

Frequently Cited Emergency Preparedness Citations



★ Top Five Emergency Preparedness Deficiencies

| LTC Facilities | Immediate Care Facilities/Individuals with Intellectual Disabilities | End-Stage Renal Disease Facilities | Home Health Agencies | Hospices |
|--|--|------------------------------------|---|---|
| EP Testing Requirements | EP Testing Requirements | Dialysis Emergency Equipment | HHA Comprehensive Assessment in Disaster | EP Training Program |
| Develop EP Plan Review and Update Annually | Develop EP Plan Review and Update | EP Testing Requirements | EP Testing Requirements | EP Training Program |
| Emergency Power | EP Training Program | ESRD EP Training Program | EP Training Program | Plan Based on All-Hazards Risk Assessment |
| Substance Needs for Staff and Patients | Substance Needs for Staff and Patients | ESRD Patient Orientation Training | Plan Based on All-Hazards Risk Assessment | Develop EP Plan Review and Update |
| EP Training Program | Plan Based on All-Hazards Risk Assessment | EP Training and Testing | Develop EP Plan Review and Update | Agreement with Other Facilities |



Training & Testing Program

- Facilities are expected to provide initial and ongoing training to all new and existing staff.
- Facilities are expected to conduct testing exercises to test their emergency response procedures.
- **For end-stage renal disease (ESRD) facilities specifically**, this also includes ensuring patients receive instructions for occasions when the geographic area of the dialysis facility must be evacuated and emergency contact information. *(Refer to Appendix Z- E0036 to E0039)*



All-Hazards Risk Assessment

- Facilities are expected to develop and maintain a risk assessment based on an all-hazards approach.
- An all-hazards approach is an integrated approach to emergency preparedness that focuses on identifying hazards and developing emergency preparedness capacities and capabilities that can address those as well as a wide spectrum of emergencies or disasters.
- This approach includes preparedness for natural, man-made, and or facility emergencies that may include but is not limited to: care-related emergencies; equipment and power failures; interruptions in communications, including cyber-attacks; loss of a portion or all of a facility; and, interruptions in the normal supply of essentials, such as water and food.
- Planning for using an all-hazards approach should also include emerging infectious disease (EID) threats. Additionally, risk assessments and plans must account for the patient population served. (*Refer to Appendix Z- E0001, E0006*)



Subsistence Needs of Patients and Staff

- Inpatient providers, such as long-term care (LTC) Facilities, intermediate care facilities for individuals with intellectual disabilities (ICF/IIDs), and inpatient hospices are expected to have policies and procedures to address subsistence needs for staff and patients whether they evacuate or shelter in place.
- This includes food, water, medical and pharmaceutical supplies and alternate sources of energy to maintain patient health and safety, safe and sanitary storage of provisions, emergency lighting, fire detection, extinguishing, and emergency standby power. *(Refer to Appendix Z- E0015)*



Dialysis Emergency Equipment

- ESRD facilities are expected to have a process by which the staff can confirm that emergency equipment, including, are always on the premises and immediately available.
- Such equipment as, but not limited to, oxygen, airways, suction, defibrillator or automated external defibrillator, artificial resuscitator, and emergency drugs. (*Refer to Appendix Z- E0028*)



Development & Review of the EP Program

- Facilities are expected to review and update the emergency preparedness program at least every two years (annually for LTC facilities).
- Reviews of the program is critical to assessing potential gaps in policies, determining updates are required, such as contact information for patients, staff, emergency officials.
- Updating the emergency program when required ensures that potential hazards remain current, stakeholders involved in response have the most current protocols and ensures the organization is always at a readiness level.