

## Updated Guidance for Emergency Preparedness Regulations

CMS has posted a [QSO memo](#) updating the State Operations Manual (SOM) Appendix Z that outlines emergency preparedness (EP) requirements. It now reflects the revisions made within the 2019 final rule, [Medicare and Medicaid Programs; Regulatory Provisions to Promote Program Efficiency, Transparency, and Burden Reduction \(CoPs\) \(CMS 3346-F\)](#). CMS has also added new guidance related to Emerging Infectious Disease (EIDs) outbreaks, including best practices, lessons learned, and general recommendations for planning and preparedness.

This guidance is effective immediately. CMS is currently working on relevant updates to the Emergency Preparedness Basic Surveyor Training Course, which will be available at a later date.

The changes are extensive, and **members are encouraged to review the [complete QSO memo](#)**. Below is a high-level summary from AHCA/NCAL.

### General Changes

- For surveys of LTC facilities, health surveyors should consult with Life Safety Code (LSC) surveyors when concerns related to emergency power are identified to determine if a deficiency should be cited under EP standards or LSC standards.
- Definitions for Community Partners, Functional Exercise, Mock Disaster Drill, and Workshop have been added. The definition for Full-Scale Exercise has been revised.
- Reminders have been added where specific citations for LTC facilities differ from other providers in the guidance.

### Emergency Preparedness Program

- The EP program and its elements must be reviewed and updated **annually** for LTC facilities.
- The EP program must be in writing.
  - There is no specific format or system required for documenting the EP program.
  - CMS also recommends, but is not requiring, facilities to develop a crosswalk as applicable for where their documents are located.
  - Facilities should include their Medicare [and Medicaid, as applicable] certification date[s] in the front of their plan.
  - Inpatient providers should maintain documentation and records for at least two years.

- CMS is not requiring approval of the EP program or official “signoff,” but recommends facilities check with their State Agencies and local emergency planning coordinators as some states require approval of the EP plans as part of state licensure.
- The EP program should include EIDs and pandemics during a public health emergency (PHE). EID planning should encompass how facilities will plan, coordinate, and respond to a localized and widespread pandemic.
  - Facilities should consider having infection prevention personnel involved in the planning, development, and revisions to the EP program.
- CMS explains the concept of continuity as the facility’s ability to continue operations or services related to patient care and to ensure patient safety and quality of care is continued in an emergency event.
  - The delegations of authority and succession plans, which are different from the “continuity” plans, are documented plans which outline the specific individuals and alternate/successors who can activate the facilities’ emergency plans to ensure patient safety.
  - Surveyors will interview individuals identified in delegation and succession plans for understanding their role in an emergency.
- The emergency plan should incorporate contingency planning, such as evacuation triggers, in the event essential resources provided by the contractor cannot be fulfilled.
- Facilities should also include in their planning and revisions of existing plans contracts and inventory of supply needs; availability of personal protective equipment (PPE); critical care equipment; and transportation options/needs to be prepared for surge events.
  - Facilities should also consider updates to their EP policies and procedures during a disaster, including planning for an emergency event with a duration longer than expected.
- The guidance explains that Surveyors are not expected to analyze a facility’s risk assessment to determine whether the identified risks are appropriate. Rather, the intent is that Surveyors review the risk assessments to determine if the facility has a risk assessment which is facility-based and also community-based.
  - Facilities must address each type of hazard within the EP program but can consolidate these policies and procedures based on the designated response without duplication within their program.
  - CMS also recommends in the risk assessment to consider implications or evaluation of staffing needs, such as delegation of authority and succession plans.

### Surge & Staffing

- The guidance expands on surge and staffing requirements. Facilities must have policies which address their ability to respond to a surge in patients.
  - The emergency plan should include ways the facility will respond to identified patient needs that cannot be addressed by in-house services in an emergency.

- While use of volunteers is not required, the facility must have policies and procedures to address plans for emergency staffing needs.
- If facilities use volunteers as part of their emergency staffing strategy, policies and procedures should clearly outline what type of volunteers would be accepted during an emergency and what role these volunteers might play.
- Emergency staffing strategy policies and procedures should outline how the facility would ensure that healthcare professionals used for emergency staffing are credentialed, licensed (as applicable), or able to provide medical support within the facility in accordance with any state and federal laws.

### Cooperation and Collaboration

- Facility awareness of the state's EP programs and pandemic plan ensures coordination occurs with the community. Facilities are expected to engage and coordinate with their local healthcare systems (including any emergency-related Alternate Care Sites), their local and state health departments, federal agency staff. They are also encouraged to engage with their healthcare coalitions, as applicable.

### Alternate Energy Sources & Temperatures

- If used, portable generators should be connected to a facility's electrical circuits via a power transfer system, as recommended by the generators' manufacturer. A power transfer system typically consists of a transfer switch, generator power cord, and power inlet box in accordance with manufacturer instructions and NFPA 70, Article 400.8. Individual extension cords should not be run from portable generator outlet receptacles to electrical appliances.

### Triaging Considerations

- It would be prudent for facilities to consider how they would address a situation where a patient/resident refuses to evacuate. Therefore, leaving a patient in an unsafe environment is not acceptable.
- Triage and coordination of evacuation requires planning and communication of plans within the facility and with entities that assist in providing services such as transportation and life-saving equipment.

### Alternate Care Site (ACS)

- The requirement under the emergency program is that facilities must develop and implement policies and procedures which describe the facility's role in providing care at an ACS during emergencies.

### 1135 Emergency Waiver

- In the event a facility is operating under a Section 1135 Waiver, including a blanket waiver, facilities should consider their policies and procedures related to the use of the waiver flexibility and timeframe. While facilities are authorized to use a Section 1135 waiver over the duration of the PHE, in accordance with state

emergency and pandemic plans, it may be prudent for facilities to consider how to continue operations when the 1135 waiver has expired (end of the declared PHE) as facilities are expected to come back into full compliance at the end of the declared emergency.

#### Facility Reporting

- Expanded guidance and best practices related to reporting of facility needs, facility's ability to provide assistance and occupancy reporting.
- The facility's process should include monitoring by the facility's emergency management coordinator or designee of reporting requirements issued by CMS or other agencies with jurisdiction.

#### Training and Testing Components

- Surveyors are to assess whether or not the facility has a training and testing program based on the facility's risk assessment and has incorporated its policies and procedures, as well as its communication plan within training required for staff and its testing exercises.
- Facilities should establish a process which includes participation of all staff in testing exercises over a period of time. Facilities are encouraged to consider their scheduled exercises and the appropriate departments to be included.
- Facilities must also be able to demonstrate additional training when the emergency plan is significantly updated. Facilities are not required to retrain staff on the entire emergency plan but can choose to train staff on the new or revised element of the EP program.
- While the regulations do not specify a minimum number of staff or the roles of staff in the exercises, it is strongly encouraged that facility leadership and department heads participate in exercises. If an exercise is conducted at the individual facility-based level and is testing a particular clinical area, staff who work in this clinical area should participate in the exercise for a clear understanding of their roles and responsibilities.