

MDS Alert

Compliance: Is Your Facility Ready for Emergency Preparedness?

Use this in-depth primer to make sure your facility is ready for an emergency and the new facility assessment.

With the natural disaster devastation occurring in some of the southeastern United States and territories like the U.S. Virgin Islands and Puerto Rico, you may be wondering about how well your facility is prepared to handle an emergency or what role you, personally, would play in emergency preparedness.

Coincidentally to all of the damage southern states and territories have sustained recently, skilled nursing facilities will have to answer to new rules and regulations about emergency preparedness and risk assessment. Beginning Nov. 28, 2017, facilities can be dinged for not being adequately prepared for a disaster.

"One of the biggest changes, coming Nov. 28, is that [emergency preparedness] is now considered part of the facility assessment, which is brand new," says **Emile LeDoux**, senior consultant at **LW Consulting Inc.**, in Harrisburg, Pennsylvania. "The impact that it is going to have on facilities is pretty substantial, because they have to come up with a risk assessment. MDS is going to play a significant role in identifying the risks for the facility's case mix: What is the facility doing to make sure they can care for each resident, so that the building is equipped and staffed appropriately? And this has never been done before with a state or federal standard."

Four Elements of Preparedness Planning

CMS wants to make sure that long-term care facilities have four particular facets in place for all emergency preparedness programs.

First: Your facility needs an emergency plan based on risk assessment, taking all hazards into effect. "Risks include, but are not limited to: fire, tornadoes, hurricanes, blizzards, flooding, infectious disease outbreaks, power outages, cyberattacks and active shooters," LeDoux says, in a blog post. "It is the responsibility of the facility to review any possible incident and evaluate the risks."

Assessing the risks isn't enough though; the facility must assess the level of the risk and form a plan detailing the facility's response. "Each incident will need to be reviewed and a plan must be established on how the facility will deal with each incident. The level of risk must be documented and included in the physical Emergency Preparedness Program," he says.

Second: All facilities must establish and have emergency preparedness policies and procedures written and on hand for surveyors. The requirements are specific, down to the list of staff on hand and backup staff for emergencies. LeDoux highlights that the documentation of your policies and procedures must include, among other things:

- the risk assessment,
- the list of employees and their responsibilities during an emergency (including individuals that will back-up each responsibility if people are not available at the time of the emergency),
- the evacuation plan,
- the procedure for sheltering 'in place,'
- training,
- policies on emergency food and supply storage,
- a list of all community emergency response contacts,
- a program for tracking patients and staff, and
- an alternate source of power.

And you need to go further still, he urges. "There must be a formal list of responsibilities on who will take care of specific tasks during an emergency. The list must also include back-up individuals to replace the primary staff," he says. "Emergencies can happen any day or at any time and the facility must show that they are prepared for every contingency."

Make sure you think through the specifics, too, especially in the aftermath of the tragic deaths at the facility in Hollywood Hills, Florida — the facility has had its license suspended by the state's health department.

"While creating a shelter 'in place' program the facility must make sure they have enough medical supplies, food, and linen to care for the residents for an extended period of time. There should also be a plan for when sheltering 'in place' is no longer a viable option and the facility needs to be evacuated," he says.

In light of the Florida tragedy, pay extra attention that your shelter in place plans for any type of hazard, and highlight your facility's alternate source of power. Make sure staff on hand will know how to access and implement the power source, and that any needs — like fuel for a generator — are also in the plan.

Don't forget that any alternate power source is going to have different (and fewer) capabilities, which almost certainly will not meet your facility's normal electrical needs. Prioritize and know which elements of your facility will still run.

Consider these power needs. "Will you have power to the coolers in your facilities kitchen? Will there be power to at least one washer and dryer in your laundry department? It is essential that the HVAC units continue to run effectively. In some cases, the facility may have to move patients to a communal area and supply cooling machines. Will the facility still have access to a working elevator? If not, what plans are in place for evacuation or food service?" LeDoux says.

Make sure your facility has evacuation and transfer specifics outlined and documented, too. Surveyors will be looking to make sure all loose ends are tied in evacuation and transportation, especially. "All facilities are expected to have a plan that outlines where residents are to be evacuated to. The inspectors will be looking for a signed agreement with transportation companies and with evacuation locations," LeDoux says.

Think through the ripples of a larger scale disaster in your geographic area. "In the event of an emergency that could affect all facilities in a ten-mile radius (or more), where would you evacuate your residents to that would ensure they are out of the emergency area? You will be competing with other local companies for transportation," LeDoux points out.

Third: Think through plans for communicating with staff during an emergency or disaster, and then think through plans again. Society today depends on electricity to facilitate almost all communications, and you could be dealing with fall-out from a disaster for days on end. Consider keeping hard copies of staff contact information, and make sure everything is up to date, LeDoux says.

"The facility must establish multiple ways of communicating to the staff, emergency personnel and family members. Policies must be in place for how the facility will communicate with outside entities when the power is out and the facility does not have access to the internet, as well as when landlines and cell phones are not working (satellite phones may be an option)," LeDoux says.

Don't forget that individual staff members may be personally adversely affected by a large-scale disaster, including having trouble securing transportation to the facility. Does your facility have any options for alternate sources of staffing? Consider nearby care facilities and whether they would be interested and capable of sharing backup staffing strategies, LeDoux suggests.

It seems obvious, but remember you'll be managing residents, too. The MDS can even be a crucial tool in your facility's disaster preparations and management, but you need to be able to access residents' information — like medications, allergies, active diagnoses — without power. Remember to make a point of including each resident's family contact information in the same accessible place.

Fourth: Plans are great (and required), and so is training staff to execute the emergency preparedness program. Facilities are required to document the emergency preparedness training of their staff annually, but it's up to the individual facility to decide who needs what level of training. (Fires are an exception, LeDoux points out. All staff must

know what to do in the event of a fire.)

Your facility's training needs to be put into practice, too, in the form of at least one full-scale drill annually. When planning and executing a drill, think about the many facets of community response your facility would require. "If available the full-scale emergency drill is expected to be a community event," LeDoux says. "Facilities are encouraged to work with other healthcare facilities to practice situations that may affect a large area. In the event that a community event is not possible, the facility must complete a community-based drill, where the facility contacts and documents communication with local emergency sources. All policies and procedures are to be followed and issues in the performance of the procedures are to be documented."

Document any mistakes made □ "lessons learned" □ during the drill, as surveyors will be looking to see any changes made in response to running the drill. But you can make sure a drill isn't stressful for residents, or even make it fun, too! "Some of the facilities that I have worked with have made arrangements with other long-term care facilities, and have used social opportunities to test the effectiveness of their evacuation plan. They evacuated one wing of their facility and had an ice cream social at another facility," LeDoux says.

Follow-up on your drill by considering every aspect and then documenting everything. "Following a Disaster Drill, the facility is expected to have a documented 'after-action report,'" LeDoux says. "All the employees that have roles in the emergency program must be present. The team must identify what went well, what didn't work, how the program is to be improved, and the facility must have a timeline for when the programs will be completed. All reporting must be kept on file for three years."

If your facility faces a real emergency and needs to use its emergency preparedness program, you don't have to complete the disaster drill that year, but you still need an "after-action report" where you also document places needing improvement, and a timeline for doing so, he says.

Check back next month for a follow-up piece on the specifics of handling the MDS and care processes during and after evacuation.

Read more about the emergency preparedness rule on the CMS website, <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html>, and read more about Emile LeDoux's unpacking of emergency preparedness and compliance by visiting his blog posts: <https://goo.gl/VKbFse> and <https://goo.gl/u3wiic>.