CMS Emergency Preparedness Rule

Understanding the Emergency Preparedness Final Rule

CDPH Licensing and Certification
Life Safety Code Unit - for
Centers for Medicare & Medicaid Services
Final Rule

- Medicare and Medicaid Programs; Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers

- Published September 16, 2016
- Applies to all 17 provider and supplier types
- Implementation date November 15, 2017
- Compliance required for participation in Medicare
- Emergency Preparedness (EP) is now a Condition of Participation (CoP)/Condition for Coverage (CFC) Requirement
Four Provisions for All Provider Types

- Risk Assessment and Planning
- Policies and Procedures
- Communication Plan
- Training and Testing
Risk Assessment and Planning

• 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.
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.
• There are a total of 29 E tags.
• Four Core elements and Twenty Five sub elements.
• Emergency plan- E0004 has 3 sub tags. (E0006, E0007 and E0009)
• Policies and Procedures – E0013 has 8 sub tags. (E0015, E00018, E0020, E0022, E0023, E0024, E0025 and E0026.
• Communication Plan – E0029 has 6 sub tags. (E0030, E0031, E0032, E0033, E0034, and E0035,
• Training and Testing – E0036 has have 2 sub tags. (E0037 and E0039)
• E0006
• The emergency plan must be based on a facility-based or community-based risk assessment using an all hazard approach.

• E0007
• The emergency plan must address the type of services available to the type of clients and have the ability to provide for their needs and continuity of operations including delegation of authority and succession plan.
Emergency Plan

• E0009

• The emergency plan must include a process for cooperation and collaboration with local, tribal, regional, state and Federal emergency officials to maintain an integrated response during a disaster or emergency situation.
• 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

• **E0015.**
• Must have a policy and procedure for the provision of subsistence needs for staff and patients whether they evacuate or shelter in place.
• Must provide an alternate source of energy to protect the health and safety of their clients.
• Must have power source to provide emergency lighting, Fire Detection, extinguishing and alarm system.
• Must have a plan for sewage and waste disposal
• **E0018.**
• Must have a system to track the location of on duty staff and sheltered clients in the facility’s care during an emergency.
• Must document the specific name and location of the receiving facility.
• E0020.
• Must have a policy on safe evacuation from the facility, including consideration of care and treatment needs of evacuees, staff responsibilities, transportation, identification of evacuation location and primary and alternate means of communication
• E0022
Policy and Procedures for sheltering in place for clients, staff and volunteers who remain in the facility.

• E0023
A system or procedures that preserves patient information, protects confidentiality of clients information, and secures and maintains availability of records.
Policies and Procedures

• **E0024**
  Policy and procedures for the use of volunteers and other staffing strategies.

  **E0025**
  Arrangement with other facilities or other providers to receive clients in the event of limitations or cessation of operations to maintain the continuity of services to the facility clients.

  **E0026**
  P & P describing the facility’s role in providing care and treatment when their clients are at an alternate site under 1135 waiver.
Communication Plan-E0029

• E0030
Must have updated contact information of the following:
  1. Staff
  2. Entities providing services under arrangement
  3. Client’s Physicians
  4. Volunteers
  5. Must be reviewed and updated annually.
Communication Plan

• **E0031**
  Emergency Officials Contact Information.

This includes Federal, State, regional of local emergency preparedness staff and other sources of assistance. This also includes State Licensing and certification Agency and the Protection and Advocacy Agency. Must be updated annually.
E0033
Primary and Alternate means of communication for internal and external.
The communication equipment must be available on site.
• **E0034**
Must have a method of sharing information and medical documentation for clients under the facility’s care, as necessary, with other health providers to maintain the continuity of care.
Communication Plan

• E0034
Must have a means of providing information about the facility’s occupancy, needs, and its ability to provide assistance to the authority having jurisdiction.

-E0035
Must have a method of sharing the appropriate information of their emergency plan to the client’s family members or representative.
Training and Testing

• E0037
Must do all of the following:

1. Initial Training.
2. Documentation of the initial training.
1. Participate in a full-scale exercise that is community based or a facility based if the community base is not available.
2. Conduct a second full scale exercise that is a community based or facility base
3. Or conduct a table top exercise that includes a group discussion led by a facilitator or prepare questions pertaining to the facility’s emergency preparedness plan. Documentation of these training must be available for review.
• Must implement emergency and standby power systems based on their emergency plan.
• When a new structure is built or renovated, the location of the emergency power and standby power system must be in accordance with Health Care Facilities Code.
• Must implement inspection and testing according to NFPA 99 and NFPA 110.
• Must maintain an onsite emergency generator fuel and must have a plan to keep the generator operational during the emergency unless it evacuates.
Any questions??
Thank you!

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