

## Beyond the CMS Emergency Preparedness Final Rule: A Practitioners' Perspective

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### Statement of Commercial Interests

- We have no commercial interests
- McSweeney-Feld: I am full-time faculty at Towson University in Towson, MD, and am a Maryland state employee
- DuBois: I am an independent consultant, adjunct faculty member at 4 universities and interim nursing home administrator

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### Presentation Goals

**You will be able to:**

- Describe the CMS final emergency preparedness requirements for long-term care communities
- Understand Life Safety Code components that apply to emergency preparedness
- Describe the evolution of emergency power regulations for long-term care communities passed by states, including new backup generator requirements
- Understand the evacuation cycle for a nursing home, including practical considerations for communities that shelter evacuees from other nursing homes

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### CMS Final Emergency Preparedness Requirements

- **2014: CMS introduces new emergency preparedness requirements** for long-term care communities that are Medicare/Medicaid certified
- **These were finalized in Sept 2016, implemented November 15, 2016 and effective November 15, 2017**
- Takes an **“all hazards”, community-based approach** to preparedness using a **Continuity of Operations Plan (COOP)**
- **What does this mean?**

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### CMS Final Emergency Preparedness Requirements, con't

- **All Hazards** = be prepared for any type of event
- Some events may require you to stay in your building (“shelter in place”)
- Other events may require you to evacuate your building (plan on where you will go)
- **Community-based** = start with a locally based approach to preparedness, have a relationship with local emergency management and your LTC Ombudsman office, as well as your health care coalition (HCC)

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### CMS Final Emergency Preparedness Requirements, con't

- CMS also assumes that you will use a **Continuity of Operations Plan (COOP): a plan that ensures you can perform essential functions**
- **Have an Incident Command Structure (ICS): a standardized approach to the command, control and coordination of emergency response**
- Response to any emergency or disaster triggers the ICS system – someone has to be the Incident Commander, other staff report to the Commander and have other functions

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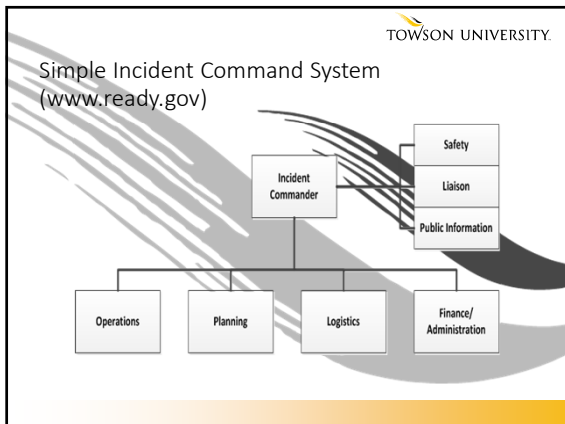
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- ### CMS Final Emergency Preparedness Requirements, con't
- Final SC-17-21 guidelines include
    - ✓ Risk Assessment and Emergency Planning (all hazards approach)
    - ✓ Policies and Procedures
    - ✓ Staff and Resident tracking requirements
    - ✓ Secured and Available Medical Records
    - ✓ Staff training and drills (including evacuations, community-based drills if available and a tabletop exercise – 2 per year). If you activate your plan during the year, you are exempt from one exercise.
    - ✓ Shared information with health care departments, local emergency managers, the LTC Ombudsman Office (community approach)
    - ✓ Communication plan for residents' families before, during and after an emergency or disaster
    - ✓ If you cannot complete a community-based drill, you must complete a facility-based one and document why you could not complete a community one
    - ✓ Many states have revised their state emergency preparedness requirements to be consistent with these new Federal standards, including revisions affecting assisted living communities

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### CMS Emergency Preparedness Checklist

Requirement	Compliance Status	Comments
Emergency Plan		
Emergency Procedures		
Emergency Drills		
Emergency Communications		
Emergency Evacuation		
Emergency Medical Records		
Emergency Staffing		
Emergency Training		
Emergency Incident Command System		
Emergency Public Information		
Emergency Liaison		
Emergency Safety		
Emergency Security		
Emergency Access		
Emergency Power		
Emergency Water		
Emergency Heating/Cooling		
Emergency Fire		
Emergency Hazardous Materials		
Emergency Infectious Diseases		
Emergency Chemicals		
Emergency Radiation		
Emergency Biological		
Emergency Environmental		
Emergency Transportation		
Emergency Food		
Emergency Water		
Emergency Sewerage		
Emergency Stormwater		
Emergency Air Quality		
Emergency Noise		
Emergency Vibration		
Emergency Electromagnetic Interference		
Emergency Radio Frequency		
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### Life Safety Code Requirements (Federal)

- Recent update to the LSC – NFPA 2012
- Used for Federal, some states using 2015 version (MD)
- Similar provisions to the CMS Emergency Preparedness Rule
- Inspections (Life Safety Code mock inspection, local Fire Dept. can help)
- Sprinklers (esp. Sprinkler Heads)
- Fire Extinguishers
- Fireproof Doors
- No blocked or locked exits
- Fire Drills & Documentation

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### New Developments in 2018

- Hurricanes Irma and Maria had a significant impact on Florida, including loss of life for some long-term care community residents
- Florida passed a “Generator Law” for all nursing homes and assisted living communities on March 26, 2018, effective June 1, 2018 (extension to January 1, 2018 if needed)
- Requires all nursing homes and assisted living communities to have an **alternate power source**
- Estimated cost of compliance for Florida nursing homes: \$121.3 million over 5 years, with \$66 million borne by Medicaid and \$22 million by the state of Florida itself (Sexton, 2018)
- \$280 million estimated compliance costs for Florida ALFs

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### Other Emergency Power Initiatives

- Due to the passage of the Florida Generator Law, the state of Oklahoma is pursuing similar legislation for backup generators for all long-term care communities in their state legislature
- Maryland has had a generator requirement for all long-term care facilities with 50 beds or more, capable of providing power for up to 48 hours, since 2009
- The majority of states require an emergency power source for nursing homes (NFPA or ICC standards), and a backup generator if the support equipment is used
- Approximately 1/3<sup>rd</sup> of assisted living regulations use state fire codes where an alternate power source is not specified (McSweeney-Feld, 2018)

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### Evacuations

- Hurricanes in Texas, Florida, the Carolinas, Georgia required evacuations of long-term care community residents to other nursing homes
- The CMS checklist may not prepare you for all events that occur during an evacuation
- Evacuations can have a negative impact on the health status of residents in nursing homes, and may lead to the onset of dementia and accelerated death

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### Isn't evacuation the simple, obvious answer?

- **Answer:** It depends on
  - **Type and scale of incident**
  - **Emergency power:** do you have a generator and/or a backup generator? For how long is it operational (usually only 48 to 72 hours) and what does it run (power basics, not necessarily food refrigeration, heating and cooling)
  - **Timing** – what time do we have, what time do we need
  - **Safety** – of the evacuation site and evacuation route
  - **Transportation** to and from the shelter or alternate facility, and self-sufficiency of the vehicles when on the road
  - **# of residents** – may evacuate together, or may have to go to different locations
  - **Memorandums of Understanding (MOUs) for evacuation** – who are your partners, how reliable are they
  - **Instructions from emergency management:** may tell you to shelter in place when you know that you need to evacuate (drowning deaths in Louisiana during Hurricane Katrina when evacuation did not occur)

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### Risks of Evacuation

- Bus in Dallas during Hurricane Katrina
- NY transportation contracts during Superstorm Sandy
- Airport experience during Katrina
- Legionnaires and water risk – can happen when you renovate or build new, how handle?
- Cyber ransom threats
- Tabletop exercise with derailment and gas cloud – are all agencies working the same plan?
- Communication with families of residents and media plan – what do you use if you lose power?
- You may not be in charge of the incident – state emergency personnel take over in a major disaster
- Have the best of plans, but recognize that the best of plans go awry. You'll need critical judgment skills.

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### Active Threats – 5 Types

**Type I** – engaged in killing  
**Type II** – armed intruder  
**Type III** – targeted assault  
**Type IV** – bomb threat  
**Type V** – off-campus event that impacts facility

**Run (vs. shelter), hide, fight** – should you leave residents?  
Threat assessment (restraining orders)  
Elderly death pacts  
People don't rise to the occasion; they fall to their training.

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### Intake and Care During Evacuation

- **When residents arrive at your building:** do you have enough manual wheelchairs to transfer arrivals in a safe and timely way? Where does the staff that came with the residents go, and can they provide care in your building?
- **Evacuees with a dementia diagnosis** may need specialized care.
- **Communication** with families of your residents, and families of evacuees
- **Surge capacity** – families, staff. Can you exceed your licensed capacity?
- **Care and shelter** for your caregivers, evacuating caregivers & their families.
- **Medical records** will probably have gaps, and may not be accurate.
- **Medications** may come with evacuees, how to provide if they have to stay for an extended period
- **Specialized care:** learning about dialysis after evacuee had already arrived.
- While you're focused on the crisis, **usual care must go on.**
- **Portray calm and poise to residents** even if you're emotionally charged.

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### Return to Original Site After Evacuation

- How will you determine it's safe?
  - Engineers and emergency management determinations
  - Heating/Cooling
  - Standing water
  - Pest control
  - Medical equipment, facility equipment, dietary equipment free of damage.
- Transportation for the return trip – who is responsible for providing this, must be sufficient for evacuees and their caregivers
- Updates for medical records, and changes in resident status
- Letter to evacuees and their families after the experience is over.

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### Conclusions

- Type and scale of the incident will determine the response
- Risk management may not identify all issues – your facility assessment evolves over time
- Evacuation of residents may have a negative impact – research on residents in Florida and other states that present with dementia, or show significant decline after evacuation
- Nursing homes follow more rigorous Federal and State emergency preparedness and life safety guidelines in most states
- Assisted living communities follow state emergency preparedness guidelines which may have limited life safety components – residents may have different outcomes
- Drill, drill, drill: the more opportunities, the better prepared you and your staff will be

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### Questions??



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### Contact Information

Email us for supplemental information on training and documents.  
We will reply with additional documents attached.

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