

CAHF's Really Ready! Disaster Preparedness Conference

EMERGENCY PREPAREDNESS 101 for ICF/IID Facilities

February 20th, 2019



**Thank you
for joining
us today!**

THANK
YOU

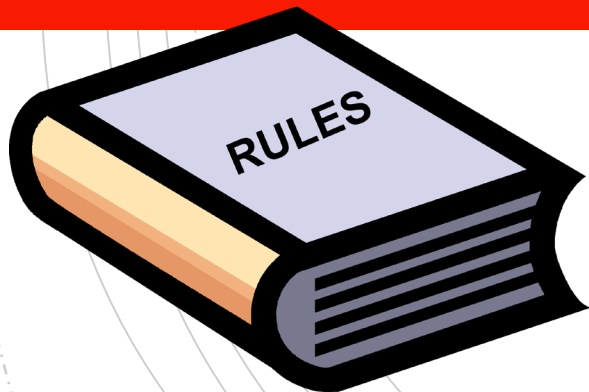
Topics we will cover this morning...

- Intro to the CMS Emergency Preparedness Rule**
- What is an All hazards approach?**
- What goes into an Emergency Preparedness Program**
- Preparation for the Survey Review**

November 2016*:

CMS issued nationwide requirements for all health facility types to...

Regulatory Reminders



- ❖ Develop an individualized Emergency Operations Plan for the facility based on an “all-hazards approach”
- ❖ All long-term care providers are required to include “missing resident” in their Hazard Vulnerability Assessment (HVA)

*Implementation of the 2016 CMS EP Rule started in November 2017

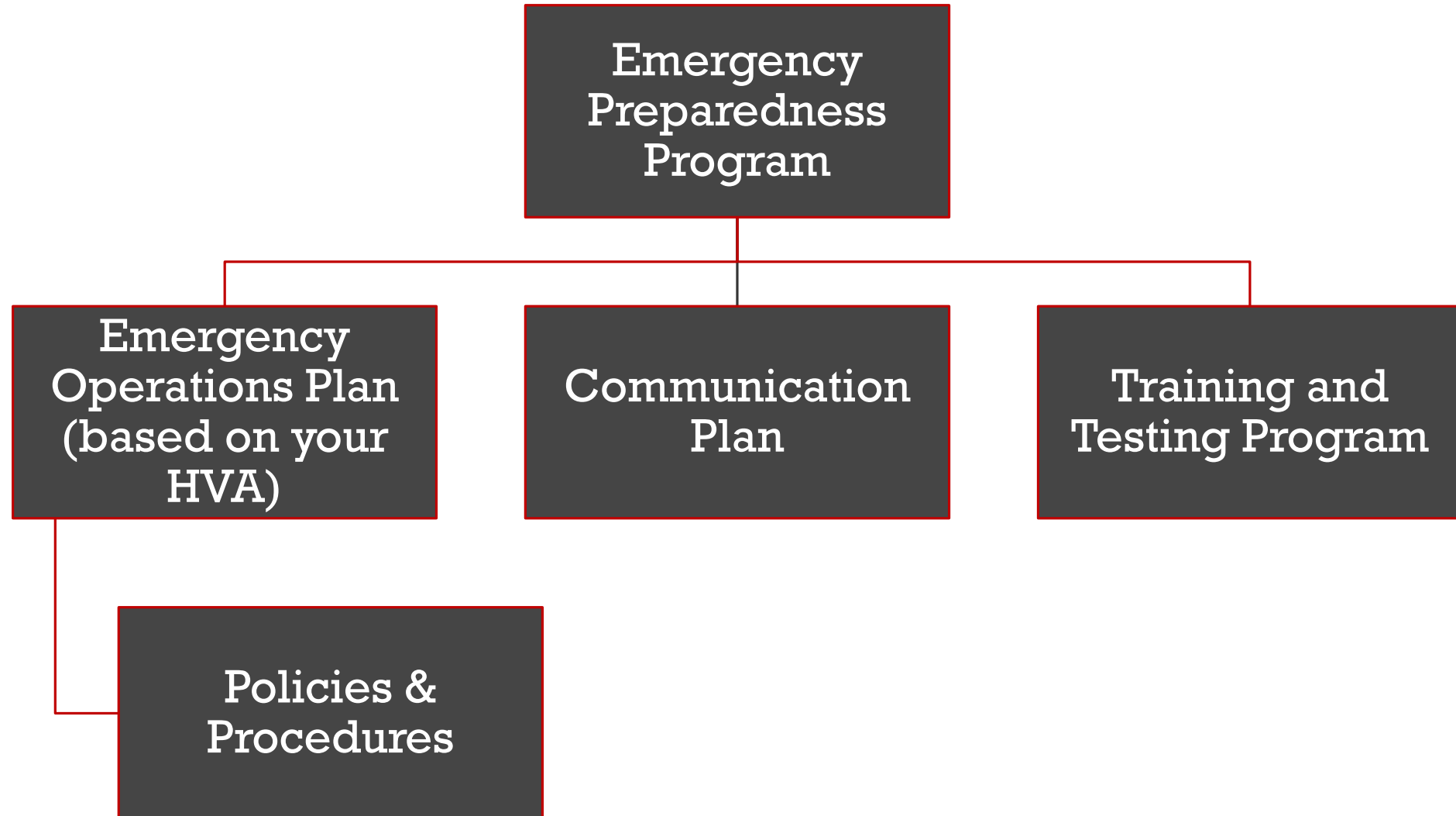
What is an “all hazards approach”?

- 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.
- *Planning for an all-hazards approach should also include emerging infectious disease (EID) threats. Examples of EIDs include Influenza, Ebola, Zika Virus and others. (CMS February 1, 2019)*

**What is an
“all hazards
approach”?**



Elements of the Emergency Preparedness Program



November 2016*:

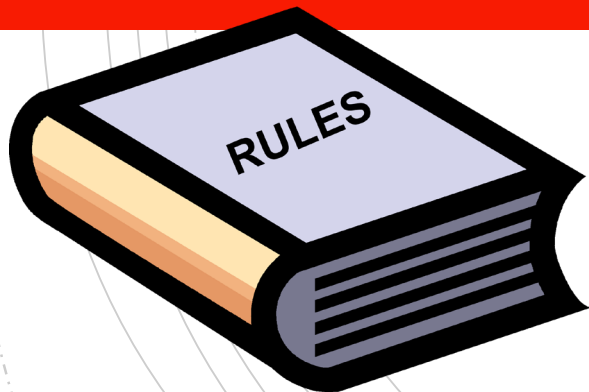
CMS issued nationwide requirements for all health facility types to include...

Emergency Operations Plan (EOP)

- Hazard Vulnerability Assessment.
- Emergency Communication Plan.
- Emergency Policies & Procedures.
- Training and Testing of staff and EOP.
- Documentation for verification of annual updates.



HVAs *continued*



- ❖ Develop individualized policies and procedures related to sheltering in place and/or evacuation planning, the provision of subsistence needs, ensuring adequate alternate energy sources and the provision for sewage and waste disposal.
- ❖ Develop a training plan to train staff, volunteers and others to the plan.
- ❖ Documentation of training and testing of the plan with any corrective action(s) necessary for individuals to be familiar with the plan.



**Communication
Plan**



MUST INCLUDE...

ICF/IIDs at §483.475(c):

(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.

Staff Recall

Facilities are expected to include in its emergency plan a method for contacting off-duty staff during an emergency and procedures to address other contingencies in the event staff are not able to report to duty which may include, but are not limited to, utilizing staff from other facilities and state or federally-designated health professionals.



Emergency Policies and Procedures

Facilities must develop and implement emergency preparedness policies and procedures, based on the emergency plan, risk assessment, and the communication plan. The policies and procedures must be reviewed and updated at least annually.

Survey Procedures

Review the written policies and procedures which address the facility's emergency plan and verify the following:

- Policies and procedures were developed based on the facility- and community- based risk assessment and communication plan, utilizing an all-hazards approach.
- Ask to see documentation that verifies the policies and procedures have been reviewed and updated on an annual basis.
- Separate E-tag for "P&P for Safe Evacuation of Clients"

Disaster Kits

The **'Emergency Plan'** must include *policies and procedures* for the provision of *subsistence needs* including, but not limited to, food, water and pharmaceutical supplies.

The facility shall maintain an **inventory** of emergency food and water and other listed supplies identified to be needed in the event of an emergency.

A CAHF 'DISASTER PREPAREDNESS INVENTORY LIST' is available of the CAHF DPP website:

www.cahfdisasterprep.com



Emergency Food...

Emergency Supplies ... Food



- Food, at least a three-day supply of non-perishable food;**
- Designate an area for all emergency foods;**
- Document location in your emergency plan and assure all staff are aware; and**
- Date and rotate as needed.**

Emergency Supplies ... Water



Emergency Water...

- Minimum three-day supply;**
- Calculate the need for the number of clients, staff and others needed**
(Water, one gallon of water per person/per day for drinking and sanitation); **and**
- Date and rotate supplies as needed.**

Memorandum of Understanding

The Helping Hands MOU: CAHF's ICF Provider Coalition

MOU

Presented by CAHF-DPP, in partnership with CAHFs Developmental Services Program.

- A pre-determined set of conditions between providers in the event of an emergency patient/client transfer, usually in the event of an evacuation or disaster.
- Required as part of your Emergency Preparedness Program to address finding alternate care sites and other resources necessary for safe care of clients.
- You should also enter into MOUs with vendors for re-supply of crucial resources in the event you need to shelter in place.

www.cahfdisasterprep.com/mou

Volunteers

*(planned,
spontaneous)*

VOLUNTEER



- During an emergency, a facility may need to accept volunteer support from individuals with varying levels of skills and training.
- The facility must have policies and procedures in place to facilitate this support.
- In order for volunteering healthcare professionals to be able to perform services within their scope of practice and training, facilities must include any necessary privileging and credentialing processes in its emergency preparedness plan policies and procedures.
- Non-medical volunteers would perform non-medical tasks.
- Facilities have flexibility in determining how best to utilize volunteers during an emergency as long as such utilization is in accordance with State law, State scope of practice rules, and facility policy.

1135 WAIVERS

When the President declares a disaster or emergency under the ‘Stafford Act or National Emergencies Act’ and the HHS Secretary declares a public health emergency under Section 319 of the Public Health Service Act. The Secretary is authorized to take certain actions in addition to her regular authorities.

The Emergency Preparedness Rule requires that ICF/IID providers have policies and procedures, which address the *"role of the 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."*

This may include policies and procedures on what a facility would do **if** they had to provide care at an approved **alternate site** as well as processes on how would they let the community know they are operating at a different care site and any reporting they may need to do if they were under an approved 1135 Waiver.

For ICF/IIDs at §483.475(d):

Training and Testing

Training & Testing



The ICF/IID 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**.

The ICF/IID must meet the requirements for evacuation drills and training at §483.470(h).



Survey Procedures



- ✓ **Verify a training plan has been developed and implemented through training exercises for staff, volunteers and others.**
- ✓ **Verify the documentation of training and testing of the plan with any corrective action(s) necessary for all individuals to be familiar with the plan.**

TESTING



The facility must conduct exercises to test the emergency plan at least **annually**, including unannounced staff drills using the emergency procedures. The facility must do all of 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**.
- (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 response to and **maintain documentation** of all drills, tabletop exercises, and emergency events, and **revise** the emergency plan, as needed.

AFTER ACTION REPORT

AFTER ACTION REPORT

An **after action report** is any form of retrospective analysis on a given sequence of goal-oriented actions previously undertaken.

What happened?

What were the sequence of events?

Are there any improvements needed?

Timeline		Fire Path	Fire Path Graphic	Smoke Path	Occupant	Fire Service	Fire Safety Solution	Prod Sys Inv
HH:MM:SS	EVENT TIME HH:MM:SS							
20:22		Fire Pumps Shut Off by Sprinkler Contractor Installing Sprinkler System in Building. System was 90% Complete But Not Active	Fire Path Graphic records the primary direction in which the fire spreads from the point(s) of origin.					
22:25:00	0:00:00	Fire starts somewhere on 12th Floor		Light Smoke Visible at Ceiling of 5th Floor	Activation of Pull Station - Alarm is activated but is silenced by Building Security		Product Listing/Automatic Notification of Fire Department by Building Alarm - Do Not Reset Alarm	Automatic Suppress Alarm S
22:30:00	0:05:00			Smoke on 12th Floor	Smoke Detector on 12th Floor activates Fire Alarm but is reset by Building Security		Product Listing/Fire Alarm - Do Not Reset Alarm	Automatic Suppress System
22:32:00	0:07:00		Across Interior		3 Smoke Detectors Activate and are Reset		Product Listing/Fire Alarm - Do Not Reset Alarm S	Automatic Suppress System

Fire Drills: §483.470 (h)



Each shift personnel will participate in an evacuation drill at least once in a **3-month** period. This is the **NUMBER 9** top deficiency cited nationally. **(Appendix J: W 440)**

Fire Drills

Staff must be **trained** (familiar with fire extinguishers, alarms and other safety features), assisted and supported to evacuate on their own, **practice evacuating at different times of the day and night**, from different rooms in the facility and using different escape routes. Evacuation drills must be held under various weather conditions. **(Appendix J: W 441)**

Competency is “knowing, seeing, doing and applying”



ICF/IID Emergency Preparedness Survey Procedures

What the Surveyor will do....

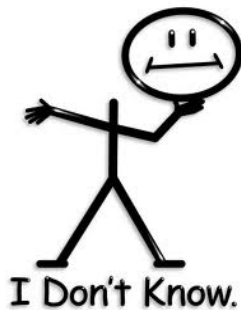
Survey Review



INTERVIEWS - REVIEWS – VERIFICATION

- ✓ Interview the facility leadership and ask for a description the facility's emergency preparedness program.
- ✓ Review the facility written policies and procedures for the emergency preparedness program including the identification of the individual analysis and response.
- ✓ Review policies and procedures related to sheltering in place and/or evacuation planning, the provision of subsistence needs, ensuring adequate alternate energy sources and the provision for sewage and waste disposal.

What staff / others need to know about the facility?



- Where is our **FIRE AND DISASTER MANUAL**?
- What is our **RESPONSE TO FIRE**?
RACE (RESCUE; ALARM; CONFINE; EXTINGUISH)
- How to operate a **FIRE EXTINGUISHER PASS**:
(PULL pin; AIM at base; SQUEEZE handle; SWEEP side to side)
- What to do in the event of an **EARTHQUAKE**?
Duck – Cover – Hold – Protect Yourself Help: Assist Others
- MISSING CLIENT (ELOPEMENT)**
NOTIFY Administrator (Follow Plan for MISSING CLIENT/ ELOPMENT)
- Location of any **MASTER KEYS**.
- Location of **MAIN WATER SHUT OFF**.
- Location of **MAIN GAS SHUT OFF**.
- Location of **MAIN ELECTRICAL PANEL**.
- Location of **H.V.A.C (Heating, Ventilation and Air Conditioning)**.
- LOCATION OF DISASTER KIT**.
- Storage of **EMERGENCY WATER and FOOD**.
- Location of **FACE SHEETS** for transfer.
- Location of **MEDICATIONS** for transfer.

“Facilities may contract with individuals providing services who also provide services in multiple surrounding areas. For instance, an ICF/IID may contract a nutritionist who also provides services in other locations. Given that these contracted individuals may provide services at multiple facilities, it may not be feasible for them to receive formal training for each of the facilities for emergency preparedness programs. **The expectation is that each individual knows the facility’s emergency program and their role during emergencies,** however the delivery of such training is left to the facility to determine. Facilities in which these individuals provide services may develop some type of training documentation-i.e. the facility’s emergency plan, important contact information, and the facility’s expectation for those individuals during an emergency etc. which documents that the individual received the information/training. Furthermore, if a surveyor asks one of these individuals what their role is during a disaster, or any relevant questions, then **the expectation is that the individual can describe the emergency plans/their role.**” (CMS February 1, 2019)



CAHF STAFF



★ **ELAINE RAWES**

CAHF Director of Developmental Services

erawes@cahf.org | 916-432-5202

★ **CORTNEY KESTERSON**

CAHF Disaster Preparedness Program
Coordinator

ckesterson@cahf.org | 916-432-5210