

PART 441—SERVICES: REQUIREMENTS AND LIMITS APPLICABLE TO SPECIFIC SERVICES

10. The authority citation for part 441 continues to read as follows:

Authority: Secs. 1102, 1902, and 1928 of the Social Security Act (42 U.S.C. 1302).

11. Add § 441.184 to subpart D to read as follows:

§ 441.184 Emergency preparedness.

The Psychiatric Residential Treatment Facility (PRTF) must comply with all applicable Federal, State, and local emergency preparedness requirements. The PRTF must establish and maintain an emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not be limited to, the following elements:

Tip #1 – When developing your emergency response plans, write them as if the target audience knows nothing about your organization, the larger community, or your specific facility. Assume everyone who’s familiar with your operations are unavailable and the response actions are handled by others totally unaware of your circumstances or the needs of your residents.

- ***Include the name, address, and contact information for all key partners.***
- ***Ensure your local emergency management agency name, address, phone numbers, email address, and GIS coordinates (if you can get them) are included.***
- ***Include contact information and other details for your local health & medical lead agency (ESF8)***
- ***Ensure these contact names, addresses and contact information is verified at least annually***
- ***Be as specific as possible with every detail***

(A) Emergency Plan

The PRTF must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do the following:

- (1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.
- (2) Include strategies for addressing emergency events identified by the risk assessment.
- (3) Address resident population, including, but not limited to, persons at-risk; the type of services the PRTF has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.
- (4) Include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the PRTF's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.

Tip #2 – Hopefully, your facility already has a disaster plan detailing how staff should respond to tropical weather threats or other major events. We recommend ensuring

the above elements are included in your existing disaster plans. There's no need to create a completely new response plan to satisfy these CMS requirements.

Tip #3 – The Tampa Bay Health & Medical Preparedness Coalition (TBHMPC) already performs a regional hazard vulnerability assessment every year. We recommend using our hazard assessment as a basis for your internal risk assessment. Remember to include specific threats or hazards that your facility or specific location pose to your operations.

Tip #4 - Consider your facility's proximity to industrial sites with hazardous chemicals, major roadways or Interstate highways where chemicals are transported, railroad lines used for hazardous chemicals, nearby rivers or streams that could flood, and the exact hurricane evacuation zone your facility is in. Each of these hazards are totally beyond your control but could also present significant hazards to your residents, staff, and facility.

Tip #5 – TBHMPC requires all “members in good standing” to sign a Memorandum of Agreement (MOA) committing the organization to helping / supporting / assisting other members during disasters. This MOA should be included as a strategy for addressing emergency events. It also means your organization should have a signed MOA on file with TBHMPC. If not, contact us to get that process started.

Tip #6 – Your organization's active participation in the TBHMPC should be mentioned to specifically explain paragraph (4) above. The TBHMPC is established specifically to focus on the areas and functions mentioned above.

(B) Policies and Procedures

The PRTF must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least **annually**. At a minimum, the policies and procedures must address the following:

- (1) The provision of subsistence needs for staff and residents, whether they evacuate or shelter in place, include, but are not limited to the following:
 - (i) Food, water, medical, and pharmaceutical supplies.
 - (ii) Alternate sources of energy to maintain the following:
 - (A) Temperatures to protect resident health and safety and for the safe and sanitary storage of provisions.
 - (B) Emergency lighting.
 - (C) Fire detection, extinguishing, and alarm systems.
 - (D) Sewage and waste disposal.

Tip #7 – most Florida based healthcare facilities already have a process in-place to ensure there's ample food and water available in your facility to support residents and staff during tropical weather threats or events. Ensure these specific details are included in your plan. Make sure the vendors you use and their full contact information is included in the plan. Also, ensure you have back-up arrangements with

vendors outside the local area in case your primary vendors are unavailable after tropical weather has passed.

- (2) A system to track the location of on-duty staff and sheltered residents in the PRTF's care during and after an emergency. If on-duty staff and sheltered residents are relocated during the emergency, the PRTF must document the specific name and location of the receiving facility or other location.

Tip #8 – A “system to track the location of on-duty staff and sheltered patients” could be as simple as pen and paper, a hand-written form, or a laptop based spreadsheet. The important factor is that you have a reliable and robust process to track the location and assignments of on-duty staff and patients. This process is necessary to ensure the safety and health of ALL patients and staff. It also gives you quick access to this information in case of an unforeseen emergency.

- (3) Safe evacuation from the PRTF, which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s); and primary and alternate means of communication with external sources of assistance.

Tip #9 – If you had to evacuate your facility, how would you ensure residents were sent to the appropriate level of care? Have you exercised this process with your ESF8 lead agency, emergency management, your local EMS agency, and local ambulance companies? Ensure ALL of these details are included in your CEMP and the full contact information for each outside partner is also included.

- (4) A means to shelter in place for residents, staff, and volunteers who remain in the facility.

Tip #10 – Be specific about the locations within your facility where you would shelter-in-place. Don't assume the people reading your plan know where these sites or areas are. We recommend including a map of your building and / or campus showing specific shelter-in-place locations. Include this map in your CEMP.

- (5) A system of medical documentation that preserves resident information, protects confidentiality of resident information, and secures and maintains the availability of records.

Tip #11 – Consider how your staff would access electronic medical records if you lost both primary and back-up electrical power (this advice comes from recent real-world experience). Do your staff know how to complete paper medical records? Are there emergent procedures in-place to perform manual or paper resident charts? How would you transfer residents to another facility if there were no medical records available to send with the resident?

- (6) The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency.

Tip #12 – Do you have the means to provide emergency credentialing to licensed volunteers? Is there a system in-place to provide clinical oversight to these

volunteers? How would you ensure during a disaster that someone who presents as an MD or RN (for example) actually holds that medical license? Would a Federal or State level disaster declaration change your volunteer credentialing? It's best to have these issues answered in advance, and have them detailed in your CEMP, so your staff isn't faced with addressing these challenges when the stakes are highest.

- (7) The development of arrangements with other PRTFs and other providers to receive residents in the event of limitations or cessation of operations to maintain the continuity of services to PRTF residents.

Tip #12 – As mentioned in Tip #5 above, the TBHMPC already requires “members in good standing” to sign an MOA committing to helping / assisting each other during emergencies. This MOA could be referenced as one element to address (7) above. Healthcare agencies within larger corporate structures can also cite internal policies and procedures that require them to assist and support each other as evidence toward this CMS rule requirement.

- (8) The role of the PRTF under a waiver declared by the Secretary, in accordance with section 1135 of Act, in the provision of care and treatment at an alternate care site identified by emergency management officials.

Tip #14 – The Florida Department of Health has developed an Alternate Treatment Site (ATS) plan that's designed to support any ATS operation at any location. Plus, there are State Medical Response Teams (SMRTs) across the state with volunteer staff and equipment capable of setting up a mobile hospital in almost any location. If the need arose, could your staff provide assistance to one of these temporary locations? If so, it's best to define how this process would work in advance of a large scale disaster. Tampa Bay HMPC can help facilitate the planning efforts needed to address this requirement.

(C) Communication Plan

The PRTF must develop and maintain an emergency preparedness communication plan that complies with Federal, State, and local laws and must be reviewed and updated at least annually. The communication plan must include all of the following:

- (1) Names and contact information for the following:
- (i) Staff.
 - (ii) Entities providing services under arrangement.
 - (iii) Residents' physicians.
 - (iv) Other PRTFs.
 - (v) Volunteers.

Tip #15 – Be specific and include these details in your disaster plan. Ensure they are verified and updated at least annually. “Entities providing services” typically means any and all outside vendors that support your internal operations. This includes those

providing direct resident care, maintenance and repair vendors, the vendor that picks up the trash, food vendors, and all others.

- (2) Contact information for the following:
 - (i) Federal, State, tribal, regional, and local emergency preparedness staff.
 - (ii) Other sources of assistance.

See Tip #15 above.

- (3) Primary and alternate means for communicating with the PRTF's staff, Federal, State, tribal, regional, and local emergency management agencies.

Tip #16 – Telephones and cell phones are probably your primary and back-up communication methods with staff and resident families. What if they're not functioning? We recommend a third level of emergent communication capability. If all other options fail, sending a runner is still a viable option.

- (4) A method for sharing information and medical documentation for residents under the PRTF's care, as necessary, with other health care providers to maintain the continuity of care.

See Tip #11 above.

- (5) A means, in the event of an evacuation, to release resident information as permitted under 45 CFR 164.510(b)(1)(ii).

See Tip #11 above.

- (6) A means of providing information about the general condition and location of residents under the facility's care as permitted under 45 CFR 164.510(b)(4).

See Tip #8 above.

- (7) A means of providing information about the PRTF's occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee.

Tip #17 – Contact your local emergency management agency and / or the local health & medical lead agency (usually the county health department) to determine the process they use to address this requirement. Include the details of this process and any contact information in your CEMP. If you need assistance making these contacts, please reach out to the Tampa Bay HMPC for help.

(D) Training and Testing

The PRTF must develop and maintain an emergency preparedness training 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**.

Tip #18 – In Florida we refer to “training and testing” as training and exercises or drills. CMS has clearly indicated they want to see robust training and disaster drills of ALL healthcare facility staff. This includes staff who work nights and weekends. Ensure your facility maintains detailed records on ALL training and testing activities.

Tip #19 – Additionally, CMS is also expecting to see healthcare executives (CEOs, COOs, CNOs, Facility Administrators, and other senior leadership) DIRECTLY involved in training and drills. Ensure After Action Reports from emergency drills include detailed specifics on any senior executive involvement in that drill.

Tip #20 – Ensure all real-world emergencies and training drills are documented using the Homeland Security Exercise and Evaluation Program (HSEEP) standards and formats. If your facility is unaware of the HSEEP process contact the TBHMPC for assistance and training on the process. Using the HSEEP processes will show great benefit when CMS, ACHA, or accrediting agencies review your records.

- (1) **Training program.** The PRTF must do all of the following:
- (i) Provide initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles.
 - (ii) After initial training, provide emergency preparedness training at least annually.
 - (iii) Demonstrate staff knowledge of emergency procedures.
 - (iv) Maintain documentation of all emergency preparedness training.

Tip #21 – We recommend incorporating the above training into your new-hire and annual training processes. Documentation should include details (by name) of who participated in the training and what they were trained on. The term “demonstrate staff knowledge of emergency procedures” can be accomplished by ensuring 100% of staff are directly involved in emergency drills. To accomplish a 100% participation normally requires holding more than 2 drills per year and performing those drills at different times of the day (for all shifts) and on different days of the week to catch all work schedules.

- (2) **Testing.** The PRTF must conduct exercises to test the emergency plan. The PRTF must do 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. If the PRTF experiences an actual natural or man-made emergency that requires activation of the emergency plan, the PRTF 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.
 - (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 PRTF's response to and maintain documentation of all drills, tabletop exercises, and emergency events and revise the PRTF's emergency plan, as needed.

Tip #22 – While the CMS Emergency Management rules only require 2 exercises per year (1 full-scale and 1 table-top) you may find a need for a more frequent exercise schedule to ensure all staff on all shifts are given an opportunity to demonstrate their emergency duty skills (see Tip #20 above).

Tip #23 – Actively seek opportunities to participate in community-wide exercises and drills. These events are typically designed and executed by others. Plus, they'll involve a much wider range of community partners than a single healthcare facility can recruit. Then, ensure your organization participates in the After Action Report process and obtains a copy of that final report. This documentation will address the expectations spelled out in paragraph (iii) above.

(E) Integrated Healthcare Systems

If a PRTF 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 PRTF may choose to participate in the healthcare system's coordinated emergency preparedness program. If elected, the unified and integrated emergency preparedness program must do 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.
- (2) Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered.
- (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 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.

Tip #24 – If a multi-facility healthcare organization elects use this provision we recommend the following:

- ***Establish a corporate level emergency preparedness committee chaired by someone from executive leadership and hold meetings at least quarterly***
- ***Ensure active attendance and participation from key staff at all participating healthcare facilities***

- ***Maintain detailed records of meeting agendas, meeting minutes, and formal presentations of each meeting***