**Useful Information pertaining to what Survey will be looking for.**

Course: [Emergency Preparedness Basic Surveyor Training Course](https://surveyortraining.cms.hhs.gov/pubs/ClassInformation.aspx?cid=0CMSEmPrep_ONL)

**Description:** The Centers for Medicare & Medicaid Services (CMS) Survey & Certification Group (SCG) developed the Emergency Preparedness Basic Surveyor Training Course to help health and safety and Life Safety Code (LSC) surveyors and reviewers gain proficiency in surveying all affected participating providers and certified suppliers for compliance with their individual emergency preparedness requirements. Because the individual regulations for each provider and supplier type share a majority of standard provisions, this training provides consistent guidance and survey procedures for all provider and supplier types in a single course. The estimated course completion time for this training is 16 hours.

<https://surveyortraining.cms.hhs.gov/pubs/ProviderTraining.aspx>

<https://surveyortraining.cms.hhs.gov/pubs/ClassInformation.aspx?cid=0CMSEmPrep_ONL>

 Emergency Preparedness Basic Surveyor Training

Course Syllabus

**Mission Statement**

The mission of the Department of Health and Human Services (HHS) is to protect the health of all Americans and provide essential human services, especially for those who are least able to help themselves.

**1.1 Background**

The Centers for Medicare & Medicaid Services (CMS) Survey & Certification Group (SCG) developed the Emergency Preparedness Basic Surveyor Training Course to help health and safety and Life Safety Code (LSC) surveyors and reviewers gain proficiency in surveying all affected participating providers and certified suppliers for compliance with their individual emergency preparedness requirements.

Because the individual regulations for each provider and supplier type share a majority of standard provisions, this training provides consistent guidance and survey procedures for all provider and supplier types in a single course.

**1.2 Course Goal**

The goal of this course is to provide surveyors with the basic knowledge and skills needed to assess all affected participating providers and certified suppliers for compliance with emergency preparedness requirements in accordance with Federal regulations.

**1.3 Course Description**

The training provides instruction to assist surveyors in identifying circumstances of noncompliance with the individual Federal regulations for each affected provider and supplier type. Surveyors will utilize the electronic Code of Federal Regulations (e-CFR) and the survey process in the State Operations Manual (SOM), Appendix Z to identify issues of noncompliance with emergency preparedness regulations.

**1.4 Audience**

The Emergency Preparedness Basic Surveyor Training Course is a required course for all State Survey Agency (SA) and Regional Office (RO) surveyors and reviewers who conduct or review health and safety or LSC surveys for emergency preparedness requirements. Non-survey professionals and other SA or RO support staff responsible for ensuring compliance with regulations are also encouraged to take the course.

CMS highly recommends all surveyors review the course content on a periodic basis or as directed by their SA to refresh their knowledge of emergency preparedness regulations and survey procedures.

2 Last Updated — 06/15/2017

**1.5 Course Objectives**

The objectives for this course are to:

• Identify background events and initiatives that led to development of the emergency preparedness rule and the four core elements central to its requirements.

• Identify emergency preparedness requirements and the survey procedures for assessing compliance with those requirements for all provider and supplier types.

**1.6 Module and Lesson Outline**

The Emergency Preparedness Basic Surveyor Training Course has two learning modules. The following is an outline of the modules and lessons in this course.

**Module 1: Emergency Preparedness for Every Emergency**

• Lesson 1: Overview of Emergency Preparedness

• Lesson 2: Development of the Emergency Preparedness Rule

**Module 2: Surveying for Emergency Preparedness**

• Lesson 1: Emergency Preparedness Program and Plan

• Lesson 2: Policies and Procedures

• Lesson 3: Communication Plan

• Lesson 4: Training and Testing

• Lesson 5: Emergency and Standby Power Systems

• Lesson 6: Integrated Health Care Systems

• Lesson 7: Transplant Centers and Organ Procurement Organizations

**1.7 Course Design**

The Emergency Preparedness Basic Surveyor Training Course contains the following required components:

• Pre-Test

• Learning modules with lessons, topics, and knowledge check questions

• Post-Test \*

• Course Evaluation

*\* To complete this course, learners must complete each of these required components and pass the Post-Test with a minimum score of 80 percent. Learners are allowed three attempts to pass the Post-Test. Learners who do not pass the post-test within three attempts will need to re-enroll in the course.*

3 Last Updated — 06/15/2017

**1.8 Online Course Progression**

Each module in the Emergency Preparedness Basic Surveyor Training Course contains one or more lessons. From the Integrated Surveyor Training Website (ISTW), learners will select *Emergency Preparedness Basic Surveyor Training Course* from My Courses, and then select *Launch the Course* to begin. Learners will then select the appropriate module from the course menu. Each module is listed as a separate menu item within the course.

Learners must complete the modules in the order they appear. Once a module is selected, learners will progress through each lesson within the module as designated on the Module Menu frame.

Upon completion of each module, learners may exit and select the next module from the ISTW.

**1.9 Pre-Test**

The first task in the online course is the Pre-Test. The purpose of the Pre-Test is to measure baseline knowledge.

• Do not study for the Pre-Test.

• There is no minimum passing score on the Pre-Test. We expect that Pre-Test scores will be low.

• We will compare Pre-Test and Post-Test scores to help gauge the effectiveness of the course.

**1.10 Post-Test**

After completing all learning modules, you will take the Post-Test.

• The Post-Test is an open book exam.

• If you exit the Post-Test before completion, it will count as an attempt. We recommend you open any online resources youmay wish to consult during the exam in a separate browser window on your computer before beginning the Post-Test.

• You have three attempts to pass the Post-Test.

• If you do not pass the Post-Test with a minimum score of 80 percent on the first try, you may choose from the following options: • Take a break.

• Review the lessons, knowledge check questions, and resource materials again.

• Engage in additional self-study as needed.

• Talk with your Training Coordinator or supervisor to arrange time to review the material.

• Retake the exam when you are ready, up to two additional times during the month enrolled.

• If you do not successfully pass the Post-Test within three attempts, you may enroll again and repeat the entire course.

For technical support, please contact the CMS Training Support Help Desk.

4 Last Updated — 06/15/2017

**1.11 Estimated Contact Time (To Complete the Online Course)**

Estimated contact time (often referred to as “seat time”) refers to the amount of time the average learner would require to view all of the course content and participate in the online activities. Because learners can review the material in this online course at their own pace, completion time will vary for each learner. We estimate a seat time of approximately 16 hours for this course.

**1.12 Learner Participation**

In addition to reviewing the self-paced course content displayed on the ISTW, learners will demonstrate participation by responding to knowledge check questions and accessing additional information through hyperlinks.

**1.13 Knowledge Checks**

The knowledge check questions are a type of interaction presented throughout each lesson. They help learners assess whether they have met the learning objectives for that lesson. After completing a knowledge check question, learners receive immediate feedback regarding the accuracy of their response.

For correct responses, learners are told that the response is correct and given the reason why. For incorrect responses, learners are told that the response is incorrect and given the correct response and a reason why.

**1.14 Keeping Track of Course Completion: Bookmarking**

Learners may exit a module at any time. However, the system will not save your place within the course. When returning to the module, learners should resume where they left off. For this reason, ISTW provides a printable Bookmarking Tool for learners to track their progress through the course.

**1.15 Media and the Course**

This course uses a number of media resources including web pages and PDF documents. The minimum computer requirements section of this syllabus (section 1.16) identifies Adobe Acrobat as required software for this course. Having this program is the first step to accessing the media in this course.

**1.16 Recommended Minimum Configuration Requirements**

The following computer configuration is required for access to the online classroom via the ISTW learning environment. If your computer does not have the proper hardware, the course may run slowly or may not run at all. Prior to running the course on your computer, compare your current system configuration with the system requirements below:

5 Last Updated — 06/15/2017

**Hardware Minimum Requirements:**

• 1.2 GHz CPU or greater with minimum of 2 GB RAM

• Network adapter: Wired for network connectivity; wireless network cards must support WPA-2 level encryption

• DSL or cable broadband Internet (Dial up not compatible)

• 3G and 4G connections are not recommended when taking tests

• CD/DVD drive and speakers may be required; refer to course requirements

**Operating Systems Requirements:**

• Windows 7 (32-bit or 64-bit)

• MAC OSX 10.7 (or later)

• Android 4.2.2 (or later)

**Browser Requirements:**

The following tables highlight the platform and browser configurations tested for using the following support terms:

• Supported: Supported by the vendor and ISTW.

• Unsupported: Unsupported by the vendor or not supported by ISTW.

|  |  |
| --- | --- |
| **Microsoft Windows Operating Systems Internet Explorer 11**  | **Google Chrome** **(34 or later)**  |
| **Windows 7** **(32-bit)**  | Supported  | Supported  |
| **Windows 7** **(64-bit)**  | Supported  | Supported  |
| **Windows 8** **(32-bit)**  | Supported  | Supported  |
| **Windows 8** **(64-bit)**  | Supported  | Supported  |

**Emergency Preparedness Survey Procedures**

**What the ICF/IID Surveyor will do….**

[**http://www.cahf.org/Portals/29/DisasterPreparedness/Regulatory/ICF-IID%20EP%20Survey%20Procedures.pdf**](http://www.cahf.org/Portals/29/DisasterPreparedness/Regulatory/ICF-IID%20EP%20Survey%20Procedures.pdf)

1. **Interview** the facility leadership and ask him/her/them to *describe* the facility’s *emergency preparedness program*.

2. **Ask** to see the facility’s *written policy and documentation* on the emergency preparedness program.

3. **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.

4. **Verify** the emergency plan includes *policies and procedures* to ensure adequate *alternate energy sources* necessary to maintain:

Temperatures to protect patient health and safety;

Safe and sanitary storage of provisions;

Emergency lighting; and

Fire detection, extinguishing and alarm systems.

5. **Verify** the emergency plan includes policies and procedures to provide for *sewage and waste disposal*.

6. **Verify** that the facility has a *written communication plan* by asking to see the plan.

7. **Ask** to see evidence that the plan has been *reviewed* (and updated as necessary) on an *annual basis*

8. **Verify** the *communication plan* includes *primary and alternate means* for communicating with facility staff, federal, state, regional and local emergency management agencies by reviewing the communication plan.

9. **Ask** to see the *communications equipment or communication systems* listed in the plan.

10.**Verify** the *communication plan* includes a method for *sharing information* and medical care documentation for clients under the facility's care, as necessary, with other health providers to maintain the continuity of care by reviewing the communication plan.

11.**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.

12.**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.

13.**Verify** if the communication plan includes a means of providing information about their occupancy.

14.**Ask** staff to demonstrate the method the facility has developed for sharing the emergency plan with residents or clients and their families or representatives.

15. **Interview** clients and their families or representatives and ask them if they have been given information regarding the facility’s *emergency plan*.

16.**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 or clients and their families or representatives by reviewing the plan.

17.**Verify** that the facility has a *written training and testing program* that meets the requirements of the regulation.

18.**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.

19. **Verify** that ICF/IID emergency plans also meet the requirements for evacuation drills and training at §483.470(i).

20.**Ask** for copies of the facility’s *initial* emergency preparedness training and annual emergency preparedness training offerings.

21.**Interview** various staff and ask questions regarding the facility’s initial and annual training course, to **verify** staff knowledge of emergency procedures.

22.**Review** a sample of staff training files to **verify** staff have received initial and annual emergency preparedness training.

23.**Verify** the facility has an emergency preparedness-training program and that it is updated annually.

24.**Interview** staff and ask them to describe the evacuation procedures and plan.

25.**Verify** current copies of CPR certifications for all staff, as applicable, are on file.

26.**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.

27.**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).

28.**Request** *documentation* of the facility’s *analysis and response* and how the facility updated its emergency program based on this analysis.

29.**Verify** that the facility has the required *emergency and standby power systems* to meet the requirements of the facility’s emergency plan and corresponding policies and procedures.

30.**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?

**Multiple Facility Providers:**

a) **Verify** if the facility has opted to be *part of its healthcare system’s unified and integrated emergency preparedness program*.

b) **Verify** that they are by asking to see *documentation* of its inclusion in the program.

c) **Ask** to see *documentation* that verifies the facility within the system was actively involved in the development of the unified emergency preparedness program.

d) **Ask** to see *documentation* that verifies the facility was actively involved in the annual reviews of the program requirements and any program updates.

e) **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).

f) **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.