Emergency Preparedness Plan (EPP) Series
10: CAHF Manual—Emergency Preparedness Updates

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Wednesday, November 8, 2023
Disaster Preparedness Webinar Series: 2024

- Restarts in February
- Extended time 3–4 p.m. PT
- New conditions of participation around EPP (Appendix Z)
- How do you get good at doing drills (only twice a year)?
- Power outages
- Cybersecurity attacks
• The name of the center matches the name in the Emergency Operations Plan (EOP) Manual.
• All EOP manual areas that say “insert here” have information inserted.
• Communications/contact list is accurate and regularly updated.
Emergency Preparedness Updates for LTC Providers:

Updates to the CMS E-Tags

Presented by CAHF’s Disaster Preparedness Program

November 2023
Objectives for This Session

- Understand the recent changes to Appendix Z in the State Operations Manual.
- Discuss what resources are available to help you meet the new expectations.
- Understand how these new changes will be surveyed.
Acronyms Used Today

- **EOP** – Emergency Operations Plan
- **HVA** – Hazard Vulnerability Assessment
- **CMS** – Centers for Medicaid & Medicare Services
- **NHICS** – Nursing Home Incident Command System
- **COOP** – Continuity of Operations
- **EID** – Emerging Infectious Disease
- **MHOAC** – Medical Health Operational Area Coordinator
- **HPP** – Hospital Preparedness Program
- **HCC** – Health Care Coalition
Always Areas of Focus:

- Communication requirements are substantial
- Subsistence needs are not just residents
- All staff trained on EP at hire and annually

- Annual HVA
- Twice annual exercises
- Emergency Power
While the primary changes to Appendix Z focused on the changes as a result of the Burden Reduction Final Rule, CMS has also updated the guidance to reflect some of the following changes:

- Expanded surveyor guidance to ensure Life Safety Code and health surveyors communicate/collaborate surrounding potential deficiencies for alternate source energy.
- Added new definitions based on Burden Reduction Final Rule expansion of acceptable testing exercises.
- Clarified expectations surrounding documentation of the emergency program.
- Added additional guidance/considerations for EID planning stages, to include personal protective equipment (PPE).
- Added additional guidance on risk assessment considerations, to include EIDs.
- Included planning considerations for surge and staffing.
- Expanded guidance for surge planning to include recommendations for natural disaster surge planning and EID surge planning.
- Included recommendations during PHE’s for facilities to monitor Centers for Disease Control and Prevention (CDC) and other public health agencies which may issue event-specific guidance and recommendations to healthcare workers.
While the primary changes to Appendix Z focused on the changes as a result of the Burden Reduction Final Rule, CMS has also updated the guidance to reflect some of the following changes: (cont.)

- Expanded guidance and added clarifications related to alternate care sites and 1135 Waivers.
- Expanded guidance and best practices related to reporting of facility needs, facility’s ability to provide assistance, and occupancy reporting.
- Provided clarifications related to testing exercise exemptions when a provider/supplier experiences an actual emergency event.
New Areas of Focus:

- Expanded surveyor guidance surrounding potential deficiencies for alternate sources of energy
- Added new definitions of acceptable testing exercises
- Added additional considerations for EID planning and PPE
- Added risk assessment considerations for EID
- Includes planning considerations for surge and staffing
- Expanded guidance on refusals to evacuate
QSO 21-15 All


- **Rev. 204, Issued: 04-16-21; Effective: 04-16-21, Implementation: 04-16-21**

- **Text in red delineates the new areas of focus**

Alternate Sources of Energy

• Changes to E-0015

• All facilities must document on EOP date of Medicare certification of facility

• Facilities certified after 10/1/1990, subject to maintaining temperature range 71–81

• Must demonstrate how system will provide safe temps, safe storage of provisions, emergency lighting, fire detection, extinguishing, alarm systems, sewage and wastewater, and continuity of treatments

• Expect focus on amount of fuel onsite 96 hours, memorandums of understanding (MOUs) for fuel delivery pursuant to AB 2511
Facilities are required to base their emergency power and stand-by systems on their emergency plan, risk assessment, and policies and procedures. The determination for a generator should be made through the development of the facility’s risk assessment and policies and procedures.

Facilities that maintain an onsite fuel source to power emergency generators must have a plan for how it will keep emergency power systems operational during the emergency, unless it evacuates. This includes maintaining fuel onsite to maintain generator operation, or it could include making arrangements for fuel delivery for an emergency event.
New Testing/Exercise Allowances

• Acceptable testing exercises are expanded. Providers can choose one of the two annually required testing exercises to be an exercise of their choice, community-based full-scale exercise, an individual facility-based functional exercise, a mock disaster drill, or a tabletop exercise or workshop that includes a group discussion led by a facilitator.

• Testing exercises must be based on the facility’s identified hazards, to include natural or man-made disasters. This should include EID outbreaks.

• [https://www.cahfdisasterprep.com/exercises](https://www.cahfdisasterprep.com/exercises)
Adding EID to your HVA and P&Ps

• As emerging infectious disease outbreaks may affect any facility in any location across the country, a comprehensive EPP should include EIDs and pandemics during a public health emergency (PHE). The EOP EID planning should encompass how facilities will plan, coordinate, and respond to a localized and widespread pandemic.

• Massive focus on continuity of care and being able to describe and show how the facility will continue to provide care, contracts, MOU’s, etc. E-0004
Adding EID to Your HVA and P&Ps

• Planning considerations for EID
• Need for rapid influx of PPE
• Screening and testing considerations
• Transfer and discharge
• Physical environment, including distancing, isolation or quarantine space, capacity surge, etc.
• Must be written into HVA if is not already there

• [CAHF-DPP | Hazard Vulnerability Assessments for Long Term Care](cahfdisasterprep.com)
• [https://www.cahf.org/Portals/29/DisasterPreparedness/pandemic/AHCA NCAL Infectious Disease Sample Policy.pdf](https://www.cahf.org/Portals/29/DisasterPreparedness/pandemic/AHCA NCAL Infectious Disease Sample Policy.pdf)
Under Wildfire on Line 31 add EID as a new hazard; Impact will most likely be the same for known infectious diseases.
### Kaiser Permanente

#### Emergency Management

**Hazard Vulnerability Assessment Tool**

<table>
<thead>
<tr>
<th>Alert Type</th>
<th>PROBABILITY</th>
<th>ALERTS</th>
<th>ACTIVATIONS</th>
<th>SEVERITY = (MAGNITUDE - MITIGATION)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>HUMAN IMPACT</strong></td>
</tr>
<tr>
<td>Likelihood this will occur</td>
<td></td>
<td></td>
<td></td>
<td>Possibility of death or injury</td>
</tr>
</tbody>
</table>

**SCORE**

| Score | Alert Type | Number of Alerts | Number of Activations | 0 = N/A | 1 = Low | 2 = Moderate | 3 = High | 0 = N/A | 1 = Low | 2 = Moderate | 3 = High | 0 = N/A | 1 = Moderate | 2 = Low | 3 = Low | 0 = N/A | 1 = High | 2 = Moderate | 3 = Low | 0 = N/A | 1 = High | 2 = Moderate | 3 = Low | 0 - 100% |
|-------|------------|------------------|-----------------------|---------|---------|------------|---------|---------|---------|------------|---------|---------|------------|---------|---------|---------|---------|------------|---------|---------|---------|------------|---------|---------|---------|
| 0 = N/A | Shelter in Place | Number of Alerts | Number of Activations | 0 = N/A | 1 = Low | 2 = Moderate | 3 = High | 0 = N/A | 1 = Low | 2 = Moderate | 3 = High | 0 = N/A | 1 = Moderate | 2 = Low | 3 = Low | 0 = N/A | 1 = High | 2 = Moderate | 3 = Low | 0 = N/A | 1 = High | 2 = Moderate | 3 = Low | 0 - 100% |
| 1 = Low | Strike / Labor Action / Work Stoppage | Number of Alerts | Number of Activations | 0 = N/A | 1 = Low | 2 = Moderate | 3 = High | 0 = N/A | 1 = Low | 2 = Moderate | 3 = High | 0 = N/A | 1 = Moderate | 2 = Low | 3 = Low | 0 = N/A | 1 = High | 2 = Moderate | 3 = Low | 0 = N/A | 1 = High | 2 = Moderate | 3 = Low | 0 - 100% |
| 2 = Moderate | Suicide | Number of Alerts | Number of Activations | 0 = N/A | 1 = Low | 2 = Moderate | 3 = High | 0 = N/A | 1 = Low | 2 = Moderate | 3 = High | 0 = N/A | 1 = Moderate | 2 = Low | 3 = Low | 0 = N/A | 1 = High | 2 = Moderate | 3 = Low | 0 = N/A | 1 = High | 2 = Moderate | 3 = Low | 0 - 100% |
| 3 = High | Supply Chain Shortage / Failure | Number of Alerts | Number of Activations | 0 = N/A | 1 = Low | 2 = Moderate | 3 = High | 0 = N/A | 1 = Low | 2 = Moderate | 3 = High | 0 = N/A | 1 = Moderate | 2 = Low | 3 = Low | 0 = N/A | 1 = High | 2 = Moderate | 3 = Low | 0 = N/A | 1 = High | 2 = Moderate | 3 = Low | 0 - 100% |
| 3 = High | Suspicious Package / Substance | Number of Alerts | Number of Activations | 0 = N/A | 1 = Low | 2 = Moderate | 3 = High | 0 = N/A | 1 = Low | 2 = Moderate | 3 = High | 0 = N/A | 1 = Moderate | 2 = Low | 3 = Low | 0 = N/A | 1 = High | 2 = Moderate | 3 = Low | 0 = N/A | 1 = High | 2 = Moderate | 3 = Low | 0 - 100% |
| 3 = High | Temperature Extremes | Number of Alerts | Number of Activations | 0 = N/A | 1 = Low | 2 = Moderate | 3 = High | 0 = N/A | 1 = Low | 2 = Moderate | 3 = High | 0 = N/A | 1 = Moderate | 2 = Low | 3 = Low | 0 = N/A | 1 = High | 2 = Moderate | 3 = Low | 0 = N/A | 1 = High | 2 = Moderate | 3 = Low | 0 - 100% |
| 3 = High | Tornado | Number of Alerts | Number of Activations | 0 = N/A | 1 = Low | 2 = Moderate | 3 = High | 0 = N/A | 1 = Low | 2 = Moderate | 3 = High | 0 = N/A | 1 = Moderate | 2 = Low | 3 = Low | 0 = N/A | 1 = High | 2 = Moderate | 3 = Low | 0 = N/A | 1 = High | 2 = Moderate | 3 = Low | 0 - 100% |
| 3 = High | Transportation Failure | Number of Alerts | Number of Activations | 0 = N/A | 1 = Low | 2 = Moderate | 3 = High | 0 = N/A | 1 = Low | 2 = Moderate | 3 = High | 0 = N/A | 1 = Moderate | 2 = Low | 3 = Low | 0 = N/A | 1 = High | 2 = Moderate | 3 = Low | 0 = N/A | 1 = High | 2 = Moderate | 3 = Low | 0 - 100% |
| 3 = High | Trauma | Number of Alerts | Number of Activations | 0 = N/A | 1 = Low | 2 = Moderate | 3 = High | 0 = N/A | 1 = Low | 2 = Moderate | 3 = High | 0 = N/A | 1 = Moderate | 2 = Low | 3 = Low | 0 = N/A | 1 = High | 2 = Moderate | 3 = Low | 0 = N/A | 1 = High | 2 = Moderate | 3 = Low | 0 - 100% |
| 3 = High | Tsunami | Number of Alerts | Number of Activations | 0 = N/A | 1 = Low | 2 = Moderate | 3 = High | 0 = N/A | 1 = Low | 2 = Moderate | 3 = High | 0 = N/A | 1 = Moderate | 2 = Low | 3 = Low | 0 = N/A | 1 = High | 2 = Moderate | 3 = Low | 0 = N/A | 1 = High | 2 = Moderate | 3 = Low | 0 - 100% |
| 3 = High | Utility Failure | Number of Alerts | Number of Activations | 0 = N/A | 1 = Low | 2 = Moderate | 3 = High | 0 = N/A | 1 = Low | 2 = Moderate | 3 = High | 0 = N/A | 1 = Moderate | 2 = Low | 3 = Low | 0 = N/A | 1 = High | 2 = Moderate | 3 = Low | 0 = N/A | 1 = High | 2 = Moderate | 3 = Low | 0 - 100% |
| 3 = High | VIP Situation | Number of Alerts | Number of Activations | 0 = N/A | 1 = Low | 2 = Moderate | 3 = High | 0 = N/A | 1 = Low | 2 = Moderate | 3 = High | 0 = N/A | 1 = Moderate | 2 = Low | 3 = Low | 0 = N/A | 1 = High | 2 = Moderate | 3 = Low | 0 = N/A | 1 = High | 2 = Moderate | 3 = Low | 0 - 100% |
| 3 = High | Water Contamination | Number of Alerts | Number of Activations | 0 = N/A | 1 = Low | 2 = Moderate | 3 = High | 0 = N/A | 1 = Low | 2 = Moderate | 3 = High | 0 = N/A | 1 = Moderate | 2 = Low | 3 = Low | 0 = N/A | 1 = High | 2 = Moderate | 3 = Low | 0 = N/A | 1 = High | 2 = Moderate | 3 = Low | 0 - 100% |
| 3 = High | Water Disruption | Number of Alerts | Number of Activations | 0 = N/A | 1 = Low | 2 = Moderate | 3 = High | 0 = N/A | 1 = Low | 2 = Moderate | 3 = High | 0 = N/A | 1 = Moderate | 2 = Low | 3 = Low | 0 = N/A | 1 = High | 2 = Moderate | 3 = Low | 0 = N/A | 1 = High | 2 = Moderate | 3 = Low | 0 - 100% |
| 3 = High | Weapon | Number of Alerts | Number of Activations | 0 = N/A | 1 = Low | 2 = Moderate | 3 = High | 0 = N/A | 1 = Low | 2 = Moderate | 3 = High | 0 = N/A | 1 = Moderate | 2 = Low | 3 = Low | 0 = N/A | 1 = High | 2 = Moderate | 3 = Low | 0 = N/A | 1 = High | 2 = Moderate | 3 = Low | 0 - 100% |
| 3 = High | Workplace Violence / Threat | Number of Alerts | Number of Activations | 0 = N/A | 1 = Low | 2 = Moderate | 3 = High | 0 = N/A | 1 = Low | 2 = Moderate | 3 = High | 0 = N/A | 1 = Moderate | 2 = Low | 3 = Low | 0 = N/A | 1 = High | 2 = Moderate | 3 = Low | 0 = N/A | 1 = High | 2 = Moderate | 3 = Low | 0 - 100% |

Can add EID to either line 75 or you can edit the infectious disease to include EID.
Staffing and Succession Planning

• Facilities may have a general plan which outlines the roles and responsibilities of the different individuals and refers to those individuals by their titles. For example, a Facility Incident Commander may be the Facility Administrator.

• If the facility chooses to follow this process without individual name identification, the individual serving in the role during the time of the survey should be able to adequately describe their role and responsibility during an emergency – E-0007.
Staffing and Succession Planning

• Plan must show services that the facility would be able to provide during an emergency and any plans to address services needed that cannot be provided by the facility during an emergency as part of continuity of operations and services.
New Focus in Reporting During EIDs

• Dependent on the emergency event and the anticipated longevity, facilities may need to report select criteria such as in an EID outbreak or the number of patients’ positive or persons under investigation (PUI). The facility’s process should include monitoring by the facility’s emergency management coordinator or designee of reporting requirements issued by CMS or other agencies with jurisdiction. Additional monitoring and reporting may be required by local and state public health agencies due to contact tracing requirements for extended periods of time or for time specific intervals. Facilities should identify local and state policies for reporting and contract tracing to ensure they have appropriate information to address requirements. – E-0034
All Hazard Risk Assessment aka HVA

Resources:
Facility HVA –
https://www.cahfdisasterprep.com/hva
http://myhazards.caloes.ca.gov/
Community Based HVA –
https://www.cahfdisasterprep.com/county
https://www.cahfdisasterprep.com/lacounty
Evacuation P&P

• Must have policy for residents refusing evacuation
• [https://www.cahfdisasterprep.com/evacuation](https://www.cahfdisasterprep.com/evacuation): See non-compliant resident P&P
• Add as an addendum to your existing P&P or incorporate into your current P&P, make sure crosswalk points to where it can be found
Most Cited E-Tags

• E-0031 – Contact Information Emergency Officials; needs to have primary and alternate means of communicating updated every year
• E-0039 – Exercises; need two annually with documentation
• E-0041 – Emergency Power
• E-0006 – HVA/Risk Assessment
• E-0004 – Annual Updates
• E-Tag crosswalk should accompany every plan - https://www.cahf.org/Portals/29/DisasterPreparedness/EOPs/v3_e_tag_chart_LTC_providers_2018.pdf
• Changes in plan need to be addressed in the crosswalk as well
“Talking the Talk” and Recordkeeping

• Most commonly cited occurrences seem to start with our inability to let the surveyors know we have something in place. Many providers still do not have the ability to articulate/explain their plan to the surveyor, and most of the surveyors still lack understanding of different terminology.

• Record keeping – This is low hanging fruit for surveyors. Every section CMS asks for annual updates a log should be created to show when and who reviewed it and what, if any, changes were made. That means multiple logs in multiple places within your EOP.
Thank you!

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Four Things to Do

• Verify that your EOP is specific for your center and staff know where to find it.
• Ensure your communication contact list is up-to-date.
• Review QSO-21-15 ALL and ensure EIDs are part of your HVA.
• Sign up to participate in your Healthcare Coalition’s community-based exercise.
Questions?
Thank you!

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CMS Disclaimer

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