

PART 485--CONDITIONS OF PARTICIPATION: SPECIALIZED PROVIDERS

§ 485.727 Condition of participation: Emergency preparedness.

The Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services ("Organizations") must comply with all applicable Federal, State, and local emergency preparedness requirements. The Organizations 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 plan, write it as if the target audience knows nothing about your organization, the larger community, or your specific facility (or facilities). Assume everyone who’s familiar with your operations are unavailable and the response actions are handled by others totally unaware of your circumstances.

- ***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 these details for each county your agency operates in.***
- ***Include contact information and other details for your local health & medical lead agency (ESF8) in each county where your agency operates***
- ***Ensure these contact names, addresses and contact information is verified at least annually***
- ***Be as specific as possible with every detail***
- ***Due to the sensitivity of information contained in your disaster plans treating these documents as proprietary is acceptable***
- ***Lastly, gathering the necessary details to fully develop your disaster plan will take time and much effort. We recommend working diligently to fully develop your disaster plan.***

(a) Emergency Plan

The Organizations must develop and maintain an emergency preparedness plan that must be reviewed and updated at least annually. The plan must do all of 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 patient population, including, but not limited to, the type of services the Organizations have the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.
- (4) Address the location and use of alarm systems and signals; and methods of containing fire.
- (5) 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.
- (6) Be developed and maintained with assistance from fire, safety, and other appropriate experts.

Tip #2 – These plans are typically called Comprehensive Emergency Management Plans (CEMP). We recommend ensuring the above elements are included in your existing CEMP. If your Organization already has a disaster plan, there’s no need to create a completely new response plan to satisfy these CMS requirements. However, if your Organization does not have a CEMP (or similar) these new CMS Rules will require the development of one.

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 the communities your agency operates in pose to your operations.

Tip #4 – 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 #5 – Your organization’s active participation in the TBHMPC should be mentioned to specifically explain paragraph (5) above. The TBHMPC is established specifically to focus on the areas and functions mentioned above. If you’re agency is not active in the TBHMPC, we strongly recommend getting involved. Visit our website at www.tampabayhmpc.org for information on how you can get involved.

(b) Policies and Procedures

The Organizations 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) Safe evacuation from the Organizations, which includes staff responsibilities, and needs of the patients.
- (2) A means to shelter in place for patients, staff, and volunteers who remain in the facility.
- (3) A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains the availability of records.
- (4) 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 #6 – If your Organization provides food, water, shelter, or other subsistence needs to clients / patients then include extremely specific details in your CEMP on how this process would work during a tropical weather event.

Tip #7 – if your organization does not provide food, water, shelter, or other subsistence needs to client / patients, then explain those details in your CEMP.

Tip #8 – If you had to evacuate your facility, how would you ensure patients / clients 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. If your Organization does not have in-resident patients / clients, ensure this detail is included in your CEMP.

Tip #9 – Florida operates a robust Special Needs Sheltering program specifically for vulnerable populations to use during tropical weather events or other emergencies. Special Needs Shelters are specifically designed and organized to support the needs of frail, elderly, or vulnerable populations living within the local community. These programs require pre-registration with the local emergency management agency or health department and have limitations of the level of medical care they can provide. Also, the specifics for this pre-registration are different in each county. ACHA rules require pre-event education to ensure the client, their family members, or legal guardians are fully aware of this pre-registration process and the benefits. Compliance with ACHA rules regarding Special Needs Shelter registration will address paragraph (2) above. Contact the local emergency management agency or the preparedness office at your local health department for more information and to begin the pre-registration process.

Tip #10 – If your Organization uses electronic medical records, consider how staff would access electronic medical records if you lost both primary and back-up electrical power (this advice comes from recent real-world experience). Does staff know how to complete paper medical records? Are there emergent procedures in-place to perform manual or paper patient charts? How would you medically transfer clients / patients to another Organization or facility if there were no medical records available to send with them?

Tip #11 – Does your Organization have the means to provide emergency credentialing to licensed volunteers if your agency needed additional help? 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 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.

(c) Communication Plan

The Organizations 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) Patients' physicians.
 - (iv) Other Organizations.
 - (v) Volunteers.

Tip #11 – Be specific and include these details in your CEMP. 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 patient/client care, IT system maintenance and repair 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.

Tip #12 – See Tip 11 above. Include contact details for emergency management and local health & medical lead agency (usually public health department) in each county where your Organization operates. This information must be updated ANNUALLY to ensure accuracy and CMS Emergency Management Rule compliance.

- (3) Primary and alternate means for communicating with the following:
 - (i) Organizations' staff.
 - (ii) Federal, state, tribal, regional, and local emergency management agencies.

Tip #13 – Telephones and cell phones are probably your primary and back-up communication methods. What if they're not functioning? We recommend a third level of emergent communication capability. If all other options fail, sending a runner is a viable option. Also see Tip #12 above.

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

Tip #15 – See Tip #10 above. Who is authorized to release this information? To whom can it be released? Ensure these details are included in your CEMP and the identified staff are both aware of this authorization and are trained on the process.

- (5) A means of providing information about the Organizations' needs, and their ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee.

Tip #16 – Ensure your CEMP includes contact information and reporting schedules for communication with your local health & medical lead agency (ESF8) at the County Emergency Operations Center. This lead agency is usually the local public health department. If your Organization operates in more than 1 county, you'll need to communicate with each county you're operating in. Active participation in the

TBHMPC will give you opportunities to develop the working relationships needed to ensure this communication process is far more effective and efficient for your agency.

(d) Training and Testing

The Organizations 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**.

Tip #17 – 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 agency staff. This includes staff who work nights and weekends. Ensure your Organization maintains detailed records on ALL training and testing activities.

Tip #18 – Additionally, CMS is also expecting to see healthcare agency executives (CEOs, COOs, CNOs, 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 #19 – Ensure all real-world emergencies and training drills are documented using the Homeland Security Exercise and Evaluation Program (HSEEP) standards and formats. If your agency 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 Organizations must do all of the following:

- (i) 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) Provide emergency preparedness training at least **annually**.
- (iii) Maintain documentation of the training.
- (iv) Demonstrate staff knowledge of emergency procedures.

Tip #20 – 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 Organizations must conduct exercises to test the emergency plan at least **annually**. The Organizations 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 Organizations experience an actual natural or man-made emergency that requires activation of the emergency plan, the organization 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 Organization's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise their emergency plan, as needed.

Tip #21 – While the CMS Emergency Management rules above only require 2 exercises per year (at least 1 must be a community-based full-scale exercise) 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. Also see Tip #20 above.

Tip #22 – Actively seek opportunities to participate in community-wide exercises and drills. These events are typically designed and executed by others, thus saving your Organization significant time and money. Plus, they'll involve a much wider range of community partners than a single healthcare agency 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 the Organizations are part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency preparedness program, the Organizations may choose to participate in the healthcare system's coordinated emergency preparedness program. If 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.
- (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.
- (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.

Tip #23 – If a multi-facility / multi-agency 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 / agencies***
- ***Maintain detailed records of meeting agendas, meeting minutes, and formal presentations of each meeting***
- ***Ensure the specific needs or hazards at each location / agency are addressed by this corporate level committee***