



**CMS EMERGENCY PREPAREDNESS RULE TOOLKIT:  
LONG-TERM CARE: NURSING/SKILLED NURSING FACILITIES**



**WISCONSIN DEPARTMENT**  
*of* **HEALTH SERVICES**

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# CONTENTS

Welcome .....	3
Wisconsin’s Healthcare Coalitions.....	4
Overview .....	5
General Information .....	5
Using This Toolkit.....	6
Risk Assessment and Planning .....	7
Risk Assessment.....	7
Continuity of Operations .....	7
Cooperation and Collaboration .....	7
Tools and Templates: Risk Assessment and Planning.....	9
Emergency Preparedness Planning Checklist .....	9
Emergency Preparedness Planning Checklist .....	10
Facility-based HVA .....	10
Emergency Operations Plan Activation .....	10
Essential Services Roles and Responsibilities .....	11
Collaboration Contact Grid .....	12
Policies and Procedures .....	14
Subsistence Needs .....	14
Resident and Staff Tracking .....	14
Evacuation and Sheltering in Place.....	14
Medical Documentation .....	15
Volunteers.....	15
Transfer Arrangements.....	15
1135 Waivers .....	16
Tools and Templates: Policies and Procedures .....	17
Subsistence Needs .....	18
Resident and Staff Tracking .....	19
Evacuation and Sheltering in Place.....	20
Medical Documentation .....	21
Health Professions Volunteer Use .....	22
Sample Transfer Agreement.....	22
Sample Memorandum of Understanding.....	22

1135 Waiver Information.....	22
Communication Plan.....	24
Contact Information .....	24
Communications .....	24
Release of Information .....	25
LTC Facility Information .....	25
Sharing Emergency Plan Information .....	25
Tools and Templates: Communication Plan .....	27
External Contact Information .....	28
Staff Contact Information .....	29
Residents’ Physicians’ Contact Information .....	30
Volunteer Contact Information .....	31
Primary and Alternate Means of Communication .....	32
HIPAA Decision Flowchart.....	33
LTC Facility Information .....	34
Sharing Emergency Plan Information .....	35
Training and Testing.....	36
Training Program .....	36
Testing.....	36
Tools and Templates: Training and Testing .....	38
Exercise Design Checklist .....	39
Exercise Evaluation Guide.....	39
After Action Report/Improvement Plan Instructions and Template.....	39
Additional Requirements.....	41
Emergency and Standby Power Systems.....	41
Integrated Health Care Systems .....	41
Resources.....	43
Definitions.....	44
Acronyms .....	46
Appendices .....	48
Appendix A: Federal Regulation for LTC Facilities .....	48
Appendix B: Emergency Preparedness Regulations Crosswalk .....	52

## WELCOME

Welcome to the Emergency Preparedness Rule Toolkit for nursing and skilled nursing facilities (long term care, abbreviated “LTC”), assembled by the Wisconsin Department of Health Services’ Healthcare Preparedness Program, out of the Office of Preparedness and Emergency Health Care in the Division of Public Health.

In September 2016, the Centers for Medicare & Medicaid Services (CMS) released a new emergency preparedness rule for 17 sectors of the U.S. health care system. The new rule asks the affected provider types to demonstrate that they are doing risk assessments; writing appropriate plans, establishing policies and procedures; and training and testing their plans with staff and partners in the community.

One of the resources CMS suggests providers seek out to assist them are the regional emergency response-focused healthcare coalitions. In Wisconsin, we have seven of these coalitions. The memberships of these coalitions—which include hospitals, emergency medical services, public health agencies, emergency management agencies, and a range of other partners—plan, train, and exercise together to be ready to support one another in large-scale emergencies. We invite you to reach out to your region’s coordinator, if you haven’t already, to find out more. A map of the regions and a link to the current contact information for their coordinators can be found on the next page.

Each of these toolkits gives facilities that fall under the new rule an overview of the requirements for their provider type, as well as some sample templates that can be used in their planning efforts. In topic areas where there wasn’t a tool or template readily available, the toolkit offers planning worksheets that feature a list of example questions to help facilities think through relevant issues that can help them draft their plans and policies.

As you may be aware, the Division of Quality Assurance (DQA) another part of the Wisconsin Department of Health Services, serves as the state survey agency that oversees Wisconsin’s certification process on behalf of CMS. While DQA has provided our staff with information and background on the CMS rule, our provider toolkits were produced independently and are intended for advisory purposes only. None of the tools or assistance provided by our office or the regional healthcare coalitions guarantees any outcome during survey visits. Facilities are solely responsible for meeting CMS requirements.

We wish you success in your efforts to enhance your readiness to protect your patients, clients, residents, their families, and your staff during emergency situations, and hope the contents of this toolkit help you on your way!

Best Wishes,

*Michelle Seitz*

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Health Care Preparedness Program Manager  
Office of Preparedness and Emergency Health Care  
Division of Public Health  
Wisconsin Department of Health Services

# WISCONSIN'S HEALTHCARE COALITIONS

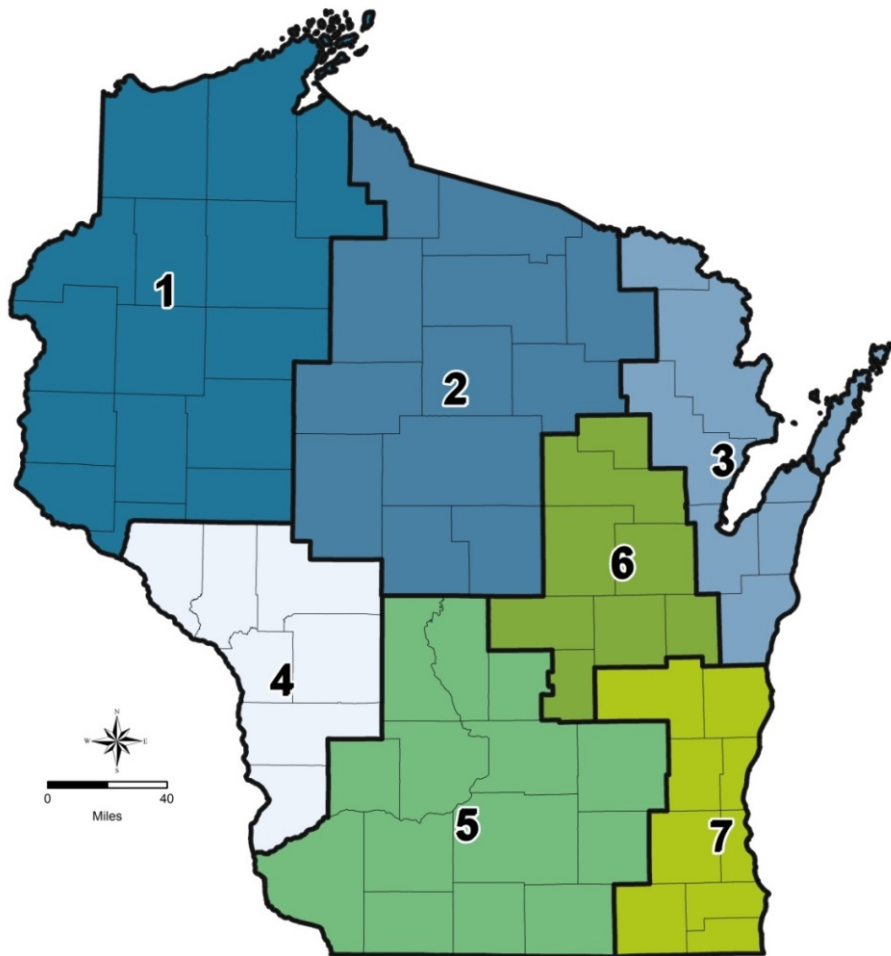
Below is a map of the regional healthcare coalitions in Wisconsin. Contact information for coalition staff members is provided in the Healthcare Coalition Regional Contact Information document:

<https://www.dhs.wisconsin.gov/preparedness/healthcare/hcc-contacts.pdf>.

In addition, the HCC Emergency Preparedness website provides links to regional websites, answers, and updates on many emergency preparedness topics:

<https://www.dhs.wisconsin.gov/preparedness/hospital/index.htm>

### Wisconsin Healthcare Coalitions





## OVERVIEW

### General Information

On September 16, 2016, the Centers for Medicare and Medicaid Services (CMS) published new federal regulations that included updated emergency preparedness requirements for providers and suppliers participating in Medicare and Medicaid. For provider-specific text and a link to the full text regulation, see [Appendix A](#). These requirements fall under new conditions of participation/conditions for coverage; if these requirements are not met, providers and suppliers risk citation and consequent loss of Medicare or Medicaid reimbursement. The regulation went into effect on November 15, 2016, and will be included in any surveys conducted following November 15, 2017.

Seventeen provider and supplier types receiving Medicare or Medicaid reimbursement are affected by the CMS emergency preparedness rule. The provider and supplier types are:

- ambulatory surgical centers
- clinics and rehabilitation agencies, and public health agencies as providers of outpatient physical therapy and speech-language pathology services
- community mental health centers
- comprehensive outpatient rehabilitation facilities
- critical access hospitals
- end-stage renal disease facilities
- home health agencies
- hospices (inpatient and outpatient)
- hospitals
- intermediate care facilities for individuals with intellectual disabilities
- long term care (skilled nursing facilities)
- organ procurement organizations
- programs of all inclusive care for the elderly
- psychiatric residential treatment facilities
- religious nonmedical health care institutions
- rural health clinics and federally qualified health clinics
- transplant centers

The regulation requires affected providers and suppliers to comply with all applicable federal, state, and local emergency preparedness requirements. The regulation also requires providers and suppliers to develop and maintain a comprehensive emergency preparedness program, utilizing an all-hazards approach that includes, but is not limited to, the following domains:

- [Risk Assessment and Planning](#): Develop an emergency preparedness plan based on facility and community risk assessments and utilizing an all-hazards approach; address patient populations, services offered for continuity of operations, and succession plans.
- [Policies and Procedures](#): Develop emergency preparedness policies and procedures based on the risk assessment, emergency plan, and communication plan; address subsistence needs, patient tracking, evacuation, sheltering in place, protection of medical documentation, and arrangements with other providers in the event of patient transfer.
- [Communication Plan](#): Develop an emergency preparedness communication plan that complies with federal, state, and local laws; include contact information for relevant partners, methods to share protected patient information, and primary and alternate means of communication.
- [Training and Testing](#): Develop an emergency preparedness training and testing program based on the risk assessment, emergency plan, and communication plan; provide annual training on all emergency preparedness policies and procedures; participate annually in two exercises, one of which must be a full-scale community-based exercise.

## Using This Toolkit

A number of the CMS regulations line up with current accreditation standards for various accrediting bodies. A crosswalk for the rule and current accreditation standards can be found in [Appendix B: Emergency Preparedness Regulations Crosswalk](#).

This toolkit provides information on the CMS Emergency Preparedness rule for nursing facilities and skilled nursing facilities (LTC facilities). There are four major content sections: risk assessment and planning, policies and procedures, communication plan, and training and testing. The content sections contain detailed information about the given portion of the rule.

At the end of each of the four content sections, there is a subsection titled Tools and Templates. The Tools and Templates subsection contains relevant tools, templates, and resources for the given section. These tools, templates, and resources are mentioned in the content portion of each section, and are linked to the tools and templates subsection for further explanation and provision.

The parts of the document that follow the four content sections include: additional requirements that may be applicable to the provider type; pertinent resources; definitions; acronyms; and the appendices.

## RISK ASSESSMENT AND PLANNING

Long-term care (LTC) facilities should develop and maintain an emergency preparedness plan that is reviewed and updated at least annually. A checklist that can help LTC facilities in emergency preparedness planning can be found here: [Emergency Preparedness Planning Checklist](#). LTC facilities should have an emergency plan that includes, at the least, the following elements:

### Risk Assessment

LTC facilities should base their emergency plan on documented facility-based and community-based risk assessments, using an all-hazards approach, including addressing a scenario involving missing residents. An all-hazards approach focuses on developing the capacities and capabilities that support preparedness for a spectrum of emergencies. All-hazards planning does not address any specific potential threat, but promotes a facility's readiness to respond to a broad range of applicable emergencies. Facilities may use community-based risk assessments developed by other entities, but should have a copy of the risk assessment and ensure their emergency plan is in alignment with the community-based risk assessment. Additionally, the emergency plan should include strategies to address the emergencies identified by the risk assessments.

One source of community-based risk assessments is a facility's healthcare coalition: [Wisconsin's Healthcare Coalitions](#). A template for conducting a [Facility-based Hazard Vulnerability Assessment \(HVA\)](#).

### Continuity of Operations

LTC facility emergency plans should address their resident population, including at-risk residents; services provided in emergencies; and continuity of operations, including delegations of authority and succession plans. LTC facilities need to identify and plan for residents who may require additional assistance. Additionally, LTC facilities should identify staff roles as necessitated by the emergency, through succession planning and clear delegations of authority. At the least, LTC facilities should identify a qualified individual who is authorized in writing to act in the absence of the administrator or person legally responsible for the operations of the facility. Continuity of operations plans should include facility- and community-based risk assessments and identify essential personnel, essential functions, and critical resources. These plans should also describe how the facility will protect vital records and IT data, as well as identify and locate alternate facilities and financial resources as needed.

Examples of useful continuity of operations tools include:

[Emergency Operations Plan Activation](#)

[Essential Services Roles and Responsibilities](#)

### Cooperation and Collaboration

In the development of an emergency plan, LTC facilities should include a process for cooperation with local, tribal, regional, state, and federal emergency preparedness officials. Collaboration with these officials will encourage integrated responses during emergency situations. LTC facilities should include documentation of



their efforts to contact such officials. When LTC facilities are able to participate in cooperative planning efforts, they should include documentation of that participation as well.

The [\*Collaboration Contact Grid\*](#) provides a template for documenting emergency preparedness contacts.

## **Tools and Templates: Risk Assessment and Planning**

This section contains tools, templates, and resources that may be helpful for risk assessment and planning. Included are the:

[\*Emergency Preparedness Planning Checklist\*](#)

[\*Facility-based HVA\*](#)

[\*Emergency Operations Plan Activation\*](#)

[\*Essential Services Roles and Responsibilities\*](#)

[\*Collaboration Contact Grid\*](#)

### *Emergency Preparedness Planning Checklist*

The Emergency Preparedness Checklist is located on the CMS Survey and Certification website. This checklist can help LTC facilities in emergency preparedness planning. The checklist reviews major topics that emergency preparedness programs should address, and provides information on details related to those topics. This can be an important tool for tracking progress on creating an emergency preparedness plan.

[https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/SandC\\_EPChecklist\\_Provider.pdf](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/SandC_EPChecklist_Provider.pdf)

### *Facility-based HVA*

HVAs are a systematic approach to identifying potential hazards that might affect an organization. Vulnerability is determined by assessing risk associated with each hazard and analyzing assessment findings to create a prioritized comparison of hazard vulnerabilities. The vulnerability is related to both the impact on organizational and community function and the likely demands the hazard would create. The tools at this website can be used to conduct a facility-based hazard vulnerability assessment for LTC facilities.

<https://www.dhs.wisconsin.gov/regulations/preparedness/prep-hva.htm>

### *Emergency Operations Plan Activation*

The following grid is an example of the type of tool LTC facilities may create to document a chain of responsibility for activating emergency operations plans. Individuals selected would be responsible for assessing emergent situations and activating the emergency operations plan when appropriate.

Individuals Responsible for Emergency Operations Plan Activation		
	Name	Contact Number
Primary		
Backup 1		
Backup 2		

### *Essential Services Roles and Responsibilities*

This grid is an example of a tool LTC facilities may create to track roles and responsibilities for essential services during emergency events. Services identified should be essential during emergencies. Roles and responsibilities for identified services should be clearly stated, and individuals providing these services should be aware of their responsibilities. A primary and secondary point of contact should be established for each service, so that in the case of an emergency, the service can be activated and coordinated appropriately.

Roles and Responsibilities			
Essential Services	Roles and Responsibilities	Point of Contact	Secondary Point of Contact
Administration			
Dietary			
Housekeeping			
Maintenance			
Nursing			
Pharmacy			
Safety and Security			
(Additional Services if Needed)			

### Collaboration Contact Grid

The following grid can be completed and retained for the purpose of collaborating with appropriate local, tribal, regional, state, and federal emergency preparedness partners. These contacts can be resources during emergency preparedness program development and evaluation, and during real-world emergencies. Using an all-hazards approach to emergency preparedness, LTC facilities should have the ability to communicate with all relevant partners, if necessary. However, during an emergency, facilities should prioritize communication with those entities with an immediate response role such as local public health, local emergency management, and their regional healthcare coalition.

Emergency Preparedness Contacts				
Level	Description	Contact Name	Phone	Email
Local Public Health				
Local Emergency Management				
Tribal				
Regional: Healthcare Coalition	Healthcare Coalition Coordinator			
State: Division of Quality Assurance	Contact the appropriate BNHRC regional office.	Ann Angell/SRO Leona Magnant /NERO Carol Jean Rucker/SERO Tammy Modl /WRO Jessica Radtke /NRO	608-266-9422 (AA) 920-448-5240 (LM) 414-227-4563 (CJR) 715-836-3030 (TM) 715-365-2801 (JR)	<a href="mailto:ann.angell@dhs.wisconsin.gov">ann.angell@dhs.wisconsin.gov</a> <a href="mailto:leona.magnant@dhs.wisconsin.gov">leona.magnant@dhs.wisconsin.gov</a> <a href="mailto:caroljean.rucker@dhs.wisconsin.gov">caroljean.rucker@dhs.wisconsin.gov</a> <a href="mailto:tammy.modl@dhs.wisconsin.gov">tammy.modl@dhs.wisconsin.gov</a> <a href="mailto:jessica.radtke@dhs.wisconsin.gov">jessica.radtke@dhs.wisconsin.gov</a>
State: Office of Emergency Preparedness and Health Care	DHS 24-hour Emergency Hotline	Answering service will direct to the correct personnel.	608-258-0099	none
Federal: CMS	CMS Region 5 Emergency Coordinator CMS Region 5 Emergency Preparedness Rule POC	<b>Primary:</b> Justin Pak <b>Secondary:</b> Gregory Hann	<b>Secondary:</b> 312-886-5351	<b>Primary:</b> <a href="mailto:justin.pak@cms.hhs.gov">justin.pak@cms.hhs.gov</a> <b>Secondary:</b> <a href="mailto:gregory.hann@cms.hhs.gov">gregory.hann@cms.hhs.gov</a>
Federal: ASPR	Secretary's Operation Center (SOC)	24/7 Staffing	202-619-7800	<a href="mailto:hhs.soc@hhs.gov">hhs.soc@hhs.gov</a>

Federal: FEMA	Region V Regional Watch Center	24/7 Staffing	312-408-5365	none
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## POLICIES AND PROCEDURES

LTC facilities should develop and implement emergency preparedness policies and procedures that are based on their risk assessment, emergency plan, and communication plan. These policies and procedures should be reviewed and updated at least annually. LTC facilities may choose whether to incorporate emergency policies and procedures into their emergency plan or to include policies and procedures into their standard operating procedures/operations manual. However, the emergency plan and policies and procedures should always be easily accessible, and it is recommended that they be co-located.

At a minimum, the emergency preparedness policies and procedures for LTC facilities should address the following elements:

### Subsistence Needs

LTC facility policies and procedures should address the subsistence needs for staff and residents, including procedures for evacuation or sheltering in place. Subsistence needs may include, but are not limited to:

- Food, water, medical, and pharmaceutical supplies.
- Alternate sources of energy to maintain appropriate temperatures, emergency lighting, fire response, and sewage/waste management.

There are no set requirements for the amount of provisions that must be stored by LTC facilities. LTC facilities should make appropriate needs assessments based on their risk assessments and the potential services, including community sheltering, they may provide in emergency events.

The [Subsistence Needs](#) worksheet provides questions to consider for subsistence needs policies and procedures.

### Resident and Staff Tracking

LTC facilities should develop policies and procedures that outline a system to track on-duty staff and sheltered residents that are in the LTC facility's care both **during and after** an emergency. Tracking should include the location of on-duty staff and sheltered residents, including the name and location of the receiving facility/destination in the event of relocation. Information should be readily available, accurate, and shareable among officials.

The [Resident and Staff Tracking](#) worksheet provides questions to consider for resident and staff tracking policies and procedures.

### Evacuation and Sheltering in Place

Emergency preparedness policies and procedures should include processes for safe evacuation from the LTC facility. Evacuation procedures should consider the treatment needs of evacuating residents, evacuation protocols for any other individuals sheltered in the LTC facility, responsibilities held by staff members, transportation of residents, identification of evacuation location(s), and primary and alternate means of

communication with external sources of assistance. LTC facilities should consider developing triaging systems to prioritize resident evacuation if the need arises.

In certain situations, evacuation of the LTC facilities may not be appropriate or possible. For these situations, as identified by the facility's risk assessment, LTC facilities should develop policies and procedures for sheltering in place. LTC facilities should develop criteria for which residents and staff would shelter in place, and identify appropriate facilities to accept residents that are transferred. Facilities should determine their policies based on the type of emergency and the types of residents, staff, volunteers, and visitors that may be on site during an emergency.

The [Evacuation and Sheltering in Place](#) worksheet provides questions to consider for evacuation and sheltering in place policies.

### **Medical Documentation**

Emergency policies and procedures should include a system of medical documentation that is readily available while protecting the confidentiality of resident information. The system of medical documentation should support continuity of care, whether in the affected LTC facility or in a receiving facility, in the event the resident is transferred. These policies and procedures should supplement existing medical record requirements and regulations. These policies and procedures should also be in compliance with the Health Insurance Portability and Accountability Act (HIPAA).

The [Medical Documentation](#) worksheet provides questions to consider for medical documentation policies and procedures.

### **Volunteers**

LTC facility policies and procedures should address emergency staffing strategies, including the use of facility volunteers and state and federally designated health care professionals, in the event of surge needs. LTC facilities may consider utilizing the Wisconsin Emergency Assistance Volunteer Registry (WEAVR) (more information is in the [Health Professions Volunteer Use](#) section) to recruit volunteers to meet medical surge needs. LTC facilities should consider any essential privileging and credentialing processes that may become relevant in emergency situations. Policies and procedures should also include a method for contacting off-duty staff or addressing staffing shortages caused by inability of staff to report to work.

### **Transfer Arrangements**

LTC facility policies and procedures should include prearranged transfer agreements with other LTC facilities and providers to receive residents in the event of limitations or cessations of operations. These agreements may be written or contracted. Policies and procedures should also include pre-arranged transportation between facilities. The goal of such agreements should be continuity of care for residents.

Example agreements include:

## **1135 Waivers**

The LTC facility's policies and procedures should include the role of the LTC facility in providing care and treatment at alternate sites in the event of the declaration of an 1135 waiver (a link to more information is provided below). LTC facilities should collaborate with local emergency officials to organize a systemic response that ensures continuity of care even when services at their facility are severely disrupted. Policies and procedures should also address the LTC facility's role in emergencies in which the President declares a major disaster or emergency and the United States Health and Human Services (HHS) Secretary declares a public health emergency. Additionally, policies and procedures should address the coordination efforts required during a declared emergency in which an 1135 waiver has been granted, and should outline the responsibilities of the LTC facility during the waiver period.

For purposes of waiver or modification, an emergency area and period is where and when there is: a) an emergency or disaster declared by the President pursuant to the National Emergencies Act or the Stafford Act, and b) a public health emergency declared by the HHS Secretary.

The CMS regional office in Chicago reviews requests for Social Security Act Chapter 1135 waivers following an emergency declaration or confirmation by the State (Public) Health Officer. Requests are first submitted to the Division of Quality Assurance for review in advance of submission to the Chicago Regional Office.

1135 waiver contact for Wisconsin:

Flip Varsos,

Director

DQA Bureau of Education Services and Technology

Telephone: 608-266-2055

Email: [phyllis.varsos@dhs.wisconsin.gov](mailto:phyllis.varsos@dhs.wisconsin.gov)

See the [1135 Waiver Information](#) section for more information.

## **Tools and Templates: Policies and Procedures**

This section contains tools, templates, and resources that may be helpful for policies and procedures for the following subjects:

[Subsistence Needs](#)

[Resident and Staff Tracking](#)

[Evacuation and Sheltering in Place](#)

[Medical Documentation](#)

[Health Professions Volunteer Use](#)

[Sample Transfer Agreement](#)

[Sample Memorandum of Understanding](#)

[1135 Waiver Information](#)

### *Subsistence Needs*

Below are some questions to consider when developing policies and procedures pertaining to subsistence needs. These questions are not exhaustive; instead, they are intended to initiate and facilitate a conversation around necessary aspects of the policies and procedures.

- How many residents does your facility have on-site, on average?
- How many staff members does your facility have on-site, on average?
- How many visitors does your facility have on-site, on average?
- How long would you plan to sustain shelter-in-place?
- What supplies, in what quantities, would you need to shelter in place over a 24-hour period for each of the following categories?
  - Food
  - Water (potable)
  - Water (non-potable)
  - Medical (gowns, gloves, bedding, tubing, syringes, oxygen tanks, medical gas, etc.)
  - Pharmaceutical
  - Alternate sources of energy (maintain appropriate temperatures, emergency lighting, fire response, and sewage waste management)
- Where would you stockpile these inventories?
- Who is responsible for maintaining these emergency inventories?
- How would you access / distribute these supplies during an emergency?
- Where would you get additional supplies when your inventories begin to run low?

### *Resident and Staff Tracking*

Below are some questions to consider when developing policies and procedures pertaining to resident and staff tracking. These questions are not exhaustive; instead, they are intended to initiate and facilitate a conversation around necessary aspects of the policies and procedures.

- How will the facility track the name and location of residents during an emergency? (This includes residents who are sheltered in the facility, as well as residents transferred to other locations during an evacuation.)
- How will the facility track the name and location of on-duty staff during an emergency?
- Would these tracking policies and procedures differ during an emergency versus after an emergency?
- If the means of tracking staff and residents is electronically-based, how would this be accomplished if such systems were compromised (e.g., power outage, cyberattack, etc.)?
- How is this information maintained during the emergency?
- How often is it updated?
- Which staff members are responsible for accomplishing these tasks?
- How could this information be accessible and shared with partners upon request?



### *Evacuation and Sheltering in Place*

Below are some questions to consider when developing policies and procedures pertaining to evacuation and sheltering in place. These questions are not exhaustive; instead, they are intended to initiate and facilitate a conversation around necessary aspects of the policies and procedures.

- What criteria are used to determine whether the facility will shelter in place or evacuate during an emergency?
- Who has decision-making authority to make this determination?
- What procedures will the facility use to determine which residents can be discharged versus moved to another facility?
- What procedures will the facility use to determine the order in which residents are evacuated?
- How will the treatment needs of residents be identified and addressed during evacuations?
- What evacuation procedures will be used for non-residents, e.g., staff and visitors?
- Which staff members have what responsibilities during the execution of evacuation procedures?
- How will transport of residents be arranged?
- How will you identify appropriate facilities to receive residents?
- How will facilities ensure that primary and alternate means of communicating with external partners about evacuation are in place?

### *Medical Documentation*

Below are some questions to consider when developing policies and procedures pertaining to medical documentation. These questions are not exhaustive; instead, they are intended to initiate and facilitate a conversation around necessary aspects of the policies and procedures.

- What systems/policies/procedures exist to provide resident medical documentation on a day-to-day basis?
- Are there changes to these systems/policies/procedures in an emergency?
- How would medical documentation be transferred during an evacuation to accompany a resident to a receiving facility?
- How are standards of confidentiality maintained?
- Where are these existing policies/procedures documented for the facility? Think about policies that have been developed to maintain compliance with HIPAA, Joint Commission, local and state law, etc.
- If electronic medical records are used, what redundant processes exist in case such systems are compromised (power outages, cyberattacks, etc.)?
- Who is responsible for activating redundant systems?

### *Health Professions Volunteer Use*

WEAVR is the Wisconsin Emergency Assistance Volunteer Registry. WEAVR is a secure, web-based volunteer registration system for health care and behavioral health professionals. In an emergency, facilities can request that state public health officials send out a WEAVR request. Public health officials will identify appropriate individuals and contact potential volunteers. Volunteers who agree to help will be dispatched to the LTC facility's location and informed of the role they need to fill. LTC facilities should understand how to use WEAVR before emergency situations arise. More information about WEAVR can be found on the DHS' WEAVR web-page:

<https://www.dhs.wisconsin.gov/preparedness/weavr/index.htm>

### *Sample Transfer Agreement*

The Sample Transfer Agreement document (linked below) provides a template transfer agreement for LTC facilities. LTC facilities can use this template or build their own based on this example. The transferring LTC facility and receiving facility both complete and sign this form prior to emergency events, so that in an emergency situation in which residents need to be transferred from the affected LTC facility, a transfer agreement is already in place. The document outlines expectations between the facilities and the terms of agreement.

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/Facility-Transfer-Agreement-Example.pdf>

### *Sample Memorandum of Understanding*

The Sample Memorandum of Understanding document, P-00690 (linked below), provides a template for Memorandums of Understanding (MOU) along with guidance on completing the MOUs. MOUs are used to establish a mutual understanding of the roles and responsibilities of participating entities during an emergency incident. MOUs include the scope of services to be provided and reimbursement considerations. MOUs should be developed before emergency situations, so that in emergency events, a clear set of expectations exists between involved entities. There are three templates included in this document: one for like-type facilities, one for community partners/non-like-type facilities, and one for transportation services.

<https://www.dhs.wisconsin.gov/publications/p0/p00690.pdf>

### *1135 Waiver Information*

When the President of the United States declares an emergency under the Stafford Act or National Emergencies Act, and the Health and Human Services Secretary declares a public health emergency under Section 319 of the Public Health Service Act, the Secretary is allowed to assume additional actions on top of their usual authorities. One of these actions is to waive or modify certain Medicare, Medicaid, and Children's Health Insurance Program requirements, under section 1135 of the Social Security Act, to ensure that sufficient health care services are available to meet the needs of affected populations. The 1135 waivers may include adjustments to the conditions of participation or other certification requirements. Once an 1135 waiver is authorized at the federal

level, LTC facilities can submit requests to their State Survey Agency (DQA) to operate under the authority of the waiver. LTC facilities should justify the use of the waiver, the expected modifications to usual standards, and the duration of the waiver use. The 1135 Waiver-At-A-Glance document (linked below) provides more detail on what 1135 waivers are, and when and how they may be implemented.

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/1135-Waivers-At-A-Glance.pdf>

## COMMUNICATION PLAN

LTC facilities should develop and maintain an emergency preparedness communication plan that complies with federal, state, and local laws. This communication plan should be reviewed and updated at least annually. The communication plan should include how the facility coordinates resident care within the facility, across health care providers, and with state and local public health departments. The communication plan should also include how the facility interacts and coordinates with emergency management agencies and systems to protect residents.

The communication plan should include the elements described in the sections below.

### Contact Information

The communication plan should include both names and contact information for the following internal assets of the facility:

- Staff
- Entities providing services under arrangement
- Residents' physicians
- Other LTC facilities
- Volunteers

The communication plan should also include contact information for the following external resources:

- Federal, state, tribal, regional, and local emergency preparedness staff
- The State Licensing and Certification Agency
- The Office of the State Long-Term Care Ombudsman
- Other identified sources of assistance

Contact information should be readily available and accessible to leadership and staff. All contact information should be accurate and current.

Sample contact grids are included for the following contact types:

[External Contact Information](#)

[Staff Contact Information](#)

[Residents' Physicians' Contact Information](#)

[Volunteer Contact Information](#)

### Communications

The LTC facility's communications plans should include primary and alternate means for communicating with their staff and federal, state, tribal, regional, and local emergency management agencies. The communication plan should include when and how alternate communication methods are used and who uses them.

Additionally, LTC facilities should ensure that their selected alternate method of communication is compatible with the communication systems of those they need to contact.

A sample grid for documenting primary and alternate means of communications can be found here: [Primary and Alternate Means of Communication](#).

## **Release of Information**

Communications plans should include methods for a number of information sharing needs. LTC facilities should develop a method for sharing resident information and medical documentation with other providers to maintain continuity of care. Information necessary to provide resident care should be sent with evacuated residents or be readily available for residents who are sheltered in place. When residents are transferred, LTC facilities should send all necessary resident information that is readily available, including resident name, date of birth, allergies, current medications, medical diagnoses, blood type, advance directives, and next of kin/emergency contacts.

LTC facilities should have HIPAA-compliant means to release resident information to family members and others in a timely and accurate fashion, in the event of an evacuation. Additionally, LTC facilities should develop HIPAA-compliant means of providing general information about the condition and location of residents that are in the LTC facility's care. Though HIPAA requirements are not suspended during a national or public health emergency, the privacy rule does permit certain uses and disclosures of protected health information in emergency circumstances and for disaster relief purposes.

A decision flowchart for disclosing protected health information can be found in the [HIPAA Decision Flowchart](#).

## **LTC Facility Information**

LTC facility communication plans should include a means for providing information on the LTC facility's occupancy, needs, and ability to provide assistance to others. Occupancy information may include reporting the number of residents at the LTC facility receiving treatment or the LTC facility's occupancy percentage. An LTC facility's reported needs may include shortage of provisions, assistance with evacuation, or transportation/transfer shortages. The communication plan should specifically include how the required information would be communicated.

This information should be provided to the authority with jurisdiction. The authority with jurisdiction varies by local, state, and federal emergency management structures as well as the nature of the emergency.

LTC facilities can develop a communication plan for conveying LTC facility information using the questions to consider found in the [LTC Facility Information](#) section.

## **Sharing Emergency Plan Information**

LTC facility communication plans should include a method for sharing information from the emergency plan with residents and their families or representatives. LTC facilities have the flexibility to determine the information from the emergency plan that should be shared, as well as the timing and manner in which it should be disseminated. This dissemination of information should be provided well before emergency events, so that residents and their families are aware of emergency procedures in their LTC facility. LTC facilities may want to



provide a quick “fact sheet” or informational brochure that highlights the major sections of the emergency plan and policies and procedures, as the facility deems appropriate. LTC facilities may also consider providing instructions on how to contact the facility in the event of an emergency.

A worksheet with questions to consider for sharing emergency plan information can be found in the [Sharing Emergency Plan Information](#) section.

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## **Tools and Templates: Communication Plan**

This section contains tools, templates, and resources that may be helpful for communication plans:

[External Contact Information](#)

[Staff Contact Information](#)

[Residents' Physicians' Contact Information](#)

[Volunteer Contact Information](#)

[Primary and Alternate Means of Communication](#)

[HIPAA Decision Flowchart](#)

[LTC Facility Information](#)

[Sharing Emergency Plan Information](#)

*External Contact Information*

This grid is an example of the type of tool LTC facilities may create to maintain information for external contacts. LTC facilities should keep contact information updated so that in an emergency event, the appropriate individual can be reached in a timely fashion. The purpose for reaching out to a given contact should be included, so it is clear who should be contacted for what reason in any given situation.

External Contacts			
Agency	Purpose for Contact	Contact Name/Title	Contact Info
Local Emergency Management Staff			
Local Public Health Department			
HCC			
State Emergency Management Staff			
State Public Health Department (Emergency Preparedness )			
State Public Health Department (Division of Quality Assurance)			
Tribal Emergency Preparedness/Emergency Management			
CMS			
ASPR			
FEMA			
State Licensing and Certification Agency			
Office of the State Long-Term Care Ombudsman			
Fire			
EMS			
Police			
Sheriff			
Coroner			
Other LTC Facility(ies)			
Other Facilities w/ MOUs			
Entities Providing Services			
Sister Facilities			
(Additional Sources of Assistance)			

*Staff Contact Information*

This grid is an example of the type of tool LTC facilities may create to maintain contact information for staff. LTC facilities should be able to contact staff during emergencies. Reasons for contact may include cancelling shifts, determining which staff are actually on duty or on site, or reaching out to staff to help with surge needs. It should be decided whether roles for staff will be adjusted or increased during emergency events, and if so, those roles should be clarified and documented.

Staff Emergency Contact Roster				
Name	Department	Phone	Email Address	Emergency Staffing Role



*Volunteer Contact Information*

This grid is an example of the type of tool LTC facilities may create to maintain contact information for volunteers. LTC facilities should be able to contact volunteers during emergencies. Reasons for contact may include cancelling shifts, determining which volunteers are actually on duty or on site, or reaching out to volunteers to help with surge needs. It should be decided whether roles for volunteers will be adjusted or increased during emergency events, and if so, those roles should be clarified and documented.

Volunteer Emergency Contact Roster				
Name	Department	Phone	Email Address	Emergency Staffing Role

*Primary and Alternate Means of Communication*

This grid is an example of the type of tool LTC facilities may create to document primary and alternate means of communication with relevant individuals/partners. LTC facilities should have at least two methods of communicating with staff and relevant partners. The alternate method should be easily accessible, in the event that the primary method becomes unavailable, and should be agreeable to both the LTC facility and the entity they are communicating with. Primary and alternate methods of communication may vary based on who the LTC facility is trying to contact (for example, primary and alternate methods of communication may be different for staff than they are for state emergency management staff), but should be decided and documented before emergency events occur so that communication expectations are clear in emergency events.

Means of Communication		
Contact	Primary Method	Alternate Method
Staff		
Local Emergency Management Staff		
Local Public Health Department		
HCC		
State Emergency Management Staff		
State Public Health Department (Emergency Preparedness)		
State Public Health Department (Division of Quality Assurance)		
Tribal Emergency Preparedness/ Emergency Management Staff		
CMS		
ASPR		
FEMA		

### *HIPAA Decision Flowchart*

HIPAA is not waived in emergency events, LTC facilities should be aware of the need to protect resident information at all times. However, certain information can be shared during emergency events if the protected health information is disclosed for public health emergency preparedness purposes. The At-A-Glance Disclosure Decision Flowchart (linked below) can help LTC facilities make choices about disclosing protected health information. If there is uncertainty about the appropriateness of disclosing information, LTC facilities should err on the side of caution or contact appropriate authorities for guidance.

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/OCR-Emergency-Prep-HIPPA-Disclose.pdf>



### *LTC Facility Information*

Below are some questions to consider when developing communication plans pertaining to sharing LTC facility information. These questions are not exhaustive; instead, they are intended to initiate and facilitate a conversation around necessary aspects of the communication plan.

- How does the facility determine which authorities to notify in the event of an emergency?
- How do the authorities vary in different types of emergency situations?
- How are occupancy levels communicated to local and state authorities during an emergency?
- How are supply and other needs communicated to local and state authorities during an emergency?
- How does the facility convey to local and state authorities their ability to help others?
- How might the means of communication differ depending on the emergency or the authorities being notified?
- What redundant means of communication exist for providing this information?

### *Sharing Emergency Plan Information*

Below are some questions to consider when developing communication plans pertaining to sharing emergency plan information. These questions are not exhaustive; instead, they are intended to initiate and facilitate a conversation around necessary aspects of the communication plan.

- What information from the emergency plan will be shared with residents and families/representatives?
- Who will make the decision about the type of information provided?
- In what format will this information be provided (e.g., fact sheet, brochure, website)?
- Will the information be reviewed with residents and families/representatives?
- When will this information be provided to residents and families?
- Is there a system for reissuing this information when it is updated?

## TRAINING AND TESTING

The LTC facility should develop and maintain an emergency preparedness training and testing program that is based on the risk assessments, emergency plan, policies and procedures, and communication plan. The training and testing program should be reviewed and updated at least annually.

Training should encompass the LTC facility's provision of education and instruction to staff, contractors, and facility volunteers. Testing should operationalize training, and allow the LTC facility to evaluate the effectiveness of their training as well as the overall emergency preparedness program. Testing can include conducting drills and/or exercises to test the emergency plan and identify gaps or areas for improvement.

Training and testing can include, but is not limited to, how the LTC facility would communicate facility closure to required contacts, testing resident tracking, or testing transportation procedures. For LTC facilities with multiple locations, the training and testing program should reflect the facility-based risk assessment for each specific location.

### Training Program

LTC facilities should develop training programs that cover emergency preparedness policies and procedures. This training should be available during orientation for all new staff, individuals providing services under arrangement, and volunteers, and be consistent with their expected role in an emergency. Existing staff should also receive emergency preparedness training at least annually. Ideally, this annual training should be modified each year to reflect lessons learned from exercises and real world events in the past year and the annual emergency program review. Though all staff should receive annual training, LTC facilities can decide what level of training each staff member should complete each year, based on their expected responsibilities in an emergency. LTC facilities may also determine that documented external training is sufficient to meet some or all of the LTC facility's annual training requirements.

Training should be documented and LTC facilities should be able to demonstrate staff knowledge of emergency preparedness program plans, policies, and procedures. This documentation should include the specific training completed as well as the methods used to demonstrate knowledge of the training program.

### Testing

LTC facilities should conduct exercises to test their emergency plan at least annually, including unannounced staff drills using the emergency procedures. LTC facilities should conduct at least two exercises to test the emergency plan annually. For one exercise, LTC facilities should participate in a full-scale, community-based exercise. As required by this rule, full-scale exercises are defined as any operations-based exercise (drill, functional, or full-scale) that assesses an LTC facility's operations and its given community. This is an operations-based exercise that typically involves multiple agencies, jurisdictions, and disciplines performing functional or operational elements. **Full-scale exercises, as defined in this regulation, are not synonymous with full-scale exercises as defined by FEMA or Department of Homeland Security Exercise and Evaluation Program (HSEEP).**

For their second exercise, LTC facilities can choose to conduct a second full-scale exercise that is community-based or facility-based, or conduct a tabletop exercise. If conducting a tabletop exercise, the exercise should include a group discussion led by a facilitator, using a narrated, clinically relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions that are designed to challenge the emergency plan.

When a community-based exercise is not available, LTC facilities should conduct a facility-based exercise. However, LTC facilities should document their attempts to participate in a community-based exercise and rationale for inability to participate. If an LTC facility experiences a real-world emergency that requires activation of the emergency plan, they are exempt from engaging in a full-scale, community-based exercise for one year following the actual event.

LTC facilities should maintain documentation of all drills, tabletop exercises, and emergency events. LTC facilities should also analyze their response to testing exercises and real world events, and revise their emergency program as appropriate. This analysis and revision can, in part, be accomplished through the completion of After Action Reports (AARs—link provided below). At a minimum, AARs should determine what was supposed to happen, what occurred, what went well, what the LTC facility can do differently or improve upon, and a plan with timelines for incorporating necessary improvements.

LTC facilities should consider their physical location, agency, other facility responsibilities, and the needs of the community when planning or participating in exercises. Often, emergency preparedness entities, such as healthcare coalitions, may conduct annual, full-scale, community-based exercises to assess community-wide response. LTC facilities should actively engage the HCCs to identify potential opportunities to participate in exercises. These exercises give LTC facilities the opportunity to assess their emergency plan, and better understand how they can contribute to, coordinate with, and integrate into the broader community's response during an emergency. They also provide an opportunity to assess communication plans and engagement with external partners. LTC facilities should contact their HCC to identify opportunities and assess whether participation in the HCC exercise fulfills the LTC facility's CMS requirements. HCCs do not have the resources to fulfill individual LTC facility requirements and consequently only serve to connect LTC facilities to broader community engagement and coordination. LTC facilities are responsible for ensuring and documenting that their participation in HCC exercises meets the requirements expected by CMS.

The following tools and templates are included:

[Exercise Design Checklist](#)

[Exercise Evaluation Guide](#)

[After Action Report/Improvement Plan Instructions Template](#)

## **Tools and Templates: Training and Testing**

This section contains tools, templates, and resources that may be helpful for training and testing:

[Exercise Design Checklist](#)

[Exercise Evaluation Guide](#)

[After Action Report/Improvement Plan Instructions and Template](#)

### *Exercise Design Checklist*

The exercise design checklist document linked below provides a sample checklist for designing exercises. The document leads users through the necessary steps for exercise design and can be used to document the planning and development of exercises. The first section of the checklist includes consideration of the type of exercise, the exercise scenario, the main objectives (target capabilities/critical areas) to be evaluated during the exercise, the levels of activity to be included in the exercise, who will participate in the exercise, which organizations/agencies will be involved in the exercise, and when the exercise will occur. The second section of the checklist includes consideration of communications, resources, safety and security, staff roles and responsibilities, utilities, and resident care. The following sections guide exercise designers through identifying players' expected actions, developing a purpose statement, writing the narrative for the exercise, identifying major and detailed events in chronological order, and completing the after action report and improvement plan.

<https://www.dhs.wisconsin.gov/preparedness/hospital/exercise-design-checklist.doc>

### *Exercise Evaluation Guide*

The exercise evaluation guide linked below is a blank document. The content and layout can be amended as is appropriate, but it is designed to help LTC facilities assess their exercises. The guide includes areas for evaluating numerous activities included in a single exercise. Expected observations can be entered ahead of time. After the exercise, evaluators can assess whether expectations were observed and the extent to which expectations were completed or met. LTC facilities can complete this exercise evaluation guide as part of their AAR, to assess areas of strength and weakness.

<https://www.dhs.wisconsin.gov/preparedness/hospital/blank-exercise-evalguide.doc>

### *After Action Report/Improvement Plan Instructions and Template*

After action reports and improvement plans (IPs) are important parts of emergency preparedness testing. AARs help facilities assess their response to emergency events, whether simulated during an exercise, or real-world. AARs review the exercise design and execution, and provide an assessment of what went well and what needs to be improved upon. IPs specifically outline how and when improvements will be made to address shortcomings identified by the exercise evaluation and AAR.

The CMS AAR/IP instructions document walks through developing an AAR and IP. The document includes a purpose statement and background information on emergency preparedness. Additionally, the document contains explanations of key terms and important capabilities. It is important to note that this AAR/IP instruction document is based on the U.S. Department of Homeland Security Exercise and Evaluation Program (HSEEP). Though LTC facilities may choose to use HSEEP to meet exercise requirements for the CMS rule, it is essential to understand that the expectations for HSEEP and the CMS rule are not the same in regard to emergency preparedness testing. LTC facilities should always ensure that their exercises and other testing activities meet the requirements of the CMS rule.

The CMS AAR/IP template document can be used to complete an AAR and IP. The document contains blank sections with instructions on how to fill out essential components in italics. The template covers the executive summary, exercise overview, exercise design summary, improvement plan, and conclusion. The template also contains five appendices: acronyms, lessons learned (optional), participant feedback summary (optional), exercise events synopsis (optional), and exercise events summary table (optional). LTC facilities may use, modify, and customize this document as is appropriate for their facility. However, if an LTC facility wishes to conduct an exercise compliant with the Hospital Preparedness Program (HPP) and HSEEP requirements, the template sections must not be modified and each section (excluding those marked optional) must be completed entirely. LTC facilities wishing to ensure compliance with the HPP and HSEEP should assess whether their testing program meets the CMS rule requirements. If LTC facilities determine they are not meeting conditions of participation with this template as is, they may consider completing a second AAR/IP that is compliant with the CMS regulations.

The AAR/IP instructions and template can be found on the CMS Templates and Checklists web-page: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Templates-Checklists.html> under the [Health Care Provider Voluntary After Action Report/Improvement Plan Template and Instructions](#) link.

A direct file link is provided here: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/aartemplateinstructions.zip>

## ADDITIONAL REQUIREMENTS

### Emergency and Standby Power Systems

LTC facilities should implement emergency and standby power systems based on their emergency plan and policies and procedures. The following three components should be addressed:

- (a) *Emergency generator location.* The generator should be located in accordance with the location requirements found in the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12–2, TIA 12–3, TIA 12–4, TIA 12–5, and TIA 12–6), Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12–1, TIA 12–2, TIA 12–3, and TIA 12–4), and NFPA 110, when a new structure is built or when an existing structure or building is renovated.
- (b) *Emergency generator inspection and testing.* The LTC facility should implement the emergency power system inspection, testing, and maintenance requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code (LSC).
- (c) *Emergency generator fuel.* LTC facilities that maintain an onsite fuel source to power emergency generators should have a plan for how it will keep emergency power systems operational during the emergency, unless it evacuates.

LTC facilities should continue to meet the existing provisions and requirements for their provider/supplier types under physical environment conditions of participation or any existing LSC guidance.

### Integrated Health Care Systems

If an LTC facility is part of a health care system consisting of multiple separately certified health care facilities that elects to have a unified and integrated emergency preparedness program, the LTC facility may choose to participate in the health care system’s coordinated emergency preparedness program. If elected, the unified and integrated emergency preparedness program should:

- Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.
- Be developed and maintained in a manner that takes into account each separately certified facility’s unique circumstances, resident populations, and services offered.
- Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance with the program.
- Include a unified and integrated emergency plan that meets all aforementioned requirements. The unified and integrated emergency plan should also be based on and include the following:
  - A documented community-based risk assessment, utilizing an all-hazards approach.
  - A documented individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach.
- Include integrated policies and procedures, a coordinated communication plan, and training and testing programs that meet the aforementioned requirements.

The health care system’s unified emergency preparedness program should be updated each time a facility leaves or enters the health care system’s program. The integrated program should demonstrate that each separately certified facility included in the program actively participated in the program’s development, and each facility should designate personnel to collaborate with the health care system to develop the plan. This participation should be documented. All components of the emergency preparedness program that are reviewed annually



should include all participating facilities, and each facility should be able to prove that it was involved in annual reviews and updates.

## RESOURCES

### **CMS Survey and Certification Website**

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/index.html>

### **ASPR TRACIE**

<https://asprtracie.hhs.gov/cmsrule>

<https://asprtracie.hhs.gov/documents/cms-ep-rule-resources-at-your-fingertips.pdf>

### **Healthcare Coalitions**

<https://www.dhs.wisconsin.gov/preparedness/hospital/index.htm>

Regional map and contacts: <https://www.dhs.wisconsin.gov/preparedness/healthcare/hcc-contacts.pdf>

### **Office of Preparedness and Emergency Health Care (OPEHC), Division of Public Health, Department of Health Services**

<https://www.dhs.wisconsin.gov/preparedness/index.htm>

### **Wisconsin Emergency Management (WEM)**

<http://emergencymanagement.wi.gov/>

## DEFINITIONS

These definitions reflect those provided by CMS in the Interpretive Guidance for the Emergency Preparedness regulation.

### All-Hazards Approach

An all-hazards approach is an integrated approach to emergency preparedness that focuses on identifying hazards and developing emergency preparedness capacities and capabilities that can address those as well as a wide spectrum of emergencies or disasters. This approach includes preparedness for natural, man-made, and or facility emergencies that may include but is 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. All facilities must develop an all-hazards emergency preparedness program and plan.

### Disaster

A hazard impact causing adverse physical, social, psychological, economic, or political effects that challenge the ability to respond rapidly and effectively. Despite a stepped-up capacity and capability (call-back procedures, mutual aid, etc.) and change from routine management methods to an incident command/management process, the outcome is lower than expected compared with a smaller scale or lower magnitude impact (see “emergency” for important contrast between the two terms).

Reference: Assistant Secretary for Preparedness and Response (ASPR) 2017-2022 Health Care Preparedness and Response Capabilities Document (ICDRM/GWU Emergency Management Glossary of Terms) (November 2016).

### Emergency

A hazard impact causing adverse physical, social, psychological, economic, or political effects that challenge the ability to respond rapidly and effectively. It requires a stepped-up capacity and capability (call-back procedures, mutual aid, etc.) to meet the expected outcome and commonly requires change from routine management methods to an incident command process to achieve the expected outcome (see “disaster” for important contrast between the two terms).

Reference: Assistant Secretary for Preparedness and Response (ASPR) 2017-2022 Health Care Preparedness and Response Capabilities Document (ICDRM/GWU Emergency Management Glossary of Terms) (November 2016).

### Emergency/Disaster

An event that can affect the facility internally as well as the overall target population or the community at large or community or a geographic area.

### Emergency Plan

An emergency plan provides the framework for the emergency preparedness program. The emergency plan is developed based on facility- and community-based risk assessments that assist a facility in anticipating and addressing facility, patient, staff, and community needs and support continuity of business operations.

## Emergency Preparedness Program

The Emergency Preparedness Program describes a facility's comprehensive approach to meeting the health, safety and security needs of the facility, its staff, their patient population, and community prior to, during, and after an emergency or disaster. The program encompasses four core elements: an emergency plan that is based on a risk assessment and incorporates an all-hazards approach; policies and procedures; communication plan; and the training and testing program.

## Facility-Based

We consider the term "facility-based" to mean the emergency preparedness program is specific to the facility. It includes but is not limited to hazards specific to a facility based on its geographic location; dependent patient/resident/client and community population, facility type, and potential surrounding community assets i.e., rural area versus a large metropolitan area.

## Full-Scale Exercise

A full scale exercise is an operations-based exercise that typically involves multiple agencies, jurisdictions, and disciplines performing functional (for example, joint field office, emergency operation centers, etc.) and integration of operational elements involved in the response to a disaster event, i.e., "boots on the ground" response activities (for example, hospital staff treating mock patients).

## Risk Assessment

The term risk assessment describes a process facilities use to assess and document potential hazards that are likely to impact their geographical region, community, facility, and patient population and identify gaps and challenges that should be considered and addressed in developing the emergency preparedness program. The term risk assessment is meant to be comprehensive and may include a variety of methods to assess and document potential hazards and their impacts. The health care industry has also referred to risk assessments as a hazard vulnerability assessment or analysis (HVA) as a type of risk assessment commonly used in the health care industry.

## Staff

The term "staff" refers to all individuals that are employed directly by a facility. The phrase "individuals providing services under arrangement" means services furnished under arrangement that are subject to a written contract conforming with the requirements specified in section 1861(w) of the Act.

## Table-top Exercise (TTX)

A tabletop exercise involves key personnel discussing simulated scenarios in an informal setting. TTXs can be used to assess plans, policies, and procedures. A tabletop exercise is a discussion-based exercise that involves senior staff, elected or appointed officials, and other key decision-making personnel in a group discussion centered on a hypothetical scenario. TTXs can be used to assess plans, policies, and procedures without deploying resources.

## **ACRONYMS**

AAR/IP: After Action Report/Improvement Plan  
ASC: Ambulatory Surgical Center  
ASPR: Assistant Secretary for Preparedness and Response  
CAH: Critical Access Hospital  
CDC: Centers for Disease Control and Prevention  
CfCs: Conditions for Coverage and Conditions for Certification  
CMHC: Community Mental Health Center  
CMS: Centers for Medicare & Medicaid Services  
CoPs: Conditions of Participation  
CORF: Comprehensive Outpatient Rehabilitation Facilities  
DHS: Department of Homeland Security  
DHHS: Department of Health and Human Services  
DSA: Donation Service Area  
EOP: Emergency Operations Plans  
EMP: Emergency Management Plan  
EP: Emergency Preparedness  
ESAR–VHP: Emergency System for Advance Registration of Volunteer Health Professionals  
ESF: Emergency Support Function  
ESRD: End-Stage Renal Disease  
FEMA: Federal Emergency Management Agency  
FQHC: Federally Qualified Health Center  
HHA: Home Health Agencies  
HPP: Hospital Preparedness Program  
HRSA: Health Resources and Services Administration  
HSEEP: Homeland Security Exercise and Evaluation Program  
HSPD: Homeland Security Presidential Directive  
HVA: Hazard Vulnerability Analysis or Assessment  
ICFs/IID: Intermediate Care Facilities for Individuals with Intellectual Disabilities  
LPHA: Local Public Health Agencies  
LSC: Life Safety Code  
LTC: Long-Term Care  
NFs: Nursing Facilities  
NFPA: National Fire Protection Association  
NIMS: National Incident Management System  
OPO: Organ Procurement Organization  
PACE: Program for the All-Inclusive Care for the Elderly  
PHEP: Public Health Emergency Preparedness  
PRTF: Psychiatric Residential Treatment Facilities  
RNHCIs: Religious Nonmedical Health Care Institutions  
RHC: Rural Health Clinic

SNF: Skilled Nursing Facility

TJC: The Joint Commission

TRACIE: Technical Resources, Assistance Center, and Information Exchange

TTX: Tabletop Exercise

## APPENDICES

### Appendix A: Federal Regulation for LTC Facilities

The full text of the federal regulation can be found at:

<https://www.federalregister.gov/documents/2016/09/16/2016-21404/medicare-and-medicaid-programs-emergency-preparedness-requirements-for-medicare-and-medicaid>

Interpretive guidance for the federal regulation can be found at:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/Advanced-Copy-SOM-Appendix-Z-EP-IGs.pdf>

#### § 483.73 Emergency preparedness

The LTC facility must comply with all applicable Federal, State and local emergency preparedness requirements. The LTC facility must establish and maintain an emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not be limited to, the following elements:

- (a) **Emergency plan.** The LTC facility must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do all of the following:
  - (1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing residents.
  - (2) Include strategies for addressing emergency events identified by the risk assessment.
  - (3) Address resident population, including, but not limited to, persons at risk; the type of services the LTC facility has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.
  - (4) 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, including documentation of the LTC facility's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.
- (b) **Policies and procedures.** The LTC facility must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least annually. At a minimum, the policies and procedures must address the following:
  - (1) The provision of subsistence needs for staff and residents, whether they evacuate or shelter in place, include, but are not limited to the following:
    - (i) Food, water, medical, and pharmaceutical supplies.
    - (ii) Alternate sources of energy to maintain—
      - (A) Temperatures to protect resident health and safety and for the safe and sanitary storage of provisions;
      - (B) Emergency lighting;
      - (C) Fire detection, extinguishing, and alarm systems; and
      - (D) Sewage and waste disposal.
  - (2) A system to track the location of on-duty staff and sheltered residents in the LTC facility's care during and after an emergency. If on-duty staff and sheltered residents are relocated during the emergency, the LTC facility must document the specific name and location of the receiving facility or other location.

- (3) Safe evacuation from the LTC facility, which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s); and primary and alternate means of communication with external sources of assistance.
  - (4) A means to shelter in place for residents, staff, and volunteers who remain in the LTC facility.
  - (5) A system of medical documentation that preserves resident information, protects confidentiality of resident information, and secures and maintains the availability of records.
  - (6) The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State or Federally designated health care professionals to address surge needs during an emergency.
  - (7) The development of arrangements with other LTC facilities and other providers to receive residents in the event of limitations or cessation of operations to maintain the continuity of services to LTC residents.
  - (8) The role of the LTC facility under a waiver declared by the Secretary, in accordance with section 1135 of the Act, in the provision of care and treatment at an alternate care site identified by emergency management officials.
- (c) **Communication plan.** The LTC facility must develop and maintain an emergency preparedness communication plan that complies with Federal, State, and local laws and must be reviewed and updated at least annually. The communication plan must include all of the following:
- (1) Names and contact information for the following:
    - (i) Staff.
    - (ii) Entities providing services under arrangement.
    - (iii) Residents' physicians.
    - (iv) Other LTC facilities.
    - (v) Volunteers.
  - (2) Contact information for the following:
    - (i) Federal, State, tribal, regional, or local emergency preparedness staff.
    - (ii) The State Licensing and Certification Agency.
    - (iii) The Office of the State Long-Term Care Ombudsman.
    - (iv) Other sources of assistance.
  - (3) Primary and alternate means for communicating with the following:
    - (i) LTC facility's staff.
    - (ii) Federal, State, tribal, regional, or local emergency management agencies.
  - (4) A method for sharing information and medical documentation for residents under the LTC facility's care, as necessary, with other health care providers to maintain the continuity of care.
  - (5) A means, in the event of an evacuation, to release resident information as permitted under 45 CFR 164.510(b)(1)(ii).
  - (6) A means of providing information about the general condition and location of residents under the facility's care as permitted under 45 CFR 164.510(b)(4).
  - (7) A means of providing information about the LTC facility's occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee.
  - (8) A method for sharing information from the emergency plan that the facility has determined is appropriate with residents and their families or representatives.
- (d) **Training and testing.** The LTC facility must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and



the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least annually.

(1) *Training program.* The LTC facility must do all of the following:

- (i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles.
- (ii) Provide emergency preparedness training at least annually.
- (iii) Maintain documentation of the training.
- (iv) Demonstrate staff knowledge of emergency procedures.

(2) *Testing.* The LTC facility must conduct exercises to test the emergency plan at least annually, including unannounced staff drills using the emergency procedures. The LTC facility must do the following:

- (i) Participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based. If the LTC facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the LTC facility is exempt from engaging in a community-based or individual, facility-based full-scale exercise for 1 year following the onset of the actual event.
- (ii) Conduct an additional exercise that may include, but is not limited to the following:
  - (A) A second full-scale exercise that is community-based or individual, facility based.
  - (B) A tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.
- (iii) Analyze the LTC facility's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the LTC facility's emergency plan, as needed.

(e) **Emergency and standby power systems.** The LTC facility must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section.

(1) *Emergency generator location.* The generator must be located in accordance with the location requirements found in the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5, and TIA 12-6), Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4), and NFPA 110, when a new structure is built or when an existing structure or building is renovated.

(2) *Emergency generator inspection and testing.* The LTC facility must implement the emergency power system inspection, testing, and maintenance requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code.

(3) *Emergency generator fuel.* LTC 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.

(f) **Integrated health care systems.** If a LTC facility is part of a health care system consisting of multiple separately certified health care facilities that elects to have a unified and integrated emergency preparedness program, the LTC facility may choose to participate in the health care system's coordinated emergency preparedness program. If elected, the unified and integrated emergency preparedness program must do all of the following:

- (1) Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.
- (2) Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered.

- (3) Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance with the program.
- (4) Include a unified and integrated emergency plan that meets the requirements of paragraphs (a)(2), (3), and (4) of this section. The unified and integrated emergency plan must also be based on and include—
  - (i) A documented community-based risk assessment, utilizing an all-hazards approach.
  - (ii) A documented individual facility based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach.
- (5) Include integrated policies and procedures that meet the requirements set forth in paragraph (b) of this section, a coordinated communication plan and training and testing programs that meet the requirements of paragraphs (c) and (d) of this section, respectively.
- (g) The standards incorporated by reference in this section are approved for incorporation by reference by the Director of the Office of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51.

## **Appendix B: Emergency Preparedness Regulations Crosswalk**

This crosswalk was developed by the Yale New Haven Health System Center for Emergency Preparedness and Disaster Response. This crosswalk is intended to provide a high level reference to standards provided by accrediting organizations as of October 2016. This crosswalk does not reflect standards that may have been updated since then. This crosswalk is not intended to be a comprehensive interpretation of the regulation, but a reference guide.

CMS Emergency Preparedness CoP LTC Facilities	CMS EP CoP Reference	NFPA 1600	NFPA 99
<b>October 2016</b>	<b>483.73</b>	<b>2016</b>	<b>2012 ed.</b>
Require both an emergency preparedness program and an emergency preparedness plan.	483.73		12.2.2.3 12.2.3.2 12.4.1 12.5.1
<b>Emergency Plan</b>			
Comply with all applicable Federal, State, and local emergency preparedness requirements. The emergency plan must be reviewed and updated annually.	483.73		12.2.3.3 12.4.1.2 12.5.3.6.1
The emergency plan must be based on and include a documented facility based and community based risk assessment utilizing an all hazards approach including missing residents.	483.73 (a) 1	4.4.2 5.1.3 5.1.4 5.2.1	12.5.2 12.5.3.1
The emergency plan includes strategies for addressing emergency events identified by the risk assessment.	483.73 (a) 2	5.1.5 6.6.2	12.5.2 12.5.3.1
The emergency plan must address the resident population including but not limited to, persons at risk, the types of services that the facility would be able to provide in an emergency; continuity of operations, including delegations of authority and succession plans.	483.73 (a) 3	5.2.2.2	12.2.2.3 12.5.3.1.3 (1) 12.5.3.2.3 (11) 12.5.3.3.6.4
Have a process for ensuring 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, including documentation of the facility efforts to contact such officials and, when applicable, its participation in collaborative and cooperative planning efforts.	483.73 (a) 4		12.2.3.3 12.5.3.3.6.1 (2) (6)
<b>Policies and Procedures</b>			
Develop and implement emergency preparedness policies and procedures based on the emergency plan and communications plan. The policies and procedures must be reviewed and updated at least annually.	483.73 (b)		12.5.3.3.5 12.5.3.3.6.1 12.5.3.6.1
The policies and procedures must address (1) the provision of subsistence needs for staff and residents whether they evacuate or shelter in place including but not limited to (i) food, water, medical and pharmaceutical supplies (ii) alternate sources of energy to maintain: (A) temperatures to protect resident health and safety and for the safe and sanitary storage of provisions (B) emergency lighting (C) fire detection, extinguishing and alarm systems (D) sewage and waste disposal.	483.73 (b) 1 i-ii A-D		12.5.3.3.6.2 12.5.3.3.6.4 (7) (8) 12.5.3.3.6.5 12.5.3.3.6.6
Develops a system to track the location of on-duty staff and sheltered residents in the facility's care during an emergency. If on-duty staff or sheltered residents are relocated during the emergency the LTC facility must document the specific name and location of the receiving facility or other location.	483.73 (b) 2		12.5.3.3.6.4 (9)
Have policies and procedures in place to ensure the safe evacuation from the facility, which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation locations; and primary and alternate means of communication with external sources of assistance.	483.73 (b) 3		12.5.3.3.6.1 (3) (4) 12.5.3.3.6.2 (7) 12.5.3.3.6.4 (1) (6) (7) (8) (9) 12.5.3.3.6.8
Have a means to shelter in place for residents, staff, and volunteers who remain in the facility.	483.73 (b) 4		12.5.3.3.3 12.5.3.3.6
Have a system of medical documentation that preserves resident information, protects the confidentiality of resident information, and secures and maintains availability of records.	483.73 (b) 5	4.7.2	12.5.3.3.6.1 (4)
Have policies and procedures in place to address the use of volunteers in an emergency and other emergency staffing strategies,	483.73 (b) 6	6.9.1.2	12.5.3.4.5

CMS Emergency Preparedness CoP LTC Facilities	CMS EP CoP Reference	NFPA 1600	NFPA 99
including the process and role for integration of state or federally designated health care professionals to address surge needs during an emergency.			
The development of arrangements with other facilities and providers to receive residents in the event of limitations or cessation of operations to maintain the continuity of services to residents.	483.73 (b) 7	6.9.1.2	
Policies and procedures to address the role of the LTC facility under a waiver declared by the Secretary, in accordance with section 1135 of the Act, for the provision of care and treatment at an alternate care site (ACS) identified by emergency management officials.	483.73 (b) 8		
<b>Communication Plan</b>			
Be required to develop and maintain an emergency preparedness communication plan that complies with local, state, and federal law and required to review and update the communication plan at least annually.	488.73 (c)	6.4	12.5.3.3.6.1
As part of its communication plan include in its plan the names and contact information for staff; entities providing services under arrangement; residents' physicians; other LTC facilities; and volunteers.	488.73 (c) 1 i-iv	6.4.1	
Require contact information for federal, state, tribal, regional, or local emergency preparedness staff and other sources of assistance.	488.73 (c) 2 i-iv	6.4.1	12.5.3.3.6.1 (6)
Include primary and alternate means for communicating with LTC facility staff and federal, state, tribal, regional, and local emergency management agencies.	488.73 (c) 3 i-ii	6.4.1	12.5.3.3.6.1
Include a method for sharing information and medical documentation for residents under the LTC facility's care, as necessary, with other health care providers to maintain continuity of care.	488.73 (c) 4		12.5.3.3.6.1 (4)
Have a means, in the event of an evacuation, to release resident information as permitted under 45 CFR 164.510.	488.73 (c) 5	6.4.1	12.5.3.3.6.1 (4)
Have a means of providing information about the general condition and location of residents under the facility's care, as permitted under 45 CFR 164.510(b)(4).	488.73 (c) 6		12.5.3.3.6.1 (4)
Have a means of providing information about the LTC facility's occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee.	488.73 (c) 7		12.5.3.3.6.1 (2) (6)
Have a method for sharing information from the emergency plan that the facility has determined is appropriate with residents and their families or representatives.	488.73 (c) 8		
<b>Training and Testing</b>			
Develop and maintain an emergency preparedness training and testing program based on the emergency plan, risk assessment, policies and procedures, and communication plan. The training and testing program must be reviewed and updated at least annually.	488.73 (d)	7.1	12.3.3.10
Provide initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing on-site services under arrangement and volunteers consistent with their expected roles. Provide this training annually and maintain documentation of all emergency preparedness training along with demonstration of staff knowledge of emergency procedures.	488.73 (d) 1 i-iv	7.1	12.3.3.10
Conduct exercises to test the emergency plan at least annually.	488.73 (d) 2	8.1.1 8.5.1	12.3.3.10
Participate in a full scale exercise that is community-based or when community based exercise is not available, individual, facility-based.	488.73 (d) 2 i		
If the facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the facility is exempt from engaging in a community based or individual facility based full-scale exercise for one year following the onset of the actual event.	488.73 (d) 2 ii		
Conduct a second exercise that may include but is not limited to a second full-scale exercise that is individual, facility based; a tabletop exercise that includes a group discussion led by a facilitator using a narrated, clinically relevant emergency scenario and a set of problem statements, directed messages, or prepared questions designed to challenge the emergency plan.	488.73 (d) 2 ii A-B		12.3.3.2
Analyze the response to and maintain documentation of all drills, tabletop exercises, and emergency events and revise the facility emergency plan as needed.	488.73 (d) 2 iii		12.3.3.2
<b>Emergency and Standby Power Systems</b>			
The LTC facility must implement emergency and standby power systems based on the emergency plan and the policies and procedures.	488.73 (e)		12.3.3.2

CMS Emergency Preparedness CoP LTC Facilities	CMS EP CoP Reference	NFPA 1600	NFPA 99
Emergency generator location. The generator must be located in accordance with the location requirements found in the Health Care Facilities Code, Life Safety Code, and NFPA 110, when a new structure is built or when an existing structure or building is renovated.	488.73 (e) 1		Section 3-4
Emergency generator inspection and testing. The facility must implement emergency power system inspection and testing requirements found in the Health Care Facilities Code, NFPA 110, and the Life Safety Code.	488.73 (e) 2		
Emergency Generator Fuel. LTC 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.	488.73 (e) 3		
<b>Integrated Healthcare Systems</b>			
If the facility is part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency preparedness program, the facility may choose to participate in such a program.	488.73 (f)		
Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.	488.73 (f) 1		
The unified and integrated emergency preparedness program must be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, resident populations and services offered.	488.73 (f) 2		
Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance.	488.73 (f) 3		
Include a unified and integrated emergency plan that meets all standards of paragraphs (a) (2), (3), and (4) of this section.	488.73 (f) 4		
The plan must be based on a community risk assessment using an all hazards approach with each separately certified facility within the health system having a documented individual facility based risk assessment.	488.73 (f) 4 i		
Include integrated policies and procedures that meet the requirements set forth in paragraph (b) of this section, a coordinated communication plan and training and testing programs that meet the requirements of paragraphs (c) and (d) of this section.	488.73 (f) 5		