

# Emergency Preparedness Program Tags

The facility must develop, 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:

Refer to the [Appendix Z manual](#) for all e-tags listed below

## **Emergency Plan** §483.73(a)

**E-0004:** The LTC facility must develop and maintain an emergency preparedness plan that must be reviewed and updated at least annually. *(Page 12)*

**E-0006:** (1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing residents.  
(2) Include strategies for addressing emergency events identified by the risk assessment. *(Page 16)*

**E-0007:** (3) Address resident population, including, but not limited to, persons at-risk; the type of services the LTC facility can provide in an emergency; and continuity of operations, including delegations of authority and succession plans. *(Page 20)*

**E-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. *(Page 24)*

## **Policies and Procedures** §483.73(b)

At a minimum, the policies and procedures must address the following:

**E-0013:** 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. *(Page 28-29)*

**E-0015:** (1) The provision of subsistence needs for staff and patients whether they evacuate or shelter in place, include, but are not limited to the following: *(Page 32)*

- (i) Food, water, medical and pharmaceutical supplies
- (ii) Alternate sources of energy to maintain the following:
  - (a) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions.
  - (b) Emergency lighting.
  - (c) Fire detection, extinguishing, and alarm systems.
  - (d) Sewage and waste disposal.

**E-0018:** (2) or (1) A system to track the location of on-duty staff and sheltered patients in the facility's care during an emergency. If on-duty staff and sheltered patients are relocated during the emergency, the facility must document the specific name and location of the receiving facility or other location. *(Page 39)*

- E-0020:** (3) [or (1), (2), (6)] Safe evacuation from the 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. *(Page 43)*
- E-0022:** (4) [or (2), (3), (5), (6)] A means to shelter in place for patients, staff and volunteers who remain in the facility. *(Page 47)*
- E-0023:** (5) [or (3), (4), (6)] A system of medical documentation that preserves patient information, protects the confidentiality of patient information and secures and maintains the availability of records. *(Page 49)*
- E-0024:** (6) [or (4), (5), or (7) as noted above] 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. *(Page 50)*
- E-0025:** (7) [or (5)] 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. *(Page 53)*
- E-0026:** (8) [(6), (6)(C)(iv), (7), or (9)] 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. *(Page 55)*

**Communication Plan** §483.73(c)

- E-0030:** (1) Names and contact information for the following: *(Page 62)*
- (i) Staff.
  - (ii) Entities providing services under arrangement.
  - (iii) Patients' physicians.
  - (iv) Other facilities.
  - (v) Volunteers.
- E-0031:** (2) Contact information for the following: *(Page 65)*
- (i) Federal, state, tribal, regional and local emergency preparedness staff.
  - (ii) The state licensing and certification agency.
  - (iii) The office of the state long-term care ombudsman.
  - (iv) Other sources of assistance.
- E-0032:** (3) Primary and alternate means for communicating with the following: *(Page 66)*
- (i) Facility staff
  - (ii) Federal, state, tribal, regional and local emergency management agencies.
- E-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. *(Page 68)*
- (5) A means, in the event of an evacuation, to release patient information as permitted under 45 CFR 164.510(b)(1)(ii). *(Page 68)*
- (6) [(4) or (5)] 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). *(Page 68)*

**E-0034:** (7) [(5) or (6)] A means of providing information about the facility's occupancy, needs and its ability to help, to the authority having jurisdiction, the incident command center or designee. *(Page 70)*

**E-0035:** (8) A method for sharing information from the emergency plan that the facility has determined is appropriate with residents and their families or representatives. *(Page 73)*

**Training and Testing** §483.73(d)

**E-0036:** The LTC 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. *(Page 74)*

**E-0037:** (1) The LTC facility must do all of the following: *(Page 78)*

- (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.

**E-0039:** (2) The facility must conduct exercises to test the emergency plan at least twice per year, including unannounced staff drills using the emergency procedures. The LTC facility must do the following: *(Page 87)*

- (i) Participate in an annual full-scale exercise that is community-based; or (A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise. (B) If the facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the LTC facility is exempt from engaging its next required full-scale community-based or individual, facility-based functional exercise following the onset of the emergency event.
- (ii) Conduct an additional annual exercise that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or an individual, facility-based functional exercise; or (B) A mock disaster drill; or (C) 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.
- (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

**Emergency and standby power systems** §483.73(e)

**E-0041:** The facility must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section. *(Page 97)*

- §483.73(e)(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.

- §483.73(e)(2) -- Emergency generator inspection and testing. The 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.
- §483.73(e)(3) -- Emergency generator fuel. 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.

**E-0042:** (e) [or (f)] Integrated health care systems. If a facility is part of a health care system consisting of multiple separately certified health care facilities that elects to have a unified and integrated emergency preparedness program, the facility may choose to participate in the health care system's coordinated emergency preparedness program. *(Page 102)*

- (1) Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.
- (2) Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations and services offered.
- (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.
- (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 the following:
  - (i) A documented community-based risk assessment, using an all-hazards approach.
  - (ii) A documented individual facility-based risk assessment for each separately certified facility within the health system, using an all-hazards approach.
- (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.

Refer to the [Appendix PP manual](#) (advanced copy) for all f-tags listed below

### **Emergency Preparedness**

#### **F689 Wandering and Elopement:** *(Page 324-325)*

The facility disaster and emergency preparedness plan should include a plan to locate a missing resident

#### **F725 Nursing Services:** Sufficient Staff *(Page 456-461)*

§483.35 (a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:

- (i) Except when waived under paragraph (e) of this section, licensed nurses
- (ii) Other nursing personnel, including but not limited to nurse aides.

§483.35(a)(2) Except when waived under paragraph [(e)] of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.

#### **F838 Infection Control:** Facility Assessment *(Page 656-660)*

§483.70(e)(3) The facility must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies. The facility must review and update that assessment as necessary, and at least annually. The facility must also review

and update this assessment whenever there is, or the facility plans for, any change that would require a substantial modification to any part of this assessment.

The facility assessment must address or include, among other things, a facility-based and community-based risk assessment, using an all-hazards approach. The results of the facility assessment must be used, in part, to establish and update the IPCP, its policies and/or protocols to include a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for residents, staff, and visitors.

**Visitation:**

**F550 Resident Rights: Exercise of Rights (Page 6)**

§483.10(a) The resident has a right to a dignified existence, self-determination and communication with and access to persons and services inside and outside the facility, including those specified in this section.

§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.

**F563 Resident Rights: Right to Receive/Deny Visitors (Page 27)**

§483.10(f)(4) The resident has a right to receive visitors of his or her choosing at the time of his or her choosing, subject to the resident's right to deny visitation when applicable and in a manner that does not impose on the rights of another resident.

**F564 Resident Rights: Inform of Visitation Rights/Equal Visitation Privileges (Page 30)**

§483.10(f)(4)(vi) A facility must meet the following requirements:

- (A) Inform each resident (or resident representative, where appropriate) of his or her visitation rights and related facility policy and procedures, including any clinical or safety restriction or limitation on such rights, consistent with the requirements of this subpart, the reasons for the restriction or limitation and to whom the restrictions apply, when he or she is informed of his or her other rights under this section.
- (B) Inform each resident of the right, subject to his or her consent, to receive the visitors whom he or she designates, including, but not limited to, a spouse (including a same-sex spouse), a domestic partner (including a same-sex domestic partner), another family member or a friend, and his or her right to withdraw or deny such consent at any time.
- (C) Not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation or disability.
- (D) Ensure that all visitors enjoy full and equal visitation privileges consistent with resident preferences.

**F880 Infection Control: Intent (Page 737-738)**

§483.80(a)(1), (a)(2), (a)(4), (e) and (f) The intent of this regulation is to ensure that the facility:

- Develops and implements an ongoing infection prevention and control program (IPCP) to prevent, recognize, and control the onset and spread of infection to the extent possible and reviews and updates the IPCP annually and as necessary. This would include revision of the IPCP as national standards change
- Establishes facility-wide systems for the prevention, identification, reporting, investigation and control of infections and communicable diseases of residents, staff, and visitors. It must include an ongoing system of surveillance designed to identify possible communicable diseases and infections before they can spread to other persons in the facility and procedures for reporting possible incidents of communicable disease or infections. NOTE: For purposes of this guidance, "staff" includes all facility staff (direct and indirect care functions), contracted air.1 staff, consultants, volunteers, others who

provide care and services to residents on behalf of the facility and students in the facility's nurse aide training programs or from affiliated academic institutions.

- Develops and implements written policies and procedures for infection control that at a minimum:
  - Define standard precautions to prevent the spread of infection and explain their application during resident care activities
  - Define transmission-based precautions and explain how and when they should be utilized, including but not limited to, the type and duration of precautions for particular infections or organisms involved and that the precautions should be the least restrictive possible for the resident given the circumstances and the resident's ability to follow the precautions
  - Prohibit staff with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease
  - Require staff to follow hand hygiene practices consistent with accepted standards of practice.
- Requires staff to handle, store, process, and transport all linens and laundry in accordance with accepted national standards to produce hygienically clean laundry and prevent the spread of infection to the extent possible.

### **Cohorting:**

#### **F880 Infection Control: Infection Control Policies and Procedures (Page 737-744)**

§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:

- (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility
- (ii) When and to whom possible incidents of communicable disease or infections should be reported
- (iii) Standard and transmission-based precautions to be followed to prevent the spread of infections
- (iv) When and how isolation should be used for a resident; including but not limited to:
  - (A) The type and duration of the isolation, depending upon the infectious agent or organism involved
  - (B) A requirement that isolation should be the least restrictive possible for the resident under the circumstances.

#### **Implementation of Transmission-Based Precautions (Page 753)**

The preference for a resident on droplet precautions would be to place the resident in a private room. If a private room is not available, the resident could be cohorted with a resident with the same infectious agent. If it becomes necessary for a resident who requires droplet precautions to share a room with a resident who does not have the same infection, the facility should make decisions regarding resident placement on a case-by-case basis after considering infection risks to other residents in the room and available alternatives. Spatial separation and drawing the curtain between resident beds is especially important for residents in multi-bedrooms with infections transmitted by the droplet route.

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