



## Summary of Significant Updates to Appendix Z, Released March 26, 2021 QSO-21-15-ALL

### Exercise or “Testing” Frequency and Documentation

- Incorporates the changes from the burden reduction rule, which reduces the frequency of exercises for non-LTCF providers.
- Inpatient providers are required to have two exercises per year. Therefore surveyors will review the most recent two years of documentation to determine compliance. For outpatient providers, testing exercises are required annually, alternating full-scale exercises every other year, with the opposite years allowing for the exercise of choice. ***To determine compliance, surveyors will be required to review at least the past two cycles (generally four years, presumably two for LTCFs) of emergency testing exercises.*** (pg. 15)
- Providers are encouraged to diversify the staff members who participate in exercises. For example, if an exercise has a clinical focus one year, consider having a facilities focus the next year to include different staff. (pg. 81)
- Additional Home Health Agency-specific updates (pg. 94)
- Facilities should ensure that, when participating in a community-based full-scale exercise, the exercised scenario is documented in the facility’s risk assessment. (pg. 97-98)
- More detailed guidance and examples regarding ***exemptions based on actual emergencies*** (pg. 100-101)

### Training Procedures and Frequency

- Reminders that training should be based on the Emergency Plan and Risk Assessment, guidance on continued training, and documentation requirements (pg. 84-87)
- For ease of demonstrating compliance that the facility has updated its training program at least every two years (annually for SNFs), CMS recommends that facilities retain at a minimum, the past two cycles (generally four years; presumably two for SNFs) of emergency training documentation for both training and exercises for surveyor verification.
- ESRD-specific requirements have been updated (pg. 88-89)

### Frequency of Updating Plans, Policies, and Procedures

- Non-LTCF providers are required to review and update their emergency plan every ***two*** years. LTCFs will remain under the one-year requirement. As a reminder, providers are required to document their plan reviews and updates. (pg. 18)
- Policies and Procedures related to Emergency Preparedness and Continuity of Operations should be reviewed with documented updates every two years (annually for LTCFs). (pg. 36)
- LTCFs should include their Medicare and Medicaid certification dates in the front of their plan (pg. 39, see “Emergency Power and Temperature Requirements” section of this document for additional details.)



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### **Additional Emphasis on Emerging Infectious Disease (EID) Planning**

- Pre-COVID, CMS added planning requirements specific to EIDs. These have been strengthened further in response to COVID-19. (pg. 15, 19)
- Providers must integrate EID threats into the Risk Assessment process (pg. 22). The Coalition Hazards and Vulnerabilities Assessment, which serves as a regional Risk Assessment for Coalition partners, integrates these threats.
- The SOM recommends including information in facility policies describing how the facility will monitor evolving guidance in an ongoing emergency, such as an EID. For example, designating a specific individual to monitor the CDC and VDH websites for updated Public Health guidance during a Public Health Emergency. (pg. 35)
- ESRDs are expected to detail processes specific to their patient population, including disinfecting ESRD stations and discussing transportation concerns with government partners (pg. 35)

### **Risk Assessment**

- NSPA facilitates a regional Risk Assessment annually, which can serve as a useful guide for members (pg. 23), but all are required to conduct facility-based Risk Assessments as well. Surveyors will be looking to see that your Risk Assessments are both facility-based and community-based. (pg. 25). Thus, we recommend having a copy of both the regional and facility-based assessments available.

### **Healthcare Coalition Participation; Reporting Facility Needs**

- Participation in the regional Healthcare Coalition is still encouraged. (pg. 31, 46, 77, 97). We recommend maintaining documentation of letters of support, healthcare coalition meeting attendance, training, and planning conversations you attend.
- Reminders of the potential need to report facility needs and the ability to provide assistance (pg. 76-77)

### **Emergency Power and Temperature Requirements**

- For LTC facilities, there are additional requirements for facilities that were initially certified after October 1, 1990, which must maintain a temperature range of 71 (min) to 81 °F (max). ***Facilities should include their Medicare [and Medicaid, as applicable] certification date[s] in the front of their plan.*** (pg. 39)
- Additional information regarding the use of portable generators (pg. 39)
- If used, portable generators must be connected and provide emergency power to a facility's electrical system circuits via a power transfer system as recommended by the generator manufacturer (pg. 40). extension cords should not be run from portable generator outlet receptacles to electrical appliances (pg. 39).



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### **Staff and Patient/Resident Tracking and Evacuation**

- Updates to Home Health Agency-specific guidance for tracking patients during emergencies (pg. 48).
- Patient safety should be the number one priority, and it is expected that facilities provide care in a safe setting. Therefore any existing guidance on patient rights and safe setting (e.g., §482.13(c)(2) for hospitals) should be continued. Survey guidance has been updated to include ***“Ask staff to describe how they would handle a situation in which a patient refused to evacuate.”*** (pg. 50)
- Additional details regarding expectations for transfer agreements, specifically for LTCFs and ICF/IID facilities (pg. 60)
- Inclusion of Alternate Care Sites (ASCs) in planning (pg. 60-63)

### **Surge Planning**

- Providers should incorporate surge Planning into emergency plans, policies, and procedures. (*See extensive guidance pg. 56-57*)
- Inclusion of Alternate Care Sites (ASCs) in planning (pg. 60-63)

### **Home Health Agency Updates**

- See pg. 44, 70, for additional updated guidance specific to HHAs.
- See pg. 94 for additional HHA-specific guidance related to Emergency Exercises

### **ESRD Updates**

- See pg. 64-65 for significant updates specifically for ESRD providers
- See pg. 88-89 for updates on ESRD-specific training requirements