

Emergency Preparedness Requirements for Long-Term Care (LTC) Facilities Interpretive Guidance

The Interpretive Guidance (IG) for the Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers was released on June 2nd, 2017. **LeadingAge** has highlighted specific areas of the IG, for LTC facilities, to help develop and formulate plans, create and implement policy and procedures, develop testing and training and plan for emergency and standby power systems to meet the requirements. Below are the main components of the requirements:

Emergency Plan

Facilities are required to develop and maintain an emergency preparedness plan using an all hazards approach, (including missing resident) as an Emergency Plan framework. An organization needs to include facility based and community based risk assessments. The emergency plan must be specific to the location of the facility and consider particular hazards most likely to occur in the surrounding area. The IG provides examples of potential hazards, but are not limited to:

- Natural disasters
- Man-made disasters
- Facility – based disasters, that include but are not limited to :
 - Care-related emergencies
 - Equipment and utility failures, including but not limited to power, water gas, etc.;
 - Interruptions in communication, including cyber-attacks;
 - Loss of all or portion of a facility; and
 - Interruptions to the normal supply of essential resources, such as water, food, fuel(heating, cooking and generators), and in some cases, medications and medical supplies(including medical gases, if applicable).

The Emergency plan must include strategies for addressing emergency events identified by the risk assessment. In addition, the plan must do all the following: (review pages 10-14 of the IG)

- Address resident population, including, but not limited to, persons at risk
- Identify the type of services the LTC facility has the ability to provide in an emergency
- Develop continuity of operations, including delegations of authority and succession plans and
- Include a process for cooperation and collaboration with local, tribal, regional, State or Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation.

The facility must develop and maintain the emergency preparedness plan and review and update that plan at least annually. The IG explains that the written documentation and the interviews with facility leadership will be the basis of the survey procedures.

Policies and Procedures

LTC Facilities must develop and implement emergency preparedness policies and procedures(P&P) based on the emergency plan, risk assessment and communication plan. The policies and procedures must be reviewed and at least updated annually.

The P&P must address the following:

- Food, water, medical and pharmaceutical supplies(review IG pages 21-24)
- Alternative source of energy to maintain:
 - A) Temperatures
 - B) Emergency lighting
 - C) Fire detection, extinguishing and alarm systems and
 - D) Sewage and waste disposal.

The IG states facilities must be able to provide for adequate subsistence for all patients and staff for the duration of an emergency whether they evacuate or shelter in place.

At a minimum, the P&P must also address the following: (review IG pages 28-38)

- A system to track to location of on-duty staff and sheltered residents in the LTC facility's care during and after an emergency
- Safe evacuation for the LTC facility
- A means to shelter in place for residents, staff and volunteers
- A system of medical documentation that preserves resident information
- The use of volunteers in an emergency or other emergency staffing strategies
- The development of arrangements with other LTC facilities and other providers to receive residents and
- The role of the LTC under a waiver declared by the Secretary

Communications Plan

Facilities must have a written emergency communication plan that contains how the facility coordinates patient care with in the facility, across healthcare providers and with state and local public health departments. The communications plan must be reviewed and updated at least annually.

The communication plan must include all of the following: (review IG pages 41-51)

- Names and contact information of
 - A) Staff
 - B) Entities providing services under arrangement
 - C) Patients' physicians
 - D) Other facilities
 - E) Volunteers
- Contact information for
 - A) Federal, State, tribal, regional or local emergency preparedness staff
 - B) The State Licensing and Certification Agency

- C) The Office of the State Long-Term Care Ombudsman
- D) Other sources of assistance
- Primary and alternate means for communicating with the following:
 - A) LTC facility's staff
 - B) Federal, state, tribal, regional or local emergency management
- Method for sharing information and medical documentation
- A means, in the event of an evacuation, to release patient information
- A means of providing information about the general condition and location of patients
- A means of providing information about the facility's occupancy needs and its ability to provide assistance
- A method for sharing information from the emergency plan with residents, their families or representatives

Testing and Training

Facilities must develop and maintain an emergency preparedness training and testing program; that is documented and reviewed and updated on at least an annual basis. The training and testing program must reflect the risks identified and do all of the following:

- Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement and volunteers
- Maintain documentation of the training
- Demonstrate staff knowledge of emergency procedures
- Conduct exercises to test the emergency plan at least annually, including unannounced staff drills using the emergency procedures (Review IG pages 58-61)
- Participate in a full-scale exercise that is community based
- Conduct an additional exercise that may include:
 - A) A second full-scale exercise that is community based or individual facility based
 - B) A tabletop exercise

Facilities must maintain documentation of the annual training for all staff including specific training and the methods used for demonstrating knowledge of the training programs. The IG states that facilities have flexibility in ways to demonstrate staff knowledge.

Emergency Power and Standby Power systems

The LTC facility must implement emergency and standby power systems based on the emergency plan; this is in accordance with the location requirement found in the Health Care Facilities Code (NFPA 99, NFPA 101, NFPA 110 and Life Safety Code).