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**HEALTH**

# Massachusetts Department of Public Health

## Most Frequently Cited Deficiencies for Emergency Preparedness

Emergency Preparedness Sessions

May 7-9, 2019

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# Agenda

- Identify the top 20 Emergency Preparedness (EP) deficiencies cited in Massachusetts nursing homes
- Review the federal EP requirements
- Understand why certain practices are deficient
- Summary



# Acronyms

- **EP** – Emergency Preparedness
- **LSC** – Life Safety Code
- **LTC** – Long-Term Care
- **NFPA** – National Fire Protection Association



# Most Frequently Cited EP Deficiencies

1. E0039 – EP Testing Requirements
2. E0037 – EP Training Program
3. E0004 – Develop EP Plan, Review, and Update Annually
4. E0035 – LTC Sharing Plan with Patients
5. E0026 – Roles Under a Waiver by Secretary
6. E0006 – Plan Based on All Hazards Risk Assessment
7. E0024 – Policies/Procedures-Volunteer and Staffing
8. E0041 – LTC Emergency Power
9. E0025 – Arrangement with Other Facilities
10. E0018 – Procedures for Tracking of Staff and Patients

# Most Frequently Cited EP Deficiencies, Cont'd

11. E0030 – Names and Contact Information
12. E0036 – EP Training and Testing
13. E0020 – Policies for Evacuation and Primary/Alternate Communication
14. E0022 – Policies/Procedures for Sheltering in Place
15. E0032 - Primary/Alternate Means for Communication
16. E0031 – Emergency Officials Contact Information
17. E0015 – Subsistence Needs for Staff and Patients
18. E0023 – Policies/Procedures for Medical Documentation
19. E0033 – Methods for Sharing Information
20. E0009 – Local, State, Tribal Collaboration Process

# 1. E0039 – EP Testing Requirements

- Conduct two exercises to test the EP plan annually, including unannounced staff drills using the emergency procedures
  - One community-based exercise
  - An additional exercise
    - ✓ Full scale exercise that is community based or facility based
    - ✓ Tabletop exercise
- Analyze the facility's response
- Maintain documentation of all drills and exercises for three years
- Revise the emergency plan based on lessons learned

# 1. E0039 – EP Testing Requirements (cont'd)

## Common Deficiencies:

- Two drills were not conducted
- A community based drill was not conducted and the facility did not document the efforts to identify a full-scale, community based exercise
  - Dated, personnel, agencies contacted, reason for the inability to participate
- No documentation of the exercise
- No documentation of the analysis, facility response, and how the emergency program was updated

## 2. E0037 – EP Training Program

### The training program must include all of the following:

1. Initial training in emergency preparedness policies and procedures to all new and existing staff, contracted staff, and volunteers
2. Annual training
3. Maintain documentation of the training
4. Demonstrate staff knowledge of emergency procedures

### Common Deficiencies:

- No record of training
- No documentation of who was trained
- No documentation of the subject matter of the training



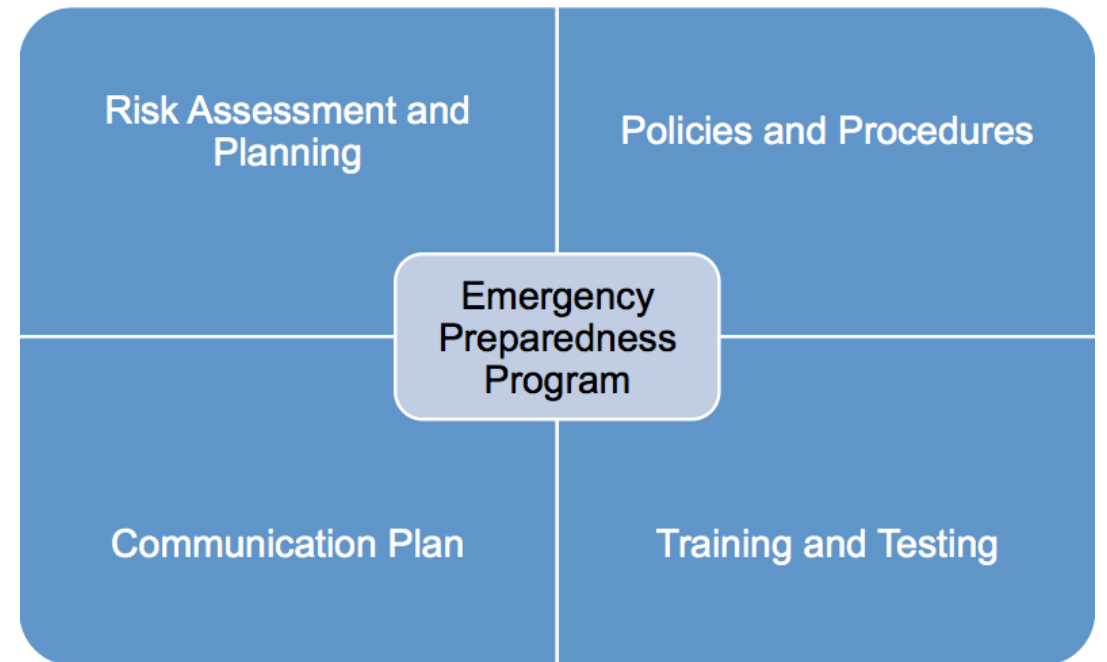


### 3. E0004 – Develop EP Plan, Review, and Update Annually

- Develop and maintain a comprehensive emergency preparedness program
- Update the Emergency Plan at least annually

#### Common Deficiencies:

- No annual update and review
- Generic plans
- Incomplete plans
- Multiple plans that vary
- Outdated and inaccurate



## 4. E0035 – LTC Sharing Plan with Patients

Develop and maintain an emergency communication plan that includes a method for sharing the information with the residents and their families or representatives.

### **Common Deficiencies:**

- Plan not shared with residents
- Plan not shared with families or representatives



# 5. E0026 – Roles Under a Waiver by Secretary

The EP polices and procedures must address the role of the 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.

- Federal requirements only – not state licensure
- Allows reimbursement during an emergency or disaster
- End no later than the termination of the emergency period or 60 days

Source: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/1135-Waivers.html>

## 5. E0026 – Roles Under a Waiver by Secretary (cont'd)

### Purpose of 1135 Waivers

Sufficient health care items and services are available to meet the needs of Medicare, Medicaid and CHIP beneficiaries

Health care providers that provide such services in good faith can be reimbursed for them and not subjected to sanctions for noncompliance, absent any fraud or abuse

# 5. E0026 – Roles Under a Waiver by Secretary (cont'd)

## Common Deficiency:

- The EP plan does not address what coordination efforts are required to provide care and treatment at an alternate site during a declared emergency or a disaster affecting the facility



# 6. E0006 – Plan Based on All Hazards Risk Assessment

The Emergency Plan must be based on and include a documented:

- Facility based risk assessment
- Community based risk assessment utilizing an all-hazards approach, including missing residents

## Common Deficiencies:

- Generic – not based on actual facility
- Not current – annual update
- Vague descriptions



# 7. E0024 – Policies/Procedures – Volunteer and Staffing

The EP must include the use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency.

## **Common Deficiencies:**

- No policies and procedures to facilitate the process for volunteer support
- No privileging and credentialing processes for health care volunteers

## 8. E0041 – LTC Emergency Power

The LTC facility must implement emergency and standby power systems based on the emergency plan. The generator must be installed, tested, and maintained, in accordance with:

- NFPA 101 Life Safety Code, 2012 edition,
- NFPA 99 Health Care Facilities Code, 2012 edition, and
- NFPA 110 , 2010 edition, Standard for Emergency and Standby Power Systems



# 8. E0041 – LTC Emergency Power (cont'd)

## Common Deficiencies:

The lack of:

- Monthly load test
- Run for 30 minutes
- Diesel - 1.5 hour load test if don't achieve 30% kW
- Transfer switch operated monthly
- Transfer switch maintenance program
- Document weekly inspections
- Document gauge readings
- Fuel testing
- Battery monthly testing



# 9. E0025 - Arrangement with Other Facilities

The facility must have policies and procedures identifying arrangements with other facilities and providers to receive patients in the event of limitations or cessation of operations to maintain the continuity of services to facility patients.

## **Common Deficiencies:**

- No documented or contracted arrangements with other facilities to receive patients
- No arrangement for the transportation of patients during an evacuation

# 10. E0018 – Procedures for Tracking of Staff and Patients

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

## **Common Deficiencies:**

- The policies and procedures do not include a system to track the location of on-duty staff and sheltered patients in the facility's care during an emergency
- The facility could not describe and/or demonstrate the tracking system used to document locations of patients and staff (electronic, hard copy)

# 11. E0030 – Names and Contact Information

The communication plan must include names and contact information for the following:

- Staff
- Entities providing services under arrangement
- Patients' physicians
- Other facilities
- Volunteers



## Common Deficiencies:

- The names and contact information of staff and vendors was not correct/updated
- The list was updated and replaced in one location, but old contacts and contact information were left in the plan as well

# 12. E0036 – EP Training and Testing

Develop and maintain an emergency preparedness training and testing program based on the emergency plan. The training and testing program must be updated at least annually.

## Common Deficiencies:

- No documentation of a training and testing program
- The program was not reviewed and updated annually



# 13. E0020 – Policies for Evacuation and Primary/ Alternate Communication

Policies and procedures for safe evacuation from the facility that includes:

1. Addressing the needs of evacuees
2. Staff responsibilities
3. Transportation
4. Identify evacuation location(s)
5. Primary and alternate means of communication with external sources of assistance

## **Common Deficiencies:**

- No policy and procedure on the safe evacuation including all the requirements
- Means of transportation not identified

# 14. E0022- Polices/Procedures for Sheltering in Place

Policies and procedures for a means to shelter in place for residents, staff, and volunteers who remain in the facility.

## Common Deficiencies:

- A plan is not provided
- The plan only addresses the residents



# 15. E0032 – Primary/Alternate Means for Communication

Primary and alternate means for communicating with:

- Staff
- Federal, State, tribal, regional, and local emergency management agencies

## Common Deficiency:

- The plan does not include an alternate means of communicating with staff.





# 16. E0031 – Emergency Officials Contact Information

The communication plan must include contact information for the following, and must be updated annually:

1. Federal, State, tribal, regional, or local emergency preparedness staff
2. The State Licensing and Certification Agency
3. The Office of the State Long-Term Care Ombudsman
4. Other sources of assistance

## **Common Deficiencies:**

- No plan in place
- Not updated annually

# 17. E0015 – Subsistence Needs for Staff and Patients

Provision of subsistence needs for staff and residents whether they evacuate or shelter in place shall include:

- Food, water, medical and pharmaceutical supplies
- Alternate source of energy to maintain:
  - Temperatures to protect resident health and safety (heating and cooling) and for food storage
  - Emergency lighting
  - Fire detection, extinguishing, and alarm systems
  - Sewage and waste disposal

## **Common Deficiency:**

- Did not comply with all requirements of the regulation

# 18. E0023 – Policies/Procedures for Medical Documentation

A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains availability of records.

## Common Deficiency:

- A documented policy and procedure is not provided



# 19. E0033 – Methods for Sharing Information

A method for sharing information and medical documentation for patients under the facility's care, as necessary:

1. With other health providers to maintain the continuity of care
2. In the event of an evacuation, to release patient information as permitted
3. To provide information about the general condition and location of residents under the facility's care as permitted

## **Common Deficiency:**

- No documented plan for the sharing of information

# 20. E0009 – Local, State, Tribal Collaboration Process

Provide a plan for cooperation and collaboration with local, regional, tribal, State and Federal emergency preparedness officials' efforts to:

- Maintain an integrated response during a disaster or emergency situation and,
- When applicable, of its participation in collaborative and cooperative planning efforts

## **Common Deficiency:**

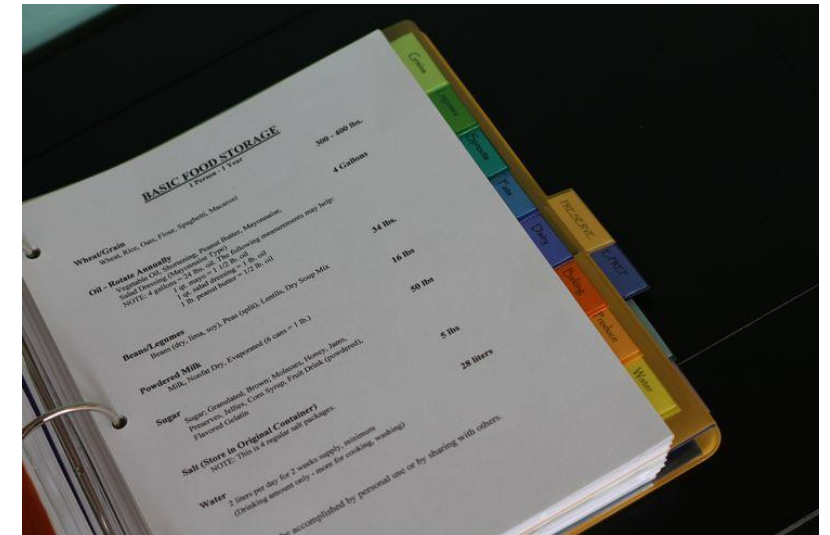
- No documentation of the facility's efforts to contact such officials or the participation in collaborative and cooperative planning efforts

# Summary

1. The Emergency Preparedness plan should be:

- ✓ User friendly
- ✓ Provide accurate information
- ✓ Updated routinely/minimum of yearly
- ✓ Organized

2. The two required exercises are conducted to test the Emergency Preparedness Plan





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## Thank You!

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