Emergency Preparedness Plan (EPP) Series 10: CAHF Manual—Emergency Preparedness Updates

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HSAG HEALTH SERVICES ADVISORY GROUP

Disaster Preparedness Webinar Series: 2024

- Restarts in February
- Extended time 3–4 p.m. PT
- New conditions of participation around EPP (Appendix Z)
- How do you get good at doing drills (only twice a year)?
- Power outages
- Cybersecurity attacks

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Low Lying Fruit

- The name of the center matches the name in the Emergency Operations Plan (EOP) Manual.
- All EOP manual areas that say "insert here" have information inserted.
- Communications/contact list is accurate and regularly updated.

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Emergency Preparedness Updates for LTC Providers:

Updates to the CMS E-Tags

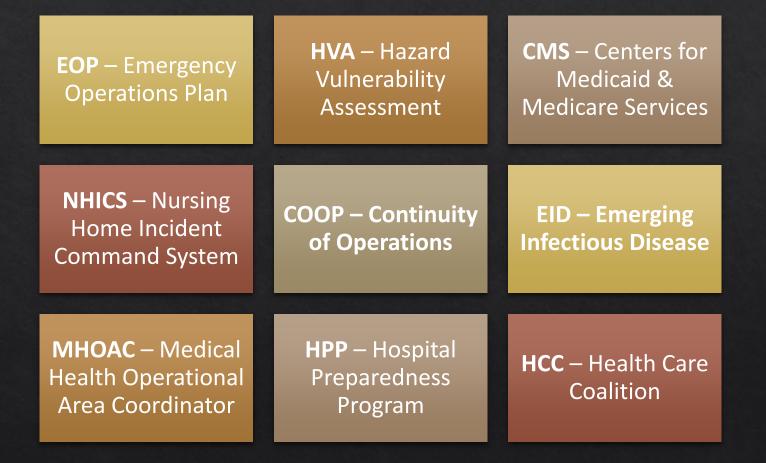Presented by CAHF's **Disaster Preparedness Program**

November 2023

Objectives for This Session

◈ Understand the recent changes to Appendix Z in the State Operations Manual.

◈ Discuss what resources are available to help you meet the new expectations.

◈ Understand how these new changes will be surveyed.

Acronyms Used Today

EOP – Emergency Operations Plan

HVA – Hazard Vulnerability Assessment

CMS – Centers for Medicaid & Medicare Services

NHICS – Nursing Home Incident Command System

COOP – Continuity of Operations

EID – Emerging Infectious Disease

MHOAC – Medical Health Operational Area Coordinator

HPP – Hospital Preparedness Program

HCC – Health Care Coalition

Always Areas of Focus:

Communication requirements are substantial	Subsistence needs are not just residents	All staff trained on EP at hire and annually
Annual HVA	Twice annual exercises	Emergency Power

While the primary changes to Appendix Z focused on the changes as a result of the Burden Reduction Final Rule, CMS has also updated the guidance to reflect some of the following changes:

- Expanded surveyor guidance to ensure Life Safety Code and health surveyors communicate/collaborate surrounding potential deficiencies for alternate source energy.

- Added new definitions based on Burden Reduction Final Rule expansion of acceptable testing exercises.

- Clarified expectations surrounding documentation of the emergency program.

- Added additional guidance/considerations for EID planning stages, to include personal protective equipment (PPE).

- Added additional guidance on risk assessment considerations, to include EIDs.

- Included planning considerations for surge and staffing.

- Expanded guidance for surge planning to include recommendations for natural disaster surge planning and EID surge planning.

- Included recommendations during PHE's for facilities to monitor Centers for Disease Control and Prevention (CDC) and other public health agencies which may issue event-specific guidance and recommendations to healthcare workers.

While the primary changes to Appendix Z focused on the changes as a result of the Burden Reduction Final Rule, CMS has also updated the guidance to reflect some of the following changes: (cont.)

- Expanded guidance and added clarifications related to alternate care sites and 1135 Waivers.

- Expanded guidance and best practices related to reporting of facility needs, facility's ability to provide assistance, and occupancy reporting.

- Provided clarifications related to testing exercise exemptions when a provider/supplier experiences an actual emergency event.

New Areas of Focus:

Expanded surveyor guidance surrounding potential deficiencies for alternate sources of energy

Added new definitions of acceptable testing exercises

Added additional considerations for EID planning and PPE

Added risk assessment considerations for EID

Includes planning considerations for surge and staffing

Expanded guidance on refusals to evacuate

QSO 21-15 All

- https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and-memos-states-and/updated-guidance-emergency-preparedness-appendix-z-state-operations-manual-som

- *Rev. 204, Issued: 04-16-21; Effective: 04-16-21, Implementation: 04-16-21*

- *Text in red delineates the new areas of focus*

- *LTC specific Interpretive guidance - https://files.asprtracie.hhs.gov/documents/aspr-tracie-cms-ep-rule-long-term-care.pdf*

Alternate Sources of Energy

- Changes to E-0015
- All facilities must document on EOP date of Medicare certification of facility
- Facilities certified after 10/1/1990, subject to maintaining temperature range 71–81
- Must demonstrate how system will provide safe temps, safe storage of provisions, emergency lighting, fire detection, extinguishing, alarm systems, sewage and wastewater, and continuity of treatments
- Expect focus on amount of fuel onsite 96 hours, memorandums of understanding (MOUs) for fuel delivery pursuant to AB 2511

E-0041 Tag: Alternate Sources of Energy

Facilities are required to base their emergency power and stand-by systems on their emergency plan, risk assessment, and policies and procedures. The determination for a generator should be made through the development of the facility's risk assessment and policies and procedures.

Facilities that maintain an onsite fuel source to power emergency generators must have a plan for how it will keep emergency power systems operational during the emergency, unless it evacuates. This includes maintaining fuel onsite to maintain generator operation, or it could include making arrangements for fuel delivery for an emergency event.

New Testing/Exercise Allowances

- Acceptable testing exercises are expanded. Providers can choose one of the two annually required testing exercises to be an exercise of their choice, community-based full-scale exercise, an individual facility-based functional exercise, a mock disaster drill, or a tabletop exercise or workshop that includes a group discussion led by a facilitator.

- Testing exercises must be based on the facility's identified hazards, to include natural or man-made disasters. This should include EID outbreaks.

- https://www.cahfdisasterprep.com/exercises

Adding EID to your HVA and P&Ps

- As emerging infectious disease outbreaks may affect any facility in any location across the country, a comprehensive EPP should include EIDs and pandemics during a public health emergency (PHE). The EOP EID planning should encompass how facilities will plan, coordinate, and respond to a localized and widespread pandemic

- Massive focus on continuity of care and being able to describe and show how the facility will continue to provide care, contracts, MOU's, etc. E-0004

Adding EID to Your HVA and P&Ps

- Planning considerations for EID

- Need for rapid influx of PPE

- Screening and testing considerations

- Transfer and discharge

- Physical environment, including distancing, isolation or quarantine space, capacity surge, etc.

- Must be written into HVA if is not already there

- [CAHF-DPP | Hazard Vulnerability Assessments for Long Term Care (cahfdisasterprep.com)](cahfdisasterprep.com)

- https://www.cahf.org/Portals/29/DisasterPreparedness/pandemic/AHCA_NCAL_Infectious_Disease_Sample_Policy.pdf

		RISK	PROBABILITY	SEVERITY
		#DIV/0!	#DIV/0!	#DIV/0!

NATURAL HAZARDS

HAZARD	PROBABILITY (0-4)	SEVERITY						Relative Risk
		IMPACT			MITIGATION			
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
		Possibility of death or injury	Physical losses and damages	Interruption of services	Preplanning	Time, effectiveness, resources	Community/ Mutual Aid staff and supplies	
Avalanche								
Blizzard								
Coastal Tsunami / Erosion								
Dam Failure								
Drought								
Dust / Sand Storm								
Earthquake								
Flooding / Flash (External)								
Flooding (Internal)								
Damaging Winds								
Hail Storm								
Hurricane								
Ice Storm								
Infection Disease (SARS, Flu, etc)								
Landslide								
Severe Thunderstorm								
Snow / Ice Storm								
Subsidence / Sink hole								
Temperature Extremes								
Tornado								
Volcanic Eruption								
Wild Fire								
Average Score	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Under Wildfire on Line 31 add EID as a new hazard; Impact will most likely be the same for know infectious diseases

Kaiser Permanente

Emergency Management

Hazards - SITE & ADDRESS
Hazard Vulnerability Assessment Tool

Alert Type	PROBABILITY	ALERTS	ACTIVATIONS	SEVERITY = (MAGNITUDE - MITGATION)						RISK
				HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	Likelihood this will occur			Possibility of death or injury	Physical losses and damages	Interuption of services	Preplanning	Time, effectiveness, resources	Community/Mutual Aid staff and supplies	* Relative threat
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	Number of Alerts	Number of Activations	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	0 = N/A 1 = High 2 = Moderate 3 = Low	0 = N/A 1 =High 2 = Moderate 3 = Low	0 - 100%
Shelter in Place										
Strikes / Labor Action / Work Stoppage										
Suicide										
Supply Chain Shortage / Failure										
Suspicious Package / Substance										
Temperature Extremes										
Tornado										
Transportation Failure										
Trauma										
Tsunami										
Utility Failure										
VIP Situation										
Water Contamination										
Water Disruption										
Weapon										
Workplace Violence / Threat										

Can add EID to either line 75 or you can edit the infectious disease to include EID

Staffing and Succession Planning

- Facilities may have a general plan which outlines the roles and responsibilities of the different individuals and refers to those individuals by their titles. For example, a Facility Incident Commander may be the Facility Administrator.

- If the facility chooses to follow this process without individual name identification, the individual serving in the role during the time of the survey should be able to adequately describe their role and responsibility during an emergency – E-0007.

Staffing and Succession Planning

- Plan must show services that the facility would be able to provide during an emergency and any plans to address services needed that cannot be provided by the facility during an emergency as part of continuity of operations and services.

New Focus in Reporting During EIDs

- Dependent on the emergency event and the anticipated longevity, facilities may need to report select criteria such as in an EID outbreak or the number of patients' positive or persons under investigation (PUI). 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. Additional monitoring and reporting may be required by local and state public health agencies due to contact tracing requirements for extended periods of time or for time specific intervals. Facilities should identify local and state policies for reporting and contract tracing to ensure they have appropriate information to address requirements. – E-0034

All Hazard Risk Assessment aka HVA

Resources:

Facility HVA –

https://www.cahfdisasterprep.com/hva

http://myhazards.caloes.ca.gov/

Community Based HVA –

https://www.cahfdisasterprep.com/county

https://www.cahfdisasterprep.com/lacounty

Evacuation P&P

- Must have policy for residents refusing evacuation
- https://www.cahfdisasterprep.com/evacuation: See non-compliant resident P&P
- Add as an addendum to your existing P&P or incorporate into your current P&P, make sure crosswalk points to where it can be found

Most Cited E-Tags

- E-0031 – Contact Information Emergency Officials; needs to have primary and alternate means of communicating updated every year

- E-0039 – Exercises; need two annually with documentation

- E-0041 – Emergency Power

- E-0006 – HVA/Risk Assessment

- E-0004 – Annual Updates

- E-Tag crosswalk should accompany every plan - https://www.cahf.org/Portals/29/DisasterPreparedness/EOPs/v3_e_tag_chart_LTC_providers_2018.pdf

- Changes in plan need to be addressed in the crosswalk as well

"Talking the Talk" and Recordkeeping

- Most commonly cited occurrences seem to start with our inability to let the surveyors know we have something in place. Many providers still do not have the ability to articulate/explain their plan to the surveyor, and most of the surveyors still lack understanding of different terminology.

- Record keeping – This is low hanging fruit for surveyors. Every section CMS asks for annual updates a log should be created to show when and who reviewed it and what, if any, changes were made. That means multiple logs in multiple places within your EOP.

Thank you!

**CALIFORNIA ASSOCIATION OF HEALTH FACILITIES
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Four Things to Do

- Verify that your EOP is specific for your center and staff know where to find it.

- Ensure your communication contact list is up-to-date.

- Review QSO-21-15 ALL and ensure EIDs are part of your HVA.

- Sign up to participate in your Healthcare Coalition's community-based exercise.

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Questions?

Thank you!

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