CMS EMERGENCY PREPAREDNESS TRAINING

Introduction to the CMS Final EP Rule
Implemented November 15, 2016

Downtown Los Angeles, CA

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Disaster Preparedness Program

CALIFORNIA ASSOCIATION OF HEALTH FACILITIES

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Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers

"We believe that, currently, in the event of a disaster, healthcare facilities across the nation will not have the necessary emergency planning and preparation in place to adequately protect the health and safety of their patients."

Federal Register – Published 9/16/16. Effective 11/15/16. Implementation 11/15/17

Do We Need More Regulations?

- This is CMS's response to what it sees as the complexities of actual emergencies and the inconsistencies of preparedness among certified providers

- CMS states that the existing requirements are "insufficient" and the new requirements are "comprehensive"

What Events Do I Need To Prepare For?

The "full spectrum of emergencies or disasters" to which the facility is most susceptible.

As used in the rule, the terms "emergency" and "disaster" do not refer exclusively to an event resulting in an official, public declaration of a state of emergency. Even an event confined within a single facility, such as a localized power failure or cybersecurity event, falls under the rule's scope.
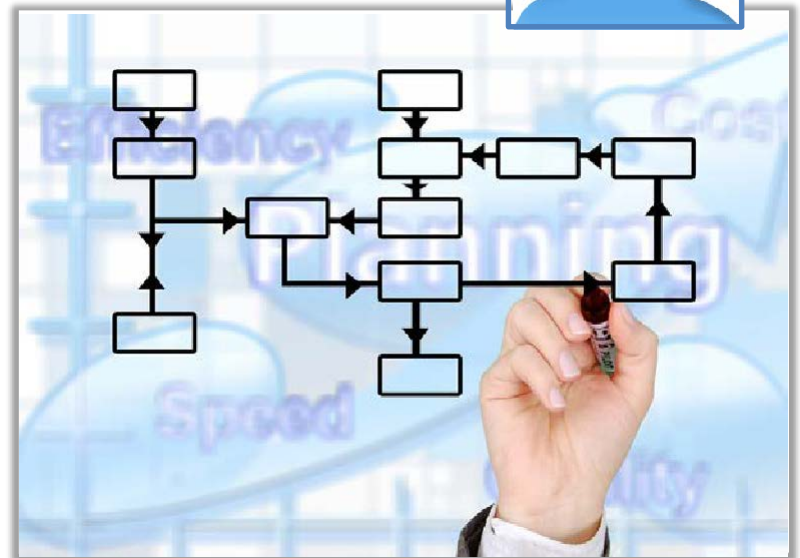
"Missing Resident" specifically mentioned for SNF and IID.
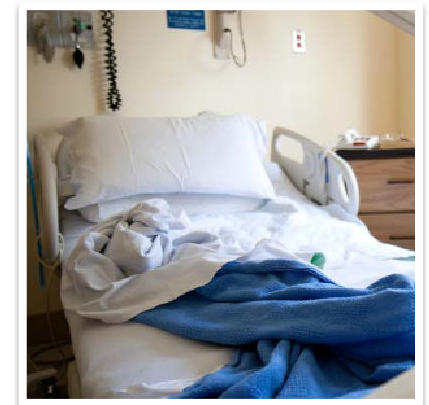
WHAT DO I NEED TO KNOW?

Four main components:

- ✓ Emergency Plan/Risk Assessment
- ✓ Policies and Procedures
- ✓ Communication Plan
- ✓ Training and Testing of the Plan

WHAT DOES "ALL HAZARDS"MEAN?

- 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.

- This approach is **specific to the location** of the provider or supplier and considers the particular types of hazards most likely to occur **in their areas**.

Natural Hazards

MAN - MADE HAZARDS

WHAT TOOLS CAN I USE?

EVENT	PROBABILITY	RISK	PREPAREDNESS	TOTAL
	3=HIGH	5=LIFE THREAT		
	2=MEDIUM	4=HEALTH/SAFETY	3=POOR	
	1=LOW	3=HIGH DISRUPTION	2=FAIR	PXRXP
	0=NONE	2=MODERATE DISRUPTION	1=GOOD	
		1=LOW DISRUPTION	N/A= NOT APPLICABLE	
		0= NO DISRUPTION		
GROUP #1 - NATURAL EVENTS				
Hurricane Winds				
Tornado				
Severe thunderstorm				
Snow fall				
Blizzard				
Ice storm				
Earthquake				
Temperature extremes				
Drought				
Flood, external				
Wild fire				
Landslide				
Nuclear power plant incident				
Dam failure				

2010 HAZARD AND VULNERABILITY ASSESSMENT TOOL
Safety Management

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	Likelihood this will occur	Possibility of death or injury	Physical losses and damages	Interuption of services	Preplanning	Time, effectivness, resouces	Community/ Mutual Aid staff and supplies	Relative threat*
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Musculoskeletal Injuries related to patient handling	3	3	2	2	2	2	0	61%
Staff falls - outside, snow or ice	3	3	2	2	2	1	1	61%
Bloodborne pathogen exposures	3	3	2	1	2	2	0	56%
Injury from walking into glass wall / main hospital entry	2	3	2	1	2	2	3	48%
Exposure to sewage due to plumbing issues	2	2	2	3	2	1	0	37%
Staff falls - in facility due to flooring / mats	2	2	2	1	2	1	0	30%
Helicopter Accident	1	3	3	2	2	1	1	24%
Confrontation with moose	1	3	3	2	1	1	3	24%
Staff falls - in facility due to egress lighting	1	3	2	3	1	1	0	19%
Staff falls - in facility due to wet floors	1	3	2	1	2	1	0	17%
AVERAGE	1.90	2.80	2.20	1.90	1.80	1.30	0.80	38%

*Threat increases with percentage.

RISK = PROBABILITY * SEVERITY		
0.38	0.63	0.60

a spreadsheet with number ratings
Examples www.cahfdisasterprep.com

How to Complete Your Hazard Vulnerability Assessment (HVA)

Research your community's hazards → Gather together your facility's department leaders → Analyze & score your specific hazards

Analyze critical systems related to your top 3-5 hazards → Prioritize staff's training needs → Implement mitigation procedures

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Completing Your HVA – Step #1:
Research Your Community's Hazards

Find out how likely it is for each of these hazards to affect your facility or community

Possible sources of information:
- Nearest hospital
- Nearest in-kind facility
- Nearest school
- Your city or water district
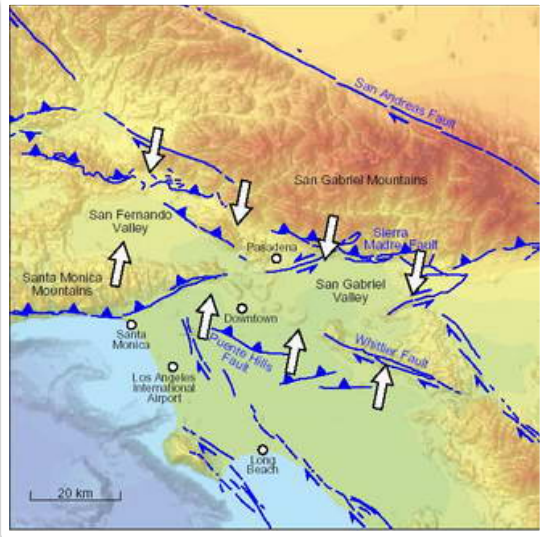- Your county or state emergency services (CAL-OES, CDPH-EPO, HHS-ASPR)
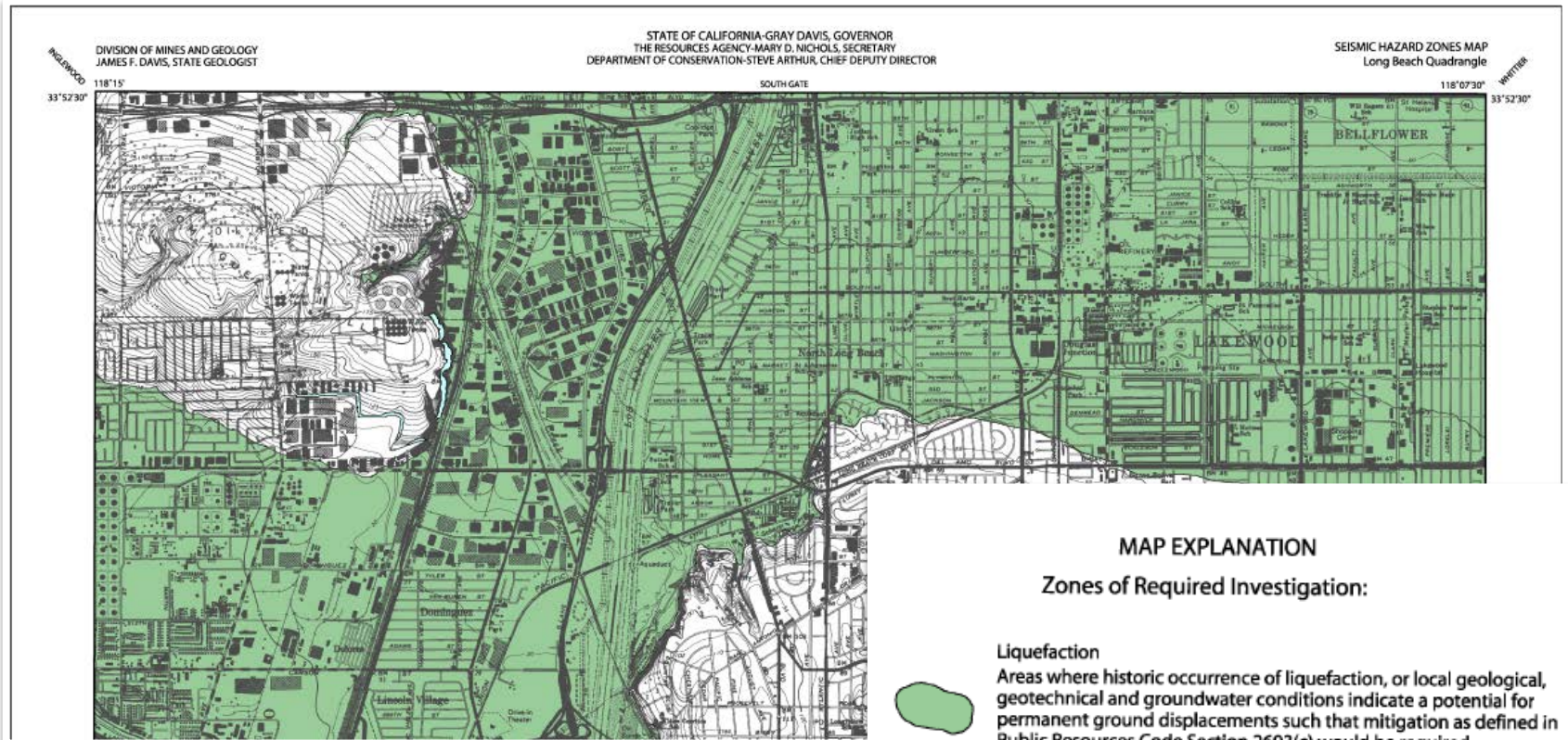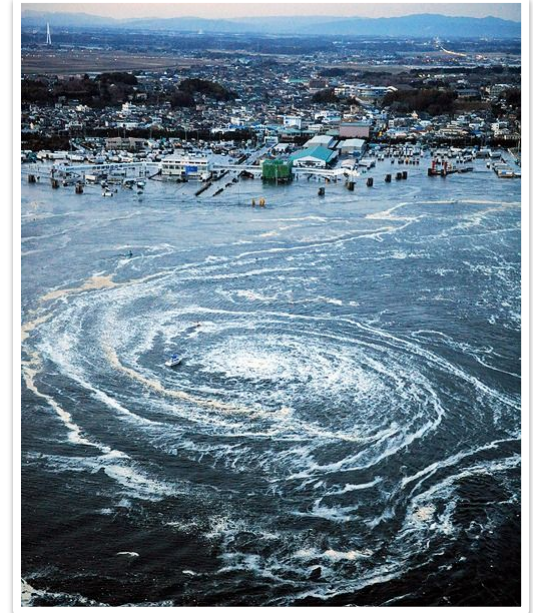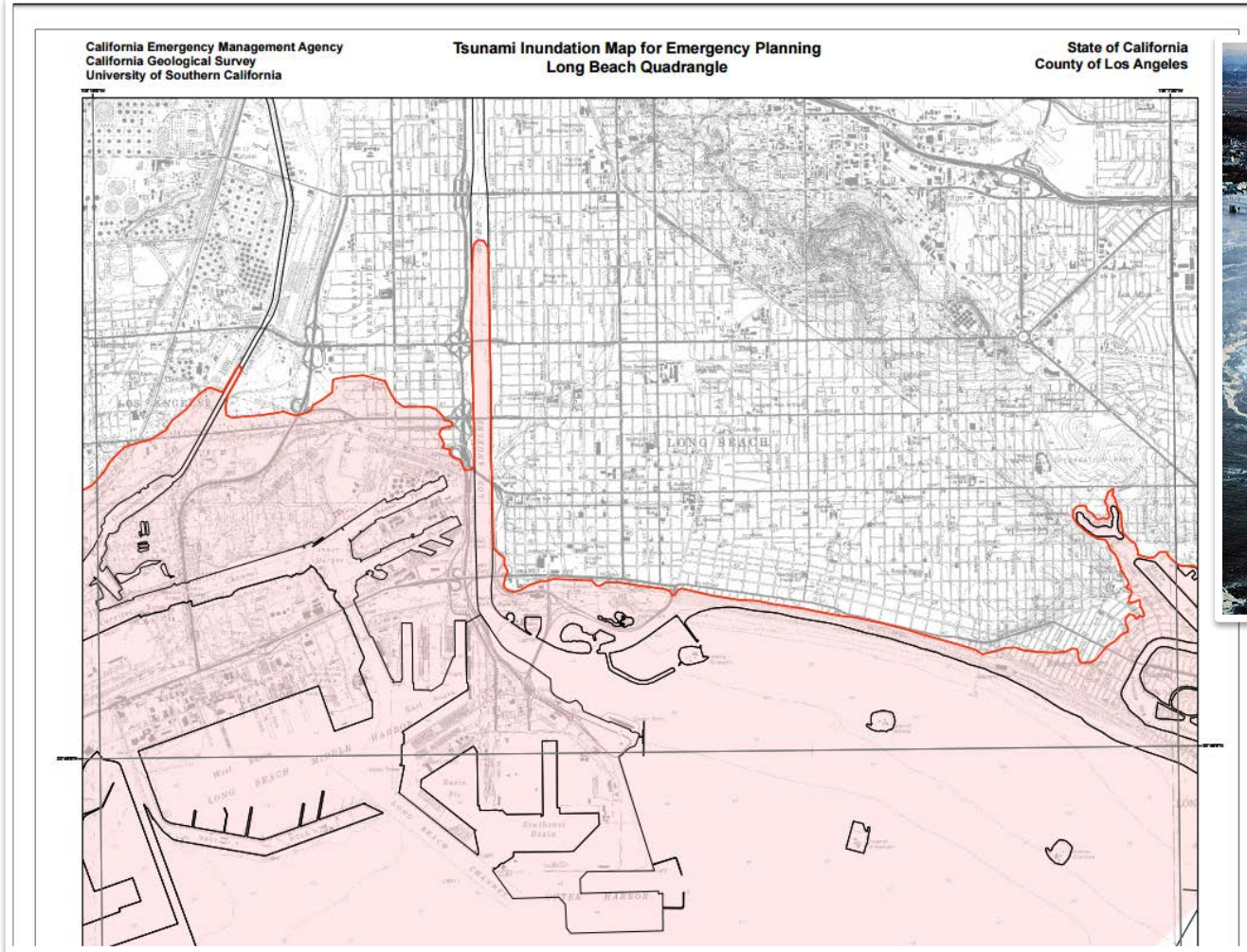
When in doubt…
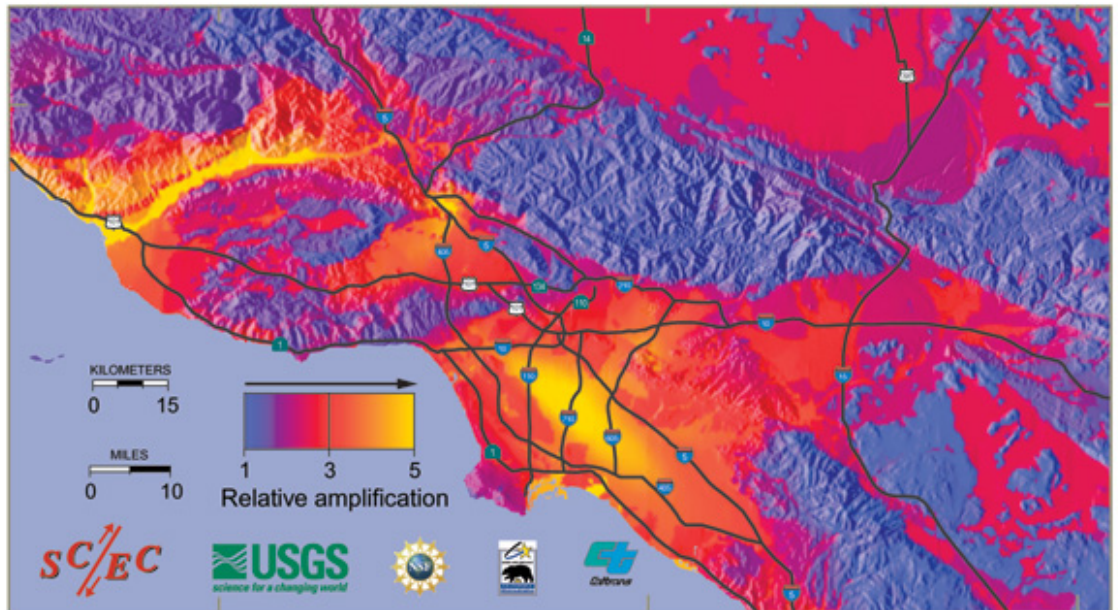
Very probable... but what is your magnitude of risk?

http://gmw.consrv.ca.gov/shmp/html/pdf_maps_so.html

Not probable… but if it did happen, would the magnitude of risk be very high?

http://maps.conservation.ca.gov/cgs/informationwarehouse/index.html?map=tsunami

Completing Your HVA – Step #2:
Gather Together Your Facility's Department Leaders

The Administrator or Owner needs to interview each department about what challenges
different hazards would pose to their operations.

- Is this department critical to providing safe resident care?
- Can this department be shut down temporarily & staff reassigned to emergency tasks?
- What critical systems does this department need to operate (IT, electric, water)?

This information can also form the foundation of your Business Continuity of Operations Plan (BCOOP), which goes hand-in-hand with your Emergency Operations Plan (EOP)

Completing Your HVA - Step #3:
Analyze & Score Your Facility's Specific Hazards

Once you have gathered as much information as possible, you can identify your top 3-5 hazards.

Hazards may be internal (facility-specific)…
- Information systems failure
- Electrical fire
- Active shooter

Or hazards may be external (community-based)…
- Power outage
- Wildfire
- Civil unrest

HAZARD VULNERABILITY ASSESSMENT HAND-OUT

EVENT	PROBABILITY	RISK	PREPAREDNESS	TOTAL
	3=HIGH	5=LIFE THREAT		
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Blizzard				
Ice storm				
Earthquake				
Temperature extremes				
Drought				
Flood, external				
Wild fire				
Landslide				
Nuclear power plant incident				
Dam failure				

What do these different magnitudes and ranks really mean? How do I know how badly this hazard would affect me, and how to score it? Probability x Risk x Preparedness = Hazard Score

Probability

0 = Does not apply (Blizzards in SoCal)

1 = Once in a lifetime (Hail in SoCal)

2 = Once in 50 years (Flooding from storm cell)

3 = Long overdue (the "Big One" earthquake)

Risk

0 = No disruption (does not apply)

1 = Low disruption (operations affected; critical depts functioning)

2 = Moderate disruption (one or more critical depts affected)

3 = High disruption (operations nearly stopped but still providing safe care)

4 = Health/safety (facility cannot provide standards of care)

5 = Life threat (immediate evacuation required)

Preparedness

N/A = Does not apply

1 = Good (Facility trains all new staff and exercises portions of Emergency Operations Plan annually)

2 = Fair (Facility trains staff once a year on this threat)

3 = Poor (Emergency Operations Plan contains a policy & procedure for this hazard)

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Completing Your HVA - Step # 4:
Analyze Critical Systems Related to Your Top 3-5 Hazards

Now that you have ranked your facility's or community's hazards using the information you gathered, think about:

- The systems that could possibly go down during any of these hazardous events
- Which systems you would need to respond to the emergency itself
- Consider your supply chain as a critical system too, if you are going to rely on vendors to fulfill some of these new requirements
  - How prepared are your vendors/resupply partners?

Completing Your HVA – Step #5:
## Prioritize Staff's Training Needs

- Focus on your top 3-5 hazards when training your staff, in the following priority:
  - Life safety threats
  - Interruption of facility operations
  - Business system failure
  - Legal liability/exposure

- Use this priority list when writing your tabletop exercises and functional/full-scale exercises

- Document your training sessions and exercises in a log in your Emergency Operations Plan (EOP)

- Train ALL staff, ALL contacted employees, ALL volunteers, ALL shifts

Completing Your HVA – Step #6: Implement Mitigation Procedures

Mitigation may be defined as activities taken to reduce the impacts from hazards. Mitigation planning establishes short and long-term actions to eliminate hazards or to reduce the impact of those hazards if they cannot be eliminated.
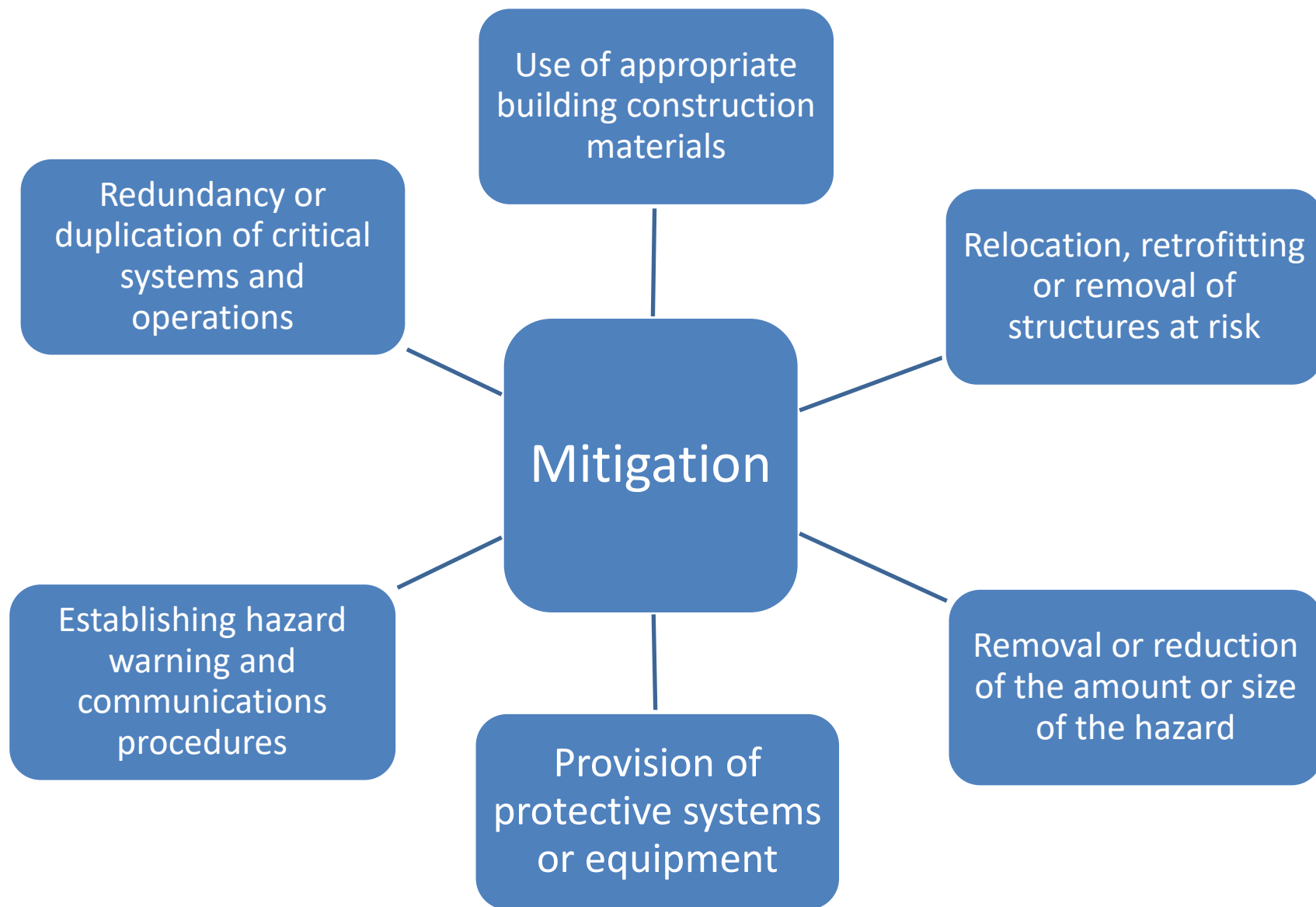
Part 483.73 (a) – the Emergency Operations Plan (EOP)

The CMS EP Rule says your EOP must be…

- Based on the facility's and community's Hazard Vulnerability Assessment

- Reference and use an all-hazards approach

- Address facility population at risk because of their resident/clients unique needs

- Identify services that must be provided in the emergency

- Consider continuity of operations

- Cooperate with community & emergency responders

CAHF DPP EOP TEMPLATE

APPENDIX B - FACILITY EVACUATION AND MAPS

It is the policy of <Insert name of facility> to pre-plan for all anticipated haza... minimize the stress and danger to our residents and staff. In light of recent r... indicates the increased risks of mortality and morbidity related to the evacu... who are elderly and/or suffer from chronic health conditions, sheltering in p... our first response choice if it is at all feasible. When sheltering in place would... residents at greater risk than evacuation, or when given a mandatory order... appropriate authorities, the Incident Commander (IC) has the authority to ac... emergency evacuation plan.

The following terms are important to understanding how we evacuate our fa...

- There are *two types of evacuation*:
  - *emergent* which unfolds in minutes to hours and
  - *urgent/planned* which unfolds in hours to days
- There are two types of *partial evacuation*:
  - *Horizontal Evacuation* involves moving residents, staff and visi... area on the same floor. Accomplished by compartmentalizing... of rated doors and rated assemblies – smoke partitions, fire w... adjacent smoke/fire compartment.
  - *Vertical Evacuation* involves moving residents, staff and visito... and down stairs and elevators to safe area within the facility.
- The *Staging Area* is the last place to move residents before leaving th... Residents may be sent to a staging area based on level of acuity.
- *Complete Evacuation* involves moving residents, staff and visitors to... area outside of the building.
- *Emergency Shut Down* involves turning off electricity, gas, etc. to the...
- *Relocation* involves moving residents to an alternate facility (also cal... facility) offsite.

Agreements for transporting residents to evacuation sites have been made v... transportation and ambulance companies. Our facility also maintains at leas... sites for relocation (copies and/or relevant documentation of verbal underst... agreements is included in Appendix V – Emergency Agreements). See table b... information.

RESOURCE AGREEMENTS FOR EVACUATION TRANSPORT & ALTERNATE FACILITIES

Transportation	Alternate
Name of Company:	Name of Company:
Company Address:	Company Address:
Company Phone Number:	Company Phone Number:
Contact Person Phone:	Contact Person Phone:

Ambulance	Alternate
Name of Company:	Name of Company:
Company Address:	Company Address:
Company Phone Number:	Company Phone Number:
Contact Person Phone:	Contact Person Phone:

Alternate Facility 1
Name of Setting/Shelter:
Facility Address:
Facility Phone Number:
Contact Person/Phone:

Alternate Facility 2
Name of Setting/Shelter:
Facility Address:
Facility Phone Number:
Contact Person/Phone:

LOGISTICS

Based on the unique needs of our residents, including mobility status, cognitive abili... health status, our SNF community has developed evacuation logistics as part of our p...

Transportation

- **Residents who are independent in ambulation:** may be evacuated first unle... are extenuating circumstances. They should load first on vehicles where ther... multiple rows of seats and move to the back of the vehicle. They may be acc... by a designated staff member to the designated mode of transportation. If s... appropriate, families may be offered an opportunity to take their family mer... home for care during the anticipated period of disruption to services.
- **Residents who require assistance with ambulation:** will be accompanied by... designated staff member to the designated mode of transportation. If safe a...

PROCEDURES

<u>INITIAL RESPONSE</u> (See Rapid Response Guide – Evacuation)

<u>INTERMEDIATE RESPONSE</u>

- Call in additional staff as needed.
- Periodically brief staff on the incident, check-in on their well-being and perform assignments. Reassign as the situation changes.
- Continue assessing and updating transportation requirements based on the number of residents, medical needs and mobility status.
- Coordinate with other facilities in the healthcare system or neighbor/buddy facilities with whom you have a pre-existing relationship.
- If the above resources are unavailable or inadequate, request assistance from the LA County Department of Public Health, Health Facilities Inspection Division (DPH HFID) at 1-800-228-1019 or via ReddiNet.
- Obtain transportation resources by contacting the contracted ambulance providers.
  - If the above resources are unavailable or inadequate, request assistance from the LA County Department of Public Health, Health Facilities Inspection Division (DPH HFID) at 1-800-228-1019 or via ReddiNet.
- Complete evacuation of the facility, as appropriate.
  - Collect and package residents' equipment and medications
  - Secure outgoing pharmaceuticals and medical equipment, as appropriate.
  - Secure patient valuables.
  - Collect and package residents' belongings for transport, including glasses, dentures, hearing aids, etc.
  - Prepare water and snacks to accompany residents during transport period.
  - Prepare medical documentation to accompany resident, as appropriate.
- Verify that planned evacuation routes are safe to travel with the public safety agency.
  - Track residents to destinations and continue to notify family members of evacuation and planned destination.
- Assign a licensed nurse to each vehicle carrying a large number of residents to ensure residents are assessed, and emergency medications are secured and safeguarded. Emergency medications may be transported in resident Go-Bags or secured in medication carts.
- Provide comfort and reassurance to residents throughout the entire evacuation.
- Secure the facility. Ensure all electronics have been powered down and unplugged. (See Appendix X – Emergency Shutdown)

http://www.cahfdisasterprep.com/PreparednessTopics/AllHazardResourcesGuides/PlanningTemplatesChecklists.aspx

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NEW REQUIREMENT:
Plan Must Reflect Your Population's Unique Needs

Wander Guard
DEPARTURE ALERT SYSTEM

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WHAT ARE YOUR POPULATION'S UNIQUE NEEDS?
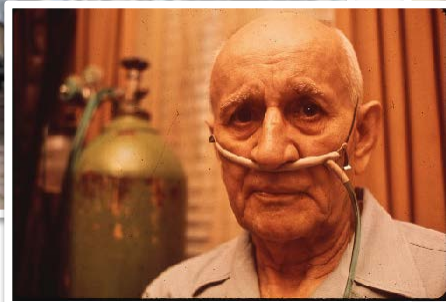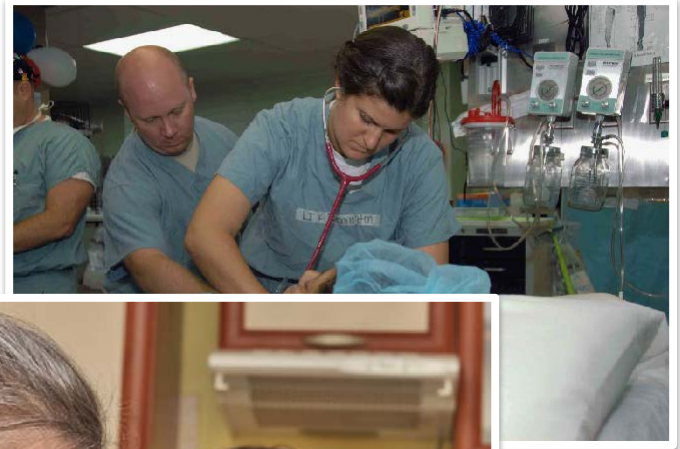
It is all in the details…

California Association of Health Facilities
SNF Emergency Preparedness
## CMS Final Rule Summary

Section	Major Provisions	Notes	Resources
Part 483.73 Emergency Plan: Comply with all Fed, state, and local emergency preparedness requirements. Establish and maintain an EP program that meets the requirements of this section. Include but not be limited to following elements:	(1). Based on and include facility and community based risk assessment utilizing an all-hazards approach including missing residents	New requirement: Facility specific risk assessment, incorporating the community based risk assessment Not limited to types of hazards in local area Also care –related, equipment/power failures, cyber and communication attacks	**Tool for risk analysis** http://www.cahfdisasterprep.com/PreparednessTopics/AllHazardResourcesGuides.aspx https://asprtracie.hhs.gov/technical-resources/3/Hazard-Vulnerability-Risk-Assessment/0 **Contact Local authorities for info on community risks** • Hospital Preparedness Program Coordinator • Office of Emergency Services • Fire or Emergency Medical Services • Local Public health 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. This approach is specific to the location of the provider or supplier and considers the particular types of hazards most likely to occur in their areas. Comprehensive planning guide tool http://cahfdisasterprep.com/PreparednessTopics/AllHazardResourcesGuides/DisasterPlanningGuide.aspx
(a) Reviewed and updated annually	(2). Strategies to address events	Emergency operations plan has	In-depth procedures for identified risks Tools for specific hazards

NEW REQUIREMENT:

Integrated Response Planning

- Include process for ensuring cooperation and collaboration with local, …state and federal emergency prep officials to maintain an integrated response during disaster or emergency

- including <u>documentation</u> of the LTC facility's efforts to contact such officials and when applicable of its participation in collaborative/cooperative planning
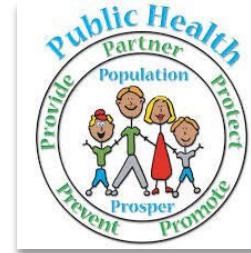
# NEW REQUIREMENT:
Integrated Health Care Systems
Section 483.73 (f)

- If facility is part of a healthcare system with multiple facilities they can elect to have a unified and integrated EP program
- Must demonstrate that each facility participated in the development of EP
- Must reflect each facility's unique circumstances, population, and services based on their facility-specific assessment
- Have integrated P&Ps for coordinated communication plan and testing and training

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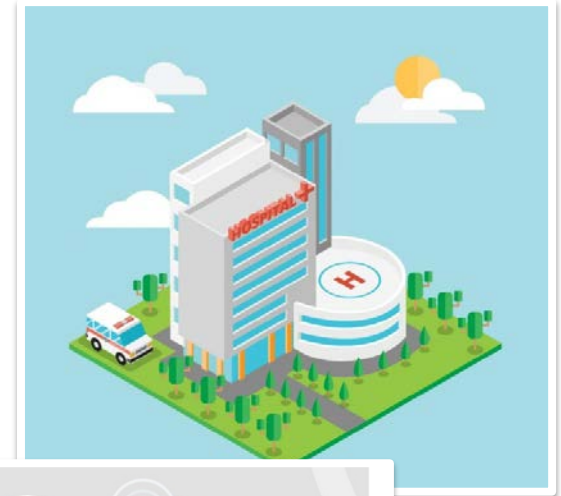
Part 483.73 (a) Policies and Procedures Based on Risk Assessment and Communication Plan
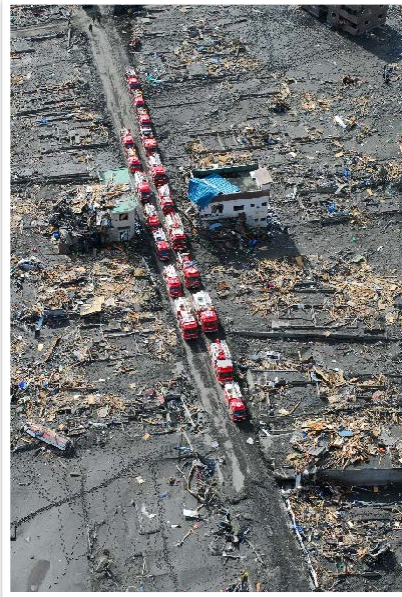
Introduction to Policies & Procedures

CMS Clarifies -

An operating guideline is NOT a policy or procedure

What is a policy specifically?

A policy is a formal document that lists the rules and the framework for the task. The policy is the rules and regulations that apply.

What is a procedure specifically?

A procedure is the list of exact instructions and steps needed in order to meet the requirements laid out in the policy.

Introduction to Policies & Procedures

Example of a **Policy**: Shelter-in-Place

<u>DECISION TO SHELTER-IN-PLACE</u>

"The biggest decision by our Incident Commander (IC) (the Administrator or designee) may be whether to stay or go in response to a threatened or actual emergency. These criteria should be met when deciding...

This decision is always based on the best interests of the residents; shelter-in-place is often the preferred method over facility evacuation due to the stress to residents associated with evacuation to another facility or alternate care site."

Introduction to Policies & Procedures

Example of **<u>Procedures</u>**: Shelter-in-place

"Once the Incident Commander makes the decision to shelter in place, the following activities occur:
- ✓ Action Item #1
- ✓ Action Item #2…"

**What are typical procedures
for Shelter in Place?**

HAZARD SPECIFIC PROCEDURES

<Insert Name of Facility>

Emergency Operations Plan
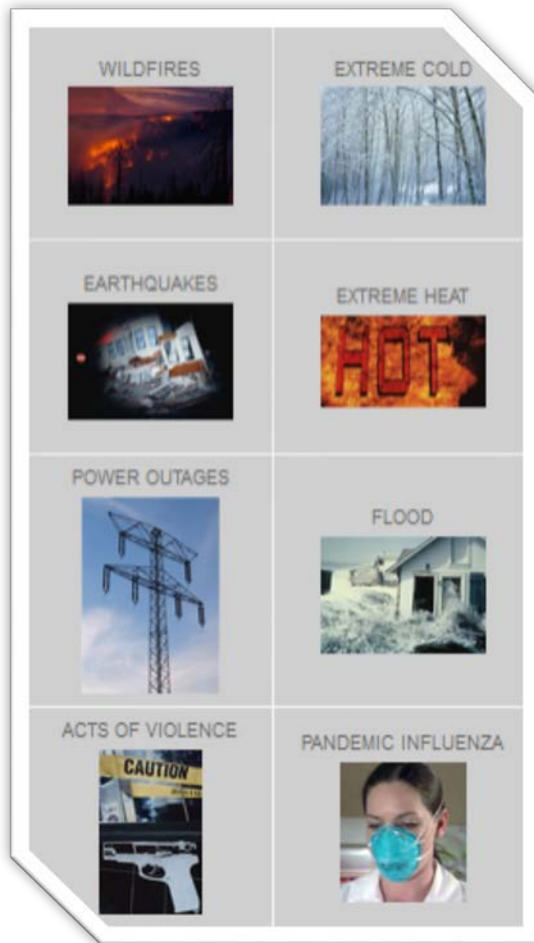
<Insert date>

<Insert facility's logo>

The results of our HVA that identify the most relevant threats to our facility have been incorporated into our EOP (See Appendix A – Hazard Vulnerability Assessment).

Types of Incidents	See Page
Bomb Threat	5
Earthquake	6
Evacuation	8
Extreme Weather – Cold	10
Extreme Weather – Heat	11
Fire (External)	12
Fire (Internal)	13
Flood	14
Hazardous Material/Waste Spill	15
Infectious Disease (e.g., Pandemic Influenza)	16
Missing Resident	17
Shelter In Place	18
Utility Failure (e.g., Power, Water, etc.)	19
Workplace Violence (e.g., Armed Intruder, Active Shooter, Hostage, etc.)	20

http://www.cahfdisasterprep.com/PreparednessTopics/AllHazardResourcesGuides/PlanningTemplatesChecklists.aspx

QUICK REFERENCE GUIDES

WILDFIRES	EXTREME COLD	
EARTHQUAKES	EXTREME HEAT	
POWER OUTAGES	FLOOD	
ACTS OF VIOLENCE	PANDEMIC INFLUENZA	

Bomb Threat	2
Cold Weather Procedures	4
Earthquake	5
Fire	7
Flood	10
Hazardous Material/Waste Spill	11
Hot Weather Procedure	13
Pandemic Influenza	14
Missing Resident	15
Utility Outage	17
Workplace Violence	18
Evacuation	20
Shelter in Place	22

www.cahfdownload.com/cahf/dpp/CAHFDP_ResourceGuide.pdf

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New Requirement:

P&Ps must be reviewed and updated annually and address at a minimum:

- Provision of subsistence needs for staff and residents/clients, whether evacuation or shelter in place
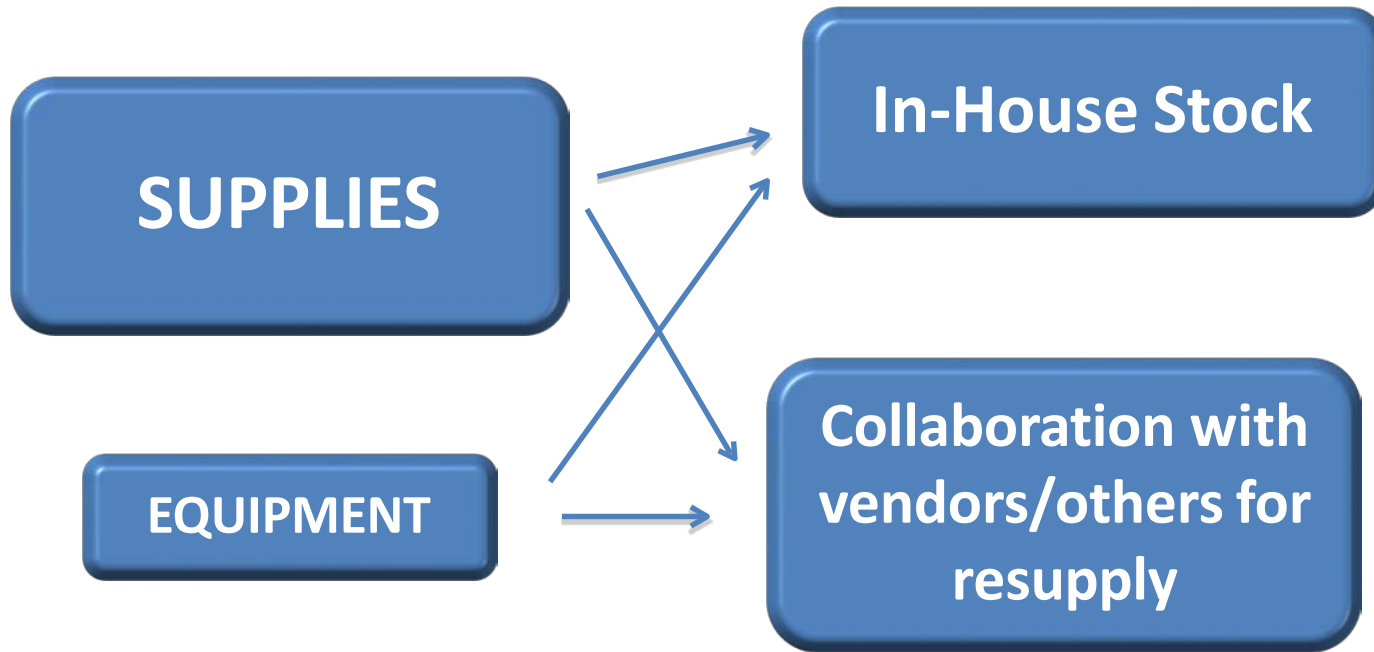- Food, water, medical and pharmaceutical supplies

CMS Clarifies

"This does not mean that facilities would need to store provisions themselves. We agree that once [patients] have been evacuated to other facilities, it would be the responsibility of the receiving   facility to provide for the patients' subsistence needs.

Local, state and regional agencies and organizations often participate with facilities in addressing subsistence needs, emergency shelter, etc.

Secondly, we are not specifying the amount of subsistence that must be provided as we believe that such a requirement would be overly prescriptive."

Final Rule Comment Section – Page 80

Food, Water, Pharmaceutical Supplies

SUPPLIES

In-House Stock

EQUIPMENT

Collaboration with vendors/others for resupply

Packaging To Take With You Enroute

Discussion – Pharmaceutical Supplies

How many days of meds do you have?

What if your supply chain is broken?

What would be your procedure for running out of medication?

New Requirement: Alternate sources of energy to maintain -

- Temperatures to protect resident health and safety, and for the safe and sanitary storage of provisions.
- Emergency lighting.
- Fire detection, extinguishing, and alarm systems.
- Sewage and waste disposal

Section 483.73 (e)
Emergency and stand by power systems

- Does not apply to IID

- Fortunately CMS did not require 4 hours testing as they proposed initially.

- Basically no change from current requirements in NFPA 99 and amendments for location, inspection, testing, maintenance and fuel

CMS Clarifies

"Alternate sources of energy **depend on the resources available** to a facility, such as battery-operated lights, propane lights, or heating, in order to meet the needs of a facility during an emergency.

We would encourage facilities to **confer with local health department** and emergency management officials, as well as and healthcare coalitions, to determine the types and duration of energy sources that could be available to assist them in providing care to their patient population during an emergency.

As part of the risk assessment planning, facilities should **determine the feasibility of relying on these sources** and plan accordingly"

CMS Final Rule Comment Section Page 89

Additional Clarification for LTC

"... individual power needs of the residents are encompassed within the requirement that the facility assess its resident population. **Therefore, we are not adding a specific requirement for LTC facilities to provide the necessary power for a resident's individualized power needs.**

However, we encourage facilities to establish policies and procedures in their emergency preparedness plan that **would address providing auxiliary electrical power to power dependent residents** during an emergency or evacuating such residents to alternate facilities.

If a power outage occurs during an emergency or disaster, **power dependent residents will require continued electrical power** for ventilators, speech generator devices, dialysis machines, power mobility devices, certain types of durable medical equipment, and other types of equipment that are **necessary for the residents' health and well-being."**

CMS Final Rule Comment Section Page 198-199

Summary of Alternate Sources of Energy FAQs:

- You need to maintain safe temperatures for your residents (below 81°F in residents' rooms)
- Your HVAC does not have to be connected to your emergency generator to meet this requirement
- You can contract with companies to provide temporary AC or heat, but you must consider the viability/feasibility of this contract in the event of a disaster
    - In your Hazard Vulnerability Assessment did you assess power outage or extreme heat as one of your top hazards?
    - Did you assess potential back-up routes for vendors/suppliers to reach you in case roads are shut down?
    - In a worst-case scenario, is it still believable this supplier will reach you and honor their contract?
- Example of possible alternative option: bringing all residents into main room and cooling with fans
    - Think outside the box!
    - Document your contract with this supplier and involve them in your regular exercises!

CMS Clarifies re: Sewage

"...the provision and restoration of sewage
and waste disposal systems could be beyond the operational control of some providers.

However, we are not requiring LTC facilities to have onsite treatment of sewage or to be responsible for public services.

LTC facilities would only be required to make provisions for maintaining the necessary services."

Summary: if your facility operates on well water and uses electricity to pump your sewage system, you need an alternative source of energy to maintain the sewage system.

Final Rule Comment Section Page 199-200

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NEW REQUIREMENT: Systems to Track Residents/Clients and On-duty Staff

POLICIES & PROCEDURES

NHICS
NURSING HOME INCIDENT COMMAND SYSTEM

NHICS FORM 252 | SECTION PERSONNEL TIME SHEET

1. FACILITY NAME:	
2. FROM DATE/TIME:	3. TO DATE/TIME:
4. SECTION:	5. TEAM LEADER:

6. TIME RECORD

#	EMPLOYEE (E)/VOLUNTEER (V) NAME (PLEASE PRINT)	E/V	EMPLOYEE NUMBER	NHICS ASSIGNMENT/ RESPONSE FUNCTION	DATE/TIME IN	DATE/TIME OUT	SIGNATURE	TOTAL HOURS
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

* MAY BE USUAL NURSING HOME VOLUNTEERS OR APPROVED VOLUNTEERS FROM COMMUNITY

7. CERTIFYING OFFICER:	8. DATE/TIME SUBMITTED:

PURPOSE: RECORD EACH SECTION'S PERSONNEL TIME AND ACTIVITY
ORIGINATION: SECTION CHIEFS
ORIGINAL TO: TIME UNIT LEADER EVERY 12 HOURS
COPIES TO: DOCUMENTATION UNIT LEADER

www.cahfdisasterprep.com

NHICS
NURSING HOME INCIDENT COMMAND SYSTEM

NHICS FORM 255 | MASTER RESIDENT EVACUATION TRACKING FORM

1. INCIDENT NAME:		2. FACILITY NAME:	
3. DATE PREPARED:		4. RESIDENT TRACKING MANAGER:	

5. RESIDENT EVACUATION INFORMATION

	RESIDENT NAME:				MEDICAL RECORD #:	
DISPOSITION	MODE OF TRANSPORTATION	ACCEPTING FACILITY NAME & CONTACT INFO	TIME FACILITY CONTACTED & REPORT GIVEN	TRANSFER INITIATED (TIME/TRANSPORT CO.)	MED RECORD SENT:	☐ YES ☐ NO
					MEDICATION SENT:	☐ YES ☐ NO
☐ HOME ☐ FACILITY TRANSFER ☐ TEMP. SHELTER					MD/FAMILY NOTIFIED:	☐ YES ☐ NO
					ARRIVAL CONFIRMED:	☐ YES ☐ NO

	RESIDENT NAME:				MEDICAL RECORD #:	
DISPOSITION	MODE OF TRANSPORTATION	ACCEPTING FACILITY NAME & CONTACT INFO	TIME FACILITY CONTACTED & REPORT GIVEN	TRANSFER INITIATED (TIME/TRANSPORT CO.)	MED RECORD SENT:	☐ YES ☐ NO
					MEDICATION SENT:	☐ YES ☐ NO
☐ HOME ☐ FACILITY TRANSFER ☐ TEMP. SHELTER					MD/FAMILY NOTIFIED:	☐ YES ☐ NO
					ARRIVAL CONFIRMED:	☐ YES ☐ NO

	RESIDENT NAME:				MEDICAL RECORD #:	
DISPOSITION	MODE OF TRANSPORTATION	ACCEPTING FACILITY NAME & CONTACT INFO	TIME FACILITY CONTACTED & REPORT GIVEN	TRANSFER INITIATED (TIME/TRANSPORT CO.)	MED RECORD SENT:	☐ YES ☐ NO
					MEDICATION SENT:	☐ YES ☐ NO
☐ HOME ☐ FACILITY TRANSFER ☐ TEMP. SHELTER					MD/FAMILY NOTIFIED:	☐ YES ☐ NO
					ARRIVAL CONFIRMED:	☐ YES ☐ NO

6. CERTIFYING OFFICER:	7. DATE/TIME SUBMITTED:

PURPOSE: RECORD INFORMATION CONCERNING RESIDENT DISPOSITION DURING A FACILITY EVACUATION
ORIGINATION: OPERATIONS BRANCH
COPIES TO: PLANNING SECTION CHIEF AND DOCUMENTATION UNIT LEADER LEADER

NHICS 255
PAGE __ of __
REV. 1/11

CALIFORNIA ASSOCIATION
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Safe Evacuation – 483.73 (b) 3

483.73 (b) 3 – Safe evacuation from the LTC 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.

NEW REQUIREMENT: Safe Evacuation

INCLUDES:

- Care and treatment of evacuees

- Staff responsibilities

- Transportation

- Evacuation locations

- Primary and alternate means of communication with external sources of assistance

http://www.cahfdisasterprep.com/NHICS.aspx

Care and treatment of evacuees

What are your plans for the treatment of evacuees?
What are possible impediments?

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Evacuation Locations

- Evacuation locations needs to be at in-kind facilities and pre-approved by Licensing & Certification

- If the location is not pre-approved, no reimbursement of transport or care costs under a federally declared disaster.
  - Oroville Dam evacuation
  - Beale Air Force Base

Hospital? You and everyone else

- Hospitals will be looking to "decompress" their less acute patients, possibly even to YOU

- They will be receiving evacuees who were injured or left home without anything, will not have enough beds for general public and SNF/IID residents

Transportation

CALIFORNIA ASSOCIATION OF HEALTH FACILITIES

LONG-TERM CARE FACILITY EVACUATION RESIDENT ASSESSMENT FORM FOR TRANSPORT AND DESTINATION

Adapted from the Shelter Medical Group Report: Evacuation, Care and Sheltering of the Medically Fragile.

FACILITY NAME: _____   DATE: _____

COMPLETED BY: _____   TIME: _____

LEVEL OF CARE	FACILITY TYPE	TRANSPORT TYPE	NUMBER OF RESIDENTS
LEVEL I **Description:** Patients/residents are usually transferred from in-patient medical treatment facilities and require a level of care only available in hospital or Skilled Nursing or Sub-Acute Care Facilities. Examples: • Bedridden, totally dependent, difficulty swallowing • Requires dialysis • Ventilator-dependent • Requires electrical equipment to sustain life • Critical medications requiring daily or QOD lab monitoring • Requires continuous IV therapy • Terminally ill	Like Facility Hospital SNF or Subacute	ALS	
LEVEL II **Description:** Patients/residents have no acute medical conditions but require medical monitoring, treatment or personal care beyond what is available in home setting or public shelters. Examples: • Bedridden, stable, able to swallow • Wheelchair-bound requiring complete assistance • Insulin-dependent diabetic unable to monitor own blood sugar or to self-inject • Requires assistance with tube feedings • Draining wounds requiring frequent sterile dressing changes • Oxygen dependent; requires respiratory therapy or assistance with oxygen	Like Facility Medical Care Shelter In some circumstances, may be able to evacuate to family/caregiver home	BLS Wheelchair Van Car/Van/Bus	

Keep track (weekly-monthly) of the different levels of mobility of your patients using this form, to get transport from county or community partners hours faster
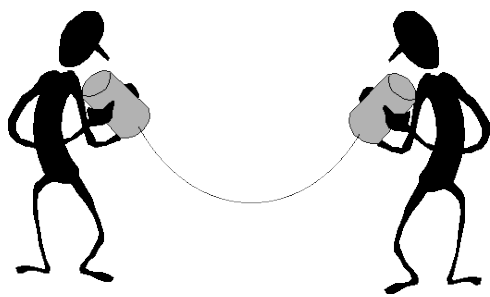
Modes of Transportation

Ambulatory? Non-ambulatory?
Think outside the box in an emergency!

Primary and alternate means of communication -

NEW REQUIREMENT:
Shelter in Place

- Residents/Clients + Staff + Volunteers

EMERGENCY OPERATIONS PLAN

APPENDIX J – SHELTER IN PLACE

APPENDIX J - SHELTER IN PLACE

DECISION TO SHELTER IN PLACE

The biggest decision our Incident Commander (IC) (the Administrator or designee) may need to make is whether to stay or go in response to a threatened or actual emergency. This decision is always based on the best interests of the residents; shelter in place is often the preferred method over facility evacuation due to the stress to residents associated with evacuation to another facility or alternate care site.

If the threat is fast moving (e.g., an internal building fire), the decision may be made rapidly, without the opportunity to consult with local fire, law, or county emergency management officials. Situations that may warrant shelter in place include:

- Severe weather
- Hazardous materials incidents
- Nuclear accidents
- Earthquakes
- Wildfires
- <Add any facility specific hazards>

PROCEDURES

Once our IC makes the decision to shelter in place, the following activities occur:

INITIAL (See Rapid Response Guide – Shelter in Place)

AHCA. NCAL.
AMERICAN HEALTH CARE ASSOCIATION   NATIONAL CENTER FOR ASSISTED LIVING

Shelter In Place: Planning Resource Guide for Nursing Homes

Purpose of this Document

When faced with the difficult decision of having to evacuate or stay in the long term care center, many factors need to be considered. Sheltering in Place (SIP) is the preferred

Shelter in Place -

Supplies?
Provisions?
Is it enough for residents? For staff?

DANGER
DIESEL FUEL

NEW REQUIREMENT:

Medical Documentation That Preserves Resident Information, Protects Confidentiality And Maintains The Availability Of Records

NEW REQUIREMENT:
Use of Volunteers and Other Emergency Staffing Strategies

POLICIES & PROCEDURES

"...in an emergency a facility or community would need to accept volunteer support from individuals with varying levels of skills and training and that policies and procedures should be in place to facility this support.

Health care volunteers would be allowed to perform services **within their scope of practice and training** and non-medical volunteers would perform non-medical task"

CMS Final Rule Comments Page 91 and 92

Volunteers – must be trained

Initial training in emergency preparedness policies and procedures for volunteers consistent with their expected role.

NEW REQUIREMENT:
Emergency Admits

- Develop arrangements with other providers to receive residents/clients in the event of limitations or cessation of operations to maintain continuity of services to residents/clients

- Does not mean you can exceed your bed-limit; 3.2hr nursing ratio is not waived

- Don't forget to also coordinate additional staff to accompany any emergency admits you take on
  - Make sure the sending facility is tracking the hours this outside staff spends at your facility

Emergency Admits (Surge)

POLICIES & PROCEDURES

Communicate with Sending Facility, county Public Health, EMS/Responders, DPH HFID, as appropriate

Assess bed capacity, utilize software like ReddiNet/EMResource if polled

Assess staffing needs, initiate staff recall

Discharge low acuity residents if time permits

Clear an area to receive and process incoming residents

Supply management; contact vendors

Perform admission assessment

Appendix H of the CAHF EOP template
http://www.cahfdisasterprep.com/PreparednessTopics/AllHazardResourcesGuides/PlanningTemplatesChecklists.aspx

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Section 483.73 (c) NEW REQUIREMENT: Communication Plan

Updated Annually, Including:

- ✓ Names and contact info for staff
- ✓ Entities providing services
- ✓ Residents' physicians
- ✓ Other LTC facilities
- ✓ Volunteers
- ✓ Emergency Prep staff
- ✓ State enforcement agency
- ✓ Ombudsman
- ✓ Other sources of assistance
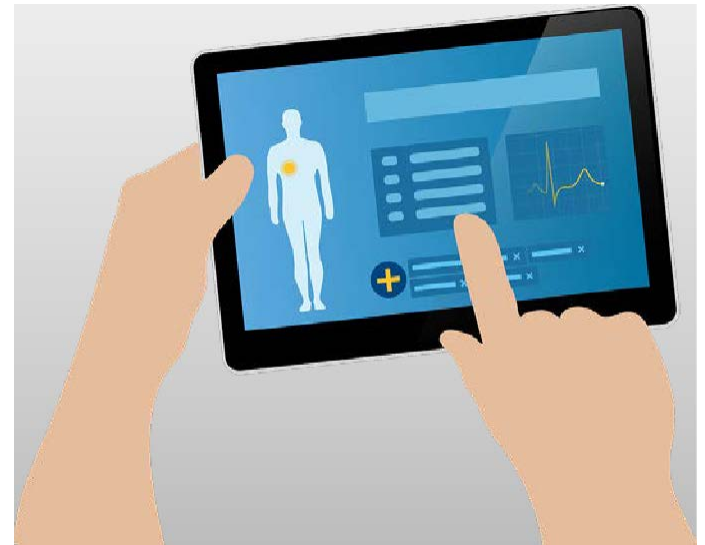
When Cell Phones Don't Work...

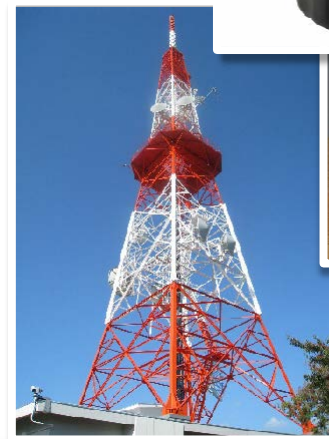You still need alternate means for communication with:

- Staff, volunteers, families

- federal, state, tribal, regional or local EMS

Where to start:

- Build a relationship with your local amateur ham radio club

  - LA Area Council of Amateur Radio Clubs (http://www.qsl.net/laacarc/)

- HealthNet radio stations similar to fire stations

- Quarterly sat-phone drills in LA County

Communication Plans

www.dpapp.cahf.org

www.cahfdisasterprep.com/DPApp.aspx

Method for Sharing Info and Medical Documentation as Necessary…

- Provide other health care providers complete records to maintain continuity of care when transferring patients in an evacuation

- Provide info about general condition and locations of residents/clients during an evacuation, as permitted under HIPAA

- Provide assistance to the authority having jurisdiction over the emergency event, regarding the occupancy, needs and ability to properly care for patients

A means of providing information about the general condition and location of residents under the facility's care – 45 CFR 164.510(b)(4)

"Uses and disclosures for disaster relief purposes. A covered entity may use or disclose protected health information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordinating with such entities the uses or disclosures permitted by paragraph (b)(1)(ii) of this section. The requirements in paragraphs (b)(2), (b)(3), or (b)(5) of this section apply to such uses and disclosures to the extent that **the covered entity, in the exercise of professional judgment, determines that the requirements do not interfere with the ability to respond to the emergency circumstances.**"

Summary: Use professional judgment to determine whether sharing certain PHI with other agencies or providers during an emergency or disaster is in the best interests of the patient

Method of Sharing Info from the Emergency Plan with Residents/Clients and Their Families/Reps

- Expectation is that this info is already collected before the event
- Consider gathering this info from families at orientation, post-admission, and annually when you test your EOP and log it
- Don't forget to contact the Ombudsman during an emergency event
- Could be a great trust builder with families and a way to get them to cooperate and communicate in accordance with plan during event

In the event of evacuation, you must have the means to release information to the resident's family or representative – 45 CFR 164.510(b)(1)(ii)

"A covered entity may use or disclose protected health information **to notify, or assist in the notification of (including identifying or locating), a family member, a personal representative of the individual**, or another person responsible for the care of the individual of the individual's location, general condition, or death. Any such use or disclosure of protected health information for such notification purposes must be in accordance with paragraphs (b)(2), (b)(3), (b)(4), or (b)(5) of this section, as applicable."

Suggestion: Work closely with the American Red Cross to communicate with patients' families about the conditions and locations of residents, through a safe and professional channel during an area-wide emergency

Training And Testing
Section 483.73 (d)

TRAINING: New Requirements

<u>Training program must do all the following:</u>

- Initial training in emergency prep to all new and existing staff, ALL shifts
- Individuals providing services under arrangement
  - physical therapists, dieticians, emergency resupply vendors
- Volunteers consistent with their role
- Provide training at least annually
- Maintain documentation of ALL training sessions
- Ensure that ALL staff can demonstrate knowledge during survey, exercises, and real events

NEW REQUIREMENTS:
Testing the Plan

- Participate in a full scale exercise that is community –based at least annually

- If not available, conduct a facility-based functional exercise

- Conduct a second formal exercise that can be a table top at least annually involving a narrated clinically relevant emergency scenario and questions/problems to challenge the plan

- Analyze response to exercise and table top

  - Use as your action-item list for training priorities over the next year

Can I send some of my staff to a tabletop exercise or full-scale exercise put on by my community to satisfy this requirement?

While CMS has not clarified what "participation" in a full-scale community-based exercise is, the Rule states the exercises must test and train YOUR facility's Emergency Operations Plan.

If the scenario given at the exercise you wish to attend does not relate to your OWN facility, residents, or unique set of circumstances based on your Hazard Vulnerability Assessment, a surveyor may decide to not accept this as compliant.

You must identify portions of YOUR Emergency Operations Plan to challenge and then document the gaps you found and areas for improvement at your OWN facility. Otherwise the exercises are almost pointless in improving your facility's preparedness.

How do I begin to satisfy the requirement for two annual exercises, before November 2017??

- The Statewide Medical Health Exercise (SWMHE, pronounced "swimmy") is a year-long program that makes available to you all the tools and Situation Manual materials you will need to complete both the tabletop exercise (TTX) and the full-scale exercise.

- Sign up for the TTX in September to fulfill this first requirement, but you will also talk through the same scenario that will be used for the full-scale SWMHE on the third Thursday in November (11-16-17).

- If the SWMHE scenario given does not apply to your facility or you want to test a different portion you think is more urgent, you can use the same scenario for your TTX and your full-scale.

http://www.californiamedicalhealthexercise.com/index.html

How to address the testing requirement, continued...

- If you don't go through the SWMHE, you can reach out to your county public health department to see if they have a separate full-scale exercise you can participate in.

- When reaching out to your community response agencies and healthcare coalition, make sure to document your attempts to get involved.

- If your county does not make the necessary resources available, you are still responsible for conducting a facility-specific, functional exercise.
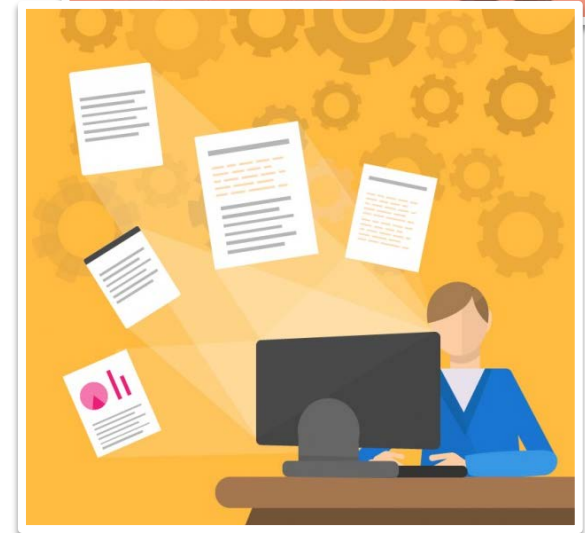
DISASTER DRILLS (FUNCTIONAL)...

FULL SCALE DRILLS (COMMUNITY)...

Discussion-based Exercises or Table Tops
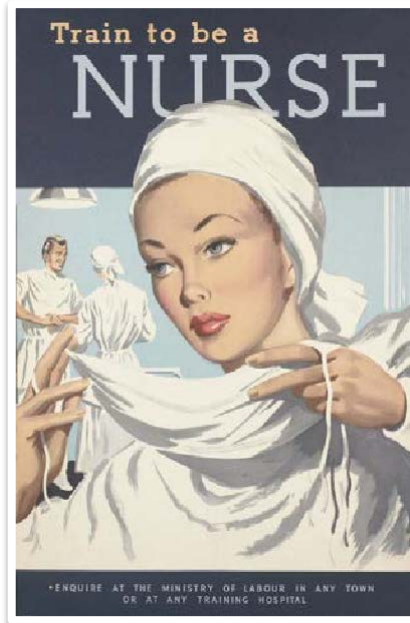
Table Top Exercises

QUESTIONS…?

Photo Sources: www.pixabay.com; www.commons.wikimedia.org; www.public-domain-image.com

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Thank You!

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