Appendix Z-Emergency Preparedness for All Providers and Certified Supplier Types Interpretive Guidance

E-0004 §483.73(a):] Emergency Plan. The LTC facility must develop and maintain an emergency preparedness plan that must be reviewed and updated at least annually.

Elements of the Emergency Plan include: Emerging Infectious Diseases (EIDs)

As facilities develop or make revisions to their emergency preparedness plans, EID's are a potential threat which can impact the operations and continuity of care within a healthcare setting and should be considered. The type of infectious diseases to consider or the care-related emergencies that are a result of infectious diseases are not specified. Adding EID's within a facility's risk assessment ensures that facilities consider having infection prevention personnel involved in the planning, development and revisions to the emergency preparedness program, as these individuals would likely be coordinating activities within the facility during a potential surge of patients.

Some examples of EID's may include but are not limited to:

> o Potentially infectious Bio-Hazardous Waste
> o Bioterrorism o Pandemic Flu
> o Highly Communicable Diseases (such as Ebola, Zika Virus, SARS, or novel COVID-19 or SARS-CoV-2)

EID's may be localized to a certain community or be widespread (as seen with the COVID-19 PHE) and therefore plans for coordination with local, state, and federal officials are essential. Facilities should engage and coordinate with their local healthcare systems and healthcare coalitions, and their state and local health departments when deciding on ways to meet surge needs in their community.

E-0013 §483.73(b): Policies and procedures. The LTC facility 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.

Interpretive guidelines include:

Facilities should also consider updates to their emergency preparedness policies and procedures during a disaster, including planning for an emergency event with a duration longer than expected. For instance, during public health emergencies such as pandemics, the Centers for Disease Control and Prevention (CDC) and other public health agencies may issue event-specific guidance and recommendations to healthcare workers. Facilities should ensure their programs have policies in place to update or provide additional emergency preparedness procedures to staff. This may include a policy delegating an individual to monitor guidance by public health agencies and issuing directives and recommendations to staff such as use of PPE when entering the building; isolation of patients under investigation (PUIs); and, any other applicable guidance in a public health emergency.

E-0024 §483.73(b)(6) Policies and procedures. At a minimum, the policies and procedures must address the following:

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.

Surge Planning

Emergencies, whether natural disasters, man-made disasters or infectious disease outbreaks, stress our healthcare systems through challenges with capacity and capability. While it is not possible to predict every scenario which could result in surge situations, healthcare facilities must have policies and procedures which include emergency staffing strategies and plan for emergencies. These strategies encompass procedures to preserve the healthcare system while continuing to provide care for all patients, at the appropriate level (e.g., home-based care, outpatient, urgent care, emergency room, or hospitalization).

Facilities must have policies which address their ability to respond to a surge in patients. As required, these policies and procedures must be aligned with a facility's risk assessment and should include planning for EIDs. Concentrated efforts will be required to mobilize all aspects of the healthcare system to reduce transmission of disease, direct people to the right level of care, and decrease the burden on the healthcare system.

Surge Planning During Natural Disasters

In most circumstances, staffing strategies and surge planning surrounding natural disasters, such as hurricanes, are generally event-specific and focus on evacuations, transfers, and staffing assistance from areas which are not impacted by the emergency. Surge Planning for Infectious Diseases/Pandemics Infectious diseases may rise to the level of pandemic, causing severe impact on response and staffing strategies within the healthcare system. The primary goals in planning for infectious disease pandemics are to:

   • Reduce morbidity and mortality

   • Minimize disease transmission

   • Protect healthcare personnel

   • Preserve healthcare system functioning

Surge Planning Considerations

Facilities are encouraged to consider development of policies and procedures that could be implemented during an emergency to reduce non-essential healthcare visits and slow surge within the facility, such as:

   • Instructing patients to use available advice lines, patient portals, and/or on-line self-assessment tools;

   • Call options to speak to an office/clinic staff and identification of staff to conduct telephonic interactions with patients;

• Development of protocols so that staff can triage and assess patients quickly;

• Determine algorithms to identify which patients can be managed by telephone and advised to stay home, and which patients will need to be sent for emergency care or come to your facility.

NOTE: Facilities are required to have a risk assessment in accordance with E-0004, however we recommend that facilities also consider implications or evaluation of staffing needs. For instance, if a facility identifies a particular hazard, the facility should consider what staffing needs are required to ensure patients continue to receive care.

E-0026 §483.73(b)(8) Policies and procedures. 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.

General

The facility's emergency preparedness program must include policies and procedures which outline the facility's role in the provision of care and treatment under section 1135 waivers during a declared public health emergency in alternate care sites. Facilities should also be aware of what flexibilities are available with or without an 1135 waiver.

E-0034 §483.73(c)(7) The communication plan must include all of the following:

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.

E-0035 §483.73(c)(8) 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:

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.