facilities and ICF/IIDs, written plans and the procedures are required to also include missing residents and clients, respectively, within their emergency plans.

E0007 - Emergency Preparedness Plan

Must be reviewed, and updated at least annually. The plan must do the following:

- Address patient/client population, including, but not limited to, persons at-risk; the type of services the [facility] has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.
E0009 - 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:

Include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials’ efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the facility’s efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.

E0013 - Policies and Procedures

[Facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section.

The policies and procedures must be reviewed and updated at least annually.

E0015 – Policies and Procedures

At a minimum, the policies and procedures must address the following:

1. The provision of subsistence needs for staff and patients whether they evacuate or shelter in place, include, but are not limited to the following:
   (i) Food, water, medical and pharmaceutical supplies
   (ii) Alternate sources of energy to maintain the following:
      (A) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions.
      (B) Emergency lighting.
      (C) Fire detection, extinguishing, and alarm systems.
      (D) Sewage and waste disposal.
E0018 – Policies and Procedures

At a minimum, the policies and procedures must address the following:

A system to track the location of on-duty staff and sheltered patients in the [facility’s] care during an emergency. If on-duty staff and sheltered patients are relocated during the emergency, the [facility] must document the specific name and location of the receiving facility or other location.

E0020 – Policies and Procedures

At a minimum, the policies and procedures must address the following:

Safe evacuation from the [facility], which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s); and primary and alternate means of communication with external sources of assistance.

E0022 & E0023 – Policies and Procedures

• A means to shelter in place for patients, staff, and volunteers who remain in the [facility].
• A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains availability of records.
E0024 & E0025 – Policies and Procedures

- The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency.
- The development of 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.

E0026 & E0029 Policies and Procedures

- The role of the facility under a waiver declared by the Secretary, in accordance with section 1135 of the Act, in the provision of care and treatment at an alternate care site identified by emergency management officials.
- The facility must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least annually.

E0030 Communication Plan

The facility must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least annually. The communication plan must include all of the following:

- Names and contact information for the following:
  - Staff
  - Entities providing services under arrangement.
  - Patients’ physicians
  - Other facilities.
  - Volunteers.
E0031 Communication Plan

The communication plan must include all of the following:

• Contact information for the following:
  ◦ Federal, State, tribal, regional, or local emergency preparedness staff.
  ◦ The State Licensing and Certification Agency.
  ◦ The Office of the State Long-Term Care Ombudsman.
  ◦ Other sources of assistance.

E0032 Communication Plan

The communication plan must include all of the following:

• Primary and alternate means for communicating with the following:
  ◦ Facility staff.
  ◦ Federal, State, tribal, regional, and local emergency management agencies.

E0033 Communication Plan

The communication plan must include all of the following:

• A method for sharing information and medical documentation for patients under the [facility’s] care, as necessary, with other health providers to maintain the continuity of care.
• A means, in the event of an evacuation, to release patient information a means of providing information about the general condition and location of patients under the [facility’s] care.
E0034 & E0035 Communication Plan

The communication plan must include all of the following:
A means of providing information about the [facility’s] occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee.

The communication plan must include all of the following:
A method for sharing information from the emergency plan, that the facility has determined is appropriate, with residents [or clients] and their families or representatives.

E0036 Testing & Training

- The [facility] must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan, risk assessment, policies and procedures and the communication plan
- The training and testing program must be reviewed and updated at least annually.

E0037 Testing & Training

The facility must do all of the following:
- Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected role.
  - Provide emergency preparedness training at least annually.
  - Maintain documentation of all emergency preparedness training.
  - Demonstrate staff knowledge of emergency procedures.
E0039 Testing

The LTC facility must conduct exercises to test the emergency plan at least annually, including unannounced staff drills using the emergency procedures.

- The LTC facility must do all of the following:
  - Participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based. If the facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the [facility] is exempt from engaging in a community-based or individual, facility-based full-scale exercise for 1 year following the onset of the actual event.

Conduct an additional exercise that may include, but is not limited to the following:

- A second full-scale exercise that is community-based or individual, facility-based.
- 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.
- Analyze the facility's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the facility's emergency plan, as needed.

E0041 - Emergency & standby power systems

The LTC facility must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section.

Emergency generator location. The generator must be located in accordance with the location requirements found in the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12–2, TIA 12–3, TIA 12–4, TIA 12–5, and TIA 12–6), Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12–1, TIA 12–2, TIA 12–3, and TIA 12–4), and NFPA 110, when a new structure is built or when an existing structure or building is renovated.

Emergency generator inspection and testing. The facility must implement the emergency power system inspection, testing, and [maintenance] requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code.
E0041 - Emergency & standby power systems

Emergency generator fuel. [Hospitals, CAHs and LTC facilities] that maintain an onsite fuel source to power emergency generators must have a plan for how it will keep emergency power systems operational during the emergency, unless it evacuates.

E0041 - Emergency & standby power systems

The standards incorporated by reference in this section are approved for incorporation by reference by the Director of the Office of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. You may obtain the material from the sources listed below. You may inspect a copy at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA).

For information on the availability of this material at NARA, call 202–741–6030, or go to:

E0041 - Emergency & standby power systems

If any changes in this edition of the Code are incorporated by reference, CMS will publish a document in the Federal Register to announce the changes.

   (ii) Technical interim amendment (TIA) 12–1 to NFPA 99, issued August 11, 2011.
   (iii) TIA 12–2 to NFPA 99, issued August 8, 2012.
   (iv) TIA 12–3 to NFPA 99, issued August 8, 2012.
   (vi) TIA 12–4 to NFPA 101, issued August 8, 2012.
E0042 - Integrated healthcare systems

If a 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 facility may choose to participate in the healthcare system’s coordinated emergency preparedness program.

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

• Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.

• Be developed and maintained in a manner that takes into account each separately certified facility’s unique circumstances, patient populations, and services offered.

• Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance with the program.

E0042 - Integrated healthcare systems

Include a unified and integrated emergency plan that meets the requirements of paragraphs (a)(2), (3), and (4) of this section. The unified and integrated emergency plan must also be based on and include the following:

• A documented community-based risk assessment, utilizing an all-hazards approach.

• A documented individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach.

• Include integrated policies and procedures that meet the requirements set forth in paragraph (b) of this section, a coordinated communication plan, and training and testing programs that meet the requirements of paragraphs (c) and (d) of this section, respectively.
Healthcare Facilities Affected (17)

**Inpatient**
- Hospitals
- Critical Access Hospitals
- Religious Nonmedical Health Care Institutions (RNHCIs)
- Psychiatric Residential Treatment Facilities (PRTFs)
- Long-Term Care (LTC) / Skilled Nursing Facilities
- Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)

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Healthcare Facilities Affected (17)

**OUTPATIENT**
- Ambulatory Surgical Centers
- Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Services
- Physical Therapy and Speech-Language Pathology Services
- Community Mental Health Services
- End-Stage Renal Disease (ESRD) Facilities
- Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)
- Home Health Agencies (HHAs)
- Hospice
- Organ Procurement Organizations (OPOs)
- Programs of All-Inclusive Care for the Elderly (PACE)
- Transplant Centers
- Comprehensive Outpatient Rehabilitation Facilities (CORFs)
- Health Centers (CMHCs)

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Goals
RISK ASSESSMENT

Risk Assessment and Planning
Perform risk assessment using an “all-hazards” approach, focusing on capacities and capabilities.

Develop an emergency plan based on a risk assessment.

Update emergency plan at least annually.
All-Hazards Approach

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, including internal emergencies and a man-made emergency (or both) or natural disaster. This approach is specific to the location of the provider or supplier and considers the particular type of hazards most likely to occur in their areas. These may include, but are not limited to, care-related emergencies, equipment and power failures, interruptions in communications, including cyber-attacks, loss of a portion or all of a facility, and interruptions in the normal supply of essentials such as water and food.

Examples of Hazards

<table>
<thead>
<tr>
<th>NATURAL</th>
<th>MAN-MADE</th>
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<tbody>
<tr>
<td>Tornado/Hurricane</td>
<td>Fire</td>
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<tr>
<td>Earthquake</td>
<td>Power Outage</td>
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<tr>
<td>Blizzard/Ice Storm</td>
<td>Explosion within/outside facility</td>
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<td>Flood</td>
<td>Hazardous material release</td>
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<tr>
<td>Landslide</td>
<td>Nuclear facility incident</td>
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<tr>
<td>Wildfire</td>
<td>Water system failure</td>
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<tr>
<td>Tsunami</td>
<td>Infectious outbreak</td>
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<tr>
<td>Cold/Heat - Extreme and/or Prolonged</td>
<td>Bomb threat</td>
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<td></td>
<td>Active shooter</td>
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<tr>
<td></td>
<td>Plane crash</td>
</tr>
<tr>
<td></td>
<td>Civil disturbance</td>
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</tbody>
</table>

Examples of Hazards

**Technical**
- Cyber attack
- Computer system failure
- Telephone failure
- HVAC failure
- Utility disruption
Perform a Hazard Risk Assessment

<table>
<thead>
<tr>
<th>Hazard Risk Assessment</th>
<th>Probability</th>
<th>Impact</th>
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</table>
| **Probability** - the likelihood of future occurrence. | • 0 = N/A (Implausible)  
• 1 = Low (0-1 event/30 years)  
• 2 = Moderate (2-3 events/30 years)  
• 3 = High (4+ events/30 years) |  
When scoring probability, consider the known risk, historical data, and manufacturer/vendor statistics.

| Impact upon 5 different categories was considered using a standardized ranking scale of percent affected. | 0 = N/A (No impact expected)  
1 = Low (< 1% affected)  
2 = Moderate (1 – 10% affected)  
3 = High (> 10% affected) |
Hazard Risk Assessment

“Human Impact” - the percentage of the facility population (residents and staff) likely to be injured or killed under an average occurrence of the hazard.
  • Includes death and injuries requiring medical intervention.

“Service Impact” - the percentage of healthcare services likely to be affected under an average occurrence of the hazard.
  • Consider direct care, facility infrastructure, resident family support, professional support, and ancillary services.

“Property Impact” - the percentage of properties likely to be affected under an average occurrence of the hazard.
  • Think about replacement costs, temporary replacements, repairs, and time to recover.

“Service Impact” - the percentage of healthcare services likely to be affected under an average occurrence of the hazard.
  • Consider direct care, facility infrastructure, resident family support, professional support, and ancillary services.

“Property Impact” - the percentage of properties likely to be affected under an average occurrence of the hazard.
  • Think about replacement costs, temporary replacements, repairs, and time to recover.

Hazard Risk Assessment

“Business Impact” - the percentage of businesses likely to be affected under an average occurrence of the hazard.
  • Includes business disruption, employees unable to report for duty, customers unable to reach the facility, contract violations, fines, penalties, legal fees, interrupted critical supplies, reputation or image loss, and financial burden.

“Community Impact” - the percentage of community likely to be affected under an average occurrence of the hazard.
  • Contamination of air, water, and food; supply distribution; facility evacuation; and disruption of utilities and transportation are key consideration factors.

Hazard Risk Assessment

Relative Impact Magnitude = Probability X (Sum of the 5 Impact Rankings) Range is 0 - 45

Overall impact on the organization
Planning

Emergency Planning Checklist

- Develop Emergency Plan
- All Hazards Continuity of Operations Plan
- Collaborate w/ Local Emergency Management Agency
- Analyze Each Hazard
- Collaborate w/ Suppliers, Providers
- Decision Criteria for Executing Plan
- Communication Infrastructure Contingency
- Develop Shelter-in-Place Plan
- Develop Evacuation Plan
- Transportation & Other Vendors


Emergency Planning Checklist

- Train Transportation Vendors/Volunteers
- Facility Reentry Plan
- Residents & Family Members
- Resident Identification
- Trained Facility Staff Members
- Informed Residents
- Needed Provisions
- Location of Evacuated Residents
- Helping Residents in Relocation
- Review Emergency Plan
- Emergency Planning Templates

Emergency Planning Checklist

- Collaboration w/ Local Emergency Management Agencies, Healthcare Coalitions
- Communication w/ Long-Term Care Ombudsman Program
- Conduct Exercises & Drills
- Loss of Resident’s Personal Effects

Planning

GATHER INFORMATION –

- 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 construction and Life Safety systems information
- NFPA 99
- Specific information about the characteristics and needs of the individuals for whom care is provided

CMS Survey and Certification Emergency Preparedness for Every Emergency
Planning

For each potential hazard identified:

- Specific actions to be taken for the hazard
- Identified key staff responsible for executing plan
- Staffing requirements and defined staff responsibilities
- Identification and maintenance of sufficient supplies and equipment to sustain operations and deliver care and services for 3-10 days, based on each facility’s assessment of their hazard vulnerabilities.
- Communication procedures to receive emergency warning/alerts, and for communication with staff, families, individuals receiving care, before, during and after the emergency
- Designate critical staff, providing for other staff and volunteer coverage and meeting staff needs, including transportation and sheltering critical staff members’ family
Activating the Plan

**Decision Criteria:**
- Who at the facility level will be in authority to make the decision to execute the plan to evacuate or shelter in place (even if no outside evacuation order is given) and what will be the chain of command.
- Weigh the risks of staying versus evacuating.
- Under what circumstances will you evacuate residents and staff? Under what circumstances will you "shelter in place"?

Continuity of Operations

**All Hazards Continuity of Operations (COOP) Plan:**
- Continuity of operations business plan using an all-hazards approach that could potentially affect the facility directly and indirectly within the particular area of location.
- Indirect hazards could affect the community but not the facility and as a result interrupt necessary utilities, supplies or staffing.
- Determine all essential functions and critical personnel.

Continuity of Operations

**Orders of Succession**
- Delegation of Authority
- Continuity of Facilities
- Continuity Communications
- Essential Records Management
- Devolution of Control and Direction

Continuity of Operations

Healthcare Primary Mission Essential Function (PMEF) & Mission Essential Functions (MEFs)

- Access to Health Workforce
- Community/Facility Critical Infrastructure
- Access to Healthcare Supply Chain
- Access to Medical/Non-Medical Transportation System
- Healthcare Information Systems
- Healthcare Administration/Finance

State Health Authority, Local/Regional Health Department, Healthcare Coalition, Healthcare Organization

Planning

Collaborate with Local Emergency Management Agency:

- Collaborate with local emergency management agencies to ensure the development of an effective emergency plan.

Collaborate with Suppliers/Providers:

- Collaborate with suppliers and/or providers who have been identified as part of a community emergency plan or agreement with the health care facility, to receive and care for individuals.
- A surge capability assessment should be included in the development of the emergency plan. Similarly, evidence of a surge capacity assessment should be included if the supplier or provider, as part of its emergency planning, anticipates the need to make housing and sustenance provisions for the staff and/or the family of staff.

Direction and Control

Emergency Management Coordinator.

- This person will direct other members of the Emergency Management Group.

Duties of personnel with an assigned role:

- This will become the Emergency Management Group.

Procedures for each position and prepare a checklist for all procedures.

- At a minimum, procedures and responsibilities should be assigned for fire fighting, medical/health emergencies, and engineering failures of the physical plant and information systems.

Equipment and supply needs for each response function.

Who will take the lead in developing and monitoring agreements/procedures with outside emergency partners.
Incident Management Team

- Command
- Operations (Doers)
- Planning (Planners)
- Logistics (Getters)
- Finance/Administration (Payers)

Emergency Resources

Internal resources will include:
- Personnel, such as fire response team, security group, evacuation team, etc.
- Equipment, such as fire protection and suppression equipment, communications equipment, first aid supplies, and emergency power equipment.
- Communication devices, such as backup walkie-talkies and portable battery-operated radios (Disasters have demonstrated that telephone lines and cellular phones will be out of service.)
- Storage locations to stock supplies to get through the initial disaster period (Staff members need to know the storage location and have access 24 hours a day. (Supply stock should include: water, dry goods, ready-to-eat meals, flashlights, and extension cords.)
- Medication - how residents and the medicines and supplies they require will be prepared for the emergency, how their possessions will be protected, and how they will be kept informed during and following the emergency.

Emergency Resources

Communication

Plan in advance the methods and channels of communications to be used to inform staff, residents, and the public, as well as state and local authorities.
- clarify lines of authority and
- flow of communication with 24-hour coverage, seven days a week
- contingency plan if the primary communication system is disabled
- both internal and external networks.
Emergency Resources

- An up-to-date list of key agencies and contact numbers, such as local health department, law enforcement, and EMS
- Procedures and policies for notifying outside agencies
- A system for communicating with local, regional, or state public health agencies
- Policies and procedures for communicating with media, such as newspapers or television reporters (This will include identifying a person who will be in charge of media communications, e.g., a public information officer.)

Communicate the Plan

Suggestions for communicating to employees:
- Include in the employee handbook
- Print a separate document
- Post the plan on the facility’s web site
- Post the plan at frequently-trafficked sites in the facility
- Distribute via e-mail
- Discuss at staff meetings
- Staff education, training, and drilling, reinforced regularly and often, are the best ways to communicate emergency plans to staff.

Communicate the Plan

Suggestions for communicating to residents
- Bulletin board
- Resident council
- Written resources, such as guides or pamphlets.
- Posting the outline on hall bulletin boards or near resident room doors.
Communicate the Plan

Suggestions for communicating to families

• Written material detailing the disaster plan,
• Newsletter and providing a number that families can call if they have questions
• Meetings with families and residents

Update the Plan

• Periodic reviews of the plan.* Follow the mandates set by your state.
• Tabletop exercises to review plans, procedures, and policies
• Feedback from exercises and drills to make changes in your plan
• Debriefings after drills to define areas that need improvements
• Formal meetings after drills to analyze their findings and improve plans

POLICIES AND PROCEDURES
Policies and Procedures
• Based on the emergency plan and risk assessment.
• Address a range of issues including
  o subsistence needs,
  o evacuation plans,
  o procedures for sheltering in place,
  o tracking patients and staff during an emergency.
• Review and update policies and procedures at least annually.

Training and Testing Program
• Develop and maintain training and testing programs, including initial training in policies and procedures.
• Demonstrate knowledge of emergency procedures and provide training at least annually.
• Conduct drills and exercises to test the emergency plan.

Training and Testing Requirements
Facilities are expected to meet all Training and Testing Requirements by the implementation date (11/15/17).
• Participation in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based exercise.
Training and Testing Requirements

Conduct an additional exercise that may include, but is not limited to the following:

- A second full-scale exercise that is individual, facility-based.
- 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.

Training and Testing Program Definitions

**Facility-Based:** When discussing the terms “all-hazards approach” and facility-based risk assessments, CMS considers the term “facility-based” to mean that the emergency preparedness program is specific to the facility. Facility-based includes, but is not limited to, hazards specific to a facility based on the geographic location; Patient/Resident/Client population; facility type and potential surrounding community assets (i.e. rural area versus a large metropolitan area).

**Full-Scale Exercise:** A full scale exercise is a multi-agency, multi-jurisdictional, multi-discipline exercise involving functional (for example, joint field office, emergency operation centers, etc.) and “boots on the ground” response (for example, firefighters decontaminating mock victims).

**Table-top Exercise (TTX):** A table-top exercise is a group discussion led by a facilitator, using narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. It involves key personnel discussing simulated scenarios, including computer-simulated exercises, in an informal setting. TTXs can be used to assess plans, policies, and procedures.
Temperature Controls and Emergency and Standby Power Systems

Under the Policies and Procedures, Standard (b) there are requirements for subsistence needs and temperature controls.

Additional requirements for hospitals, critical access hospitals, and long-term care facilities are located within the Final Rule under Standard (e) for Emergency Power and Stand-by Systems.

Compliance
Facilities are expected to be in compliance with all the requirements by 11/15/2017.

In the event facilities are non-compliant, the same general enforcement procedures will occur as is currently in place for any other conditions or requirements cited for non-compliance.
Collaboration with ASPR TRACIE


Some Frequently Asked Questions

Term “Community”:

• CMS did not define community to afford providers and supplies the flexibility to develop emergency exercises that reflect their risk assessments. This can mean multi-state regions. The goals behind the full-scale exercises and broad term of community is to ensure healthcare providers collaborate with other entities, when possible, to promote an integrated response to disasters.

• By allowing this flexibility, especially taking into account rural areas, facilities are able to more realistically reflect the risks and composition of their communities.

Some Frequently Asked Questions

Real-World Activation of the EP Plan:

• If a facility experienced an actual natural or manmade emergency that required activation of its emergency plan, it will be exempt from engaging in a community or individual, facility-based full-scale exercise for 1 year following the onset of the actual event, as under sections (d)(2)(i) of the provider and suppliers specific testing requirements.
Final Rule Requirements Vary by Provider Type

- Outpatient providers are not required to have policies and procedures for the provision of subsistence needs.
- Home health agencies and hospices required to inform officials of patients in need of evacuation.
- Long-term care and psychiatric residential treatment facilities must share information from the emergency plan with residents and family members or representatives.

References

https://nnepi.gwnursing.org/Default.asp
Nurses on the Front Line: Preparing for Emergencies and Disasters –free training site
https://www.dhs.wisconsin.gov/file/28185
Wisconsin Nursing Home and Assisted Living Residence Hazard and Vulnerability Analysis
https://asprtracie.hhs.gov/technical-resources/52/long-term-care-facilities/47
Office of the Assistant Secretary for Preparedness & Response
Disaster Preparedness Plan Templates for use in Long Term Care Facilities
References


HHS Ransomware Tip Sheet
https://asprtracie.hhs.gov/

Brought to you by HHS ASPR, the Technical Resources, Assistance Center, and Information Exchange (TRACIE)
https://surveyortraining.cms.hhs.gov/pubs/CourseMenu.aspx?id=0CMSEm

Surveyor Training Course – Emergency Preparedness Basic Surveyor Training Course

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