

Facility Fire Safety & Construction Program Team!!!!

□ Nate Elkins, Supervisor

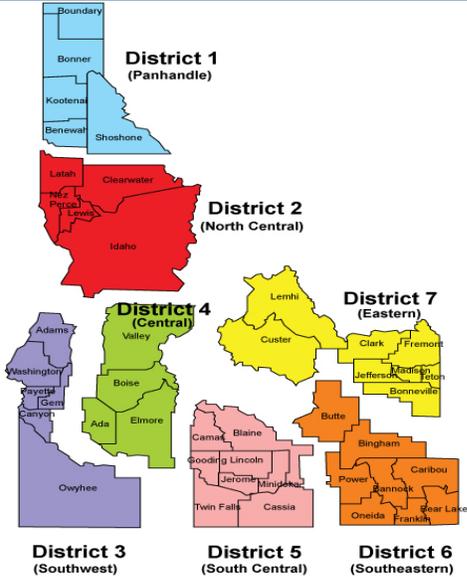


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Disaster Planning for Skilled Nursing Facilities in Idaho

- Medicare and Medicaid Programs; Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers
- Published Sept. 16, 2016
- Applies to all 17 provider and supplier types
- Emergency Preparedness is one new CoP/CfC of many already required

Disaster Planning for Skilled Nursing Facilities in Idaho

- Rule went into effect 21 days ago.

November 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.

Do Not Lose Sight of the Intent!

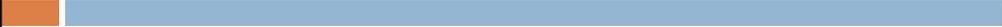
- The intent behind the emergency preparedness final rule is to collaborate and coordinate with emergency officials to improve patient access to care and continuing care during disasters.
- Use one another, healthcare coalitions, public health departments, emergency preparedness experts to gain compliance, share lessons learned and best practices.

CMS Emergency Preparedness Requirements

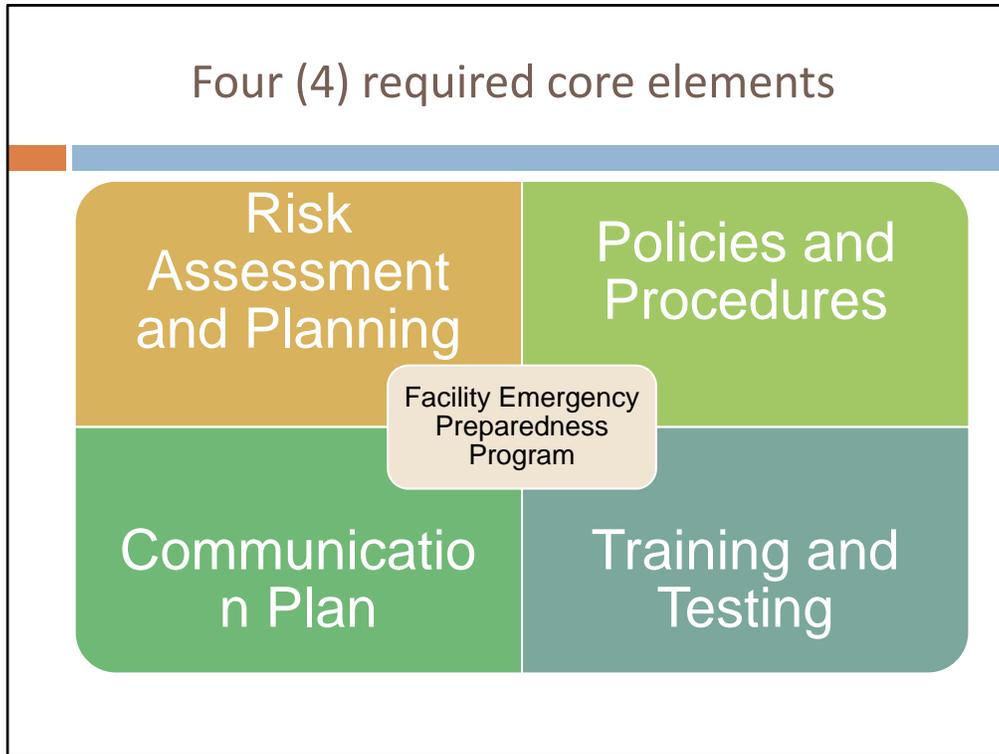
A cookie cutter approach WILL NOT WORK



CMS Emergency Preparedness Requirements



CMS has identified four (4) **required** core elements



There are four core elements of the Emergency Preparedness Program and element of the plan must be reviewed and updated annually.

RISK ASSESSMENT AND PLANNING – all providers must develop an emergency plan using all hazards approach, plan and identify in advance essential functions and who is responsible in a crisis.

POLICIES AND PROCEDURES – developed based on the plan (e.g. medical documentation, evacuation or shelter and place)

COMMUNICATION PLAN – alternate means of communication, provide info to local authorities sharing medical info, and providing occupancy information and ability to provide assistance to other facilities in the community.

TRAINING AND TESTING PROGRAM – train staff and test the plan through drills

EM Preparedness Core Elements

Risk Assessment & Emergency Planning (1 of 4 elements)

- Develop an emergency plan based on a risk assessment.
- Perform risk assessment using an “all-hazards” approach, focusing on capacities and capabilities.
- Update emergency plan at least annually.

Plan must be based on a 1) documented risk assessment using an “all hazards approach. The plan must:

- 2) Include strategies to address events identified in the risk assessment, plans for evacuating or sheltering in place, working with other providers in the area.
- 3) Address patient population; continuity of operations; succession planning.
- 4) A process for cooperation/collaboration with local, tribal, regional, state or Federal EP officials to ensure an integrated response.

The rule allows a provider that is part of a healthcare system consisting of multiple separately certified healthcare facilities to have one unified and integrated emergency preparedness program. The integrated emergency plan and policies and procedures must be developed in a manner that takes into account each separately certified facility's unique circumstances, patient populations, services offered. In addition, a risk assessment must be conducted for each separately certified facility within the system.

Note: Each separately certified facility must – meet the COP on it's own, meaning upon survey each facility is required to be able to demonstrate how they have met the requirements.

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.

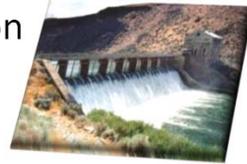
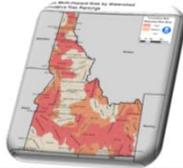
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* Examples hurricane, floods, etc

Hazard Vulnerability Analysis (HVA)

Natural Hazards

- Wild Fire
- Earthquake
- Landslide
- Severe Thunderstorm
- Tidal Wave
- Flood, External
- Drought
- Snow Fall
- Blizzard
- Ice Storm
- Temperature Extremes
- Dam Inundation



Hazard Vulnerability Analysis (HVA)

Human Hazards

- Epidemic/Pandemic
- Mass Casualty Incident (trauma)
- Violent Person
- Train Crash (at facility)
- Terrorism (CBERN)
- Bomb Threat
- Civil Disturbance
- Hostage Situation
- Labor Action



Hazard Vulnerability Analysis (HVA)

Technological Hazards

- Information Systems Failure
- Communications Failure
- Fire, Internal
- Electrical Failure
- Generator Failure
- Total Elevator Failure
- Water Failure
- Flood, Internal
- Fuel Shortage
- Sewer Failure
- Natural Gas Failure
- Fire Alarm Failure
- HVAC Failure
- Data Compromise
- Denial of Services (computer/network/website)



Policies and Procedures

- Develop and implement policies and procedures based on the emergency plan and risk assessment.
- Policies and procedures must address a range of issues including subsistence needs, evacuation plans, procedures for sheltering in place, tracking patients and staff during an emergency.
- Review and update policies and procedures at least annually.

Policies and procedures must be based on the risk assessment and the emergency plan must address (highlights/full list in the regulations)

--provision of sub-sis-ten-ce needs, alternate energy sources, sewage and waste disposal, procedures for evacuating or sheltering in place
--system to track location of staff and patients (accurate, readily available, shareable)
--safe evacuation considerations –Care and treatment needs, transportation, ID evacuation location
--means to shelter in place – consider ability of building to survive a disaster and proactive steps that can be taken prior to an emergency
--system to preserve medical documentation (ensures confidentiality in compliance with HIPAA)
--use of volunteers and role of State and Federal Health Officials (suggest use of Medical Reserve Corps – ensure members are screened and trained in advance)
--Arrangements with other providers to receive patients in the event of limitation or cessation of operations as well as a method for sharing medical documentation with the receiving provider.

Communication Plan

- Develop a communication plan that complies with both Federal and State laws.
- Coordinate patient care within the facility, across health care providers, and with state and local public health departments and emergency management systems.
- Review and update plan annually.

The Communication Plan must include

--names and contact info for staff, other hospitals, volunteers, State and local EP officials

--There also must be primary and alternate means of communicating with staff identified as well as how to contact EP officials and emergency management agencies

--method to share medical records and patient information including general condition and location

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.

Providers are required to conduct two testing exercises annually; one community based full-scale exercise and one additional exercise of their choice.

In the event that a provider experiences an actual emergency that tests their plan, they would be exempt from the requirement for a community based full-scale exercise for one year following the emergency event.

The regulation does allow for some flexibility for training and testing. For example, we require providers to conduct one community-based full-scale exercise and a second exercise of their choice. This will hopefully afford providers the flexibility to determine which testing exercise is most beneficial to them as they consider their specific needs.

--Full-Scale Exercise:

For purposes of the requirement for a community-based full-scale exercise, we expect facilities to simulate an anticipated response to an emergency involving their actual operations and the community.

This would involve the creation of scenarios, the engagement and education of personnel, and mock patients/victims. In addition, this would include the involvement of other providers, suppliers, and community emergency response agencies.

The intention of this requirement is to not only assess the feasibility of a provider's emergency plan through testing, but also to encourage providers to become engaged in their community and promote a more coordinated response within the facility, across health care providers, and with State and local public health departments and emergency systems.

When a community-based full-scale exercise is not available: We understand that participation in a community based full-scale exercise may not always be feasible or readily

accessible.

Therefore, if a community-based full-scale exercise is not feasible, the requirement does provide providers with the flexibility to conduct a testing exercise that is based on the individual facility.

Training & 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.
- 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.

To emphasize, the implementation date of this Final Rule is November 15th this year. Meaning that facilities must meet and be able to demonstrate compliance by November. This includes having completed the training and exercise requirements.

Training & Testing Requirements

- Initial training for **new and existing** staff in emergency preparedness policies and procedures (Must be complete by Nov. 15, 2017) *21 days ago
- **Annual** refresher training
- **Documentation** of training
- **Demonstrate** staff knowledge of emergency procedures.

Training & Testing Program Definitions

- Facility-Based: When discussing the terms “all-hazards approach” and facility-based risk assessments, we consider 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, multijurisdictional, 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).

On this slide, you will see the definitions and differences between what CMS considers a facility based exercise and a full scale exercise.

Facility-based includes, but is not limited to, hazards specific to a facility based on the geographic location, taking into account the patient population.

Full-Scale exercise is an operations based exercise which typically involves multiple agencies and disciplines and incorporates the requirements for facilities to coordinate and collaborate with their state and local emergency officials.

The Final Rule requires facilities to participate in a full-scale exercise that is community-based or when not available or accessible, the facility may conduct an individual facility-based exercise.

Training & Testing Program Definitions

- 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.

On this slide, you see our definition for the table top exercise. It may be in the best interest of a facility to start with a table top exercise before conducting a full-scale exercises to be able to assess its capabilities and potential effectiveness of its program.

Final Rule- There are Requirements Which Vary by Provider Type

- Outpatient providers are not required to have policies and procedures for the provision of subsistence needs.
- Long-term care facilities must share information from the emergency plan with residents and family members or representatives

The Rule is primarily based off of the hospital conditions for participation for emergency preparedness, but it is important to note that there are variations. It is critical that providers and suppliers look at the requirements listed under their provider type

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

This is one of those examples. If you refer to the Final Rule under the Policies and Procedures Standard (b)(1), some providers are required to ensure subsistence needs as well as temperature controls.

Under Standard (e) however, LTC Facilities, CAHs and Hospitals are also required to meet requirements for stand-by power systems

Some FAQs Not Posted

- 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 FAQs Not Posted

Real-World Activation of the EP Plan:

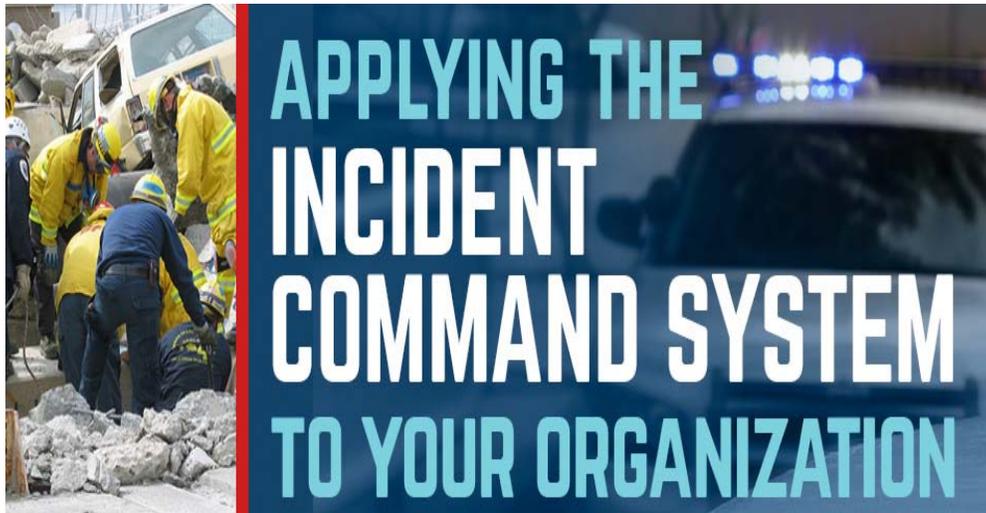
- If a facility experienced an actual natural or manmade emergency that required activation of its emergency plan, it will be exempt from engaging in a community or individual, facility-based full-scale exercise for 1 year following the onset of the actual event, as under sections (d)(2)(i) of the provider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

Depending on the specific training and testing requirements for the provider/supplier type and the specific requirements associated with that type, the facility may still need to conduct a table-top exercise in the event the requirements call for one table top exercise and one full-scale exercise.

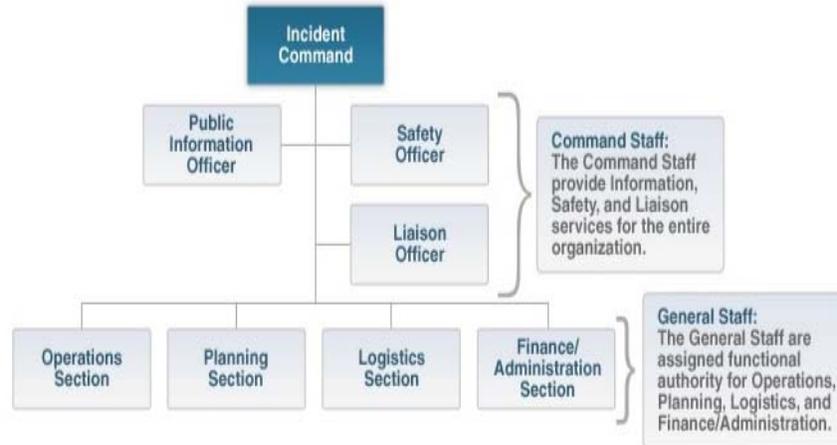
It is the responsibility of the facility to demonstrate compliance with the requirements and CMS is not specifying the documentation required to demonstrate the compliance.

However, facilities who activated their plan for a real-world emergency, may have documentation from the facility such as meeting notes and minutes from an after-action review; annotated documentation of the date/time of the emergency; patient transfers and evacuations which may have occurred during that time, etc.

New CMS Emergency Preparedness Requirements
Communications Plan



Incident Command System command & General Staff (C-FLOP)



Free Training for Incident Command

Online **Free** Incident Command Training: Interactive Web Based Courses:

- IS-200.HCA: Applying ICS to Healthcare Organizations
- IS-100.B: Introduction to Incident Command System, ICS-100
- IS-100.HCB: Introduction to the Incident Command System (ICS 100) for Healthcare/Hospitals
- IS-700.A: National Incident Management System (NIMS) An Introduction

FEMA.gov

Emergency Preparedness Survey Procedures



Establishment of the Emergency Program (EP)

Tag # 0001

Survey Procedures:

- Interview the facility leadership and ask him/her/them to describe the facility's emergency preparedness program.
- Ask to see the facility's written policy and documentation on the emergency preparedness program.

Develop and Maintain EP Program

Tag #0004

Survey Procedures

- Verify the facility has an emergency preparedness plan by asking to see a copy of the plan.
- Ask facility leadership to identify the hazards (e.g. natural, man-made, facility, geographic, etc.) that were identified in the facility's risk assessment and how the risk assessment was conducted.
- Review the plan to verify it contains all of the required elements.
- Verify that the plan is reviewed and updated annually by looking for documentation of the date of the review and updates that were made to the plan based on the review.

Maintain and Annual EP Updates

Tag #0006

Survey Procedures

- Ask to see the written documentation of the facility's risk assessments and associated strategies.
- Interview the facility leadership and ask which hazards (e.g. natural, man-made, facility, geographic) were included in the facility's risk assessment, why they were included and how the risk assessment was conducted.
- Verify the risk-assessment is based on an all-hazards approach specific to the geographic location of the facility and encompasses potential hazards.

EP Program Patient Population

Tag #0007

Survey Procedures

Interview leadership and ask them to describe the following:

- The facility's patient populations that would be at risk during an emergency event;
- Strategies the facility (except for an ASC, hospice, PACE organization, HHA, CORE, CMHC, RHC, FQHC and ESRD facility) has put in place to address the needs of at-risk or vulnerable patient populations;
- Services the facility would be able to provide during an emergency;
- How the facility plans to continue operations during an emergency;
- Delegations of authority and succession plans.

Verify that all of the above are included in the written emergency plan.

Process for EP Collaboration

Tag #0009

Survey Procedures:

Interview facility leadership and ask them to describe their process for ensuring cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to ensure an integrated response during a disaster or emergency situation.

- Ask for documentation of the facility's efforts to contact such officials and, when applicable, its participation in collaborative and cooperative planning efforts.

Verify that all of the above are included in the written emergency plan.

Development of EP Policies & Procedures

Tag #0013

Survey Procedures:

Review the written policies and procedures which address the facility's emergency plan and verify the following:

- Policies and procedures were developed based on the facility- and community-based risk assessment and communication plan, utilizing an all-hazards approach.
- Ask to see documentation that verifies the policies and procedures have been reviewed and updated on an annual basis.

Subsistence needs for staff and patients

Tag #0015

Survey Procedures

- Verify the emergency plan includes policies and procedures for the provision of subsistence needs including, but not limited to, food, water and pharmaceutical supplies for patients and staff by reviewing the plan.
- Verify the emergency plan includes policies and procedures to ensure adequate alternate energy sources necessary to maintain:
 - ❖ Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions;
 - ❖ Emergency lighting; and,
 - ❖ Fire detection, extinguishing, and alarm systems.
- Verify the emergency plan includes policies and procedures to provide for sewage and waste disposal.

Procedures for Tracking of Staff and Patients

Tag #0018

Survey Procedures

- Ask staff to describe and/or demonstrate the tracking system used to document locations of patients and staff.
- Verify that the tracking system is documented as part of the facilities' emergency plan policies and procedures.

Policies and Procedures including Evacuation

Tag #0020

Survey Procedures

- Review the emergency plan to verify it includes policies and procedures for safe evacuation from the facility and that it includes all of the required elements.

Policies and Procedures for Sheltering

Tag #0022

Survey Procedures

- Verify the emergency plan includes policies and procedures for how it will provide a means to shelter in place for patients, staff and volunteers who remain in a facility.
- Review the policies and procedures for sheltering in place and evaluate if they aligned with the facility's emergency plan and risk assessment.

Policies and Procedures for Medical Docs

Tag #0023

Survey Procedures

- Ask to see a copy of the policies and procedures that documents the medical record documentation system the facility has developed to preserves patient (or potential and actual donor for OPOs) information, protects confidentiality of patient (or potential and actual donor for OPOs) information, and secures and maintains availability of records.

Policies and Procedures for Volunteers

Tag #0024

Survey Procedures

- Verify the facility has included policies and procedures for the use of volunteers and other staffing strategies in its emergency plan.

Arrangement with other Facilities

Tag #0025

Survey Procedures

- Ask to see copies of the arrangements and/or any agreements the facility has with other facilities to receive patients in the event the facility is not able to care for them during an emergency.
- Ask facility leadership to explain the arrangements in place for transportation in the event of an evacuation.

Roles under a Waiver Declared by Secretary

Tag #0026

Survey Procedures

- Verify the facility has included policies and procedures in its emergency plan describing the facility's role in providing care and treatment (except for RNHCI, for care only) at alternate care sites under an 1135 waiver.

Development of Communication Plan

Tag #0029

Survey Procedures

- Verify that the facility has a written communication plan by asking to see the plan.
- Ask to see evidence that the plan has been reviewed (and updated as necessary) on an annual basis.

Names and Contact Information

Tag #0030

Survey Procedures

- Verify that all required contacts are included in the communication plan by asking to see a list of the contacts with their contact information.
- Verify that all contact information has been reviewed and updated at least annually by asking to see evidence of the annual review.

Emergency Officials Contact Information

Tag #0031

Survey Procedures

- Verify that all required contacts are included in the communication plan by asking to see a list of the contacts with their contact information.
- Verify that all contact information has been reviewed and updated at least annually by asking to see evidence of the annual review.

Primary/Alternate Means for Communication

Tag #0032

Survey Procedures

- Verify the communication plan includes primary and alternate means for communicating with facility staff, Federal, State, tribal, regional and local emergency management agencies by reviewing the communication plan.
- Ask to see the communications equipment or communication systems listed in the plan.

Methods for Sharing Information

Tag #0033

Survey Procedures

- Verify the communication plan includes 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 by reviewing the communication plan.
- Verify the facility has developed policies and procedures that address the means the facility will use to release patient information to include the general condition and location of patients, by reviewing the communication plan

Sharing Information on Occupancy/Needs

Tag #0034

Survey Procedures

- Verify the communication plan includes a means of providing information about the facility's needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee by reviewing the communication plan.
- Also verify if the communication plan includes a means of providing information about their occupancy.

LTC Family Notifications

Tag #0035

Survey Procedures

- Ask staff to demonstrate the method the facility has developed for sharing the emergency plan with residents and their families or representatives.
- Interview residents and their families or representatives and ask them if they have been given information regarding the facility's emergency plan.
- Verify the communication plan includes a method for sharing information from the emergency plan, and that the facility has determined it is appropriate with residents and their families or representatives by reviewing the plan.

Emergency Prep Training and Testing

Tag #0036

Survey Procedures

- Verify that the facility has a written training and testing program that meets the requirements of the regulation.
- Verify the program has been reviewed and updated on, at least, an annual basis by asking for documentation of the annual review as well as any updates made.

Emergency Prep Training Program

Tag #0037

Survey Procedures

- Ask for copies of the facility's initial emergency preparedness training and annual emergency preparedness training offerings.
- Interview various staff and ask questions regarding the facility's initial and annual training course, to verify staff knowledge of emergency procedures.
- Review a sample of staff training files to verify staff have received initial and annual emergency preparedness training.

Emergency Prep Testing Requirements

0039

Survey Procedures

- Ask to see documentation of the annual tabletop and full scale exercises (which may include, but is not limited to, the exercise plan, the AAR, and any additional documentation used by the facility to support the exercise).
- Ask to see the documentation of the facility's efforts to identify a full-scale community based exercise if they did not participate in one (i.e. date and personnel and agencies contacted and the reasons for the inability to participate in a community based exercise).
- Request documentation of the facility's analysis and response and how the facility updated its emergency program based on this analysis.

For additional information and tools, please visit the CMS Survey & Certification Emergency Preparedness website at:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/index.html>
or ASPR TRACIE.

LTC Emergency Power

Tag #0041

Survey Procedures

- Verify that the LTC facility has the required emergency and standby power systems to meet the requirements of the facility's emergency plan and corresponding policies and procedures
- Review the emergency plan for "shelter in place" and evacuation plans. Based on those plans, does the facility have emergency power systems or plans in place to maintain safe operations while sheltering in place?
- LTC facilities which are under construction or have existing buildings being renovated, verify the facility has a written plan to relocate the EPSS by the time construction is completed

For LTC facilities with generators:

- For new construction that takes place between November 15, 2016 and is completed by November 15, 2017, verify the generator is located and installed in accordance with NFPA 110 and NFPA 99 when a new structure is built or when an existing structure or building is renovated. The applicability of both NFPA 110 and NFPA 99 addresses only new, altered, renovated or modified generator locations.
- Verify that the LTC facilities with an onsite fuel source maintains it in accordance with NFPA 110 for their generator, and have a plan for how to keep the generator operational during an emergency, unless they plan to evacuate.

Integrated Health Systems (if Applicable)

Tag #0042

Survey Procedures

- Verify whether or not the facility has opted to be part of its healthcare system's unified and integrated emergency preparedness program. Verify that they are by asking to see documentation of its inclusion in the program.
- Ask to see documentation that verifies the facility within the system was actively involved in the development of the unified emergency preparedness program.
- Ask to see documentation that verifies the facility was actively involved in the annual reviews of the program requirements and any program updates.
- Ask to see a copy of the entire integrated and unified emergency preparedness program and all required components (emergency plan, policies and procedures, communication plan, training and testing program).
- Ask facility leadership to describe how the unified and integrated emergency preparedness program is updated based on changes within the healthcare system such as when facilities enter or leave the system.

Resources



NATIONAL WEATHER SERVICE
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION



FEMA



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People



NATIONAL FIRE PROTECTION ASSOCIATION
The leading information and knowledge resource on fire, electrical and related hazards



U.S. Fire Administration



FEDERAL REGISTER
The Daily Journal of the United States Government

<https://asprtracie.hhs.gov/>

<http://healthandwelfare.idaho.gov/Providers/Providers-Facilities/StateFederalPrograms/FireSafetyConstruction/tabid/351/Default.aspx>

QUESTIONS ??

Thank you for your time. Please feel free to contact me at fsb@dhw.idaho.gov



<http://healthandwelfare.idaho.gov/Providers/Providers-Facilities/StateFederalPrograms/FireSafetyConstruction/tabid/351/Default.aspx>