

CMS Increases Emergency Preparedness Interpretive Guidelines

Updated!

KHCA Fall Conference

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It's Not if but When



Attitude: “Bad things happen to other people” (“It won’t happen to me here”)

Emergencies happen daily... are you prepared?

2

So, is your facility really ready?

I don't know.

Sure, surveyor didn't cite facility.

Yes, we've reviewed the information and feel confident!

No, but we are working on it.

No, and I'm concerned about meeting the requirements.

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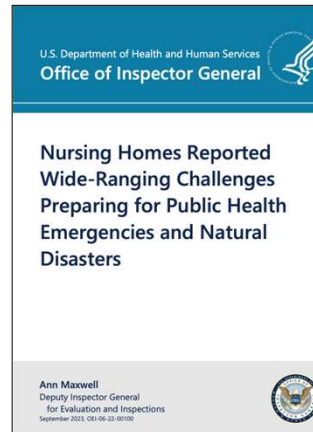
**Think about
all the News
and
Hurricanes,
Fires,
Floods...**



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Nursing Homes Reported Wide-Ranging Challenges Preparing for Public Health Emergencies and Natural Disasters

- The Office of the Inspector General just released report of nursing home reporting a wide-range of issues and challenges related to emergency response.
 - Although most nursing homes met Federal emergency preparedness requirements, an estimated 77 percent reported challenges with preparedness activities intended to ensure that resident care needs are met during an emergency. The most frequently cited concerns among nursing homes were ensuring proper staffing during emergencies and transporting residents during evacuations.



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OIG Key Areas Identified as Challenges

We analyzed **seven** broad **topic areas** of emergency preparedness:

- 1) Ensuring proper **staffing**
- 2) **Transporting residents** during evacuations
- 3) Maintaining a comprehensive **communication plan**
- 4) **Infection control** and quarantine
- 5) **Securing locations** to evacuate residents and staff
- 6) **Collaborating** with community partners
- 7) Managing **medical records**



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OIG Other Challenges

Other Challenges

Establishing procedures to address physical or mental trauma of residents during emergencies	23.2%
Prioritizing planning activities for addressing the range of emergency events identified by the risk assessment	15.5%
Dedicating internal resources to emergency planning activities	14.3%
Receiving timely reviews and approval of an emergency/evacuation plan to meet State or local requirements	14.3%
Establishing clear criteria for the decision to evacuate versus shelter in place during an emergency	12.5%
Developing policies and procedures for tracking the location of residents and staff following an evacuation	10.1%
Maintaining emergency power systems year-round (e.g., generators)	10.1%

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CMS
EMERGENCY
RULE

September 2016 CMS released
FINAL disaster regulation:
Emergency Preparedness
Standards for Medicare and
Medicaid Participating Providers
and Suppliers

• Enforced since November 2017!



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Long Term Care's Situation

- Residents in LTC have a higher acuity and frequency suffer from dementia or other disabling illnesses
- Most residents in long term care require assistance and cannot evacuate independently
- Shelter in place is the norm
- Evacuations typically occur in the worse situations and shelter in place is not an option



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Emergency Preparedness Program



- The facility shall develop an emergency preparedness program
- The emergency preparedness program describes the facility's approach to meeting the health, safety, and security needs of their staff and resident population during an emergency.
- The program must address how the facility would coordinate with other healthcare facilities, as well as the whole community during an emergency or disaster
- The facility's emergency preparedness plan is based on the facility-based and community-based risk assessment using an "all-hazards" approach

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Appendix Z of the State Operations Manual

- The LTC facility must comply with all applicable Federal, State and local emergency preparedness requirements.
- The LTC facility must establish and maintain an emergency preparedness program that meets the requirements of this section..
- CMS has developed Appendix Z to provide consistent interpretive guidance
- There are 44 surveyor guidelines contained in Appendix Z of which 26 apply to SNFs and 25 for ICF-IIDs facilities



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Interpretive Guidelines

- “The Interpretive Guidelines are sub regulatory guidelines, not laws, which establish our expectations for the function states perform in enforcing the regulatory requirements. Facilities do not require the IGs in order to implement the regulatory requirements.
- This EP rule is accompanied by extensive resources that providers and suppliers can use to establish their emergency preparedness programs.”



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CMS Notice QSO-19-06-ALL Updates to Appendix Z

- Update to Appendix Z, Interpretive Guidelines for Emergency Preparedness, to reflect increasing concerns for healthcare facilities of **emerging infectious diseases (EIDs) such as Zika and Ebola Virus.**
- The requirement at E-0004, Develop and Maintain an Emergency Preparedness Program now includes language related to the facility's emergency preparedness program and consideration of particular hazards, **including EIDs.**
- All-Hazard Planning approach relies on two pivotal components
 - 1) risk assessment in which the facility takes into account all hazards that are most likely to affect a facility
 - 2) facilities must establish a baseline emergency response seeing as most emergencies involve two possible results sheltering-in-place and evacuation.

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ANTICIPATING EMERGING INFECTION DISEASE



QSO-21-15-ALL: Updated Guidance

- CMS has updated many of E-Tags given the nature of the COVID-19 PHE and the future concerns with healthcare readiness - **Emerging Infectious Diseases**
- Remember....February 2019, CMS added “emerging infectious diseases” to the definition of all-hazards approach in Appendix Z as CMS determined it was critical for facilities to include planning for infectious diseases within their emergency preparedness program.
- CMS requires facilities to consider preparedness and infection prevention within their all-hazards approach, which covers both natural and man-made disasters.

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Leading E Tags

E0004	Develop EP Plan, Review and Update Annually	48.3%
E0039	EP Testing Requirements	31.0%
E0036	EP Training and Testing	10.3%
E0026	Roles Under a Waiver Declared by Secretary	10.3%
E0006	Plan Based on All Hazards Risk Assessment	6.9%
E0024	Policies/Procedures-Volunteers and Staffing	6.9%
E0013	Development of EP Policies and Procedures	3.4%
E0001	Establishment of the Emergency Program (EP)	3.4%
E0015	Subsistence Needs for Staff and Patients	3.4%

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Emergency Preparedness Core Elements

The LTC facility must comply with all applicable Federal, State and local emergency preparedness requirements. The LTC facility must establish and maintain an emergency preparedness program that meets the requirements of this section

1. Hazard Vulnerability Assessment

2. Communications Plan

3. Policies and Procedures

4. Training and Testing

5. Essential Electrical

6. System Integration

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Annual Update



LTC facilities must develop and maintain an emergency preparedness plan that shall be reviewed, and **UPDATED AT LEAST ANNUALLY**

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Plan Revisions




- Incidents and exercises
- Update of planning guidance or standards
- A change in resident demographics
- A reassessment of hazard specific threats
- A change in the acceptability of various risks
- New or amended regulations
- A change in operational resources (e.g., personnel, organizational structures, management processes, communities, equipment)

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Emergency Plan

- The LTC facility must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually
- The format of the emergency preparedness plan that a facility uses is at its discretion
- There is no specific format or system required for documenting the EP program but must be in writing.
- CMS also recommends, but is not requiring, facilities to develop a crosswalk (Table of Contents) as applicable for where their documents are located.
- Facility-based disasters that include but are not limited to:
 - Equipment and utility failures, including electricity, sewer, gas water, etc.
 - Interruptions in communication
 - Cyber-attacks
 - Loss of all or portion of a facility
 - Interruptions to the normal operations such as weather, missing resident, etc.

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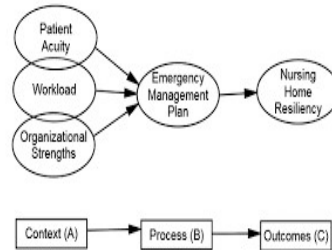
Emergency Preparedness Manual

- Analyze the risk of the emergency
- Understand nature of the emergency
- Determine risk to residents and staff
- Maintain residents' health, welfare, and safety
- Potential requirement to modify daily operations
- Community impact and response
- Evacuation decision-making
- Incident Action Team - critical staff members that must be contracted in all situations
- Facility information - key faculty importation about our building and critical vendors and other support individuals
- Succession Plan - Who is in charge when leadership isn't
- Training and Exercises - providing education and drills to ensure preparedness

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Emergency Preparedness Program

- Consider public health emergencies including planning, coordinating, and responding to a pandemic.
- Infection Prevention personnel involved in the planning, development, and revisions to the EP program.
- The delegations of authority and succession plans, which are different from the "continuity" plans, are documented plans which outline the specific individuals and alternate/successors who can activate the facilities' emergency plans to ensure patient safety.
- Surveyors may interview individuals identified in delegation and succession plans for understanding their role in an emergency.



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E-001/ 004 Compliance?

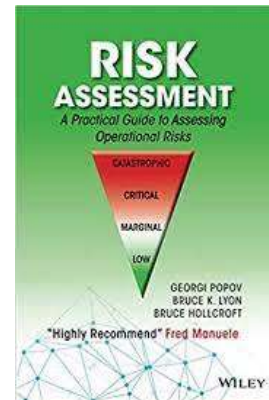
- Is the facility leadership aware of and have working knowledge of the facility's emergency preparedness program.
- Does the facility have a written EP plan and is it available for review?
- Are all copies of previous plans been updated throughout the facility?
- The facility's EP plan has been 'signed off' by administrator/ leadership that the emergency plan has been reviewed, revised, updated annually



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Assessing Resident Risk

- Should be included as part of the comprehensive assessment
- How will clinical information and patient care requirements be communicated?
- Consider evacuation requirements
- Limitations on patient mobility
- Limitations on transport of life-saving equipment
- Special needs/limitations – language barriers, diet, intellectual ability



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Hazard Vulnerability Analysis

The facility's plan is based a documented, facility/ community-based risk assessment. Process of evaluating risk associated with a specific hazard and defined in terms of:

- probability & frequency of occurrence
- magnitude & severity
- exposure & consequences
- preparedness

Vulnerability equals hazard/threat probability, plus severity minus prepared response

$$\underline{V = Pb + S - Pr}$$

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Kaiser Permanente HVA Tool

Kaiser Permanente										
Emergency Management										
Happy Nursing Center										
Event	PROBABILIT	ALERTS	ACTIVATION	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
	Likelihood this will occur			HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED- NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	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 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low	0 = N/A 1 = High 2 = Moderate 3 = Low	0 = N/A 1 = High 2 = Moderate 3 = Low	0 - 100%
Active Shooter	1	0	0	3	1	3	2	2	2	14%
Bomb Threat	1	0	0	1	1	2	3	3	3	13%
Chemical Exposure, External	2	0	0	1	1	2	3	3	3	29%
Civil Unrest	1	0	0	1	1	2	3	3	3	14%
Communication / Telephony Failure	3	0	0	1	0	3	2	2	3	37%
Earthquake	2	0	0	0	1	1	2	3	3	22%
Explosion	1	0	0	1	1	3	3	3	3	16%
Fire	3	0	0	1	2	2	1	1	2	30%
Flood	3	0	0	1	2	2	1	1	2	30%
Gas / Emissions Leak	1	0	0	1	1	2	3	3	3	14%
Generator Failure	2	0	0	2	1	3	2	2	2	27%
Hazmat Incident	2	0	0	1	1	2	3	3	3	29%
Hurricane	2	0	0	1	1	2	2	2	3	24%
HVAC Failure	3	0	0	1	1	3	1	2	2	33%
Inclement Weather	3	0	0	2	2	3	1	2	2	40%
Infectious Disease Outbreak	3	0	0	2	0	3	2	2	3	40%
IT System Outage	3	0	0	1	1	2	2	2	2	33%
Natural Gas Failure	2	0	0	1	1	3	3	3	1	27%
Missing Resident	3	0	0	2	1	2	1	1	2	30%
Other Utility Failure										
Power Outage	3	0	0	1	1	2	2	2	2	33%
Radiation Exposure	2	0	0	2	1	3	2	2	2	27%
Sewer Failure	2	0	0	1	1	3	3	3	1	27%
Shelter in Place										
Suicide	2	0	0	3	0	2	2	2	2	24%
Tornado	3	0	0	1	2	2	2	2	2	37%
Transportation Failure	1	0	0	1	0	1	2	2	2	9%
Water Disruption	2	0	0	1	0	3	2	2	2	22%
Workplace Violence / Threat	3	0	0	1	0	2	2	2	2	30%

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Kaiser Permanente HVA Tool

SUMMARY

TOP 10 HVA	RANK	CCURENCE
Inclement Weather	1	0
Infectious Disease Outbreak	2	0
Communication / Telephony Failure	3	0
Tornado	4	0
HVAC Failure	5	0
IT System Outage	6	0
Power Outage	7	0
Fire	8	0
Flood	9	0
Missing Resident	10	0

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E-013 Policies & Procedures

- Align with the identified hazards by the facility's risk assessment
- Policies should address the following:
 - The provision of subsistence needs for staff and residents, whether they evacuate or shelter in place, include, but are not limited to the following:
 - Food, water, medical, and pharmaceutical supplies.
 - Alternate sources of energy to maintain—
 - Temperatures to protect resident health and safety and for the safe and sanitary storage of provisions;
 - Emergency lighting;
 - Fire detection, extinguishing, and alarm systems; and
 - Sewage and waste disposal



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Policies and Procedures



Facilities should also include in their planning and revisions of existing plans contracts and inventory of supply needs; availability of personal protective equipment (PPE); critical care equipment; and transportation options/needs to be prepared for surge events.

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Policies ...



- Facility must address how they intend to meet electric, and HVAC needs of residents.
- Temperature concern and ability to maintain 71° to 81°
- Address utility outages including electric, sewer, water, and internet

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Policies and Procedures E - 0015 Subsistence



- Facilities must be able to provide for adequate subsistence for all residents and staff for the duration of an emergency, including:
 - Food
 - Water
 - Medical
 - Pharmaceutical supplies
- Facilities have flexibility in identifying their individual subsistence needs that
- There are no set requirements or standards for provisions
- Facilities should consider supplies they may need for volunteers, visitors, and individuals from the community

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Common Situational Policies

- Tornado
- Fire
- Severe Weather
 - Blizzard
 - Ice Storms
- Excessive Temperature
- Flood
- Earthquake
- Civil Unrest
 - Utility Outage/ interruption
 - Phone
 - Water
 - Power Outage
 - Gas
 - Electric
 - Internet
- Communication failure
- Workplace violence
 - Active Shooter
 - Weapons
 - Bomb Threat
 - Hostage
- Chemical Spill
- Biohazard/ terrorism
- Radiation exposure
- Infectious Disease
- Life Safety Code
- Fire
- Generator failure
- EMR Disruption/ failure
- Cyber attack
- Hazardous Material release

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Surge & Staffing

- Facilities must have policies which address their ability to respond to a surge in patients.
- The emergency plan should include ways the facility will respond to identified patient needs that cannot be addressed by in-house services in an emergency (dialysis)
- Emergency staffing strategy policies and procedures should outline how the facility would ensure that healthcare professionals used for emergency staffing are credentialed, licensed (as applicable), or able to provide medical support within the facility in accordance with any state and federal laws

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Evacuation vs. Shelter-in-Place?

- Evacuation from the facility, which includes consideration of care and treatment needs of evacuees;
- Who is responsible for the decision?
- What are the parameters that constitute the decision?
- Staff responsibilities
- Transportation
- What are the choices for the facility?
 - Shelter-in-place?
 - Other facilities?
 - Alternate care sites?
 - Supports
 - Generator?



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Shelter in Place Plan

- Shelter-in-place is the preferred option
- Usually for just a few hours or for less than 24 hours such as power outage or extreme weather, etc.
- Consider the ability of their building(s) to survive a disaster and what proactive steps they could take prior to an emergency to facilitate sheltering in place
- The plan should consider the appropriate facilities in the community to which residents could be transferred in the event of an emergency. Facilities must determine their policies based on the type of emergency and the types of residents, staff, volunteers and visitors that may be present during an emergency.
- Based on its emergency plan, a facility could decide to have various approaches to sheltering some or all its residents and staff.

**SHELTER
IN PLACE!**

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Evacuation

Movement of residents to an area/ compartment that is relative safety in response to a given threat or movement to staging area in preparation for evacuation.

Horizontal - movement to a safe location on the same floor, preferably nearer to an emergency exit

Vertical - movement of individuals to a safe location on a different floor when a horizontal evacuation cannot meet the service or safety needs of the residents or is unsafe

- **Partial evacuation** – Maybe the evacuation of a subset of facility residents – this may involve residents requiring specialized care that can no longer be safely delivered at the affected facility (intensive care, dialysis) or within the facility from a compromised compartment to safe one
- **Complete evacuation** – complete evacuation of a facility due to an unsafe environment of care – usually will involve facility shutdown actions

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Transportation Need

- Transportation is a critical component of an emergency plan
- Transportation provider contact information provides a framework
- The facility has established and maintains these transportation contracts.



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Facility Resident Needs Tables

Unit	Bed #	Average Census	Ambulatory	Wheelchair Bound	Bed-bound	Notes
Custodial Care	126	118	34	76	8	
Dementia	42	37	6	31	0	70% total population has dementia
O2 dependent		25	4	21	0	Throughout building
Bariatric		5	0	2	3	Throughout building
Behavioral		19	11	8	0	Throughout building
Hospice		10	0	3	7	Throughout building

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Transportation Need

Service / Resource	Contact	Resources
Facility vehicles	Jerry Louis 812-555-3399	2 - 15 passage vans with 2 WC tiedowns each
Local EMS*	911	Ambulances
Local charter/ bus company*	Maggie Davis 812-418-0759	Several vans with as many as 6 WC tiedowns
Local Mass Transit	Oliver Co. Dept. of Aging	Senior Transport
School System	Steven Moshe, Happy Exempt Schools 812-629-5657	3 - 20 passage vans with WC tiedowns and several large school buses

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Alternate Care Site (ACS)



"YOU SHOULD ALL GET ALONG BEAUTIFULLY. FRED HANDLES TOXIC WASTES, DORIS WORKS AT A NUCLEAR REACTOR AND WALTER JUST ISN'T TAKING ANY CHANCES."

The requirement under the emergency program is that facilities must develop and implement policies and procedures which describe the facility's role in providing care at an ACS during emergencies.

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Church, School, Gym?



- Adequate space including bathrooms and bathing
- Facility features of fire protection
- Food supply/prep/delivery
- Laundry facilities
- Communications (phones), Internet access
- Waste disposal adequate
- Staff breakroom/ space
- Staff Parking
- Adequate utilities including lighting, water, HVAC
- Office Space
- Equipment storage area

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Communication Plan

- The LTC 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 following:
 - Key vendors
 - Entities providing services
 - Staff and volunteers
 - Physicians
 - Other facilities, providers
 - Emergency management agencies
 - Nursing facility licensing, certification
 - Long Term Care Ombudsman
 - Others



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Communications

- Communication is a critical function during emergency conditions and the nursing home's emergency plan include the communications capabilities to detect emergencies and communicate response actions.
- The facility will utilize a combination communications modalities:
 - Primary
 - Overhead paging
 - Land-line telephones
 - Fax machines
 - Secondary
 - Cellular telephone (with texting)
 - Smart telephone (with internet capability)
 - Two-way radios (always kept in their chargers)
 - Internet or local area networks (if computer systems are operative)



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Plain Language Announcements

FACILITY ALERT	RECOMMENDED PLAIN LANGUAGE
Evacuation/Relocation	Facility Alert + Evacuation + Directions
Fire	CODE RED + Fire + Location + Directions
Utility/Technology Interruption	Utility/Technology Interruption + Directions
Severe Weather	Weather Event + Location + Directions
Work Place Violence/ Active Shooter	"Security Alert + Location + Directions
Bomb Threat	"Security Alert + Location + Directions
Missing Person	"Security Alert + Missing Person + Location + Directions
Security Assistance	"Security Alert + Location + Directions
General Alerts	General Alert + + Location + Directions

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Sharing Medical Information

Facility's EP plan should include policies and procedures of how the facility will handle medical records

Additionally, policy should address process the facility has developed to hand resident information, protect confidentiality, and secures and maintains availability of records.

The form is titled "Emergency Medical Information" and features a red Star of Life logo with a white caduceus. It includes the following fields:

- Name (Last, First, Middle)
- Address (Street, City, State, Zip)
- Phone (Home, Cell)
- Relationship (to the resident)
- Medical CareAlert logo and "EMERGENCY RESPONSE SYSTEMS" text.
- A red banner at the bottom that reads "BE SURE TO COMPLETE REVERSE SIDE".

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Reporting Process

Facility Reporting

- Expanded guidance and best practices related to reporting of facility needs, facility's ability to help and occupancy reporting.
- 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.

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Resident & Family Information

- Required to share emergency preparedness plans and policies with family members and residents
- Facilities may provide a quick "Fact Sheet" or informational brochure to the family members and residents or which may highlight the major sections of the emergency plan and policies and procedures deemed appropriate by the facility.

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Media Plan

- Identify a spokes person
- Task the spokesperson with gathering information about an emergency and to answer basic questions from the media
- Know basic statistics about the organization, number of residents, census data (number of beds, units, etc.), the number of employees, and a general outline of the company and its mission statement.
- Social media
 - Twitter
 - Face Book
 - Instagram

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Incident Management



Nursing Home Incident Command System (NHICS) is a response management system designed to enable effective and efficient incident management by integrating a facility resources, equipment, personnel, procedures, and communications operating within a common organizational structure

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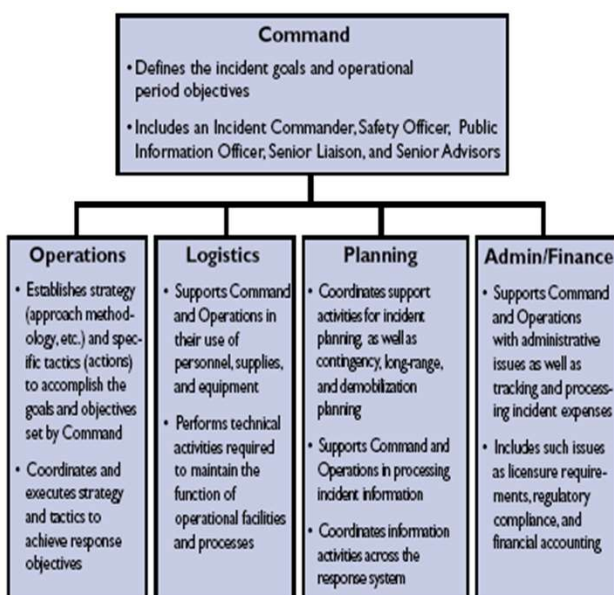
Emergency Response

- Once notified of event the highest-ranking facility staff member assumes role of Incident Commander position
- Incident Commander has the responsibility at that moment to declare the emergency and put facility plans in motion
- Pre-designated staff will report to command post
- Remember most staff will continue to preform their normal duties



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Incident Command System



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Training and Testing

- The LTC facility must develop and maintain an emergency preparedness training and testing program
- **Training program:** The LTC facility must do all of the following:
 - Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent
 - Provide emergency preparedness training at least annually.
 - Demonstrate staff knowledge of procedures
- **Testing (Exercises)** The LTC facility must conduct exercises to test the emergency plan at least twice per year, using the emergency procedures.



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Exercises and Drills

The types of acceptable testing exercises are expanded. Facilities can choose one of the two annually required testing exercises to be an exercise of their choice,

1. Participate in an annual full-scale exercise that is community-based; or when a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise.
2. Conduct an additional exercise that may include, but is not limited to the following:
 1. A second full-scale exercise that is community-based or an individual, facility-based functional exercise.
 2. A mock disaster drill; or
 3. A tabletop exercise or workshop that is led by a facilitator includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.

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Exemption based on Actual Emergency

- An actual emergency event or response of sufficient magnitude that requires activation of the relevant emergency plans
- Should be similar to full-scale exercise requirement



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After Action Report



- Complete an after-action review process to help them develop an actionable after-action report (AAR). The process includes a 'hot wash' (roundtable discussion) can identify and document lessons learned and necessary improvements in an official AAR.
- The AAR, at a minimum, should determine
 - What happened
 - What was supposed to happen;
 - What went well
 - What didn't
 - What the facility can do differently or improve upon

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Emergency and standby power systems



- The LTC facility must implement emergency and standby power systems based on the emergency plan
- Facilities must establish policies and procedures that determine how required heating and cooling of their facility will be maintained
- CMS does not require facilities to have or install generators
- Not required to upgrade their electrical systems.
- Alternate sources of energy depend on the resources available to a facility, such as battery-operated lights, generator, etc.

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E - 0041 Emergency Power

- Verify that the facility has the required emergency and standby power systems to meet the requirements of the facility's emergency plan and corresponding policies and procedures
- Review the emergency plan for "shelter in place" and evacuation plans. Based on those plans, does the facility have emergency power systems or plans in place to maintain safe operations while sheltering in place?



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Generator Inspection, Testing and Maintenance

Electrical Power Standby System	
Emergency generator system	Inspect weekly & test monthly
Emergency generator – Exercise under load	30 min./month
Load Bank for diesel generators	90min annually
Main & feeder circuit breakers	Exercise per mfg. & inspect yearly
Storage batteries – inspect & maintenance	Weekly
EPSS shall be test run continuously for 4 hr.	Every 36 months
Emergency Lighting – inspect & maintenance	30 sec. Monthly 90 min. Annually

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Integrated Healthcare System

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, the LTC facility may choose to participate in the healthcare



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Are You Truly Prepared?

- Emergency leadership committed to preparedness
- Conduct and updated HVA
- Emergency Plans are developed/updated
- Shelter-in-place plan
- Evacuation plan
- Staff training is conducted, and staff are aware of roles and responsibilities
- Communications / notifications
- EMA identified and relationship established
- Drills and exercises are conducted
- After action reports drafted and improvements implemented



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- Consulting and education focusing on quality improvement, survey compliance, disaster preparation and facility management.
- Disaster preparedness planning
- Mock surveys and audits
- Fire Safety Evaluation System audits
- Policy and procedure development
- Professional development and training
- Member, Ohio Health Care Association Board to Trustees and Chairman, Life Safety and Emergency Preparedness
- Member, AHCA Life Safety Committee and Disaster Preparedness Committee

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