**Implementation**

**Checklist**

**Suggested Checklist**

**For Implementation**

| **Regulation** | **Recommended Actions** |
| --- | --- |
| **§ 483.73**[**Emergency**](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=14cd0a6d134725702cf2e06bf74cc419&term_occur=1&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73)**preparedness.**  The LTC facility must comply with all applicable Federal, State and local [emergency](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=14cd0a6d134725702cf2e06bf74cc419&term_occur=2&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) preparedness [requirements](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=584b7ea4b6f8b168c0c7cf6fe5939e96&term_occur=1&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73). The LTC facility must establish and maintain a comprehensive [emergency](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=14cd0a6d134725702cf2e06bf74cc419&term_occur=3&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) preparedness program that meets the [requirements](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=584b7ea4b6f8b168c0c7cf6fe5939e96&term_occur=2&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) of this section. The [emergency](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=14cd0a6d134725702cf2e06bf74cc419&term_occur=4&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) preparedness program must include, but not be limited to, the following elements:  **(a)*Emergency plan.*** The LTC facility must develop and maintain an [emergency](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=14cd0a6d134725702cf2e06bf74cc419&term_occur=5&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) preparedness [plan](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=df31e4584c2598dab9683b9008987a74&term_occur=1&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) that must be reviewed, and updated at least annually. The [plan](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=df31e4584c2598dab9683b9008987a74&term_occur=2&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) must do all of the following:  **(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](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=14cd0a6d134725702cf2e06bf74cc419&term_occur=6&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) events identified by the risk assessment.  **(3)** Address resident population, including, but not limited to, [persons](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=995956492094832ab88bdebffda6a0af&term_occur=1&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) at-risk; the type of [services](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=d206a13ea8d40d5a1d001fd4c784e825&term_occur=1&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) the LTC facility has the ability to provide in an [emergency](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=14cd0a6d134725702cf2e06bf74cc419&term_occur=7&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73); and continuity of operations, including delegations of authority and succession plans.  **(4)** Include a process for cooperation and collaboration with local, tribal, regional, State, and Federal [emergency](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=14cd0a6d134725702cf2e06bf74cc419&term_occur=8&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) preparedness officials' efforts to maintain an integrated response during a disaster or [emergency](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=14cd0a6d134725702cf2e06bf74cc419&term_occur=9&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) situation. | * Review and update emergency preparedness plan to incorporate all four core elements.   Incorporate contact information for all key partners.   * Incorporate local Emergency Management Agency information and contacts. * Link Emergency Preparedness plan to: facility assessment, Education Plan, QAPI Plan and Infection Control Program. * Develop an emergency plan based on an all-hazards risk assessment. * Perform risk assessment using an all-hazards approach (including emerging infectious diseases (EIDs)) and specific to the location of the facility, focusing on capacities and capabilities. * Update Emergency Preparedness Plan at least annually. * The plan must:   1) Include strategies to address events identified in the risk assessment, plans for evacuating or sheltering in place, working with other providers in the area.  2) Address patient population; continuity of operations; succession planning.  3) A process for cooperation/collaboration with local, tribal, regional, state or Federal EP officials to ensure an integrated response.  The rule allows a provider that is part of a healthcare system consisting of multiple separately certified healthcare facilities to have one unified and integrated emergency preparedness program.   * The integrated emergency plan and policies and procedures must be developed in a manner that considers each facility's unique circumstances, patient populations, services offered. In addition, a risk assessment must be conducted for each separately certified facility within the system. * Incorporate outbreak management and EIDs (COVID-19) into the EP or reference that they are in the Infection Prevention and Control Manual. * Prepare for survey related to E-0001, E-0004, E-0006, E-0007, and E-0009:   a) Emergency Plan (EP) contains all 4 required elements and has been updated annually and as needed.  b) If the risk-assessment is facility-based and community-based, based on an all-hazards approach specific to the geographic location of the facility and encompasses Emerging infectious diseases and pandemic plans  c) The hazards (e.g., natural, man-made, facility, geographic, etc.) that were included in the facility’s risk assessment, why they were included,  and how the risk assessment was conducted.  d) The facility’s patient populations that would be at risk during an emergency event.  e) Strategies the facility has put in place to address the needs of at-risk or vulnerable patient populations.  f) Services that the facility would be able to provide during an emergency and any plans to address services needed that cannot be provided by the facility during an emergency as part of continuity of operations and services.  g) How the facility plans to continue operations during an emergency.  h) Delegations of authority and succession plans.  i) Process for ensuring cooperation and collaboration with local, tribal, regional, State, and Federal EP officials’ efforts to ensure an integrated response during a disaster or emergency situation. |
| **(b)*Policies and procedures.*** The LTC facility must develop and implement [emergency](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=14cd0a6d134725702cf2e06bf74cc419&term_occur=10&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) preparedness policies and procedures, based on the [emergency](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=14cd0a6d134725702cf2e06bf74cc419&term_occur=11&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) [plan](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=df31e4584c2598dab9683b9008987a74&term_occur=4&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) set forth in [paragraph (a)](https://www.law.cornell.edu/cfr/text/42/483.73#a) of this section, risk assessment at [paragraph (a)(1)](https://www.law.cornell.edu/cfr/text/42/483.73#a_1) of this section, and the communication [plan](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=df31e4584c2598dab9683b9008987a74&term_occur=5&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) at [paragraph (c)](https://www.law.cornell.edu/cfr/text/42/483.73#c) of this section. The policies and procedures must be reviewed and updated at least annually. At a minimum, the policies and procedures must address the following:  **(1)** The provision of subsistence needs for staff and residents, whether they evacuate or shelter in place, include, but are not limited to the following:  **(i)** Food, water, medical, and pharmaceutical supplies.  **(ii)** Alternate sources of energy to maintain -  **(A)** Temperatures to protect resident health and safety and for the safe and sanitary storage of provisions;  **(B)** [Emergency](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=14cd0a6d134725702cf2e06bf74cc419&term_occur=12&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) lighting;  **(C)** Fire detection, extinguishing, and alarm systems; and  **(D)** Sewage and waste disposal.  **(2)** A system to track the location of on-duty staff and sheltered residents in the LTC facility's care during an [emergency](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=14cd0a6d134725702cf2e06bf74cc419&term_occur=13&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73). If on-duty staff and sheltered residents are relocated during the [emergency](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=14cd0a6d134725702cf2e06bf74cc419&term_occur=14&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73), the LTC facility must document the specific name and location of the receiving facility or other location.  **(3)** Safe evacuation from the LTC 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.  **(4)** A means to shelter in place for residents, staff, and volunteers who remain in the LTC facility.  **(5)** A system of medical documentation that preserves resident information, protects confidentiality of resident information, and secures and maintains the availability of records.  **(6)** The use of volunteers in an [emergency](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=14cd0a6d134725702cf2e06bf74cc419&term_occur=15&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) or other [emergency](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=14cd0a6d134725702cf2e06bf74cc419&term_occur=16&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) staffing strategies, including the process and role for integration of State or Federally designated health care professionals to address surge needs during an [emergency](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=14cd0a6d134725702cf2e06bf74cc419&term_occur=17&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73).  **(7)** The development of arrangements with other LTC facilities and other providers to receive residents in the event of limitations or cessation of operations to maintain the continuity of [services](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=d206a13ea8d40d5a1d001fd4c784e825&term_occur=2&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) to LTC residents.  **(8)** The role of the LTC facility under a waiver declared by the [Secretary](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=32a8162a096223f196004de2d71a86ee&term_occur=1&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73), in accordance with section 1135 of the [Act](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=3d07eea841654df2266f7a9fd3632f4c&term_occur=1&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73), in the provision of care and treatment at an alternate care site identified by [emergency](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=14cd0a6d134725702cf2e06bf74cc419&term_occur=18&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) management officials. | * Develop and implement policies and procedures based on the EP plan and risk assessment. * Policies and procedures must address a range of issues including subsistence needs, evacuation plans, and procedures for sheltering in place, tracking patients and staff during an emergency. Ensure specific details are included in your plan. * Include updated definitions into the respective policies and procedures * Align emergency drill policies and procedures with updated guidance. * Include facility Pandemic Plan and COVID specific policy requirements (Federal, State and Local) into the Emergency Preparedness Plan and facility policies. * Review and update policies and procedures at least annually. * Policies and procedures must be based on the risk assessment and the emergency plan must address:   + provision of subsistence needs, alternate energy sources, sewage and waste disposal, procedures for evacuating or sheltering in place   + system to track location of staff and patients (accurate, readily available, shareable)   + safe evacuation considerations (i.e., if you had to evacuate your facility, how would you ensure residents were sent to the appropriate level of care?   + Which residents could be moved using buses of some description and which residents need ambulance transport?   + How do you know which type of transportation is needed?)   + Care and treatment needs, transportation, ID evacuation location   + means to shelter in place (be specific as to the locations within your facility where you would shelter in place)   + consider ability of building to survive a disaster and proactive steps that can be taken prior to an emergency   + system to preserve medical documentation (ensures confidentiality in compliance with HIPAA) and electronic medical records   + use of volunteers and role of State and Federal Health Officials (suggest use of Medical Reserve Cops – ensure members are screened and trained in advance) (are there systems for emergency credentialing to licensed volunteers?   + How would you ensure during a disaster that someone who presents as an MD or RN actually holds that medical license? Would a Federal or State level disaster declaration change your volunteer credentialing? It is best to have these issues answered in advance   + Arrangements with other providers to receive patients in the event of limitation or cessation of operations as well as a method for sharing medical documentation with the receiving provider. (MOU or LOA for admitting and helping/ assistance during emergencies – roles, responsibilities, etc.) * Add all applicable components to Facility Assessment as applicable * Update orientation program and annual education requirements * Develop specific emergent/hazards policies and procedures – i.e., storms, weather, bomb threats, community, etc. * Develop HIPAA policies and procedures related to transferring of patient information between entities. * Prepare for survey related to E-0013, E-0015, E0018, E0020, and E0022:   1)Surveyor will review the written policies and procedures which address the facility’s EP. This is done to verify the following:  a) Policies and procedures were developed based on the facility- and community-based risk assessment and communication plan, utilizing an all-hazards approach.  b) Policies and procedures have been reviewed and updated at least annually.  c) EP includes policies and procedures for the provision of subsistence needs including, but not limited to food, water, and pharmaceutical supplies for patients and staff.  d) EP includes policies and procedures to ensure adequate alternate energy sources, including emergency power necessary to maintain:  *i*) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions  *ii)* Emergency lighting  *iii)* Fire detection, extinguishing, and alarm systems  e) EP includes policies and procedures to provide for sewage and waste disposal.  f) There is a tracking system used to document locations of patients and staff.  g) There is an evacuation policy and procedure.  *i)* The surveyor will also ask staff to describe how they would handle a situation in which a patient refused to evacuate.  h) There is a shelter in place policy and procedure for patients, staff, and volunteers who remain in the facility that aligns with facility’s EP and risk assessment. |
| **(c)*Communication plan.*** The LTC facility must develop and maintain an [emergency](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=14cd0a6d134725702cf2e06bf74cc419&term_occur=19&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) preparedness communication [plan](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=df31e4584c2598dab9683b9008987a74&term_occur=6&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) that complies with Federal, State, and local laws and must be reviewed and updated at least annually. The communication [plan](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=df31e4584c2598dab9683b9008987a74&term_occur=7&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) must include all of the following:  **(1)** Names and contact information for the following:  **(i)** Staff.  **(ii)** Entities providing [services](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=d206a13ea8d40d5a1d001fd4c784e825&term_occur=3&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) under arrangement.  **(iii)** Residents' physicians.  **(iv)** Other LTC facilities.  **(v)** Volunteers.  **(2)** Contact information for the following:  **(i)** Federal, State, tribal, regional, or local [emergency](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=14cd0a6d134725702cf2e06bf74cc419&term_occur=20&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) preparedness staff.  **(ii)** The State Licensing and Certification Agency.  **(iii)** The Office of the State Long-Term Care Ombudsman.  **(iv)** Other sources of assistance.  **(3)** Primary and alternate means for communicating with the following:  **(i)** LTC facility's staff.  **(ii)** Federal, State, tribal, regional, or local [emergency](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=14cd0a6d134725702cf2e06bf74cc419&term_occur=21&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) management agencies.  **(4)** A method for sharing information and medical documentation for residents under the LTC facility's care, as necessary, with other [health care providers](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=0bfc7e2c8c14f3ef4e5d9defe44f9bc4&term_occur=1&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) to maintain the continuity of care.  **(5)** A means, in the event of an evacuation, to release resident information as permitted under [45 CFR 164.510(b)(1)(ii)](https://www.law.cornell.edu/cfr/text/45/164.510).  **(6)** A means of providing information about the general condition and location of residents under the facility's care as permitted under [45 CFR 164.510(b)(4)](https://www.law.cornell.edu/cfr/text/45/164.510).  **(7)** A means of providing information about the LTC facility's occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee.  **(8)** A method for sharing information from the [emergency](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=14cd0a6d134725702cf2e06bf74cc419&term_occur=22&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) [plan](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=df31e4584c2598dab9683b9008987a74&term_occur=8&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) that the facility has determined is appropriate with residents and their families or representatives. | * Develop a communication plan that complies with both Federal and State laws. Remember land lines and cell phones may not be accessible during an emergency – determine a third level of emergent communication. * Coordinate patient care within the facility, across health care providers, and with state and local public health departments and emergency management systems. * Communication process for evacuating your facility for any reason - clear and regular communication with the health & medical lead agency at your local emergency operations center. * Communication process for why you are evacuating, where your residents and staff are evacuating to, the routes you are taking to get there, the number of residents involved, their specific acuity levels, the number of staff evacuating with residents, and any assistance needed along the way or once you have arrived. * Communication process for arrival at the evacuation site(s), your local health & medical lead agency may refer you to a similar organization in the local area for assistance. * Communication plan for sharing information with residents and resident representatives. * Included pandemic and COVID-19 specific communication processes and policies per current guidance. * Review and update plan annually. * The Communication Plan must include   + names and contact info for staff, other hospitals, volunteers, State, and local EP officials   + There also must be primary and alternate means of communicating with staff identified as well as how to contact EP officials and emergency management agencies   + method to share medical records and patient information including general condition and location   + Add to: facility assessment, Education Plan, QAPI Plan and Infection Control Program, Orientation Programs for staff and agency staff * Update orientation program, agency orientation and annual education requirements * Prepare for survey related to E0023 – E0026 and E-0029 – E0035:   The surveyor will ask to see a copy of the policies and procedures to verify: a) The medical record documentation system the facility has developed to preserve patient information, protects confidentiality of patient information, and secures and maintains availability of records.  b) Staffing strategies, including the use of volunteers and surge needs during an emergency.  c) Arrangement and/or any agreements the facility has with other facilities to receive patients in the event the facility is not able to care for them during an emergency.  d) Transportation arrangements in the event of an evacuation.  e) EP describes the facility’s role in providing care and treatment at alternate care sites under an 1135 waiver.  f) The written communication plan has been reviewed and updated at least annually and as needed.  *i)* Surveyor will ask facility leadership or designee for EP to explain how they collaborate with Federal, State, and local officials to ensure the communication plan complies with the Federal, State, and local requirements.  g) All required contacts with their contact information have been reviewed and updated at least annually.  *i)* Contacts include State Survey Agency and public health departments  h) Communication plan identifies primary and alternate means for communicating with facility staff, Federal State, tribal, regional, and local emergency management agencies.  *i)* Surveyor may ask to see the communications equipment or communication systems listed in the plan.  i) Method for sharing information and medical documentation for patients under the facility’s care, as necessary, with other health providers to maintain continuity of care.  j) Policies and procedures address the means the facility will use to release patient information to include the general condition and location of patients.  k) A means of providing information about the facility’s needs, ability to provide assistance, and occupancy to the authority having jurisdiction, the Incident Command Center, or designee.  l) Method the facility has developed for sharing the EP with residents, families, resident representatives.  *i)* Surveyor will interview residents and their families or representatives and ask if they have been given information regarding the facility’s EP. |
| **(d)*Training and testing.*** The LTC facility must develop and maintain an [emergency](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=14cd0a6d134725702cf2e06bf74cc419&term_occur=23&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) preparedness training and testing program that is based on the [emergency](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=14cd0a6d134725702cf2e06bf74cc419&term_occur=24&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) [plan](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=df31e4584c2598dab9683b9008987a74&term_occur=9&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) set forth in [paragraph (a)](https://www.law.cornell.edu/cfr/text/42/483.73#a) of this section, risk assessment at [paragraph (a)(1)](https://www.law.cornell.edu/cfr/text/42/483.73#a_1) of this section, policies and procedures at [paragraph (b)](https://www.law.cornell.edu/cfr/text/42/483.73#b) of this section, and the communication [plan](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=df31e4584c2598dab9683b9008987a74&term_occur=10&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) at [paragraph (c)](https://www.law.cornell.edu/cfr/text/42/483.73#c) of this section. The training and testing program must be reviewed and updated at least annually.  **(1) *Training program.*** The LTC facility must do all of the following:  **(i)** Initial training in [emergency](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=14cd0a6d134725702cf2e06bf74cc419&term_occur=25&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) preparedness policies and procedures to all new and existing staff, individuals providing [services](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=d206a13ea8d40d5a1d001fd4c784e825&term_occur=4&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) under arrangement, and volunteers, consistent with their expected roles.  **(ii)** Provide [emergency](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=14cd0a6d134725702cf2e06bf74cc419&term_occur=26&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) preparedness training at least annually.  **(iii)** Maintain documentation of the training.  **(iv)** Demonstrate staff knowledge of [emergency](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=14cd0a6d134725702cf2e06bf74cc419&term_occur=27&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) procedures.  **(2) *Testing.*** The LTC facility must conduct exercises to test the [emergency](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=14cd0a6d134725702cf2e06bf74cc419&term_occur=28&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) [plan](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=df31e4584c2598dab9683b9008987a74&term_occur=11&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) at least twice per year, including unannounced staff drills using the [emergency](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=14cd0a6d134725702cf2e06bf74cc419&term_occur=29&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) procedures. The LTC facility must do the following:  **(i)** Participate in a 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 LTC facility experiences an actual natural or man-made [emergency](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=14cd0a6d134725702cf2e06bf74cc419&term_occur=30&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) that requires activation of the [emergency](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=14cd0a6d134725702cf2e06bf74cc419&term_occur=31&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) [plan](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=df31e4584c2598dab9683b9008987a74&term_occur=12&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73), 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 exercise that may include, but is not limited to the following:  **(A)** A second full-scale exercise that is community-based or 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](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=14cd0a6d134725702cf2e06bf74cc419&term_occur=32&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an [emergency](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=14cd0a6d134725702cf2e06bf74cc419&term_occur=33&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) [plan](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=df31e4584c2598dab9683b9008987a74&term_occur=13&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73).  **(iii)** Analyze the LTC facility's response to and maintain documentation of all drills, tabletop exercises, and [emergency](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=14cd0a6d134725702cf2e06bf74cc419&term_occur=34&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) events, and revise the LTC facility's [emergency](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=14cd0a6d134725702cf2e06bf74cc419&term_occur=35&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) [plan](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=df31e4584c2598dab9683b9008987a74&term_occur=14&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73), as needed. | * Develop and maintain training and testing programs, including initial training in policies and procedures. * Demonstrate knowledge of emergency procedures and provide training at least annually. * Conduct drills and exercises to test the emergency plan in accordance to the updated guidance. * Add to: facility assessment, Education Plan, QAPI Plan and Infection Control Program as applicable. * Update orientation program, agency orientation program and annual education requirements * Participation in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based exercise. \**See updated guidance and definitions respective to drills and exercises* [*https://www.cms.gov/files/document/qso-20-41-all-revised-05262022.pdf*](https://www.cms.gov/files/document/qso-20-41-all-revised-05262022.pdf) * Conduct an additional exercise that may include, a second full-scale facility-based exercise, a facility-based functional exercise, or a tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.   *i)*If a provider experiences an actual emergency that tests their plan, they would be exempt from the requirement for a community based full-scale exercise for one year following the emergency event.   * Prepare for survey related to E-0036, E0037, and E-0039:   1) A written training and testing program reflects the risk and hazards identified in the EP and has been reviewed and updated at least annually.  *i)* Training includes volunteers and contracted staff.  2) Surveyor will review facility’s training records as well as a sample of staff training files and will interview various staff to verify staff knowledge of emergency procedures.  3) Surveyor will ask facility leadership to explain the participation of management and staff during scheduled exercises and will review documentation of the exercises as well as the facility’s analysis and response and how the facility updated its EP based on the analysis |
| **(e)*Emergency and standby power systems.*** The LTC facility must implement [emergency](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=14cd0a6d134725702cf2e06bf74cc419&term_occur=36&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) and standby power systems based on the [emergency](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=14cd0a6d134725702cf2e06bf74cc419&term_occur=37&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) [plan](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=df31e4584c2598dab9683b9008987a74&term_occur=15&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) set forth in [paragraph (a)](https://www.law.cornell.edu/cfr/text/42/483.73#a) of this section.  **(1) *Emergency generator location.*** The generator must be located in accordance with the location requirements found in the Health Care Facilities Code and NFPA 110, when a new structure is built or when an existing structure or building is renovated.  **(2) *Emergency generator inspection and testing.*** The LTC 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.  **(3) *Emergency generator fuel.***  LTC 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. | * Review and update policies and procedures to incorporate power systems. * Add to facility assessment and maintenance program. * Prepare for survey related to E-0041:   1)Surveyor will verify the facility has the required emergency and standby power systems to meet the requirements of the facility’s EP, including sheltering in place.  2)If there is an on-site fuel source, it is in accordance with NFPA 110 for their generator and there is a plan for ow to keep the generator operational during an emergency. |
| **(f)*Integrated healthcare systems.*** 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](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=14cd0a6d134725702cf2e06bf74cc419&term_occur=42&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) preparedness program, the LTC facility may choose to participate in the healthcare system's coordinated [emergency](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=14cd0a6d134725702cf2e06bf74cc419&term_occur=43&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) preparedness program. If elected, the unified and integrated [emergency](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=14cd0a6d134725702cf2e06bf74cc419&term_occur=44&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) preparedness program must do all of the following:  **(1)** Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated [emergency](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=14cd0a6d134725702cf2e06bf74cc419&term_occur=45&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) preparedness program.  **(2)** Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, [patient](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=a7b754745b3208b7071ab7fb0db5c5cf&term_occur=1&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) populations, and [services](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=d206a13ea8d40d5a1d001fd4c784e825&term_occur=5&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) offered.  **(3)** Demonstrate that each separately certified facility is capable of actively using the unified and integrated [emergency](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=14cd0a6d134725702cf2e06bf74cc419&term_occur=46&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) preparedness program and is in compliance with the program.  **(4)** Include a unified and integrated [emergency](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=14cd0a6d134725702cf2e06bf74cc419&term_occur=47&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) [plan](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=df31e4584c2598dab9683b9008987a74&term_occur=17&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) that meets the [requirements](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=584b7ea4b6f8b168c0c7cf6fe5939e96&term_occur=5&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) of paragraphs (a)(2), (3), and (4) of this section. The unified and integrated [emergency](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=14cd0a6d134725702cf2e06bf74cc419&term_occur=48&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) [plan](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=df31e4584c2598dab9683b9008987a74&term_occur=18&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) must also be based on and include -  **(i)** A documented community-based risk assessment, utilizing an all-hazards approach.  **(ii)** A documented individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach.  **(5)** Include integrated policies and procedures that meet the [requirements](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=584b7ea4b6f8b168c0c7cf6fe5939e96&term_occur=6&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) set forth in [paragraph (b)](https://www.law.cornell.edu/cfr/text/42/483.73#b) of this section, a coordinated communication [plan](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=df31e4584c2598dab9683b9008987a74&term_occur=19&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) and training and testing programs that meet the [requirements](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=584b7ea4b6f8b168c0c7cf6fe5939e96&term_occur=7&term_src=Title:42:Chapter:IV:Subchapter:G:Part:483:Subpart:B:483.73) of paragraphs (c) and (d) of this section, respectively. | * Establish a corporate level emergency preparedness committee chaired by someone from executive leadership and hold meetings at least quarterly. * Ensure active attendance and participation from key staff at all participating healthcare facilities Ø * Maintain detailed records of meeting agendas, meeting minutes, and formal presentations of each meeting. * Add to Facility Assessment as applicable * Update orientation program and annual education requirements * Prepare for survey related to E-0042:   1)Surveyors will verify whether the facility has opted to be part of its healthcare system’s unified and integrated emergency preparedness program by asking to see documentation of its inclusion in the program.  *i)* This includes verification of the facility being actively involved in the development of the EP, reviews and updates, policies and procedures, communication plan, training and testing program. |

**Resources and References:**

The Centers for Medicare and Medicaid Services Emergency Preparedness Rule Resource Site: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule>

Updated Guidance for Emergency Preparedness-Appendix Z of the State Operations Manual (SOM) Ref: QSO-21-15-ALL <https://www.cms.gov/files/document/qso-20-41-all-revised-05262022.pdf>

Revisions to the State Operations Manual (SOM) Appendix Z – Emergency Preparedness Transmittal: 204 issued April 16, 2021 <https://www.cms.gov/files/document/r204soma.pdf>

The Centers for Medicare and Medicaid Services. Health Care Coalitions. <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Resources/State-resources>

Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17) Advance Copy, 2022: <https://www.cms.gov/files/document/appendix-pp-guidance-surveyor-long-term-care-facilities.pdf>