

§ 483.73 EMERGENCY PREPAREDNESS REQUIREMENTS FOR LTC FACILITIES • OPTIONAL SELF-ASSESSMENT TOOL



This optional self-assessment tool is patterned on both the Requirements and the Interpretive Guidelines issued by CMS and updated on June 9, 2017. It has been prepared by Direct Supply® TELS® for use by facilities in measuring the level of their policy and procedure alignment with CMS EP requirements.

The LTC facility must comply with all applicable Federal, State and local emergency preparedness requirements. This document does not include state or local requirements; check with your AHJs for details regarding state and local requirements that apply to your facility. The LTC facility must establish and maintain an emergency preparedness program that meets the requirements. The emergency preparedness program must include, but not be limited to, the following elements:

In Progress	In Place	E-Tag	Elements and Tasks	Required Action (responsible party, start date, next check-in)	Date Completed
		0001	The [facility] must comply with all applicable Federal, State and local emergency preparedness requirements. The [facility] must establish and maintain a [comprehensive] emergency preparedness program that meets the requirements of this section. * The emergency preparedness program must include, but not be limited to, the following elements:		
		0004	(a) Emergency plan. The [facility] 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:		
		0006	(1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing residents.		
		0006	(2) Include strategies for addressing emergency events identified by the risk assessment.		
		0007	(3) Address patient/client population, including, but not limited to, persons at-risk; the type of services the LTC facility has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.		
		0009	(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 facility's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.		
		0015	(b) Policies and procedures. [Facilities] 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:		
		0015	(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.		
		0015	(ii) Alternate sources of energy to maintain: (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; and (D) ___ Sewage and waste disposal.		

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		0018	(2) A system to track the location of on-duty staff and sheltered residents in the LTC facility's care during and after an emergency. If on-duty staff and sheltered residents are relocated during the emergency, the LTC facility must document the specific name and location of the receiving facility or other location.		
		0020	(3) Safe evacuation from the LTC facility, 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.		
		0022	(4) A means to shelter in place for residents, staff, and volunteers who remain in the LTC facility.		
		0023	(5) A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains availability of records.		
		0024	(6) 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.		
		0025	(7) The development of arrangements with other facilities and other providers to receive patients in the event of limitations or cessation of operations to maintain the continuity of services to facility patients.		
		0026	(8) The role of the LTC facility under a waiver declared by the Secretary, in accordance with section 1135 of the Act, in the provision of care and treatment at an alternate care site identified by emergency management officials.		
		0029	(c) Communication plan. The [facility] 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:		
		0030	(1) Names and contact information for the following: (i) ___ Staff (ii) ___ Entities providing services under arrangement (iii) ___ Residents' physicians (iv) ___ Other facilities (v) ___ Volunteers		
		0031	(2) Contact information for the following: (i) ___ Federal, State, tribal, regional, and local emergency preparedness staff. (ii) ___ The State Licensing and Certification Agency. (iii) ___ The Office of State Long-Term Care Ombudsman. (iv) ___ Other sources of assistance.		
		0032	(3) Primary and alternate means for communicating with the following: (i) ___ Facility's staff. (ii) ___ Federal, State, tribal, regional, and local emergency management agencies.		
		0033	(4) A method for sharing information and medical documentation for patients under the [facility's] care, as necessary, with other health providers to maintain the continuity of care.		
		0033	(5) A means, in the event of an evacuation, to release patient information as permitted under 45 CFR 164.510(b)(1)(ii).		

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		0033	(6) A means of providing information about the general condition and location of patients under the [facility's] care as permitted under 45 CFR 164.510(b)(4).		
		0034	(7) A means of providing information about the [facility's] occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee.		
		0035	(8) A method for sharing information from the emergency plan, that the facility has determined is appropriate, with residents [or clients] and their families or representatives.		
		0036	(d) Training and testing. The [facility] 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.		
		0037	(1) Training program. The [facility, except Hospices, PRTFs, PACE organizations, Hospitals, CAHs, RHCs/ FOHCs, and dialysis facilities] 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 role. (ii) Provide emergency preparedness training at least annually. (iii) Maintain documentation of all emergency preparedness training. (iv) Demonstrate staff knowledge of emergency procedures.		
		0039	(2) Testing. *[For LTC Facilities at §483.73(d):] The LTC facility must conduct exercises to test the emergency plan at least annually, including unannounced staff drills using the emergency procedures. The LTC facility must do all of 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 [facility] experiences an actual natural or man-made emergency that requires activation of the emergency plan, the [facility] 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 [facility's] response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the [facility's] emergency plan, as needed.		
		0041	(e) Emergency and standby power systems. The LTC facility must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section.		
		0041	(1) Emergency generator location. The generator must be located in accordance with the location requirements found in the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5, and TIA 12-6), Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4), and NFPA 110, when a new structure is built or when an existing structure or building is renovated.		

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		0041	(2) Emergency generator inspection and testing. The LTC facility must implement the emergency power system inspection, testing, and maintenance requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code.		
		0041	(3) Emergency generator fuel. LTC facilities that maintain an on-site 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.		
		0042	(f) Integrated healthcare systems. If a LTC facility is part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency preparedness program, <u>the LTC facility may choose to participate</u> in the healthcare system's coordinate emergency program. <u>If elected</u> , the unified and integrated emergency preparedness program must do all of the following:		
		0042	(1) Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.		
		0042	(2) Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered.		
		0042	(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.		
		0042	(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 - (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.		
		0042	(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.		

The above tags are applicable to LTC facilities as of June 9, 2017. This document is intended to provide general information and is not legal advice. This document does not replace CMS policy and may not reflect current policy. Direct Supply® TELS® specifically disclaims all warranties, express or implied, including but not limited to the implied warranties of merchantability and fitness for a particular purpose. Direct Supply is not affiliated with or endorsed by CMS.