

PART 485--CONDITIONS OF PARTICIPATION: SPECIALIZED PROVIDERS

§485.920 Condition of participation: Emergency preparedness.

The Community Mental Health Center (CMHC) must comply with all applicable Federal, State, and local emergency preparedness requirements. The CMHC 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.

- ***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 CMHC 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 client population, including, but not limited to, the type of services the CMHC 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 CMHC's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.

Tip #2 –Your agency should already have a disaster plan in compliance with ACHA rules. These plans are typically called Comprehensive Emergency Management Plans (CEMP). We recommend ensuring the above elements are included in your existing

CEMP. There's no need to create a completely new response plan to satisfy these CMS requirements. However, if your agency does not have a CEMP (or similar) these new CMS Rules and current ACHA 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 - 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 as described in paragraph (3) above. 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. 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. We can also assist with the annual review of your CEMP to ensure compliance with the CMS Emergency Management Rules.

(b) Policies and Procedures

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

Tip #7 – A “system to track the location of on-duty staff and sheltered clients” 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 clients. This process is necessary to ensure the

safety and health of ALL clients and staff. It also gives you quick access to this information in case of an unforeseen emergency.

- (2) Safe evacuation from the CMHC, 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 #8 – If you had to evacuate your facility, how would you ensure clients were sent to the appropriate level of care? Do you have a pre-determined evacuation site? How would the CMHC transport clients and staff to an evacuation site? Are these details included in your CEMP? Have you exercised this process with your ESF8 lead agency and emergency management? Ensure ALL of these details are included in your CEMP and the full contact information for each outside partner is also included.

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

Tip #9 – 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.

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

Tip #10 – 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?

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

Tip #11 – 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, RN, or Therapist (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.

- (6) The development of arrangements with other CMHCs or other providers to receive clients in the event of limitations or cessation of operations to maintain the continuity of services to CMHC clients.

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 (6) 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.

- (7) The role of the CMHC under a waiver declared by the Secretary of Health and Human Services, in accordance with section 1135 of the Social Security Act, in the provision of care and treatment at an alternate care site identified by emergency management officials.

Tip #13 – 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 behavioral health 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 CMHC 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) Clients' physicians.
 - (iv) Other CMHCs.
 - (v) Volunteers.

Tip #14 – 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, and the vendor that picks up the trash, food vendors, along with 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 #14 above.

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

Tip #15 – 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 clients under the CMHC's care, as necessary, with other health care providers to maintain the continuity of care.

Tip #16 – See Tip #10 above. Who in your organization is authorized to release this type of information? Those specific staff should be identified in your CEMP. We recommend using position titles versus individual names to identify those authorized to release information. This approach avoids updating your CEMP every time there's a staffing change.

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

See Tip #16 above.

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

See Tip #16 above.

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

Tip #17 – Contact your local health & Medical lead agency (ESF8) for more detail on how they need your facility to provide information to them during disasters... and how they can provide your CMHC with Situational Awareness updates. Also, the TBHMPC provides regular tropical weather and other disaster information updates as warranted. Contact us at www.tampabayhmpc.org to learn how you can receive those informational bulletins.

Tip #18 – If you're evacuating your facility for any reason, ensure there's clear and regular communication with the health & medical lead agency at your local emergency operations center (normally called ESF8). Let them know why you're evacuating, where you're residents and staff are evacuating to, the routes you're taking to get there, the number of residents and staff involved, and any assistance needed along the way or upon arrival. Once you've arrived at the evacuation site, your local health & medical lead agency may refer you to a similar organization in the local area for assistance.

(d) Training and Testing

The CMHC 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 #19 – 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 CMHC staff. This includes staff who work nights and weekends. Ensure your facility maintains detailed records on ALL training and testing activities.

Tip #20 – 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 #21 – 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 HSEEP. Using the HSEEP processes will show great benefit when CMS, ACHA, or accrediting agencies review your records.

- (1) **Training.** The CMHC must 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, and maintain documentation of the training. The CMHC must demonstrate staff knowledge of emergency procedures. Thereafter, the CMHC must provide emergency preparedness training at least **annually**.

Tip #22 – 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 frequent emergency drills. To accomplish a 100% participation will require multiple exercises / 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 CMHC must conduct exercises to test the emergency plan at least **annually**. The CMHC must:
 - (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 CMHC experiences an actual natural or man-made emergency that requires activation of the emergency plan, the CMHC 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 CMHC's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the CMHC's emergency plan, as needed.

Tip #23 – While the CMS Emergency Management rules only require 2 exercises per year (1 community-based 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 #22 above).

Tip #24 – Actively seek opportunities to participate in community-wide exercises and drills. These events are typically designed and executed by others saving your CMHC significant time and money. Plus, they'll involve a 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. Regular attendance at TBHMPC meetings is the best way to learn about these community-wide exercise opportunities.

(e) Integrated Healthcare Systems

If a CMHC 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 CMHC 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 #25 – 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***