Ready, Set, Respond: Long-Term Care Emergency Preparedness 101

Strategies and Tools for Effective Emergency Management

Date: Tuesday, October 8, 2024

Time: 8:00 AM – 9:00 AM

Location: Room W340A Sunburst

PRESENTERS

Don Glidewell

Founder of BLUE PURPOSE

Innovative creator of **VIBE**

(Virtual Intelligence for Better Execution)

An adva~~VIBE~~ g-Term Care platform.

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Introduction

Overview of Emergency Preparedness in Long-Term Care

1. **Importance of preparedness in ensuring resident safety**
   - Resident Vulnerability
   - Regulatory Compliance

2. **Current challenges in emergency management for long-term care facilities**
   - Resource Limitations
   - Changing Regulatory Landscape
   - Coordination with External Agencies
   - Technological Integration

Learning Objectives

1. **Utilize an emergency preparedness toolkit:**
   - Introduction to the Toolkit
   - Customization
   - Case Study

2. **Implement effective response strategies:**
   - Training and Drills
   - Real-time Response
   - Evaluation and Improvement

3. **Explore risk mitigation and crisis prevention:**
   - Risk Assessment
   - Proactive Planning
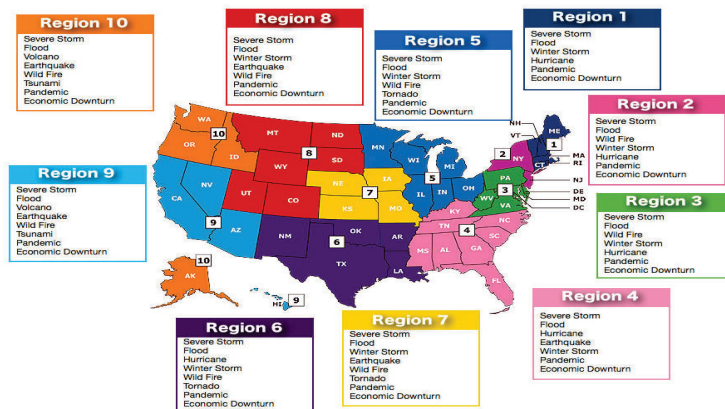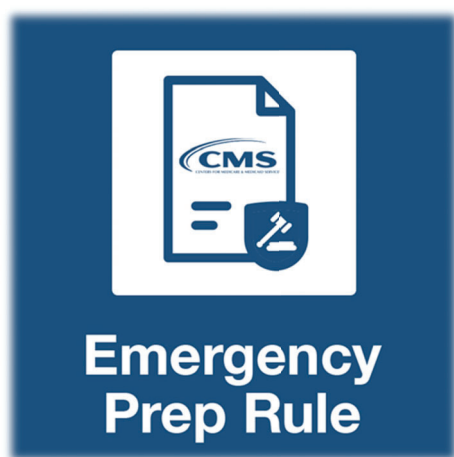   - Long-term Prevention

What is an Emergency?

Facilities are required to perform a risk assessment that uses an "**all-hazards**" approach prior to establishing an emergency plan.

Region 10
Severe Storm
Flood
Volcano
Earthquake
Wild Fire
Tsunami
Pandemic
Economic Downturn

Region 8
Severe Storm
Flood
Winter Storm
Earthquake
Wild Fire
Pandemic
Economic Downturn

Region 5
Severe Storm
Flood
Winter Storm
Wild Fire
Tornado
Pandemic
Economic Downturn

Region 1
Severe Storm
Flood
Winter Storm
Hurricane
Pandemic
Economic Downturn

Region 2
Severe Storm
Flood
Wild Fire
Winter Storm
Hurricane
Pandemic
Economic Downturn

Region 9
Severe Storm
Flood
Volcano
Earthquake
Wild Fire
Tsunami
Pandemic
Economic Downturn

Region 3
Severe Storm
Flood
Wild Fire
Winter Storm
Hurricane
Pandemic
Economic Downturn

Region 4
Severe Storm
Flood
Hurricane
Earthquake
Winter Storm
Pandemic
Economic Downturn

Region 6
Severe Storm
Flood
Hurricane
Winter Storm
Wild Fire
Tornado
Pandemic
Economic Downturn

Region 7
Severe Storm
Flood
Winter Storm
Earthquake
Wild Fire
Tornado
Pandemic
Economic Downturn

Resource:
https://www.fema.gov/threat-and-hazard-identification-and-risk-assessment

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Final Rule

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

- Regulations went into effect on November 15, 2016

- **Implementation date November 15, 2017**

- Applies to all 17 provider and supplier types

- Compliance required for participation in Medicare; Emergency Preparedness is one new CoP/CfC of many already required
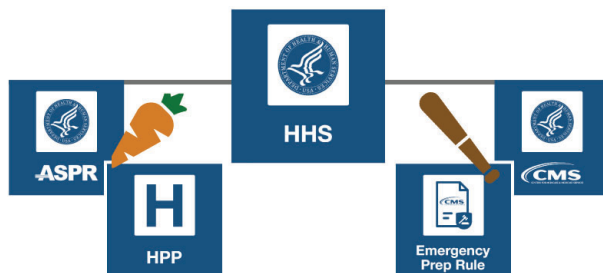
Resource:
https://www.gpo.gov/fdsys/pkg/FR-2016-09-16/pdf/2016-21404.pdf

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What does the Rule Do?

The CMS Emergency Preparedness Rule establishes national emergency preparedness requirements for Medicare and Medicaid participating providers and suppliers to plan for both natural and man-made disasters, and coordinate with federal, state, tribal, regional, and local emergency preparedness systems.

Resource:
http://bparati.com/CMS-Emergency-Preparedness-Rule-for-Medicare-and-Medicaid-Participating-Providers-and-Suppliers

Four Core Elements of the Emergency Preparedness Plan

Risk Assessment & Planning		Policies & Procedures
	Emergency Preparedness Plan	
Communication Plan		Training & Testing

BOOMBOX | BLUEPURPOSE | CONTINUUM THERAPY PARTNERS | VIBE

2019 and 2021 Major Updates to the Final Rule

Explanation of 2019 Updates

•Regulatory Provisions to Promote Program Efficiency, Transparency, and Burden Reduction (CMS-3346-F)
•Flexibility in Training and Testing Requirements:
•Simplified Documentation

Explanation of 2021 Updates

•Focus on Emerging Infectious Diseases (EIDs)
•Integration of Pandemic Preparedness
•Annual Plan Reviews and Updates
•Stronger Collaboration with Public Health Authorities

BOOMBOX | BLUEPURPOSE | CONTINUUM THERAPY PARTNERS | VIBE

What else should we think about?

Cybersecurity and Digital Preparedness

1. **Increased Focus on Cybersecurity:**
   o Emerging Threats
   o Mandatory Cybersecurity Protocols
   o Training and Drills
2. **Integration of Technology in Emergency Response:**
   o Advanced Communication Systems
   o Real-Time Tracking and Monitoring
   o Data Backup and Recovery Plans

Expanded Requirements for Infectious Disease Preparedness

1. **Lessons Learned from COVID-19:**
   o Integration of Pandemic Protocols
   o Regular Updates and Training
   o Coordination with Public Health Authorities
2. **Annual Review and Simulation Exercises:**
   o Mandatory Annual Reviews
   o Expanded Drills and Simulations

Enhanced Coordination with Local, State, and Federal Agencies

1. **Community-Based Risk Assessments:**
   o Collaboration with Emergency Management Agencies
   o Shared Resources and Support
2. **Mandatory Participation in Regional Drills:**
   o Regional Preparedness Exercises
   o Feedback and Continuous Improvement

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Emerging Infection Diseases (EIDs)

Emerging Infectious Diseases (EIDs)

•**New Requirements Post-COVID-19**
  • Integration of EID protocols in emergency plans
  • Lessons learned and best practices
•**Annual Review**
  • Importance of updating the plan to reflect new risks and guidelines

Implementing Knowledge and Skills

Training for Effective Response
  • Importance of regular training and drills
  • Developing staff competencies in emergency response

Practical Application
  • Real-world scenarios and how to respond

Strategies for Mitigating Risks

•**Risk Assessment and Management**
  • Identifying potential risks specific to your facility
  • Strategies to mitigate these risks

•**Preventing Future Crises**
  • Lessons learned from past emergencies
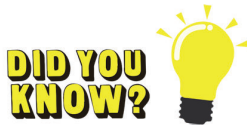 • Incorporating these lessons into future preparedness plans

Building a Culture of Preparedness
- Engaging staff and residents in emergency preparedness
- Continuous improvement and readiness drills

Leadership's Role
- How facility administrators can foster a culture of safety and preparedness

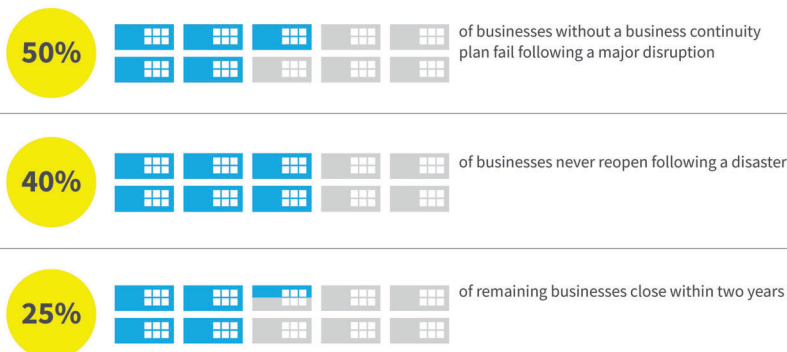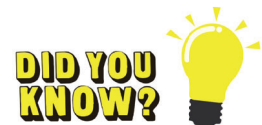# DID YOU KNOW?

Costliest US Catastrophes
($ billions)

Based on the most recent data, here is an updated list of the most costly disasters in American history, including both natural and man-made events:

1. Hurricane Katrina (2005) - Approximately $200 billion (inflation-adjusted).
2. 9/11 Terrorist Attacks (2001) - Approximately $96 billion (inflation-adjusted).
3. Hurricane Harvey (2017) - $158.8 billion.
4. Hurricane Maria (2017) - $114.3 billion.
5. Hurricane Sandy (2012) - $88.5 billion.
6. Hurricane Ian (2022) - $118.5 billion.
7. Hurricane Ida (2021) - $84.6 billion.
8. Hurricane Irma (2017) - $63.5 billion.
9. Hurricane Andrew (1992) - $60.2 billion.
10. California Wildfires (2020) - $20 billion.

Source: Property Claim Services (PCS®), a Verisk Analytics® business.
(1) Property losses only. Excludes flood damage covered by the federally administered National Flood Insurance Program.
(2) Adjusted for inflation through 2015 by ISO using the GDP implicit price deflator.

DID YOU KNOW?

50% of businesses without a business continuity plan fail following a major disruption

40% of businesses never reopen following a disaster

25% of remaining businesses close within two years

OIG

September 2023, the Department of Health and Human Services' (HHS) Office of Inspector General (OIG) released a report, "Nursing Homes Reported Wide-Ranging Challenges Preparing for Public Health Emergencies and Natural Disasters".

Findings:

"Although most nursing homes met Federal emergency preparedness requirements, an estimated 77 percent reported challenges with preparedness activities intended to ensure that resident care needs are met during an emergency" (OIG, 2023).

OIG WORKPLAN

Announced or Revised	Agency	Title	Component	Report Number(s)	Expected Issue Date (FY)
July 2023	Centers for Medicare and Medicaid Services	Audit of Nursing Homes' Emergency Power Systems	Office of Audit Services	WA-23-0026 (W-00-23-31571)	2024

"Recent severe weather events have highlighted the need for and importance of emergency power systems for nursing homes. Nursing homes are required to provide an alternate source of energy (usually a generator) to maintain temperatures to protect residents' health and safety, as well as for food storage, emergency lighting, fire protection, and sewage disposal (if applicable), or to evacuate the residents. Nursing homes with generators must have them installed in a safe location and are required to perform weekly maintenance checks. During our onsite inspections of 154 nursing homes in eight States as part of our recent life safety and emergency preparedness audits, we found numerous facilities that had generators that were more than 30 years old. We will conduct an audit to determine the age of emergency power systems in use by nursing homes and whether those systems are capable of delivering reliable and adequate emergency power, including power to HVAC systems, and whether they have been maintained in accordance with Federal requirements."

E-Tags

Grouping	E-Tag	Description
Core Elements	E-0001	Establishment of the Emergency Program
	E-0004	Develop and Maintain EP Program
Emergency Plan	E-0006	Maintain and Annual EP Updates
	E-0007	EP Program Patient Population
	E-0009	Process for EP Collaboration
Policies and Procedures	E-0013	Development of EP Policies and Procedures
	E-0015	Subsistence Needs for Staff and Patients
	E-0018	Procedures for Tracking of Staff and Patients
	E-0020	Policies and Procedures Including Evacuation
	E-0022	Policies and Procedures for Sheltering
	E-0023	Policies and Procedures for Medical Docs.
	E-0024	Policies and Procedures for Volunteers
	E-0025	Arrangement with Other Facilities
	E-0026	Roles under a Waiver Declared by Secretary
Communication Plan	E-0029	Development of Communication Plan
	E-0030	Names and Contact Information
	E-0031	Emergency Officials Contact Information
	E-0032	Primary/Alternate Means for Communication
	E-0033	Methods for Sharing Information
	E-0034	Sharing Information on Occupancy/Needs
	E-0035	Family Notifications
Testing and Training	E-0036	Emergency Prep Training and Testing
	E-0037	Emergency Prep Training Program
	E-0039	Emergency Prep Testing Requirements
Emergency Power Systems	E-0041	Emergency Power
	E-0042	Integrated Health Systems

Overview of Relevant E-Tags

- What is an E-Tag?
- E-0001 to E-0042: Key tags for compliance
- E-tags related to EIDs and pandemic response

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Core Elements and the Emergency Plan

CMS E-0004

Definition:
- Facility must establish an Emergency Plan based on a Risk Assessment
- Plan must be reviewed and updated at least annually.
- The annual review **must be documented** to include the date of the review and any updates made to the emergency plan based on the review.
- Must be a community based risk assessment

Survey Procedures:
• Verify the facility has an emergency preparedness plan by asking to see a copy of the plan.
• Ask facility leadership to identify the hazards (e.g. natural, man-made, facility, geographic, etc.) that were identified in the facility's risk assessment and how the risk assessment was conducted.
• Review the plan to verify it contains all of the required elements
• Verify that the plan is reviewed and updated annually by looking for documentation of the date of the review and updates that were made to the plan based on the review

Risk Assessment & Planning

HAZARD AND VULNERABILITY ASSESSMENT TOOL
TECHNOLOGIC EVENTS

EVENT	PROBABILITY	HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	RISK
				SEVERITY = (MAGNITUDE - MITIGATION)				
	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	0 = N/A 1 = High 2 = Moderate 3 = Low or	0 – 100%
Electrical Failure								0%
Generator Failure								0%
Transportation Failure								0%
Fuel Shortage								0%
Communications Failure								0%
Information Systems Failure								0%
Fire, Internal								0%
Flood, Internal								0%
Hazmat Exposure, Internal								0%
Supply Shortage								0%
Structural Damage								0%
AVERAGE SCORE								0%
Threat increases with percentage.								
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0%

RISK = PROBABILITY * SEVERITY
0.00   0.00   0.00

CMS E-0006

Definition:
- Must be reviewed and updated annually
- Must be based on an all-hazards approach specific to your geographic location

Survey Procedures:
Ask to see the written documentation of the facility's risk assessments and associated strategies.
- Interview the facility leadership and ask which hazards (e.g. natural, man-made, facility, geographic) were included in the facility's risk assessment, why they were included and how the risk assessment was conducted.
- Verify the risk-assessment is based on an all-hazards approach specific to the geographic location of the facility and encompasses potential hazards.

CMS E-0007

Definition:
Address patient/client population, including, but not limited to, persons at-risk; the type of services the facility has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans

Survey Procedures:
Interview leadership and ask them to describe the following:
- The facility's patient populations that would be at risk during an emergency event;
- Strategies the facility (except for an ASC, hospice, PACE organization, HHA, CORF, CMHC, RHC/FQHC and ESRD facility) has put in place to address the needs of at-risk or vulnerable patient populations;
- Services the facility would be able to provide during an emergency;
- How the facility plans to continue operations during an emergency;
- Delegations of authority and succession plans.

CMS E-0009

Definition:
Include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the dialysis facility's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.

Survey Procedures:
Interview facility leadership and ask them to describe their process for ensuring cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to ensure an integrated response during a disaster or emergency situation.
- Ask for documentation of the facility's efforts to contact such officials and, when applicable, its participation in collaborative and cooperative planning efforts.

Policies & Procedures

Emergency Response Plan should include:

Evacuation Plan
Shelter in Place plan for severe weather
Lockdown plan
Medical Plan
Fire Plan

And:
Risk analysis
Medical Emergency Plan
Emergency Power and Utility management
Emergency supplies
Post emergency Recovery Plan

CMS E-0013

Definition:
- Policies and Procedures must align with the Risk assessment
- Should be stored in a central location

Survey Procedures:
Review the written policies and procedures which address the facility's emergency plan and verify the following:
- Policies and procedures were developed based on the facility- and community-based risk assessment and communication plan, utilizing an all-hazards approach.
- Ask to see documentation that verifies the policies and procedures have been reviewed and updated on an annual basis.

CMS E-0015

Definition:
Policy to provide subsistence needs for staff **and** residents
Provisions must be made whether shelter in place or evacuation for:
  Food, water, medical, and pharmaceuticals
- Alternate sources of energy to maintain:
  Temperatures
- Emergency Lighting
  Fire Detection
- Extinguishing Systems
  Alarm Systems
- Sewage and Waste Disposal

Survey Procedures:
- Verify the emergency plan includes policies and procedures for the provision of subsistence needs including, but not limited to, food, water and pharmaceutical supplies for patients and staff by reviewing the plan.
- Verify the emergency plan includes policies and procedures to ensure adequate alternate energy sources necessary to maintain:
  Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions;
  Emergency lighting; and,
  Fire detection, extinguishing, and alarm systems.
- Verify the emergency plan includes policies and procedures to provide for sewage and waste disposal.

CMS E-0018

Definition:
Procedures for Tracking Staff and Residents
- Requires a system in place for tracking on-duty staff and residents during…and after an emergency
- Requires a system for medical documentation

Survey Procedures:
- Ask staff to describe and/or demonstrate the tracking system used to document locations of patients and staff.
- Verify that the tracking system is documented as part of the facilities' emergency plan policies and procedures.

CMS E-0020

Definition:
Procedures for Safe Evacuation of the Facility
Must Include:
- Care and treatment needs of evacuees
- Staff responsibilities
- Transportation
- Identification of evacuation locations

Survey Procedures:
- Review the emergency plan to verify it includes policies and procedures for safe evacuation from the facility and that it includes all of the required elements.
- Verify that exit signs are placed in the appropriate locations to facilitate a safe evacuation.

CMS E-0022

Definition:
Procedures for "Shelter in Place" for those that remain at the facility during and emergency event
Should Include:
- Residents
- Staff
- Volunteers

Survey Procedures:
- Verify the emergency plan includes policies and procedures for how it will provide a means to shelter in place for patients, staff and volunteers who remain in a facility.
- Review the policies and procedures for sheltering in place and evaluate if they aligned with the facility's emergency plan and risk assessment.

CMS E-0023

Definition:
Requires a System of Medical Documentation
Should Include:
- Preservation of resident information
- Protects confidentiality of residents
- Secures/Maintains availability of records

Survey Procedures:
- Ask to see a copy of the policies and procedures that documents the medical record documentation system the facility has developed to preserves patient information, protects confidentiality of patient information, and secures and maintains availability of records.

CMS E-0024

Definition:
Procedures for Emergency Staffing and Volunteers

Survey Procedures:
Verify the facility has included policies and procedures for the use of volunteers and other staffing strategies in its emergency plan.

CMS E-0025

Definition:
- Arrangements with other facilities
- Make sure to address travel arrangements

Survey Procedures:
- Ask to see copies of the arrangements and/or any agreements the facility has with other facilities to receive patients in the event the facility is not able to care for them during an emergency.
- Ask facility leadership to explain the arrangements in place for transportation in the event of an evacuation.

CMS E-0026

Definition:
Facility must describe it's role in providing care at alternate sites
Must address role where President declares disaster
Should address coordination efforts
Must have P&Ps where an 1135 Waiver may not be applicable

Survey Procedures:

- Verify the facility has included policies and procedures in its emergency plan describing the facility's role in providing care and treatment (except for RNHCI, for care only) at alternate care sites under an 1135 waiver.

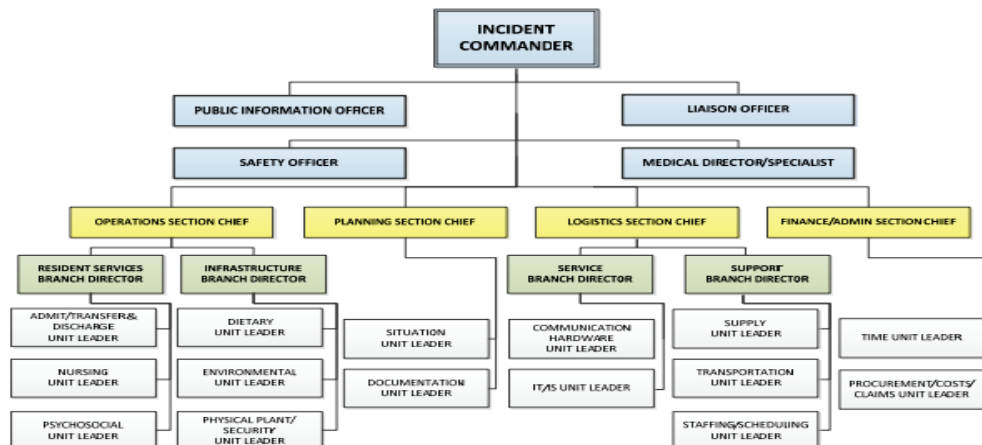# Communications Plan

Communications Plan

> Your communications plan must include:
>
> - Contact information for all relevant stakeholders⚡
> - Must be a primary and alternate means of communicating with staff identified as well as how to contact EP officials and emergency management agencies ⚡
> - Method to share medical records and patient information including general condition and location ⚡
> - Means of sharing resource information with other facilities ⚡

Communications Plan: Scope and Severity
1. Form a Team

CMS E-0029

Definition:
Must have a written plan that addresses coordination of care
Should include how facility interacts with emergency management agencies
Rural sites with limited connectivity should address how they will communicate without connectivity

Survey Procedures
Verify that the facility has a written communication plan by asking to see the plan.
Ask to see evidence that the plan has been reviewed (and updated as necessary) on an annual basis.

CMS E-0030

Definition:
Should maintain current contact information for:
- Staff Names
- Contacts
- Partners
- Physicians
- Other LTC facilities
- Volunteer staff

Survey Procedures:
- Verify that all required contacts are included in the communication plan by asking to see a list of the contacts with their contact information.
- Verify that all contact information has been reviewed and updated at least annually by asking to see evidence of the annual review.

CMS E-0031

Definition:
Contact Information for Resources and Emergency Personnel
- Federal, State, Regional and Local Emergency Officials
- LTC Ombudsman
- State licensure and certification agencies
- Readily Accessible

Survey Procedures:
Verify that all required contacts are included in the communication plan by asking to see a list of the contacts with their contact information.
Verify that all contact information has been reviewed and updated at least annually by asking to see evidence of the annual review.

CMS E-0032

Definition:
- Primary and alternate means of communications
- Can use alternate communication system
    - Walkie Talkies
    - Cell Phones
    - HAM Radio/ NOAA Weather Radio

Survey Procedures:
- Verify the communication plan includes primary and alternate means for communicating with facility staff, Federal, State, tribal, regional and local emergency management agencies by reviewing the communication plan.
- Ask to see the communications equipment or communication systems listed in the plan.

CMS E-0033

Definition:
Develop Methods for Sharing Information
Examples include:
- Medical documentation for residents with other providers
- In evacuation, a means to release information as permitted under HIPPA
- A means to provide the general condition and location of residents as permitted under HIPPA

Survey Procedures:
• Verify the communication plan includes a method for sharing information and medical documentation for patients under the facility's care, as necessary, with other health providers to maintain the continuity of care by reviewing the communication plan.
• Verify the facility has developed policies and procedures that address the means the facility will use to release patient information to include the general condition and location of patients, by reviewing the communication plan

CMS E-0034

Definition:
Providing Information to Incident Command Center
    Must provide information about the facility's occupancy, needs and ability to provide assistance to the AHJ (Authority Having Jurisdiction)

Survey Procedures:
- Verify the communication plan includes a means of providing information about the facility's needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee by reviewing the communication plan.
- For hospitals, CAHs, RNHCIs, inpatient hospices, PRTFs, LTC facilities, and ICF/IIDs, also verify if the communication plan includes a means of providing information about their occupancy.

CMS E-0035

Definition:
Required to share Emergency Preparedness Plan and Policies with family members.

Survey Procedures:
Ask staff to demonstrate the method the facility has developed for sharing the emergency plan with residents or clients and their families or representatives.
Interview residents or clients and their families or representatives and ask them if they have been given information regarding the facility's emergency plan.
Verify the communication plan includes a method for sharing information from the emergency plan, and that the facility has determined it is appropriate with residents or clients and their families or representatives by reviewing the plan.

Training & Testing

CMS E-0036

Definition:
- Must reflect the facility's risk assessment
- Staff must have the ability to demonstrate knowledge of emergency producers
- For multi facility organizations, must be facility specific
- Training program must be documented, reviewed, and updated annually

Survey Procedures:
- Verify that the facility has a written training and testing (and for ESRD facilities, a patient orientation) program that meets the requirements of the regulation.
- Verify the program has been reviewed and updated on, at least, an annual basis by asking for documentation of the annual review as well as any updates made.

CMS E-0037

Definition:
Provide Training to Staff
       Determine Scope and content by Role
       Must Review at least annually
       Maintain training documentation
       Conduct during New Hire orientation period

Survey Procedures:
- Ask for copies of the facility's initial emergency preparedness training and annual emergency preparedness training offerings.
- Interview various staff and ask questions regarding the facility's initial and annual training course, to verify staff knowledge of emergency procedures.
- Review a sample of staff training files to verify staff have received initial and annual emergency preparedness training.

Not all Disasters are Natural Disasters

Active Shooter Planning

Active shooter incidents are defined as those where an individual is "actively engaged in killing or attempting to kill people in a confined and populated area."

Resources:
Active Shooter Incident Planning Emergency Operations Plan:
http://www.phe.gov/preparedness/planning/Documents/active-shooter-planning-eop2014.pdf

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CMS E-0039

Definition:
- Must Conduct Drills & Exercises
- Minimum of at twice a year
- Full Scale exercise or an actual emergency constitutes a drill
- Can be community based or facility based
- Table top drill

Survey Procedures:
- Ask to see documentation of the annual tabletop and full scale exercises (which may include, but is not limited to, the exercise plan, the AAR, and any additional documentation used by the facility to support the exercise.
- Ask to see the documentation of the facility's efforts to identify a full-scale community based exercise if they did not participate in one (i.e. date and personnel and agencies contacted and the reasons for the inability to participate in a community based exercise).
- Request documentation of the facility's analysis and response and how the facility updated its emergency program based on this analysis.

- Develop training program based on identified risks from the HVA
- Must train for new and existing staff, annually
- Must include service providers, volunteers and community responders
- Training program must be updated annually
- Must maintain training documentation for 3 years!

TABLE TOP EXERCISE

1. Define the Objective
2. Select the scenario
3. Plan the exercise
4. Develop material
5. Conduct the exercise
6. Debrief and Evaluation
7. Create an After-action Report (AAR)
8. Follow-up

Emergency Power & Standby Systems

CMS E-0041

Definition:
- Emergency Generator
- Emergency Generator fuel
- Generator Location – located in accordance of NFPA 99
- Generator Vendor should be testing in accordance with:
    NFPA 99, NFPA 101, NFPA 110

Survey Procedures:
- Verify that the hospital, CAH and LTC facility has the required emergency and standby power systems to meet the requirements of the facility's emergency plan and corresponding policies and procedures
- Review the emergency plan for "shelter in place" and evacuation plans. Based on those plans, does the facility have emergency power systems or plans in place to maintain safe operations while sheltering in place?
- For hospitals, CAHs and LTC facilities which are under construction or have existing buildings being renovated, verify the facility has a written plan to relocate the EPSS by the time construction is completed

For hospitals, CAHs and LTC facilities with generators:
- For new construction that takes place between November 15, 2016 and is completed by November 15, 2017, verify the generator is located and installed in accordance with NFPA 110 and NFPA 99 when a new structure is built or when an existing structure or building is renovated. The applicability of both NFPA 110 and NFPA 99 addresses only new, altered, renovated or modified generator locations.
- Verify that the hospitals, CAHs and LTC facilities with an onsite fuel source maintains it in accordance with NFPA 110 for their generator, and have a plan for how to keep the generator operational during an emergency, unless they plan to evacuate.

Integrated Health Systems

CMS E-0042

Definition:
- The program must take into account each facility's unique circumstances, patient populations, and services offered.
- **All participants must** demonstrate that they are capable of using the program and that it is in compliance with the P&Ps, communication plan and Training & Testing components of the Emergency Preparedness regulations

Survey Procedures:
- Verify whether or not the facility has opted to be part of its healthcare system's unified and integrated emergency preparedness program. Verify that they are by asking to see documentation of its inclusion in the program.
- Ask to see documentation that verifies the facility within the system was actively involved in the development of the unified emergency preparedness program.
- Ask to see documentation that verifies the facility was actively involved in the annual reviews of the program requirements and any program updates.
- Ask to see a copy of the entire integrated and unified emergency preparedness program and all required components (emergency plan, policies and procedures, communication plan, training and testing program).
- Ask facility leadership to describe how the unified and integrated emergency preparedness program is updated based on changes within the healthcare system such as when facilities enter or leave the system.

Questions?