

Currently in place, centers must have a detailed written plans and procedures to meet all potential emergencies and disasters. Centers must also train all employees in emergency procedures and conduct unannounced staff drills.

The [Emergency Preparedness Final Rule](#) was released on Friday, September 16, 2016 and will go into effect November 15th 2017. CMS updated the emergency preparedness requirements for 17 provider types including Skilled Nursing Facilities (SNF), Nursing Facilities (NF) and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID). The components of the new CMS emergency preparedness rule are consistent with the National Preparedness Cycle.

On June 2, 2017, the Centers for Medicare & Medicaid Services released the Emergency Preparedness Interpretive Guidance (IG), [which can be found here](#). AHCA put together a summary of the IG that can be found [here](#).

The goals of the new regulations are:

- Increase patient safety during emergencies;
- Establish consistent emergency preparedness requirements across provider and supplier types; and
- Establish a more coordinated response to natural and man-made disasters.

The emergency plan, policies and procedures, communication plan and the training and testing program all must be reviewed and updated at least annually. Annual reviews will allow a center to identify gaps and areas for improvement to the center's emergency plan. Policies and procedures are to be based on the emergency plan, facility-based and community-based risk assessment utilizing an all-hazards approach, and the communication plan. The policies and procedures will be the framework on how to operationalize a center's emergency plan. The requirements focus on an integrated response across health care providers, and with state and local public health departments and emergency management agencies during a disaster or emergency situation.

The language in the regulations and in the Interpretative guidance indicate that a center's generator needs are based on the center's emergency plan, risk assessment, and policies and procedures. The use of generators is also guided by local and state regulations, which vary.

Additionally, all nursing centers must comply with certain Life Safety Code requirements. This includes a requirement that a center have a generator that is permanently installed if residents rely on life support systems. CMS interpretive guidance defines "life support systems" as one or more Electro-mechanical device(s) necessary to sustain life, without which the resident will have a likelihood of dying (e.g., ventilators suction machines if necessary to maintain an open airway). The determination of whether a piece of equipment is life support is a medical determination dependent upon the condition of the individual residents of the facility e.g. suction machine maybe required "life support equipment" in a facility, depending on the needs of its residents).

Emergency Plan

The final rule states that 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. Strategies for addressing emergency events identified by the risk assessment, resident

population, the type of services the center has the ability to provide in an emergency; and continuity of operations must be included in the plan.

Policies and Procedures

The final rule outlines the provision of subsistence needs for staff and residents, whether they evacuate or shelter in place, will need to include: (1) food, water, medical, and pharmaceutical supplies. (2) Alternate sources of energy to maintain— temperatures, emergency lighting, fire detection, extinguishing, and alarm systems, sewage and waste disposal.

The final rule clarified that centers will need to include **a system to track the location of on-duty staff and sheltered residents in the center's care during and after an emergency as well as a system for medical documentation**. Safe evacuation and shelter in place procedures will need to be included. Evacuation policies and procedures will need to consider care and treatment needs of evacuees, staff responsibilities, transportation and identification of evacuation location(s). **Centers will also need to include arrangements with other LTC facilities and other providers to receive residents in the event of limitations or cessation of operations.**

Communication Plan

The communication plan must include name and contact information for nine key groups including volunteers. **The final rule states that centers will need to provide a primary and alternate way for communicating with center staff and Federal, State, tribal, regional, or local emergency management agencies.**

Training and Testing

Centers will need to conduct initial training in emergency preparedness policies and procedures to all new and existing staff, contract staff, and volunteers. Training must be documented and staff must be able to demonstrate knowledge of the emergency procedures.

Centers must conduct exercises to test the emergency plan at least annually, including unannounced staff drills using the emergency procedures. **Centers will need to participate in a full-scale exercise that is community-based if not accessible then an individual, facility based.**

Emergency and Standby Power Systems

The final rule adopts the Health Care Facilities Code (NFPA 99, Life Safety Code NFPA 101 and NFPA 110) for the location of the emergency generator and the Health Care Facilities Code, NFPA 110, and Life Safety Code for the emergency power system inspection, testing, and maintenance requirements. For centers that maintain an onsite fuel source to power emergency generators must have a plan for how it will keep emergency power systems operational during an emergency.