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Section	Major Provisions	Notes	Resources
Part 483.475 **The Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) must comply with all applicable Federal, State, and local emergency preparedness requirements.** **The emergency preparedness program must include, but not be limited to, the following elements: (a) Emergency Plan. The ICF/IID must develop and maintain an emergency preparedness plan that must be reviewed, and**	**1. Based on and include facility and community based risk assessment utilizing an all-hazards approach including missing clients.**	**New requirement – Risk assessment** **Facility specific and incorporating the community based risk assessment** **Not limited to types of hazards in local area** **Also care –related, equipment/power failures, cyber and communication attacks**	**Tool for risk analysis** **https://www.cahfdisasterprep.com/hva** **https://asprtracie.hhs.gov/technical-resources/3/Hazard-Vulnerability-Risk-Assessment/0** **Local authorities for collaboration on community risks** • **Hospital Preparedness Program Coordinator** • **Office of Emergency Services** • **Fire or Emergency Medical Services** • **Local Public health** **An all-hazards approach is an integrated approach to emergency preparedness planning that focuses on capacities and capabilities that are critical to preparedness for a full spectrum of emergencies or disasters.** **This approach is specific to the location of the provider or supplier and considers the particular types of hazards most likely to occur in their areas.** **Comprehensive planning guide tool** **https://www.cahfdisasterprep.com/eop**

updated at least annually. **The plan must do all of the following:**			
	2. Include strategies for addressing emergency events identified by the risk assessment.	**Emergency Operations Plan has to be tied to specific risks**	**In-depth procedures for identified risks** **Tools for specific hazards** **http://www.cahfdisasterprep.com/allhazards** **https://asprtracie.hhs.gov/technical-resources/52/Long-term-Care-Facilities/52** **https://asprtracie.hhs.gov/technical-resources/36/Natural-Disasters/0**
	3. Address the special needs of its client population including person's at risk, types of service can be provided in emergency, continuity of operations, delegation of authority, succession plan	**New requirement – Resident – specific and service specific risks.** **Continuity of operations with succession planning**	**Resident –specific risk assessment will be done on your typical population and must address the unique needs they would have in an emergency** **https://www.ready.gov/individuals-access-functional-needs** **http://www.cdc.gov/Features/EmergencyPreparedness/index.html** **Business Continuity Plan templates** **http://www.cahfdisasterprep.com/bcoop**
	4. Include process for ensuring cooperation and collaboration with local, tribal,	**New requirement Local state prep officials – process for ensuring**	**Develop a method to document the contact and participation with local officials.** **Could be a letter, a signature on your plan, and agenda and attendance sheet from meetings attended with them**

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	regional, state or fed emergency prep officials and participation in planning, including documentation of the ICF/IID efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.	**cooperation/collaboration'** **Integrated response** **communication channels/contacts for during event** **participation in planning**	**Local Healthcare Coalitions are convened in most counties for the purposes of integrated planning. Ask your emergency officials or possibly the health and safety officer of the local hospital how to find out more about those meetings** **https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/By-Name-by-State-Healthcare-Coalitions.pdf** **Need to add a 24/7 contact for emergencies in addition to 911. Also consider alternate method of contact if phones are out** **https://asprtracie.hhs.gov/technical-resources/78/Communication-Systems/0**
(b) Policies and Procedures based on risk assessment and communication plan	**1. Provision of subsistence needs for staff and clients, whether evac or shelter in place including but not limited to**	**Staff is new requirement** **Taking subsistence along during evac also new**	**No amount specified by CMS but will be determined by the facility and based on their risk assessment.** **Suggest involve dietary consultant to address amounts, types of supplies, storage for Shelter in Place and evacuation at least until clients are in the receiving health care facility.** **http://cahfdisasterprep.com/supplies** **https://www.cahfdisasterprep.com/shelterinplace**
	i Food water medical and pharma supplies	**Pharmaceuticals new**	**Suggest this be research with medical director, pharmacies and insurance plans which medications are critical to have, and how to stockpile and/or resupply meds**

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			If stockpiled need to develop system for how to store, and control access.
	ii. Alternate sources of energy to maintain: **A] Temps to protect client health and safety and for the safe storage of provisions** **B] Emergency lighting** **C] Fire detection, extinguishing, and alarms systems** **D] Sewage and waste disposal**	**New requirement for sewage and waste systems, along with the need to maintain temps for clients and storage of provisions** **Some facilities may have to obtain generators if their risk assessment indicates that a power outage is a likely threat that puts clients at significant risk**	**CMS clarifies – "Alternate sources of energy depend on the resources available to a facility, such as battery-operated lights, propane lights, or heating, in order to meet the needs of a facility during an emergency.** **We would encourage facilities to confer with local health department and emergency management officials, as well as and healthcare coalitions, to determine the types and duration of energy sources that could be available to assist them in providing care to their patient population during an emergency.** **As part of the risk assessment planning, facilities should determine the feasibility of relying on these sources and plan accordingly"** **"…the provision and restoration of sewage and waste disposal systems could be beyond the operational control of some providers. However, we are not requiring LTC facilities to have onsite treatment of sewage or to be responsible for public services. LTC facilities would only be required to make provisions for maintaining the necessary services".**
	2. A system to track the location of on-duty staff and sheltered clients in the ICF/IID facility's	**Now includes on-duty staff**	**Tracking logs for clients Emergency Operations Plan Template** **http://www.cahf.org/Portals/29/DisasterPreparedness/NHICS/NHICS%20255_MasterResidentEvacuationTracking_2017.pdf**

	care both during and after emergency. If on-duty staff and sheltered clients are relocated during the emergency, the ICF/IID must document the specific name and location of the receiving facility or other location.		**NHICS Personnel Time Sheet** **http://www.cahf.org/Portals/29/DisasterPreparedness/NHICS/NHICS%20252_SectionPersonnelTimeSheet_2017.pdf** **These could be adapted for tracking on-duty staff**
	3. Safe Evacuation from the ICF/IID including consideration care and treatment of evacuees; staff responsibilities; transportation; ID evac locations; primary and alternate means of communication with external sources of assistance	**Expanded requirements specify beyond just the movement of clients (transportation and relocation site) but also a plan for their care along the way and in relocation site. Communication with external sources of assistance involves devices and access to the contact info.**	**EOP template has full section on evacuation – Appendix B – F, pg 51** **http://www.cahf.org/Portals/29/DisasterPreparedness/EOPs/SNF_EOP_Template_Oct2015.pdf** **NHICS contains Incident Response Guide for Evacuation** **http://www.cahf.org/Portals/29/DisasterPreparedness/NHICS/EvacuationIRG_2017.pdf** **Nursing Home Incident Command is a good foundational tool for all complex response procedures** **http://www.cahfdisasterprep.com/NHICS** **other tools** **http://cahfdisasterprep.com/evacuation**

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			https://asprtracie.hhs.gov/technical-resources/57/Healthcare-Facility-Evacuation-Sheltering/57
	4. Means to shelter in place for clients, staff, volunteers	Expanded requirement. Staff and volunteers	**Shelter in Place Planning Guide** https://www.ahcancal.org/facility_operations/disaster_planning/Documents/SIP_Guidebook_Final.pdf
	5. System of medical documentation that protects confidentiality of client information, and secures and maintains the availability of records.	Expanded requirement. Preservation and access of medical documentation not addressed before at state or fed level. Client's record preservation may be issue	**Develop this procedure to ensure that HIPPA is maintained.** **CMS has stated this is flexible because of wide range of record keeping. This needs to reflect the risk assessment for each facility.** **If a flood or fire is major risk for examples, a plan to relocate all client records would be expected.**
	6. 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	New requirement May need to utilize Medical Reserve Corps or other vetted volunteer group. Surge strategies for staffing should be multi-level. Hold over Call in Registry	**Emergency Staffing strategies** **EOP template has full section on staffing – Appendix N, pg 105** http://www.cahf.org/Portals/29/DisasterPreparedness/EOPs/SNF_EOP_Template_Oct2015.pdf https://asprtracie.hhs.gov/documents/tips-for-retaining-and-caring-for-staff-after-disaster.pdf **Surge capacity tools** http://www.cahfdisasterprep.com/SurgeCapacity

	needs in an emergency	**Volunteers**	**http://www.bepreparedcalifornia.ca.gov/cdphprograms/publichealthprograms/emergencypreparednessoffice/epoprogramsandservices/surge/surgestandardsandguidelines/documents/cdph_ltc_operational_tools_publiccomment_020810.pdf** **The availability and process for requesting health care emergency volunteers needs to be explore at the local level.** **The facility will need to develop policies and procedures for screening and utilizing emergent volunteers. Forms and sample policy in the EOP template – Appendix N** **http://www.cahf.org/Portals/29/DisasterPreparedness/EOPs/SNF_EOP_Template_Oct2015.pdf** **NHICS 253: Volunteer Staff Registration Form** **http://www.cahf.org/Portals/29/DisasterPreparedness/NHICS/NHICS%20253_VolunteerRegistration_2017.pdf**
	7. The development of arrangements with other ICF/IIDs or other providers to receive clients in the event of limitations or cessation of operations to	**Expanded requirement** **Has been addressed in several state regs but not extensively and not previously addressed by CMS**	**EOP template** **http://www.cahf.org/Portals/29/DisasterPreparedness/EOPs/SNF_EOP_Template_Oct2015.pdf** **Sample Memorandums of Understanding** **http://cahfdisasterprep.com/MOU**

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	maintain the continuity of services to ICF/IID clients.		
	8. Role of ICF/IID facility under 1135 waiver, in the provision of care and treatment at an alternate care site identified by emergency management officials.	**New requirement Policies and procedures developed for above (b)(7) would probably be the foundation Alternate care sites are not licensed health facilities so planning for equipment and supply needs would be extensive.**	**CMS Guidance http://cahfdisasterprep.com/regulatory** **Need to refer to specific state regulations and local authorities regarding the use of alternate care sites.**
(c) Communication plan must be reviewed and updated annually. Must include the following:		**New requirement to have formal plan**	
	(1)Names and contact information for the following: **(i) Staff.**	**Volunteers have not been part of expectation before this.**	**Communication plan guidance http://cahfdisasterprep.com/PreparednessTopics/AllHazardResourcesGuides/CommunicationTools.aspx**

	(ii) Entities providing services under arrangement. **(iii) Clients' physicians.** **(iv) Other ICF/IIDs.** **(v) Volunteers.**		**NHICS has tools for communication contact lists** **http://www.cahfdisasterprep.com/NHICS** **EOP Template has sample P&P and contact lists – Appendix O** **http://www.cahf.org/Portals/29/DisasterPreparedness/EOPs/SNF_EOP_Template_Oct2015.pdf** **Needs to be expanded to include physicians and volunteers**
	(2) Contact information for the following: **(i) Federal, State, tribal, regional, and local emergency preparedness staff.** **(ii) Other sources of assistance.** **(iii) The State Licensing and Certification Agency.** **(iv) The State Protection and Advocacy Agency.**	**Expanded requirement except for state regulatory agency**	**NHICS** **EOP Template** **Expanded to include state protection and advocacy agency** **EOP Template** **http://www.cahf.org/Portals/29/DisasterPreparedness/EOPs/SNF_EOP_Template_Oct2015.pdf**

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	(3) Primary and alternate means for communicating with the ICF/IID's staff, Federal, State, tribal, regional, and local emergency management agencies.	**Expanded requirement. Call back list of for staff only specific mentioned before in state reg. Primary and alternate means need to be explored.**	**Cell phones could be alternate, but if tower down will need to have back up** **Local emergency web-based portal, internet, 2 way radios will need to be explored by facility** **For more information about emergency communication planning:** • **Emergency Planning: Health Care Sector** • **Government Emergency Telecommunications Service (GETS)** **Healthcare Preparedness Capabilities - National Guidance for Healthcare System Preparedness**
	4. Method for sharing info and medical documentation for under the ICF/IID's care, as necessary, with other health care providers to maintain the continuity of care.	**"Disaster Tag"** **Could be the grab and go transfer packet.** **EHR planning critical due to interoperability issues**	**NHICS has sample client info sheet form that could be adapted http://www.cahf.org/Portals/29/DisasterPreparedness/NHICS/NHICS%20260_ResidentEvacuationTracking_2017.pdf** **EOP Template has sample forms http://www.cahf.org/Portals/29/DisasterPreparedness/EOPs/SNF_EOP_Template_Oct2015.pdf** **CAHF's Ready Set Go Fact Sheet about E-Health Records http://www.cahf.org/Portals/29/DisasterPreparedness/EHR/RSG_ElectHealthRecord.pdf**
	5. Means to release client info in event of evacuation as	**Under the Privacy Rule (HIPPA), covered entities may disclose, without a**	**Additional information and resources regarding the application of the HIPAA Privacy Rule during emergency scenarios can be located at:** • **Summary of the HIPAA Privacy Rule** • **HIPAA Privacy in Emergency Situations**

	permitted under 45 CFR 164.510(b)(1)(ii).	**patient's authorization, protected health information about the patient as necessary to treat the patient or to treat a different patient. Treatment includes the coordination or management of health care and related services by one or more health care providers and others, consultation between providers, and the referral of patients Additional leniency under 1135 Waiver**	**Emergency Situations: Preparedness, Planning, and Response**
	6. Means of providing info about general condition and location of clients as permitted under	**Transfer info and tracking logs**	**EOP Template has logs http://www.cahf.org/Portals/29/DisasterPreparedness/EOPs/SNF_EOP_Template_Oct2015.pdf** **http://www.cahf.org/Portals/29/DisasterPreparedness/Evac/Transport_triage_form.pdf**

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	45 CFR.164.510(b)(4).		**NHICS Master Evacuation Tracking Form http://www.cahf.org/Portals/29/DisasterPreparedness/NHICS/NHICS%20255_MasterResidentEvacuationTracking_2017.pdf**
	7. A means of providing info re ICF/IID facility's occupancy, needs, and ability to provide assistance to the authority having jurisdiction, the Incident Command Center, or designee.	**New requirement Policy and system for responding to situation status requests and bed availability polls Connecting and communicating with local centers – localized**	**Need to collaborate with local authorities and state survey agency on this process. Probably the process already exists with hospital reporting to the EMS agencies. ICF/IIDs may not be able to participate in that system. Need to work out alternate system to report ability to take displaced clients from other facilities.**
	8. A method for sharing info from emergency plan that has been determined appropriate with clients and their families/reps	**New requirement Pre-event**	**Facility specific CMS does not specify how or frequency but leaves it up to facility to decide what is appropriate. Could be part of orientation to facility for families and annually Training materials adapted to clients https://dds.ca.gov/ConsumerCorner/EmergencyPreparedness.cfm**
(d) Training and Testing –reviewed and updated annually. The ICF/IID must meet the requirements for	**1. Training program must do all the following: i. initial training in emergency prep P&P to all new and**	**Expanded requirement. Volunteers and those under service agreements**	**CAHF Log for Updating Emergency Operations Plan http://www.cahf.org/Portals/29/DisasterPreparedness/EOPs/DisasterPlanning-EOP-ManualReviewRevisionDistributionLog.pdf CAHF Emergency Operations Plan Review Form**

evacuation drills and training at § 483.470(h).	**existing staff, individuals providing services under arrangement, and volunteers consistent with their role**		**http://www.cahf.org/Portals/29/DisasterPreparedness/Regulatory/CHDSLicensing-CertDisasterPlanTool--SNF-NF.pdf**
	(ii) Provide emergency preparedness training at least annually.		
	(iii) Maintain documentation of the training.		
	(iv) Demonstrate staff knowledge of emergency procedures.		
	2. Testing – ICF/IID must conduct exercises to test the emergency plan at least annually. The ICF/IID must do the following:		**Drill templates** **http://www.cahfdisasterprep.com/exercises** **https://asprtracie.hhs.gov/technical-resources/7/Exercise-Program-Design-Evaluation-Facilitation/7** **https://www.ahcancal.org/facility_operations/disaster_planning/Documents/Black%20Diamond%20-%20AAR-IP%20-%20FINAL.PDF**

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	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 ICF/IID experiences an actual natural or man-made emergency that requires activation of the emergency plan, the ICF/IID 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.**	**New requirement to do community exercise** ***Local exercises are not always built for residential nature of ICF/IID**	**Need** **To work with entities to develop exercise plan that is reasonable for ICF/IID participation.** **https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/By-Name-by-State-Healthcare-Coalitions.pdf**
	(ii) Conduct an additional exercise that may include,	**New requirement** **Formal table-top exercise with**	**Prep a library of exercise scenarios for most common events as indicated by risk assessment** **http://www.cahfdisasterprep.com/exercises**

	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.**	**scenario and facilitator or second community full scale drill that specifically tests their plan**	**http://www.cahf.org/Portals/29/DisasterPreparedness/Exercises/CAHFEvacDrillGuide.pdf**
	iii. Analyze the ICF/IID's response to and maintain documentation of all drills, tabletop		**After Action Template** **https://www.ahcancal.org/facility_operations/disaster_planning/Pages/Planning-Ahead.aspx**

	exercises, and emergency events, and revise the ICF/IID's emergency plan, as needed.		
(e) Integrated healthcare systems.	**If an ICF/IID 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 ICF/IID may choose to participate in the healthcare system's coordinated emergency preparedness program. If**	**New requirement**	**Corporate entities who want to do an integrated plan will need to adhere to all facility specific requirements, and the additional collaboration and communication with individually certified centers in their company.**

	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.		**Each facility will need to be able to respond to a local event without support from the corporate entity in case that was not available**
	(2) Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances,	**No "one size fits all" or centralized equipment unless fully integrated and able to demonstrate that each facility is actively involved in development and**	

	patient populations, and services offered.	**that their unique risks/population/services offered are accounted for in the plan**	
	(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 all of the following:		
	(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.		