SQ: Emergency Preparedness

HealthStream™

Welcome to **SQ: Emergency Preparedness**.
Select START MODULE to begin.
Be sure to click on all of the interactive elements in the module in order to advance.

Introduction

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Introduction

This module will review the following:

1   The purpose of an emergency preparedness program

2   The structure and essential elements of an emergency preparedness program

3   The importance of including emerging infectious diseases in the hazard assessment and planning for these situations

4   Staff responsibilities during an emergency

Please look at the important terms before you begin.

Select "+" to expand.

Glossary   —

All-hazards approach

A combined way to handle emergency preparedness planning that focuses on the facility's location, capacities (bed space), and capabilities (medical abilities) to prepare for all types of emergencies or disasters

At-risk population

People who might have extra needs in one or more areas such as independence, communication, transportation, supervision, or medical care

Bioterrorism

Release of germs to make people sick

Centers for Medicare & Medicaid Services (CMS)

The government program that oversees Medicare and Medicaid

Emerging infectious disease (EID)

A new illness may also be an illness attack

Emergency/Disaster

A natural or human-made event that has a bad impact

Emergency preparedness

Being ready to respond

Emergency preparedness plan

A plan to respond to a disaster

Emergency preparedness program

The group that makes, reviews, and edits plans

Hazard

A risk

Risk assessment

Facility-based process for identifying possible risks or weaknesses

Let's get started!

CONTINUE

Emergency Preparedness Program

Purpose

A disaster can come in many forms. The best way to respond to a disaster is to have a written plan. This plan is often called the **emergency preparedness plan.**

The **Centers for Medicare & Medicaid Services (CMS)** develops **conditions of participation (CoPs)** requiring healthcare providers and suppliers to have an emergency preparedness plan.

Having a plan allows everyone to prepare and know their role. According to CMS, the purpose of the EP is to ensure adequate planning for both natural and man-made disasters and coordination with federal, state, tribal, regional, and local emergency preparedness systems. The plan will align responses both inside and outside the facility.

Structure

Healthcare providers are required to have an emergency preparedness plan by the **Centers for Medicare & Medicaid Services (CMS)**. Emergency preparedness programs serve as the basis of emergency preparedness plans.

The requirements vary by type of provider. These requirements are found in the **State Operations Manual (SOM)**. The emergency preparedness details are found in Appendix Z of the SOM.

> ⓘ   **Visit the CMS website to learn more.**

When developing an emergency plan, four essential elements are required. Let's take a closer look at each element:

Risk Assessment and Planning

- The risk assessment should be based on an **all-hazards approach**, with a focus on a **facility's location**, **capacities** (bed space), and **capabilities** (medical abilities).

- The plan should include strategies to handle emergency events identified by the risk assessment such as **staffing, extra patients, and evacuation plans**.

- The plan needs to identify **types of services** the facility would be able to provide and which staff would have **specific roles** if another person is not available.

- The plan has to name who is **able to activate (start) the emergency plan** and who may do it if that person is not available. It should also include a process for working with local, tribal, regional, state, and federal officials to maintain a combined response.

- The emergency plan is required to be reviewed and updated every **two years.**

Communication Plan

- A facility is required to develop an **emergency preparedness communication plan** that is reviewed and updated every **two years**. The plan has to follow federal, state, and local laws.

- A facility is required to develop an **incident response team** that represents **all facility areas**.

- The plan should outline **how to coordinate care** within the facility, across all providers, and with public health departments and emergency management systems.

- The emergency communication plan is required to have the **names and contact information** of all individuals and entities involved in carrying out the plan, for example, current staff, volunteers, federal, state, tribal, regional, and local emergency preparedness staff.

Policies and Procedures

- A facility is required to develop and implement **policies and procedures** based on **emergency and communication plans**. These policies and procedures need to be reviewed and updated every **two years**.

- For **inpatient care facilities**, the policies and procedures have to address, **at the very least**, issues such as items needed for survival, evacuation, sheltering in place, and tracking patients and staff in an emergency. They should also identify **other energy sources** to maintain lighting, fire alarms, temperatures, and waste disposal.

- The policies and procedures are required also to address an alternate system for the **confidential documentation and availability of medical and patient information**.

- These policies and procedures should **outline staffing**, including using volunteers and state or federally sourced healthcare professionals to address needs in the event of an emergency or disaster.

Training and Testing

- Training in the emergency preparedness policies and procedures should be conducted for all **new employees at orientation** (or shortly after) and **at least every two years for existing staff**. Training should also be provided on any policies or procedures that are **greatly updated** between the regularly scheduled training.

- Training should include **role-based responsibilities** during an emergency or disaster event. This may include how to shelter-in-place or evacuate, how the facility manages continuing care for individuals, processes for triage, and transfers or discharges, and the use of proper
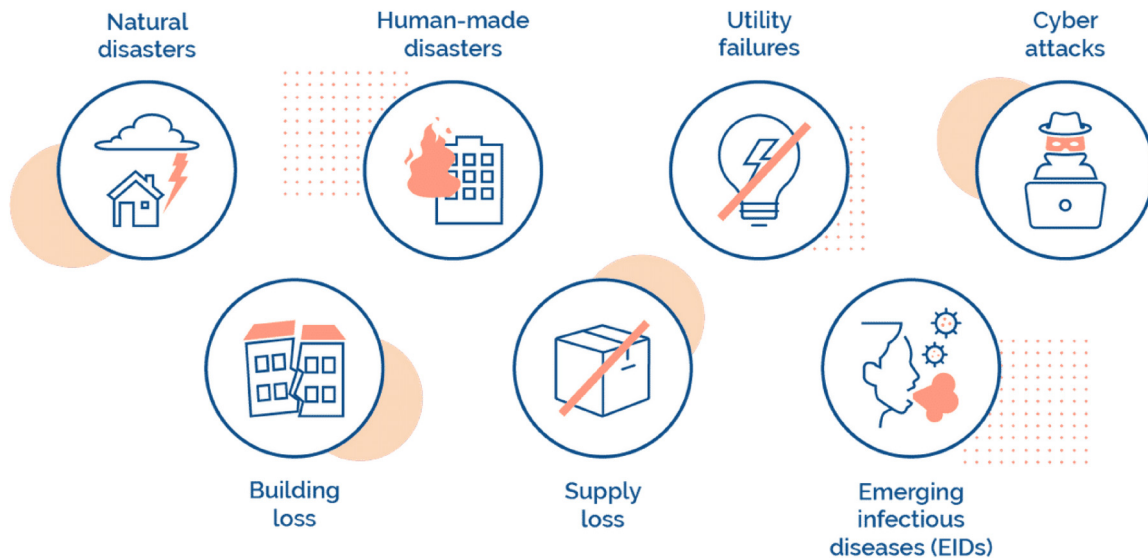
personal protective equipment (PPE)

- Training should also include **lessons learned** from previous exercises, drills, or actual emergencies.

- A facility should **test the emergency plan** by conducting annual drills and exercises, such as full-scale community-based mock (fake) disasters or facility-only exercises or drills (when a community-based exercise is not possible).

- The facility is required to **analyze and document the response** to all drills and exercises. Updating the facility's emergency plan should also be included in this documentation.

Hazards

The plan is based on hazards. Hazards are included based on your location and the type of hazard likely to occur there. A hazard assessment identifies the risks.

Hazards might include:

Natural disasters · **Human-made disasters** · **Utility failures** · **Cyber attacks** · **Building loss** · **Supply loss** · **Emerging infectious diseases (EIDs)**

Emerging Infectious Diseases (EIDs)

EIDs can come in many forms. It could be a new illness such as COVID-19 or an illness caused by a known risk. The key is that the illness can affect the operations or continuity of care. Facilities should ensure their emergency preparedness programs are aligned with their **state and local emergency plans/pandemic plans**.

Planning should include a process to **evaluate the facility's needs** based on the features of an EID that includes planning for:

- Increased **need for PPE**

- Transmission prevention through **screening** of individuals and possible **testing**

- **Admissions** to inpatient facilities or **transfers** to long term care or home health care

- **Facility adjustments** such as barriers, an increased need for isolation rooms, social distancing, and interior traffic controls

EID-type events are rare. This means people are less likely to know how to respond. Without good planning for future EID events, it would be difficult to work through another pandemic. **Having a plan in place will help people know what to do.**

Choose the best option and select SUBMIT.

Why do healthcare facilities need emergency preparedness plans?

○   There is a CMS rule.

○   The plan helps align efforts between groups.

○   The plan allows everyone to know their role.

○   All of these

SUBMIT

Complete the content above before moving on.

Staff Responsibilities

Disasters can affect daily work for healthcare providers. More people may be needed, and some services may not be available.

You may be given a different job or role during a disaster to get the work done.

Review your emergency preparedness plan or talk with your supervisor to learn what role you may fill.

To fulfill your role during a disaster, you should be trained.

As part of the CMS rule, your employer will conduct an exercise or drill. These drills help train staff in how to respond. Your supervisors may also plan for role-specific training to occur before or during a disaster.

CONTINUE

Module Conclusion

This module reviewed the following:

1 The purpose of an emergency preparedness program

2 The structure and features of the emergency preparedness program

3 Why emerging infectious disease should be included in the plan

4 Staff responsibilities during an emergency

References —

Centers for Medicare & Medicaid Services. (2020, February 21). *State Operations Manual Appendix A –- Survey Protocol, Regulations and Interpretive Guidelines for Hospitals*. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_a_hospitals.pdf

Centers for Medicare & Medicaid Services. (2021, April 16). *State Operations Manual Appendix Z – Emergency Preparedness for All Provider and Certified Supplier Types*. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_z_emergprep.pdf

Occupational Safety and Health Administration. (n.d.). *Emergency Preparedness and Response*. https://www.osha.gov/emergency-preparedness

You have reached the end of this module. To exit and return to the Activity Details, select **EXIT**.