Frequently Cited Emergency Preparedness Citation & Potential Impact

CMS identified trends of non-compliance with the emergency preparedness requirements across Medicare participating providers and suppliers. CMS highlighting trends in emergency preparedness deficiencies. Failure to meet these requirements can result in negative impacts to the health and safety of patients. Providers and suppliers should consider reviewing Appendix Z of the State Operations Manual (SOM) to gain a better understanding of the regulatory requirements.

Impact of Non-Compliance:

We are reminding organizations of the potential negative impact to patients when non-compliance is identified in these areas:

1) *Training & Testing Program:* Facilities are expected to provide initial and ongoing training to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles. Additionally, facilities are expected to conduct testing exercises to test their emergency response procedures. For end-stage renal disease (ESRD) facilities specifically, this also includes ensuring patients receive instructions for occasions when the geographic area of the dialysis facility must be evacuated and emergency contact information. *(Refer to Appendix Z- E0036 to E0039)*

   - Failure to train staff or conduct testing exercises could result in challenges during response to an actual emergency event and negatively impact patients receiving care, staff as well as hinder coordination activities with local and state emergency officials. Proper training and testing exercises ensures staff have the knowledge of emergency preparedness, improve their comfort and confidence during disasters and reduces potential for failures in response activities.

2) *All-Hazards Risk Assessment*: Facilities are expected to develop and maintain a risk assessment based on an 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. Planning for using an all-hazards approach should also include emerging infectious disease (EID) threats. Additionally, risk assessments and plans must account for the patient population served. *(Refer to Appendix Z- E0001, E0006)*

- Ensuring the organization's risk assessment encompasses an all-hazards approach is the foundation for the emergency preparedness program. Organizations are expected to base the emergency preparedness program, including policies and procedures, communication plan and training and testing based on hazards and risks the organization may be vulnerable to and address the patient population it serves. Failure to ensure a comprehensive risk assessment is maintained and accounts for the unique patient population can leave the organization unprepared for certain emergency situations.

3) _Subsistence Needs of Patients and Staff_: Inpatient providers, such as long term care (LTC) Facilities, intermediate care facilities for individuals with intellectual disabilities (ICF/IIDs), critical access hospitals (CAHs), hospitals and inpatient hospices are expected to have policies and procedures to address subsistence needs for staff and patients whether they evacuate or shelter in place. This includes food, water, medical and pharmaceutical supplies and alternate sources of energy to maintain patient health and safety, safe and sanitary storage of provisions, emergency lighting, fire detection, extinguishing, and emergency standby power. _(Refer to Appendix Z- E0015)_

- Organizations must ensure the emergency program meets this provision for continuity of services and patient safety. Failure to have adequate subsistence needs and controls in place can result in severe adverse health impacts to patients as well as staff, as well as volunteers or family members.

4) _Dialysis Emergency Equipment:_ ESRD facilities are expected to have a process by which the staff can confirm that emergency equipment, including, but not limited to, oxygen, airways, suction, defibrillator or automated external defibrillator, artificial resuscitator, and emergency drugs, are on the premises at all times and immediately available. _(Refer to Appendix Z- E0028)_

- Failure to ensure emergency equipment is readily available and on the premises of the facility could not only lead to significant patient harm, but also require additional response activities, such as emergency medical services (EMS) and transfers to acute settings. In emergencies widely impacting the local community, such as flooding, these services may be delayed therefore causing immediate harm to these vulnerable patients.

5) _Development & Review of the EP Program_: Facilities are expected to review and update the emergency preparedness program at least every two years (annually for LTC facilities). Reviews of the program is critical to assessing potential gaps in

policies, determining updates are required, such as contact information for patients, staff, emergency officials. Updating the emergency program when required ensures that potential hazards remain current, stakeholders involved in response have the most current protocols and ensures the organization is at a readiness level at all times.

ASPR TRACIE provides personalized support for requests for information and technical assistance (TA) and is accessible by toll-free number (1-844-5-TRACIE (587-2243)), email (askasprtracie@hhs.gov), or web form (https://asprtracie.hhs.gov/assistance-center/online-request-form).

ASPR TRACIE has resources available to better assist providers and suppliers based on the top deficiency citations identified. Some of these resources include:

- CMS and Disasters: Resources at Your Fingertips
- Healthcare Facility Emergency Operations Plan "Criteria Checklist"
- Continuity of Operations (COOP)/ Business Continuity Planning
- Emergency Operations Plans/ Emergency Management Program
- Hazard Vulnerability/Risk Assessment
- Training and Workforce Development
- Challenges and Considerations for Healthcare Facilities and Residents Affected by Planned Power Outages
- Populations with Access and Functional Needs
- Disaster Behavioral Health Self Care for Healthcare Workers Modules
- Mental/Behavioral Health (non-responders) Topic Collection
- Pandemic Workforce Well-being: Recognizing Stressors and Supporting Our Own
- Tips for Retaining and Caring for Staff after a Disaster

CMS Emergency Preparedness Basic Course:

CMS' basic course for emergency preparedness (surveyor training), is free and available on-demand, 24/7, through the QSEP portal at https://qsep.cms.gov/pubs/CourseMenu.aspx?cid=0CMSEmPrep_ONL. This course provides an overview of the requirements and surveyor process for evaluating compliance. Providers and suppliers may find it beneficial to take this training course to better understand the regulatory requirements for emergency preparedness.