Raising the Bar on Emergency Preparedness for IID

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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

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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 IID.

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Natural Hazards

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Man - Made Hazards

CYBERSECURITY!

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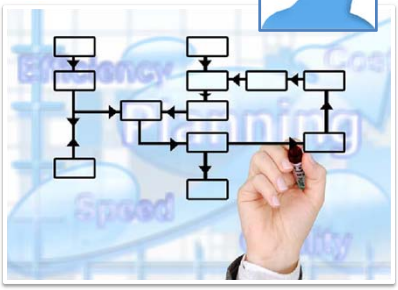
What Do I Need To Know?

Four main components:

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



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It is all in the details…

California Association of Health Facilities
ICF/IID Emergency Preparedness CMS
Final Rule Summary

Section	Major Provisions	Notes	Resources
Part 483.475 The Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) must comply with all applicable Federal, State, and local emergency preparedness requirements. The emergency preparedness program must include, but not be limited to, the	1. Based on and include facility and community based risk assessment utilizing an all-hazards approach including missing clients.	New requirement – Risk assessment Facility specific and 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 Local authorities for collaboration 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

Part 483.73 (a) Emergency Plan

Based on and include facility and community-based Risk Assessment:

- High probability and impact events
- Address facility population at risk because of their resident/clients unique needs
- Identification of services that must be provided in the emergency
- **Continuity of operations/Delegation of Authority**
- Process for cooperation with community response
- All Hazards Approach
- Reviewed and updated annually

What Does "All Hazards" mean?

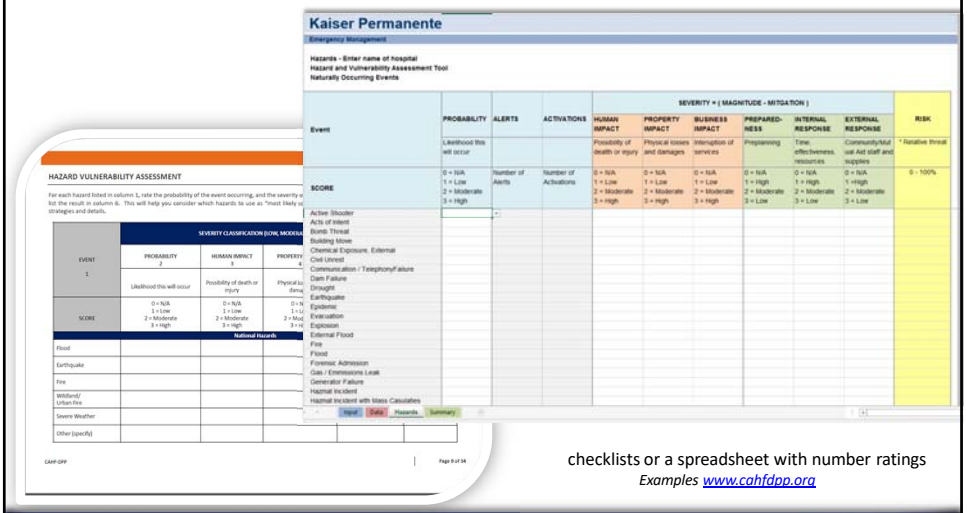
- An all-hazards approach is an integrated approach to emergency preparedness planning that focuses on **capacities** and **capabilities** that are critical to preparedness for a full spectrum of emergencies or disasters.

- 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.

What is a Community Based and Facility Specific Risk Assessment?

- In every city and/or county emergency response professionals do risk assessments.
- Build on that but develop one for your facility that asks and answers:
  - What do we need to prepare for?
  - What shareable resources are required in order to be prepared?
  - What actions could be employed to avoid, divert, lessen, or eliminate a threat or hazard?

What Tools Can I Use?



checklists or a spreadsheet with number ratings

Examples www.cahfdpp.org

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Plan Must Reflect Your Population's <u>Unique Needs</u>

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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
- Include documentation of the LTC facility's efforts to contact such officials and when applicable of its participation in collaborative/cooperative planning
- Include contact info in the plan for emergency officials you should be contacting during emergencies

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Policies and Procedures Based on Risk Assessment and a Communication Plan

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Hazard Specific Procedures

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

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Quick Reference Guides

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

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Policies & Procedures must be:

<u>reviewed and updated annually and address at a minimum:</u>

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

CMS Clarifies

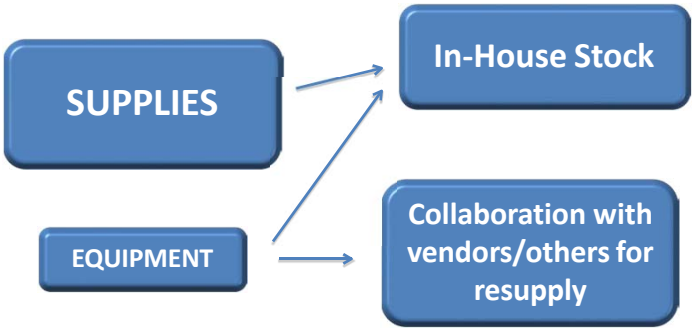
"This does not mean that facilities would need to store provisions themselves. We agree that once [patients] have been evacuated to other facilities, it would be the responsibility of the receiving facility to provide for the patients' subsistence needs.

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



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Packaging To Take With You Enroute

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Alternate Sources of Energy

To maintain:

- Temps to protect resident/client health and safety and safe storage of provisions
- Emergency lighting
- Fire detection, extinguishing, and alarm systems
- Sewage and waste disposal

Additional Clarification for LTC/IID

- Rule requires SNFs to have generators
- Does not specify generator must support HVAC or whole building (unless needed to meet temp, lighting etc. requirement)
- Does not specify IID must have generator (unless needed to meet temp, lighting etc.. requirement)

CMS FAQs 11/15/16

"…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. CMS Final Rule Comment Section Page 198-199

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."

Final Rule Comment Section Page 199-200

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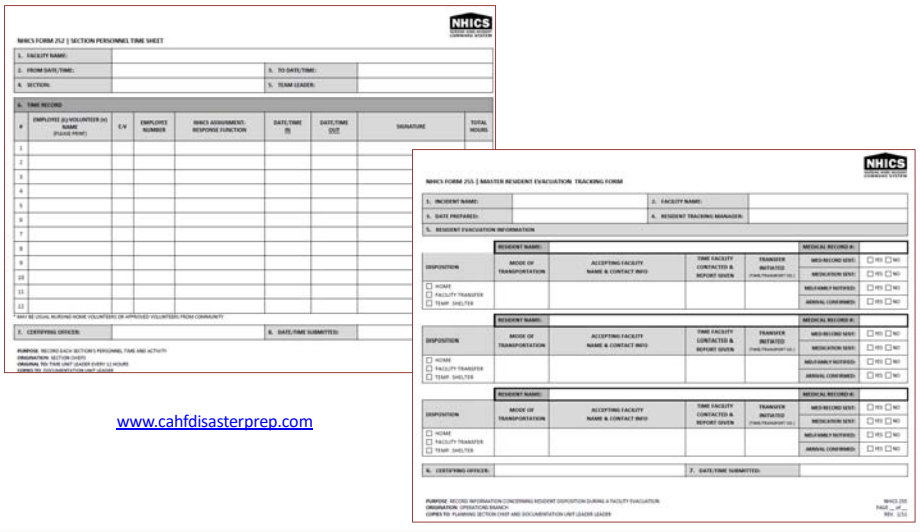
Systems to Track Clients and On-duty Staff



www.cahfdisasterprep.com

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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

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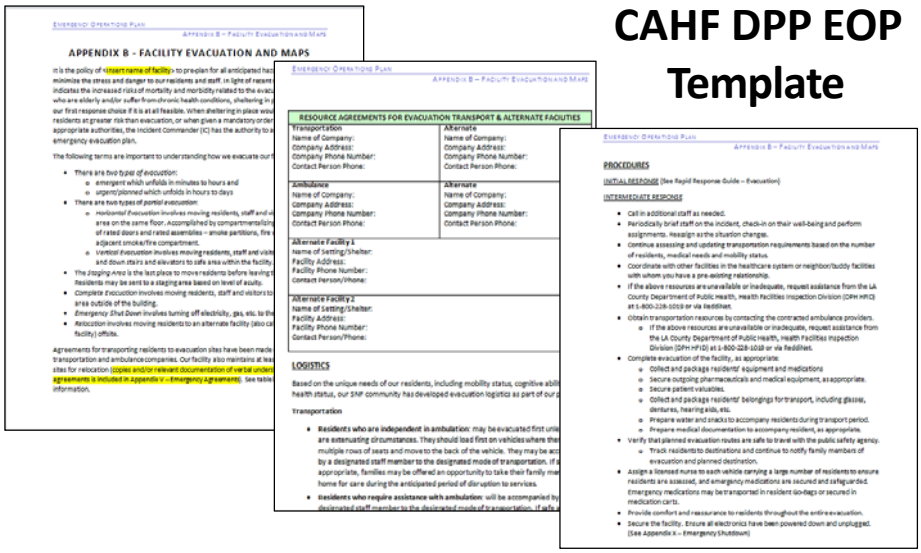
CAHF DPP EOP Template



APPENDIX B - FACILITY EVACUATION AND MAPS

RESOURCE AGREEMENTS FOR EVACUATION TRANSPORT & ALTERNATE FACILITIES

LOGISTICS

PROCEDURES

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

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Evacuation Locations

….the development of arrangements in collaboration with other facilities to receive residents/clients is necessary in order to provide the continued needed care and treatment for all ….

Transportation

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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 mobilize • Wheelchair-bound requiring complete assistance • Insulin-dependent diabetic unable to monitor own blood sugar or to self-inject • Requires assistance with vital findings • 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	

Shelter in Place

- Clients + Staff + Volunteers

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.

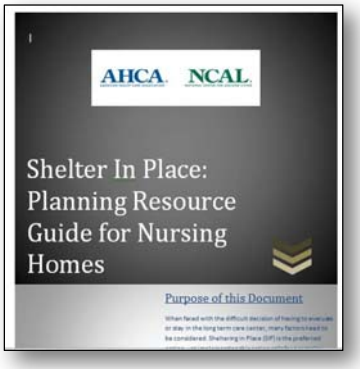
If the threat is fast moving (e.g., an internal building fire), the decision may be made rapidly, without the opportunity to consult with local fire, law, or county emergency management officials. Situations that may warrant shelter in place include:

- 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)



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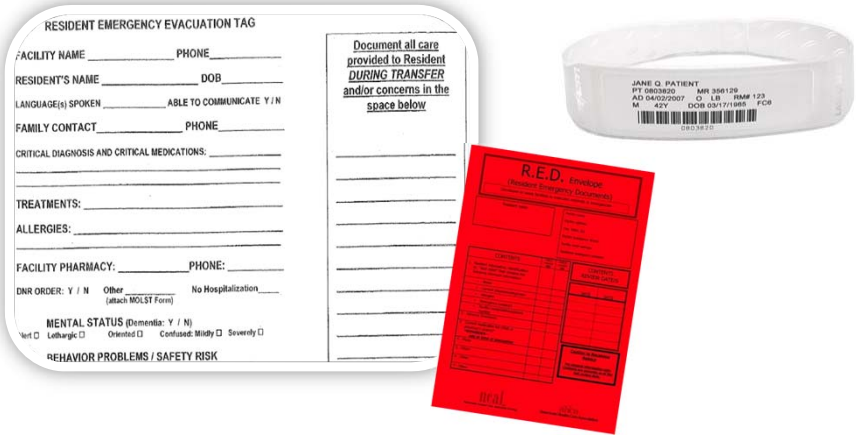
NEW REQUIREMENT:

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



RESIDENT EMERGENCY EVACUATION TAG

FACILITY NAME _____ PHONE_____

RESIDENT'S NAME _____ DOB_____

LANGUAGE(s) SPOKEN _____ ABLE TO COMMUNICATE Y / N

FAMILY CONTACT_____ PHONE_____

CRITICAL DIAGNOSIS AND CRITICAL MEDICATIONS: _____

TREATMENTS: _____

ALLERGIES: _____

FACILITY PHARMACY: _____PHONE: _____

DNR ORDER: Y / N Other _____ (attach MOLST Form) No Hospitalization____

MENTAL STATUS (Dementia: Y / N)

Alert ☐ Lethargic ☐ Oriented ☐ Confused: Mildly ☐ Severely ☐

BEHAVIOR PROBLEMS / SAFETY RISK

Document all care provided to Resident *DURING TRANSFER* and/or concerns in the space below

JANE Q. PATIENT
PT 0803820 MR 356129
AD 04/02/2007 O - LB RM# 123
M 42Y DOB 03/17/1965 FC8

R.E.D. Envelope (Resident Emergency Documents)

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Use of Volunteers and Other Emergency Staffing Strategies

"…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

Emergency Admits (Surge)

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

Communication Plan

Updated Annually, Including:

- ✓ Names and contact info for staff
- ✓ Entities providing services
- ✓ Resident's physicians
- ✓ Other LTC facilities
- ✓ Volunteers
- ✓ Emergency Prep staff
- ✓ State enforcement agency
- ✓ Ombudsman
- ✓ Other sources of assistance

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When Cell Phones Don't Work…

Primary and alternate means for communication with:

- Staff
- federal, state, tribal, regional or local EMS

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Method for Sharing Info and Medical Documentation as Necessary…

- With other health care providers to maintain continuity of care
- Means to release info in event of evacuation as permitted under HIPPA
- Means of providing info about general condition and locations of residents/clients
- And regarding the occupancy, needs and ability to provide assistance to authority having jurisdiction or incident commander

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

- Expectation is that this info precedes the event
- Consider at orientation, post-admission, and annually
- Could be a great trust builder with families and a way to get them to cooperate and communicate in accordance with plan during event

Training And Testing

TRAINING:

Training program must do all the following:

- ✓ Initial training in emergency prep to all new and existing staff, on hire
- ✓ Individuals providing services under arrangement,
- ✓ And volunteers consistent with their role
- ✓ Provide at least annually
- ✓ Maintain documentation
- ✓ Ensure that staff can demonstrate knowledge

TESTING:

- ✓ Participate in a full scale exercise that is community –based at least annually
- ✓ If not available, conduct a facility-based full scale 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

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Full Scale Drills (Community)…

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Discussion-based Exercises or Table Tops

Table Top Exercises

Integrated Health Care Systems

- 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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Questions...?

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

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CONTACT INFORMATION

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Thank You!