



# Understanding the Centers for Medicare & Medicaid Services (CMS) Emergency Preparedness Final Rule

Spring 2021

# Emergency Preparedness Final Rule

## Emergency preparedness requirements for Medicare and Medicaid participating providers and suppliers

- Published September 16, 2016
- Applies to all 17 provider and supplier types
- Implementation date: November 15, 2017
- Compliance required for participation in Medicare
- Emergency Preparedness is one new Condition of Participation (CoP) of many already required

# Four Provisions for All Provider Types



# Risk Assessment and Planning

- Develop an emergency preparedness plan based on risk assessment.
- Perform the risk assessment.
  - Use an “all-hazards” approach.
  - Focus on capacities and capabilities.
- Update the emergency preparedness plan at least annually.



# All-Hazards Approach

- An integrated approach to emergency preparedness planning that focuses on capacities and capabilities that are critical to preparedness for a full spectrum of emergencies or disasters, including:
  - Internal emergencies
  - Man-made emergencies
  - Natural disasters



# All-Hazards Approach (cont.)

- This approach is specific to the location of the provider or supplier and considers the particular types of hazards most likely to occur in their areas.
- These may include, but are not limited to:



- Care-related emergencies
- Equipment and power failures
- Interruptions in communications, including cyberattacks
- Loss of a portion or all of a facility
- Interruptions in the normal supply of essentials such as water and food

# Hazard Vulnerability Assessment Worksheet

Rate on scale of 1–5, 5 being highest possibility of occurrence or the weakest resources, 1 being the least likely to occur or the strongest resources. See [www.fema.gov](http://www.fema.gov) for explanation of categories.

Type of Emergency Disaster	Probability of Emergency Occurring	Human Impact	Impact on Property	Impact on Business	Internal Resources Available	External Resources Available	Total
Acts of terrorism (includes extensive physical damage and loss of life)							
Bioterrorism							
Blizzard							
Bomb threat							
Chemical terrorism							
Civil disorder incident (riot, strike)							
Earthquake							
Epidemic, external							
Epidemic, internal							
Explosion							
Fire							
Flood							
Hailstorm							
Hazardous material incident— Decontamination							
Hazardous material incident— Nuclear incident							
Hazardous material incident— Radiological event							

# Policies and Procedures

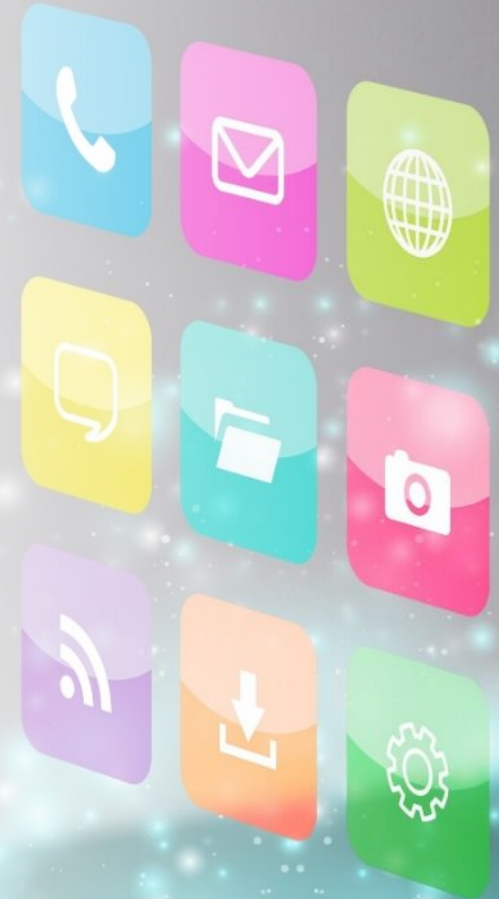
- Develop and implement policies and procedures based on the emergency preparedness plan and risk assessment.
- Policies and procedures must address a range of issues including:
  - Subsistence needs
  - Evacuation plans
  - Procedures for sheltering in place
  - Tracking patients and staff during an emergency
- Review and update policies and procedures at least annually.





# Communication Plan

- Develop a communication plan that complies with both federal and state laws.
- Coordinate patient care:
  - Within the facility
  - Across healthcare providers
  - With state and local public health departments
  - With emergency management systems
- Review and update the plan annually.



# Training and Testing Program

- Develop and maintain training and testing programs, including initial training in policies and procedures.
- Demonstrate knowledge of emergency procedures and provide training at least annually.
- Conduct drills and exercises to test the emergency preparedness plan.



# Training and Testing Requirements

- Facilities are expected to meet all training and testing requirements by the implementation date (November 2017) and annually thereafter.
- Participation in a full-scale exercise that is community-based or, when a community-based exercise is not accessible, an individual, facility-based exercise.



# Training and Testing Requirements (cont.)

- Conduct an additional exercise that may include, but is not limited to:
  - A second full-scale exercise that is individual, facility-based
  - A tabletop exercise that includes a:
    - Group discussion led by a facilitator
    - Narrated, clinically-relevant emergency scenario
    - Set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan

# Training & Testing Program Definitions

## Facility-Based

- When discussing the terms *all-hazards approach* and *facility-based* risk assessments, facility-based means that the emergency preparedness program is specific to the facility.
- Facility-based includes, but is not limited to:
  - Hazards specific to a facility based on the geographic location
  - Patient/resident/client population
  - Facility type and potential surrounding community assets (i.e., rural area vs. large metropolitan area)

# Training & Testing Program Definitions (cont.)

## Full-Scale Exercise

- A full-scale exercise is:
  - Multi-agency
  - Multi-jurisdictional
  - Multi-discipline
- Involves functional response
  - Joint field office, emergency operation centers, etc.
- Includes “boots on the ground” response
  - e.g., firefighters decontaminating mock victims

# Training & Testing Program Definitions (cont.)

## Table-Top Exercise

- A group discussion led by a facilitator
  - Uses narrated, clinically-relevant emergency scenario
  - Set of problem statements, directed messages, or prepared questions designed to challenge an emergency preparedness plan
- Involves key personnel discussing simulated scenarios, including computer-simulated exercises
- Informal setting
- Can be used to assess plans, policies, and procedures

# Some FAQs Not Posted

- Real-world activation of the emergency preparedness plan:
  - If a facility experienced an actual natural or man-made emergency that required activation of its emergency preparedness plan, it will be exempt from engaging in a community or individual, facility-based full-scale exercise for 1 year following the onset of the actual event, as under sections (d)(2)(i) of the provider and suppliers specific testing requirements.



# What Is an Emergency?

- Any potential or actual event that disrupts normal business activities
  - Tornado
  - Active shooter
  - Utility outage
  - Service line disruption
  - Pandemic



# Emergency Response



- Emergency Operations Plan
- Emergency Codes
- Healthcare Incident Command System (HICS)

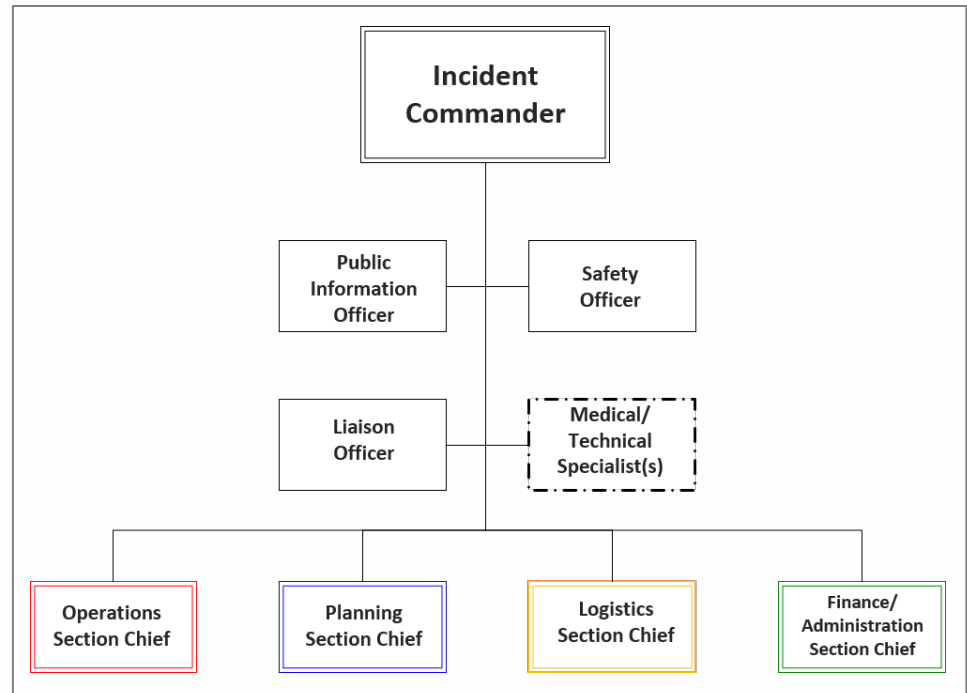
# The Responsibility Belongs to ... Everyone!

- It's important to know your role, which is typically determined by:
  - Emergency management committee
  - Environment of care committee
  - Law/rule/regulation
- CMS requires that all staff, physicians, contractors, and volunteers to be trained annually.

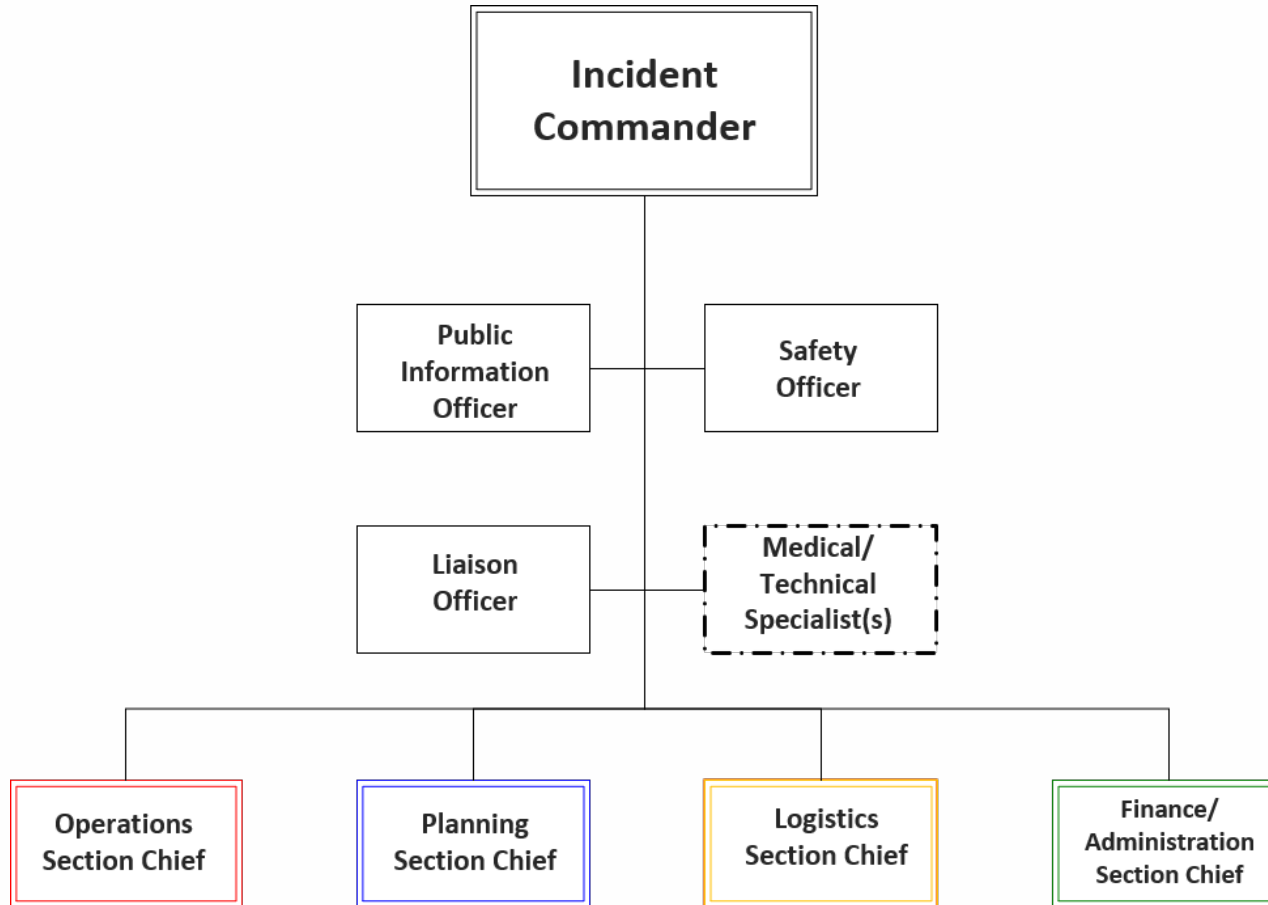


# Healthcare Incident Command System (HICS)

- Helps improve response and coordination between hospitals, stakeholders, and other responders using:
  - Defined responsibilities
  - Clear reporting channels
  - Common nomenclature



# Basic Incident Command Structure



Modular organization: functional sections activated as needed



## HICS is Scalable

The system is **scalable** so that *more* or *fewer* positions—depending on the emergency—may be implemented.





# How do You Know the Plan Is Activated?

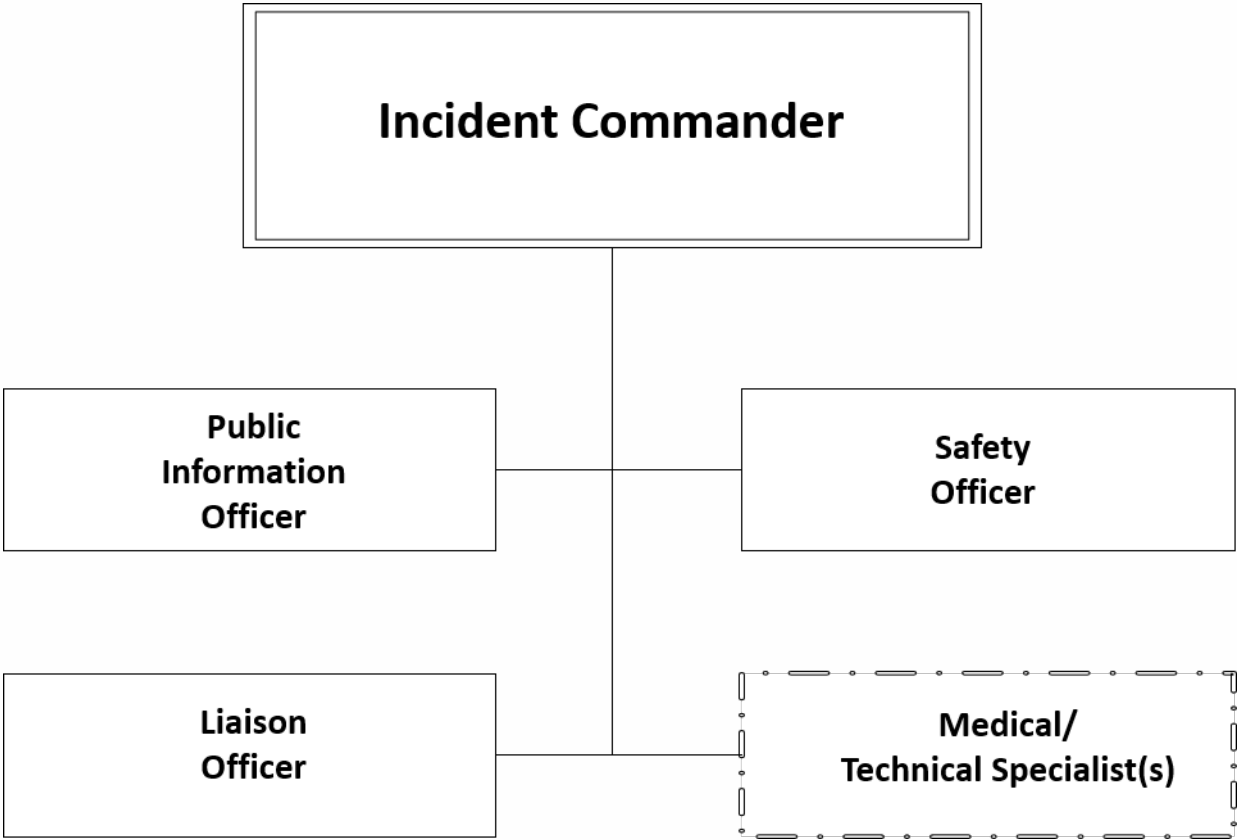
Communication needs to occur through:

- Overhead page
- Email/alerts
- Pager system
- Phone call notification
- Social media





# Command Staff



# Command Staff Responsibilities



**Incident Commander:** Provides overall strategic direction for the emergency



**Public Information Officer:** Communicates with internal and external stakeholders including staff, patients, care partners, and media



**Safety Officer:** Ensures safety of staff, patients, and visitors

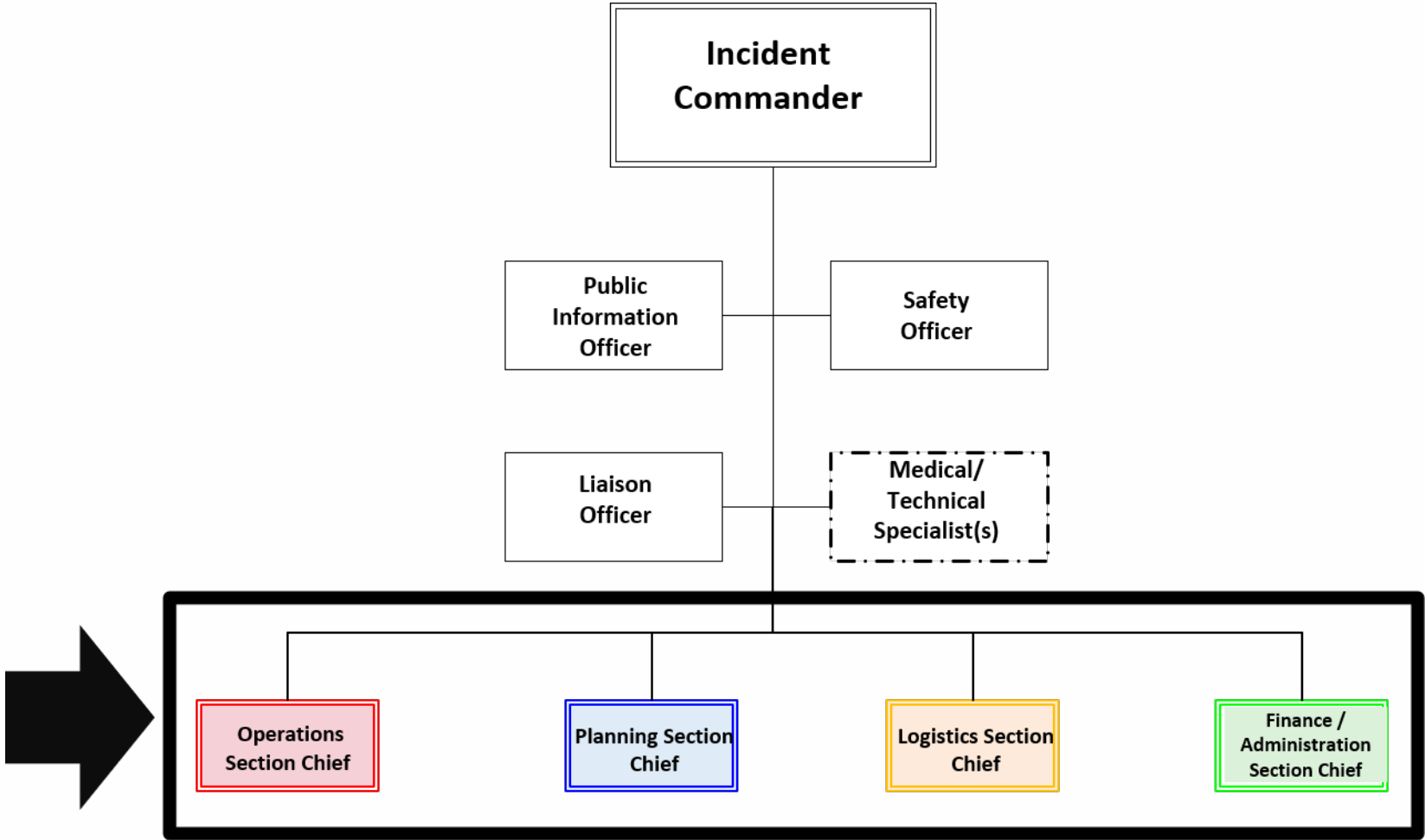


**Liaison Officer:** Command center contact for supporting agencies and organizations



**Medical/Technical Specialist(s):** Subject matter experts that advise the incident commander and/or assigned section

# General Staff



# General Staff Responsibilities

**Operations:** Carries out directives from the command group and ensures the incident action plan is implemented

**Logistics:** Organizes and maintains the physical environment—providing human resources, material, and services to support the incident

**Planning:** Collects, evaluates, and disseminates information and develops the incident action plan

**Finance/Administration:** Monitors financial assets, accounting, and claims

# Community Response

Emergency preparedness isn't just an individual facility. It includes:

- Hospitals
- Ambulatory centers
- Post-acute providers
- Insurance groups
- Community/county
- State government
- Federal government
- International partners



# The Goal of Emergency Management Planning

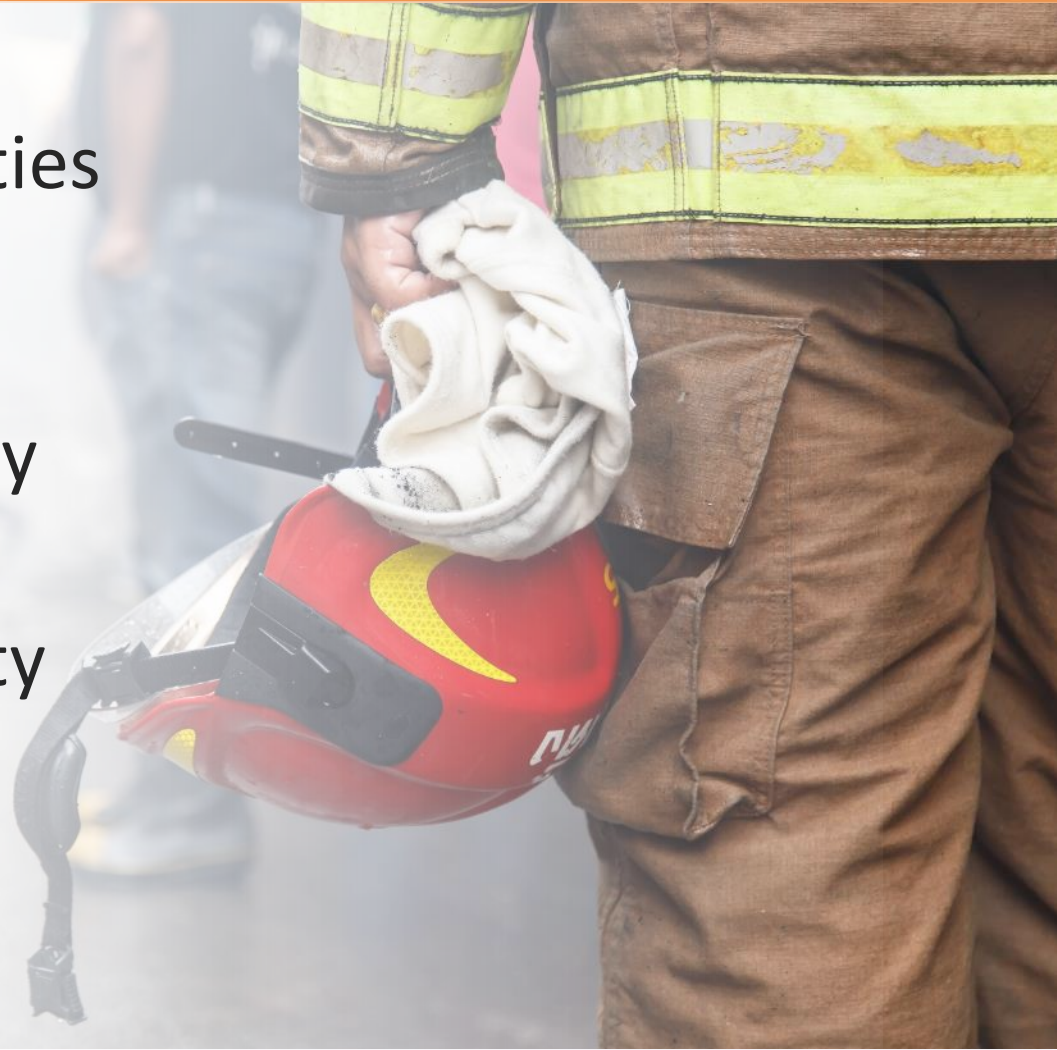
- Emergencies occur despite our best intentions.
- Having a system in place to identify, escalate, and address emergencies quickly and efficiently is crucial in healthcare.
- HICS is a proven method of emergency preparedness and response. Having a knowledge of this approach is crucial during the current crisis.





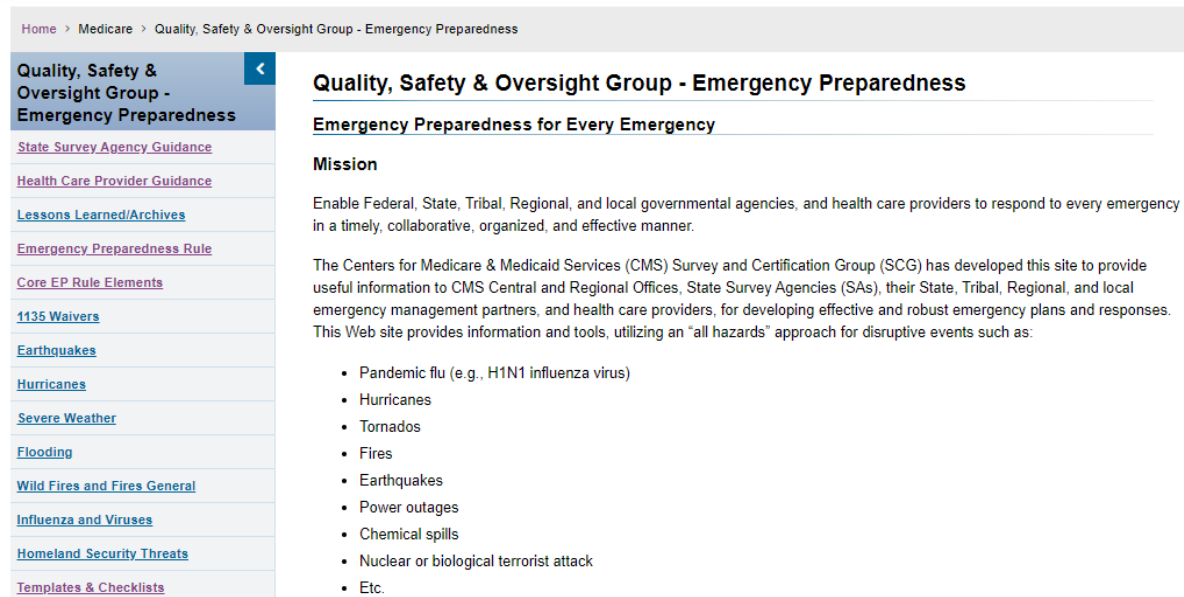
# What Can I Do to Support During an Emergency?

- Be empathetic—recognize that priorities shift based on need.
- Be aware that crisis standards of care may be in place.
- Consider the difficulty of implementing perfect solutions in imperfect situations.



# Survey and Certification Group Website

- Providers and suppliers—refer to CMS website resources for assistance in developing emergency preparedness plans.
- Find important links to additional resources and organizations that can assist.



The screenshot shows a CMS website page titled "Quality, Safety & Oversight Group - Emergency Preparedness". The page has a breadcrumb trail: "Home > Medicare > Quality, Safety & Oversight Group - Emergency Preparedness". A left-hand navigation menu lists various resources: "State Survey Agency Guidance", "Health Care Provider Guidance", "Lessons Learned/Archives", "Emergency Preparedness Rule", "Core EP Rule Elements", "1135 Waivers", "Earthquakes", "Hurricanes", "Severe Weather", "Flooding", "Wild Fires and Fires General", "Influenza and Viruses", "Homeland Security Threats", and "Templates & Checklists". The main content area features the heading "Quality, Safety & Oversight Group - Emergency Preparedness" and a sub-heading "Emergency Preparedness for Every Emergency". Below this is a "Mission" section with the text: "Enable Federal, State, Tribal, Regional, and local governmental agencies, and health care providers to respond to every emergency in a timely, collaborative, organized, and effective manner." This is followed by a paragraph stating that the CMS Survey and Certification Group (SCG) has developed the site to provide information to various stakeholders for developing emergency plans. A bulleted list of disruptive events includes: Pandemic flu (e.g., H1N1 influenza virus), Hurricanes, Tornados, Fires, Earthquakes, Power outages, Chemical spills, Nuclear or biological terrorist attack, and Etc.

[www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/index.html](http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/index.html)



# Questions?



# Resources

- A Systems Framework for Catastrophic Disaster Response; Institute of Medicine; 2012.  
<http://iom.nationalacademies.org/Reports/2012/Crisis-Standards-of-Care-A-Systems-Framework-for-Catastrophic-Disaster-Response.aspx>
- California Department of Public Health Standards and Guidelines for Healthcare Surge During Emergencies.  
[www.bepreparedcalifornia.ca.gov](http://www.bepreparedcalifornia.ca.gov)
- Centers for Medicare and Medicaid Services (CMS).  
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule>
- CMS Definitions. [https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/CMS\\_EP\\_Acronym-Glossary\\_final.pdf](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/CMS_EP_Acronym-Glossary_final.pdf)



# Thank You!

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