

Are You Ready? CMS Emergency Preparedness Rule Exercises and Drills

Children's Hospitals and Preparedness Webinar
Tuesday, October 24, 2017, 2:00pm ET/1:00pm CT

American Academy of Pediatrics

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OBJECTIVES

1. Describe the purpose and requirements of the Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness Rule for participating children's hospitals.
2. Identify three types of exercises and drills that have been used in children's hospitals to meet the new regulation.
3. Recognize key resources that participating children's hospitals can use to assist them in meeting requirements.



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CMS Emergency Preparedness Rule

Understanding the Emergency Preparedness Final Rule

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Final Rule

- *Medicare and Medicaid Programs; Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers*
- Applies to all 17 provider and supplier types
- Rule effective November 15, 2016
- Implementation date November 15, 2017
- Compliance required for participation in Medicare
- Emergency Preparedness is one new CoP/CfC of many already required

Compliance

- Facilities are expected to be in compliance with the requirements by 11/15/2017.
- In the event facilities are non-compliant, the same general enforcement procedures will occur as is currently in place for any other conditions or requirements cited for non-compliance.

Four Provisions for All Provider Types



Risk Assessment and Planning

- Develop an emergency plan based on a risk assessment.
- Perform risk assessment using an “all-hazards” approach, focusing on capacities and capabilities.
- Update emergency plan at least annually.

Policies and Procedures

- Develop and implement policies and procedures based on the emergency plan and risk assessment.
- Policies and procedures must address a range of issues including subsistence needs, evacuation plans, procedures for sheltering in place, tracking patients and staff during an emergency.
- Review and update policies and procedures at least annually.

Communication Plan

- Develop a communication plan that complies with both Federal and State laws.
- Coordinate patient care within the facility, across health care providers, and with state and local public health departments and emergency management systems.
- Review and update plan annually.

Emergency and Standby Power Systems

- Additional requirements for hospitals, critical access hospitals, and long-term care facilities.
- Locate generators in accordance with National Fire Protection Association (NFPA) guidelines.
- Conduct generator testing, inspection, and maintenance as required by NFPA.
- Plan to maintain and keep emergency power systems operational.

Interpretive Guidelines (IGs)

- Interpretive Guidelines developed for all 17 provider and supplier types covered under the rule.
- Found in Appendix Z of the State Operations Manual (SOM).

Training & Testing Requirements

- Facilities are expected to meet all Training and Testing Requirements by the implementation date.
- This means facilities are expected to have completed the following by 11/15/17:
 - All of the staff training 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.

Training & Testing Requirements

- Facilities are expected to have completed the following by 11/15/17:
- Conduct an additional exercise that may include, but is not limited to the following:
 - A second full-scale exercise that is individual, facility-based.
 - 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.

Training Program

- Facilities required to provide initial training in emergency preparedness policies and procedures, that are consistent with their roles in an emergency, to all new and existing staff, individuals providing services under arrangement, and volunteers. This includes individuals who provide services on a per diem basis such as agency nursing staff and any other individuals who provide services on an intermittent basis and would be expected to assist during an emergency.
- Facilities should provide initial emergency training during orientation (or shortly thereafter) to ensure initial training is not delayed.

Training Program

- Facilities have flexibility in determining the focus of the annual training, as long as it aligns with the emergency plan and risk assessment.
- Facility has flexibility to decide what level of training each staff member will be required to complete each year based on an individual's involvement or expected role during an emergency.
- For example, dietary staff who prepare meals may not need to complete annual training that is focused on patient evacuation procedures. Instead, the facility may provide training that focuses on the proper preparation and storage of food in an emergency.

Testing Exercises

- Facilities must conduct exercises to test the emergency plan annually
- Participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based exercise.
- Conduct an additional exercise that may include, but is not limited to the following:
 - A second full-scale exercise that is individual, facility-based.
 - 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.

Testing Exercises

- Facilities must contact their local and state agencies and healthcare coalitions, to determine if an exercise opportunity exists that would fulfill the requirement.
- Expected to document the date, the personnel, and the agency or healthcare coalition that they contacted.
- For facilities with multiple locations, such as multi-campus or multi-location hospitals, the facility's training and testing program must reflect the facility's risk assessment for each specific location.

Testing Exercises

- Facilities that are not able to conduct a full-scale community-based exercise, may instead do one of the following:
- Conduct an individual facility-based exercise.
- Document an emergency that required the facility to fully activate its emergency plan.
- Conduct a smaller community-based exercise with other nearby facilities.

Training and Testing Program

- Example, a facility that identifies flooding as a risk should also include policies and procedures in their emergency plan for closing or evacuating their facility and include these in their training and testing program.
- This would include, but is not limited to, training and testing on how the facility will communicate the facility closure to required individuals and agencies, testing patient tracking systems and testing transportation procedures for safely moving patients to other facilities.

The SCG Website

- Providers and suppliers should refer to the resources on the CMS website for assistance in developing emergency preparedness plans.
- The website also provides important links to additional resources and organizations who can assist.
- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/index.html>

Thank you!



SCGEmergencyPrep@cms.hhs.gov

Disaster Exercises at One Midwest Pediatric Academic Medical Center

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GETTING STARTED – TABLETOP EXERCISES (TTX) TO LIVE

- Our pediatric hospital participated in TTX drills done with region hospitals and community partners
- Realized that there was need to drill with live patients to test our processes
- Scenario built, engaged staff, reviewed current plans and conducted risk assessment
- Identified pools of potential children (scout troops, religious groups, sport teams, or children of hospital employees)



FIRST DRILL CONFINED TO PED

- First drill occurred only in the PED, extensive ED staff education about disaster preparedness and handling a surge of patients
- Obtained consent from parents/guardians for children to participate (prepared by legal department)
- Drill occurred on a Saturday morning (slower in PED and children out of school)
- Learning points: need to notify and educate entire hospital staff regarding drill, and drill beyond the ED, need to engage resident house staff, and communication with radios had dead zones



TRIAGE TAGS

- **Green**—Minimal, no injuries or very minor injuries (floors will not see patients that are green)
- **Yellow**—Delayed, serious non-life threatening injury
- **Red**—Immediate, life-threatening injury
- **Black**—Deceased or Expectant to die, not breathing (floors will not have these patients)

FRONT

Personal Property Receipt/
Evidence Tag *1234567*

Destination _____
Via _____ *1234567*

TRIASGE TAG *1234567*

S L U D G E M
S: Suspected Laceration, Burn, Abrasion, B.L. Object, Entail, Mord

AUTO INJECTOR 1 2 3 4 5

Pat No: _____ Primary Doctor
Pat No: _____ Secondary Doctor

Solution

Blunt Trauma
Burn
C-Spine
Chemical
Crushing
Fracture
Laceration
Penetrating Injury

Age: _____
 Male Female

Other: _____

VITAL SIGNS			
Time	B/P	Pulse	Respiration

Time	Drug Solution	Dose

BACK

Comments/Information

Patient's Name _____

R RESPIRATIONS Yes + 2 Sec. Can Do
 No + 2 Sec. Can't Do

P PERFUSION + 2 Sec. + 2 Sec.
 + 2 Sec. + 2 Sec.

M MENTAL STATUS Can Do Can't Do

Move the Walking Wounded ► **MINOR**

No Respirations After Head Tilt ► **MORGUE**

Respirations - Over 30 ► **IMMEDIATE**

Perfusion - Capillary Refill Over 2 Seconds ► **IMMEDIATE**

Mental Status - Unable to Follow Simple Commands ► **IMMEDIATE**

Otherwise ► **DELAYED**

IN ORDER BY: _____

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PERSONAL INFORMATION			
NAME _____			
ADDRESS _____			
CITY _____		ST _____	ZIP _____
PHONE _____			
COMMENTS _____			
RELIGIOUS PREFERRED _____			

MORGUE

IMMEDIATE *1234567*	IMMEDIATE *1234567*
DELAYED *1234567*	DELAYED *1234567*
MINOR *1234567*	MINOR *1234567*

MORGUE
Pulseless/Non-Breathing

IMMEDIATE Life Threatening Injury	IMMEDIATE Life Threatening Injury
DELAYED Serious Non Life Threatening	DELAYED Serious Non Life Threatening
MINOR Walking Wounded	MINOR Walking Wounded



EXAMPLE OF SCENARIO DESCRIPTION ON PATIENT

Christopher Robin -(school age).

Chief Complaint: headache

Rapid Assessment:

1) Intact airway, no wheezing or respiratory compromise, RR 22

2) 2+ radial pulse bilat, less than 2 sec cap refill

3) Responds appropriately per developmental age, no mental deficits noted

Reason for initial hospitalization: Shunt malfunction



HAZMAT DRILL



DISASTER DRILLS

- Disaster planning incorporates the all-hazards approach
- Drills scenarios have included: chlorine gas, dirty bomb, active shooter, MCI
- We participate in regional drills with City, County, Airport, NDMS and regional hospital coalition
- Disaster roles are reviewed on an annual basis prior to drill (new employees have training upon hire including house staff)



CREATION OF REUNIFICATION PLAN AND UNACCOMPANIED MINOR PLAN

- Need to create child safe area and a separate area for unaccompanied minors
- Need reunification center to connect families members
- Need family information center
- Need registration system to incorporate families and unaccompanied minors



OTHER LESSONS LEARNED AND CURRENT STATUS OF DRILLS

- Identified need to have an observer with each patient
- Need to incorporate children of all ages (as young as 1 y.o. accompanied by parent)
- Need to drill with adult colleagues and adult patients to create more realistic situation
- Ongoing Hazmat education
- Each year more units (inpatient, ICU, operating rooms) added to scenario
- Supply chain added into the scenario (using a checklist of supplies needed to care for patient)
- Created a buddy system for our ED
- Communication continuously needs improvement



INCORPORATING TRAINEES

- Education in advance to trainees about the role they can take in disaster and included brief scenario description and general disaster education (in addition to employee on boarding)
- Trainees need to work with licensed physicians to coordinate care provided to patients (created supervision models)
- Communication notification of disaster important, but remains a challenge



HOW WE ARE MEETING THE CMS EMERGENCY PREPAREDNESS RULE

- Annual all hazards risk assessment and review of individual unit emergency preparedness plans
- Communication practiced monthly within the hospital and ongoing participation in regional hospital coalition that coordinates regional communication and resource management
- Training in emergency preparedness for all new employees and annual review prior to exercises
- Conduct live drills (alone or with regional partners) and/or participate in TTX with subsequent after action review and policy updates



CONCLUSIONS

- Monthly radio tests on different shifts and quarterly safety briefing on radio have improved radio communications
- It is important to drill with children regularly
- In the future:
 - Need to review and practice evacuation for all inpatient units
 - Need to create buddy systems on all units
 - Need to upgrade communication system for all hospital personnel
 - Need to evaluate readiness for all employees roles to participate or support disasters



Case Report: CMS and a Pediatric Hospital Mass Distribution Drill

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CMS RULES ADDRESSED

- Risk Assessment and Planning
 - All-hazards Approach
- Policies and Procedures
 - Develop and implement policies to address risks
 - Track staff and patients during emergencies
- Communication Plan
 - Medical documentation
- Training and Testing
 - Drills to test emergency plan
 - Full-scale Exercise



DESCRIPTION OF DRILL

- Mass drive-thru based distribution of medication/supplies
 - Influenza vaccination used as basis for full-scale exercise



SET UP

- Used an empty parking lot to distribute influenza vaccines to hundreds of patients
 - Coordination with local police for traffic flow
 - Coordination with local public health/news media, etc. to make event known
 - Delivery and safe management of supply
 - Refrigeration, training of staff
 - Tracking of patients and medication lot numbers
 - Registration and paper tracking system





USES

- All-hazards distribution system for rapid delivery or avoidance of close contact
 - Testing
 - Prophylaxis
 - Treatments
 - Distribution of Supplies
 - Food
 - Water
 - PPE



CMS RULES

- Risk Assessment and Planning
 - All-hazards Approach
 - Flexible system meant to distribute medications/supplies/information to public or staff
 - Risk assessment: ability to provide vaccination/prophylaxis and supplies during a variety of events to staff and public



CMS RULES

- Policies and Procedures
 - Develop and implement policies to address risks
 - Deliver supplies/medication/testing away from medical campus to staff and public
 - Track staff and patients during emergencies
 - Patients registered and tracked from entry to exit



CMS RULES

- Communication Plan
 - Medical documentation
 - Tracking vaccination numbers, patient information and total numbers of patients
 - Tracking those who need follow up (2nd vaccine)
 - Using radios that are otherwise used at the hospital



CMS RULES

- Training and Testing
 - Drills to test emergency plan
 - Full-scale Exercise
 - Allow us to assess necessary time to flow
 - Practice coordinating distribution with the community



CONCLUSION

- Drills can address CMS guidelines while also performing a useful service to the community
- A system set up to address one need can be made flexible enough to have an all-hazards approach



RESOURCES

- AAP Children and Disasters Web Page

www.aap.org/disasters

- National Pediatric Readiness Project

<https://emscimprovement.center/projects/pediatricreadiness/>



Joint Policy Statement—Guidelines for Care of Children in the Emergency Department

<http://pediatrics.aappublications.org/content/124/4/1233>



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