

COMPARISON CHART: EMERGENCY PREPAREDNESS REGULATORY REQUIREMENTS

<p align="center">Skilled Nursing [SNF] Federal Certification [42 CFR §483.73]</p>	<p align="center">Skilled Nursing Facility [SNF] Licensing [Title 22]</p>	<p align="center">Residential Care Facility for the Elderly [RCFE] Licensing [Title 22]</p>	<p align="center">Program for All-Inclusive Care for the Elderly [PACE] [42 CFR §460.84]</p>
<p>GENERAL REQUIREMENTS</p>			
<p>Note: Federal emergency preparedness regulations have four components: 1) Development of a Comprehensive Emergency Preparedness Plan; 2) Policies and Procedures; 3) Training and Testing; and 4) Communications Plan</p>			<p>Note: Federal emergency preparedness regulations have four components: 1) Development of a Comprehensive Emergency Preparedness Plan; 2) Policies and Procedures; 3) Training and Testing; and 4) Communications Plan</p>
<p>42 CFR 483.73. The facility must comply with all applicable Federal, State and local emergency preparedness requirements. [E-0001]</p>	<p>T-22, §72505 Fire Safety The licensee shall conform to the regulations adopted by the State Fire Marshal establishing minimum standards for the prevention of fire and for the protection of life and property against fire and panic. A copy of the State Fire Marshal's current fire clearance shall be available in the facility.</p>	<p>T-22, §87205 Fire Safety All facilities shall be maintained in conformity with the regulations adopted by the State Fire Marshal for the protection of life and property against fire and panic.</p>	<p>42 CFR 460.84. The facility must comply with all applicable Federal, State and local emergency preparedness requirements. [E-0001]</p>
<p>42 CFR 483.73. The facility must establish and maintain a [comprehensive] emergency preparedness program that meets the requirements of this section.</p> <p>The emergency preparedness program must include, but not be limited to, the following elements: [E-0001]</p>	<p>T-22, §72551(a) External disasters & Mass Casualty Program A written external disaster and mass casualty program plan shall be adopted and followed. The plan shall be developed with the advice and assistance of county or regional and local planning offices and shall not conflict with county and community disaster plans. A copy of the plan shall be available on the premises for review by the Department.</p>	<p>T-22, §87212(a) Emergency Disaster Plan Each facility shall have a disaster and mass casualty plan of action. The plan shall be in writing and shall be readily available.</p> <p>T-22, §87705(c) Care of Persons with Dementia. Licensees who accept and retain residents with dementia shall be responsible for ensuring the following:</p> <p>(2) The Emergency Disaster Plan, as required in Section 87212, addresses the safety of residents with dementia.</p>	<p>42 CFR 460.84. The facility must establish and maintain a [comprehensive] emergency preparedness program that meets the requirements of this section.</p> <p>The emergency preparedness program must include, but not be limited to, the following elements: [E-0001]</p>

COMPREHENSIVE EMERGENCY PREPAREDNESS PLAN

<p>Skilled Nursing [SNF] Federal Certification [42 CFR §483.73]</p>	<p>Skilled Nursing Facility [SNF] Licensing [Title 22]</p>	<p>Residential Care Facility for the Elderly [RCFE] Licensing [Title 22]</p>	<p>Program for All-Inclusive Care for the Elderly [PACE] [42 CFR §460.84]</p>
<p>42 CFR 483.73(a) Emergency Plan. The facility must develop and maintain an emergency preparedness plan that must be reviewed and updated at least annually. The plan must do all of the following[E-0004]:</p>			<p>42 CFR 460.84(a) Emergency Plan. The facility must develop and maintain an emergency preparedness plan that must be reviewed and updated at least annually. The plan must do all of the following[E-0004]:</p>
<p>42 CFR §483.73(a)(1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing residents. [E-0006]</p>			<p>42 CFR 460.84(a)(1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach. [E-0006]</p>
<p>42 CFR 483.73(a)(2) Include strategies for addressing emergency events identified by the risk assessment. [E-0006]</p>			<p>42 CFR 460.84(a)(2) Include strategies for addressing emergency events identified by the risk assessment. [E-0006]</p>
<p>483.73(a)(3) Address patient/client population, including, but not limited to, persons at-risk; the type of services the [facility] has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans. [E-0007]</p>			<p>N/A</p>
<p>42 CFR 483.73(a)(4) Include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the facility's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts. [E-0009]</p>			<p>42 CFR 460.84(a)(4) Include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the facility's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts. [E-0009]</p>

POLICIES AND PROCEDURES

<p>Skilled Nursing [SNF] Federal Certification [42 CFR §483.73]</p>	<p>Skilled Nursing Facility [SNF] Licensing [Title 22]</p>	<p>Residential Care Facility for the Elderly [RCFE]</p>	<p>Program for All-Inclusive Care for the Elderly [PACE] [42 CFR §460.84]</p>
<p>42 CFR 483.73(b) Policies and procedures. [Facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (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: <i>[E-0013]</i></p>	<p>T-22, §72553(b) Fires & Internal Disasters</p> <p>The written plan shall include at least the following:</p> <p>(1) Procedures for the assignment of personnel to specific tasks and responsibilities.</p> <p>(2) Procedures for the use of alarm systems and signals.</p> <p>(3) Procedures for fire containment.</p> <p>(4) Priority for notification of staff including names and telephone numbers.</p> <p>(5) Location of fire fighting</p>	<p>HSC §1569.194.(a) Every residential care facility for the elderly that is licensed or has a valid special permit therefor pursuant to Section 1569.10 shall provide a copy of the disaster and mass casualty plan required pursuant to Section 87223 of Title 22 of the California Code of Regulations to any fire department, law enforcement agency, or civil defense or other disaster authority in the area or community in which the facility is located, upon request by the fire</p>	<p>42 CFR 460.84(b) Policies and procedures. The PACE organization must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must address management of medical and nonmedical emergencies, including, but not limited to: Fire; equipment, power, or water failure; care-related emergencies; and natural disasters likely to threaten the health or safety of the participants, staff, or the public. The policies and procedures must be reviewed and updated at least annually. <i>[E-0013]</i></p>

<p>42 CFR 483.73(b)(1) The provision of subsistence needs for staff and patients whether they evacuate or shelter in place, include, but are not limited to the following:</p> <ul style="list-style-type: none"> (i) Food, water, medical and pharmaceutical supplies (ii) Alternate sources of energy to maintain the following: <ul style="list-style-type: none"> (A) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions. (B) Emergency lighting. (C) Fire detection, extinguishing, and alarm systems. (D) Sewage and waste disposal. <i>[E-0015]</i> <p>42 CFR 483.73(b)(2) A system to track the location of on-duty staff and sheltered patients in the [facility's] care during an emergency. If on-duty staff and sheltered patients are relocated during the emergency, the [facility] must document the specific name and location of the receiving facility or other location. <i>[E-0018]</i></p>	<ul style="list-style-type: none"> (5) Location of fire-fighting equipment. (6) Procedures for evacuation and specification of evacuation routes. (7) Procedures for moving patients from damaged areas of the facility to undamaged areas. (8) Procedures for emergency transfer of patients who can be moved to other health facilities, including arrangements for safe and efficient transportation. (9) Procedures for emergency discharge of patients who can be discharged without jeopardy into the community, including prior arrangements for their care, arrangements for safe and efficient transportation and at least one follow-up inquiry within 24 hours to ascertain that patients are receiving their required care. (10) A disaster tag containing all pertinent personal and medical information to accompany each patient who is moved, transferred, discharged or evacuated. (11) Procedures for maintaining a record of patient relocation. (12) Procedures for handling incoming or relocated patients. (13) Other provisions as dictated by circumstances. 	<p>located, upon request by the fire department, law enforcement agency, or civil defense or other disaster authority. Section 1569.40 shall not apply to this section.</p> <p>(b) The department is not required to monitor compliance with this section as part of its regulatory monitoring functions.</p> <p>T-22, §87212(b) Emergency Disaster Plan The plan shall be subject to review by the Department and shall include:</p> <ul style="list-style-type: none"> (1) Designation of administrative authority and staff assignments. (c) Emergency exiting plans and telephone numbers shall be posted. 	<p>42 CFR 460.84(b)(1) The provision of subsistence needs for staff and patients whether they evacuate or shelter in place, include, but are not limited to the following:</p> <ul style="list-style-type: none"> (i) Food, water, medical and pharmaceutical supplies (ii) Alternate sources of energy to maintain the following: <ul style="list-style-type: none"> (A) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions. (B) Emergency lighting. (C) Fire detection, extinguishing, and alarm systems. (D) Sewage and waste disposal. <i>[E-0015]</i> <p>42 CFR 460.84(b)(2) A system to track the location of on-duty staff and sheltered residents in the PACE care during and after an emergency. If on-duty staff and sheltered residents are relocated during the emergency, the PACE must document the specific name and location of the receiving facility or other location. <i>[E-0018]</i></p>
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<p>42 CFR 483.73(b)(3) Safe evacuation from the [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. [E-0020]</p>	<p>T-22, §72551(b) External disasters & Mass Casualty Program The plan shall provide procedures in event of community and widespread disasters. The written plan shall include at least the following: (1) Sources of emergency utilities and supplies, including gas, water, food and essential medical supportive materials. (2) Procedures for assigning personnel and recalling off-duty personnel. (3) Unified medical command. A chart of lines of authority in the facility. (4) Procedures for the conversion of all usable space into areas for patient observation and immediate care of emergency admissions. (5) Prompt transfer of casualties when necessary and after preliminary medical or surgical services have been rendered, to the facility most appropriate for administering definitive care. Procedures for moving patients from damaged areas of the facility to undamaged areas. (6) Arrangements for provision of transportation of patients including emergency housing where indicated. Procedures for emergency transfers of patients who can be moved to other health facilities, including arrangements for safe and efficient transportation and transfer information. (7) Procedures for emergency discharge of patients who can be discharged without jeopardy into the community, including prior arrangements for their care, arrangements for safe and efficient transportation and at least one follow-up inquiry within 24 hours to ascertain that patients are receiving required care. (8) Procedures for maintaining a record of patient relocation. (9) An evacuation plan, including evacuation routes, emergency phone</p>	<p>HSC §1569.695 (a) In addition to any other requirement of this chapter, a residential care facility for the elderly shall have an emergency plan that shall include, but not be limited to, all of the following: (1) Evacuation procedures. (2) Plans for the facility to be self-reliant for a period of not less than 72 hours immediately following any emergency or disaster, including, but not limited to, a long-term power failure. (3) Transportation needs and evacuation procedures to ensure that the facility can communicate with emergency response personnel or can access the information necessary in order to check the emergency routes to be used at the time of an evacuation and relocation necessitated by a disaster. (4) Procedures that address, but are not limited to, all of the following: (A) Provision of emergency power that could include identification of suppliers of backup generators. (B) Responding to individual residents' needs in the event the emergency call buttons are inoperable. (C) Process for communicating with residents, families, hospice providers, and others, as appropriate, that might include landline telephones, cellular telephones, or walkie-talkies. (D) Assistance with, and administration of, medications</p>	<p>42 CFR 460.84(b)(3) Safe evacuation from the [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. [E-0020]</p>
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N/A			42 CFR 460.84(b)(4) The procedures to inform State and local emergency preparedness officials about PACE patients in need of evacuation from their residences at any time due to an emergency situation based on the patient's medical and psychiatric condition and home environment. <i>[E-0019]</i>
42 CFR 483.73(b)(4) A means to shelter in place for patients, staff, and volunteers who remain in the [facility]. <i>[E-0022]</i>			42 CFR 460.84(b)(5) A means to shelter in place for patients, staff, and volunteers who remain in the [facility]. <i>[E-0022]</i>
42 CFR 483.73(b)(5) A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains availability of records. <i>[E-0023]</i>			42 CFR 460.84(b)(6) A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains availability of records. <i>[E-0023]</i>
42 CFR 483.73(b)(6) The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency. <i>[E-0024]</i>			42 CFR 460.84(b)(7) The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State 35 and Federally designated health care professionals to address surge needs during an emergency. <i>[E-0024]</i>
42 CFR 483.73(b)(7) The development of arrangements with other [facilities] [and] other providers to receive patients in the event of limitations or cessation of operations to maintain the continuity of services to facility patients. <i>[E-0025]</i>			42 CFR 460.84(b)(8) The development of arrangements with other [facilities] [or] other providers to receive patients in the event of limitations or cessation of operations to maintain the continuity of services to facility patients. <i>[E-0025]</i>
42 CFR 483(b)(8) The role of the [facility] under a waiver declared by the Secretary, in accordance with section 1135 of the Act, in the provision of care and treatment at an alternate care site identified by emergency management officials. <i>[E-0026]</i>			42 CFR 46084(b)(9) The role of the [facility] under a waiver declared by the Secretary, in accordance with section 1135 of the Act, in the provision of care and treatment at an alternate care site identified by emergency management officials. <i>[E-0026]</i>
			42 CFR 460.84(b)(10) (i) Emergency equipment, including easily portable oxygen, airways, suction, and emergency drugs. (ii) Staff who know how to use the equipment must be on the premises of every center at all times and be immediately available. (iii) A documented plan to obtain emergency medical assistance from outside sources when needed. <i>[No Tag - Reference Only]</i>

COMMUNICATION PLAN

<p>Skilled Nursing [SNF] Federal Certification [42 CFR §483.73]</p>	<p>Skilled Nursing Facility [SNF] Licensing [Title 22]</p>	<p>Residential Care Facility for the Elderly [RCFE]</p>	<p>Program for All-Inclusive Care for the Elderly [PACE] [42 CFR §460.84]</p>
<p>42 CFR 483.73(c) The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least annually. [E-0029]</p>	<p>T-22, §72541 Unusual Occurrences Occurrences such as epidemic outbreaks, poisonings, fires, major accidents, death from unnatural causes or other catastrophes and unusual occurrences which threaten the welfare, safety or health of patients, personnel or visitors shall be reported by the facility within 24 hours either by telephone (and confirmed in writing) or by telegraph to the local health officer and the Department. An incident report shall be retained on file by the facility for one year. The facility shall furnish such other pertinent information related to such occurrences as the local health officer or the Department may require. Every fire or explosion which occurs in or on the premises shall be reported within 24 hours to the local fire authority or in areas not having an organized fire service, to the State Fire Marshal.</p>		<p>42 CFR 460.84(c) The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least annually. [E-0029]</p>
<p>42 CFR 483.73(c)(1) The communication plan must include all of the following: (1) Names and contact information for the following: (i) Staff. (ii) Entities providing services under arrangement. (iii) Patients' physicians (iv) Other [facilities]. (v) Volunteers. [E-0030]</p>			<p>42 CFR 460.84(c)(1) The communication plan must include all of the following: (1) Names and contact information for the following: (i) Staff. (ii) Entities providing services under arrangement. (iii) Patients' physicians (iv) Other [facilities]. (v) Volunteers. [E-0030]</p>
<p>42 CFR 483.73(c)(2) Contact information for the following: (i) Federal, State, tribal, regional, or local emergency preparedness staff. (ii) The State Licensing and Certification Agency. (iii) The Office of the State Long-Term Care Ombudsman. (iv) Other sources of assistance. [E-0031]</p>			<p>42 CFR 460.84(c)(2) Contact information for the following: (i) Federal, State, tribal, regional, and local emergency preparedness staff. (ii) Other sources of assistance. [E-0031]</p>

<p>42 CFR 483.73(c)(3) Primary and alternate means for communicating with the following: (i) [Facility] staff. (ii) Federal, State, tribal, regional, and local emergency management agencies. <i>[E-0032]</i></p>			<p>42 CFR 460.84(c)(3) Primary and alternate means for communicating with the following: (i) [Facility] staff. (ii) Federal, State, tribal, regional, and local emergency management agencies. <i>[E-0032]</i></p>
<p>42 CFR 483(c)(4) A method for sharing information and medical documentation for patients under the [facility's] care, as necessary, with other health providers to maintain the continuity of care. (5) A means, in the event of an evacuation, to release patient information as permitted under 45 CFR 164.510(b)(1)(ii). (6) A means of providing information about the general condition and location of patients under the [facility's] care as permitted under 45 CFR 164.510(b)(4). <i>[E-0033]</i></p>			<p>42 CFR 460.84(c)(4) A method for sharing information and medical documentation for patients under the [facility's] care, as necessary, with other health providers to maintain the continuity of care. (5) A means, in the event of an evacuation, to release patient information as permitted under 45 CFR 164.510(b)(1)(ii). (6) A means of providing information about the general condition and location of patients under the [facility's] care as permitted under 45 CFR 164.510(b)(4). <i>[E-0033]</i></p>
<p>42 CFR 483.73(c)(7) A means of providing information about the [facility's] occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee. <i>[E-0034]</i></p>			<p>42 CFR 460.84(c)(7)A means of providing information about the [facility's] occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee. <i>[E-0034]</i></p>
<p>42 CFR 483.73(c)(8) A method for sharing information from the emergency plan, that the facility has determined is appropriate, with residents [or clients] and their families or representatives. <i>[E-0035]</i></p>			<p>N/A</p>

TRAINING AND TESTING

<p>Skilled Nursing [SNF] Federal Certification [42 CFR §483.73]</p>	<p>Skilled Nursing Facility [SNF] Licensing [Title 22]</p>	<p>Residential Care Facility for the Elderly [RCFE]</p>	<p>Program for All-Inclusive Care for the Elderly [PACE] [42 CFR §460.84]</p>
<p>42 CFR 483.73(d) Training and testing. The [facility] must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least annually. <i>[E-0036]</i></p>	<p>T-22, §72551(d) <i>External disasters & Mass Casualty Program</i> The facility shall participate in all local and state disaster drills and test exercises when asked to do so by the local or state disaster or emergency medical services agencies.</p>		<p>42 CFR 460.84(d) Training and testing. The [facility] must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least annually. <i>[E-0036]</i></p>
<p>42 CFR 483.73(d)(1) Training program. The [facility] must do all of the following: (i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected role. (ii) Provide emergency preparedness training at least annually. (iii) Maintain documentation of all emergency preparedness training. (iv) Demonstrate staff knowledge of emergency procedures. <i>[E-0037]</i></p>			<p>42 CFR 460.84(d)(1) The PACE organization must do all of the following: (i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing on-site services under arrangement, contractors, participants, and volunteers, consistent with their expected roles. (ii) Provide emergency preparedness training at least annually. (iii) Demonstrate staff knowledge of emergency procedures, including informing participants of what to do, where to go, and whom to contact in case of an emergency. (iv) Maintain documentation of all training. <i>[E-0037]</i></p>

<p>42 CFR 483.73(d)(2) Testing. The LTC facility must conduct exercises to test the emergency plan at least annually, including unannounced staff drills using the emergency procedures. The LTC facility must do all of the following:</p> <p>(i) Participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based. If the [facility] experiences an actual natural or man-made emergency that requires activation of the emergency plan, the [facility] is exempt from engaging in a community-based or individual, facility-based full-scale exercise for 1 year following the onset of the actual event.</p> <p>(ii) Conduct an additional exercise that may include, but is not limited to the following:</p> <p>(A) A second full-scale exercise that is community-based or individual, facility-based.</p> <p>(B) 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.</p> <p>(iii) Analyze the [facility's] response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the [facility's] emergency plan, as needed. <i>[E-0039]</i></p>	<p>T-22, §72551(e) External disasters & Mass Casualty Program A disaster drill shall be held by the facility at six-month intervals. There shall be a written report of the facility's participation in each drill or test exercise. Staff from all shifts shall participate in drills or test exercises.</p> <p>T-22, §72553(c) Fires & Internal Disasters Fire and internal disaster drills shall be held at least quarterly, under varied conditions for each individual shift of the facility personnel. The actual evacuation of patients to safe areas during a drill is optional.</p> <p>T-22, §72553(e) Fires & Internal Disasters A dated, written report and evaluation of each drill and rehearsal shall be maintained and shall include signatures of all employees who participated.</p>	<p>T-22, §87705(k) Care of Persons with Dementia. The following initial and continuing requirements must be met for the licensee to utilize delayed egress devices on exterior doors or perimeter fence gates:</p> <p>(3) Fire and earthquake drills shall be conducted at least once every three months on each shift and shall include, at a minimum, all direct care staff.</p> <p>T-22, §87705(l) Care of Persons with Dementia. The following initial and continuing requirements shall be met for the licensee to lock exterior doors or perimeter fence gates:</p> <p>(8) Fire and earthquake drills shall be conducted at least once every three months on each shift and shall include, at a minimum, all direct care staff.</p>	<p>42 CFR 460.84(e)(2) Testing. The [facility, except for LTC facilities, RNHCIs and OPOs] must conduct exercises to test the emergency plan at least annually. The [facility, except for RNHCIs and OPOs] must do all of the following:</p> <p>(i) Participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based. If the [facility] experiences an actual natural or man-made emergency that requires activation of the emergency plan, the [facility] is exempt from engaging in a community-based or individual, facility-based full-scale exercise for 1 year following the onset of the actual event.</p> <p>(ii) Conduct an additional exercise that may include, but is not limited to the following:</p> <p>(A) A second full-scale exercise that is community-based or individual, facility-based.</p> <p>(B) 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.</p> <p>(iii) Analyze the [facility's] response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the [facility's] emergency plan, as needed. <i>[E-0039]</i></p>
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EMERGENCY & STANDBY POWER SYSTEMS

**Skilled Nursing [SNF] Federal Certification
[42 CFR §483.73]**

**Skilled Nursing Facility [SNF]
State Licensing [Title 22]**

**Residential Care Facility for
the Elderly [RCFE] Licensing**

**Program for All-Inclusive Care for the Elderly
[PACE]
[42 CFR §460.84]**

42 CFR 483.73(e) Emergency and standby power systems. The [LTC facility and the CAH] must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section.

42 CFR 483.73(e)(1) Emergency generator location. The generator must be located in accordance with the location requirements found in the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5, and TIA 12-6), Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4), and NFPA 110, when a new structure is built or when an existing structure or building is renovated.

42 CFR 483.73(e)(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.

42 CFR 483.73(e)(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.

The standards incorporated by reference in this section are approved for incorporation by reference by the Director of the Office of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. You may obtain the material from the sources listed below. You may inspect a copy at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html. If any changes in this edition of the Code are incorporated by reference, CMS will publish a document in the Federal Register to announce the changes. (1) National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02169, www.nfpa.org, 1.617.770.3000. (i) NFPA 99, Health Care Facilities Code, 2012 edition, issued August 11, 2011. (ii) Technical interim amendment (TIA) 12-2 to

T-22, §72641 Emergency Lighting & Power System

(a) Auxiliary lighting and power facilities shall be provided as required by Sections E702-5, E702-6, E702-8 and E702-21 of Title 24, California Administrative Code. Flashlights shall be in readiness for use at all times. Open-flame type of light shall not be used.

(b) The licensee shall provide and maintain an emergency electrical system in safe operating condition and in compliance with subsections (d), (e), and (f). The system shall serve all lighting, signals, alarms and equipment required to permit continued operation of all necessary functions of the facility for a minimum of six hours.

(c) If the Department determines that an evaluation of the emergency electrical system of a facility or portion thereof, is necessary, the Department may require the licensee to submit a report by a registered electrical engineer which shall establish a basis for alteration of the system to provide reasonable compliance with Subarticle E702-B, Part 3, Title 24, California Administrative Code (Emergency Electrical Systems for Existing Nursing Homes). Essential engineering data, including load calculations, assumptions and tests, and where necessary, plans and specifications, acceptable to the Department, shall be submitted in substantiation of the report. When corrective action is determined to be necessary, the work shall be initiated and completed within an acceptable time limit. (d) The emergency lighting and power system shall be maintained in operating condition to provide automatic restoration of power for

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(h) Emergency lighting shall be maintained. At a minimum this shall include flashlights, or other battery powered lighting, readily available in appropriate areas accessible to residents and staff. Open-flame lights shall not be used.

No similar requirements related to emergency preparedness

INTEGRATED HEALTHCARE SYSTEMS			
Skilled Nursing [SNF] Federal Certification [42 CFR §483.73]	Skilled Nursing Facility [SNF] Licensing [Title 22]	Residential Care Facility for the Elderly [RCFE]	Program for All-Inclusive Care for the Elderly [PACE] [42 CFR §460.84]
<p>42 CFR 483.73(f) Integrated healthcare systems. If a [facility] is part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency preparedness program, the [facility] may choose to participate in the healthcare system's coordinated emergency preparedness program. If elected, the unified and integrated emergency preparedness program must- [do all of the following:]</p> <p>(1) Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.</p> <p>(2) Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered.</p> <p>(3) Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance [with the program].</p> <p>(4) Include a unified and integrated emergency plan that meets the requirements of paragraphs (a)(2), (3), and (4) of this section. The unified and integrated emergency plan must also be based on and include the following:</p> <p>(i) A documented community-based risk assessment, utilizing an all-hazards approach.</p> <p>(ii) A documented individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach.</p> <p>(5) Include integrated policies and procedures that meet the requirements set forth in paragraph (b) of this section, a coordinated communication plan, and training and testing programs that meet the requirements of paragraphs (c) and (d) of this section, respectively. [E-0042]</p>			<p>42 CFR 460.84(e) Integrated healthcare systems. If a [facility] is part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency preparedness program, the [facility] may choose to participate in the healthcare system's coordinated emergency preparedness program. If elected, the unified and integrated emergency 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 preparedness program.</p> <p>(2) Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered.</p> <p>(3) Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance [with the program].</p> <p>(4) Include a unified and integrated emergency plan that meets the requirements of paragraphs (a)(2), (3), and (4) of this section. The unified and integrated emergency plan must also be based on and include the following:</p> <p>(i) A documented community-based risk assessment, utilizing an all-hazards approach.</p> <p>(ii) A documented individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach.</p> <p>(5) Include integrated policies and procedures that meet the requirements set forth in paragraph (b) of this section, a coordinated communication plan, and training and testing programs that meet the requirements of paragraphs (c) and (d) of this section, respectively. [E-0042]</p>

DEFINITIONS				
Term	Skilled Nursing [SNF] Federal Certification	Skilled Nursing Facility [SNF] Licensing	Residential Care Facility for the Elderly [RCFE]	Program for All-Inclusive Care for the Elderly [PACE]
All-Hazards Approach	<p>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:</p> <ul style="list-style-type: none"> • 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. <p>All facilities must develop an all-hazards emergency preparedness program and plan.</p>	No definitions related to emergency preparedness	No definitions related to emergency preparedness	<p>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:</p> <ul style="list-style-type: none"> • 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. <p>All facilities must develop an all-hazards emergency preparedness program and plan.</p>

Disaster	Disaster: A hazard impact causing adverse physical, social, psychological, economic or political effects that challenges the ability to respond rapidly and effectively. Despite a stepped-up capacity and capability (call-back procedures, mutual aid, etc.) and change from routine management methods to an incident command/management process, the outcome is lower than expected compared with a smaller scale or lower magnitude impact (see “emergency” for important contrast between the two terms).			Disaster: A hazard impact causing adverse physical, social, psychological, economic or political effects that challenges the ability to respond rapidly and effectively. Despite a stepped-up capacity and capability (call-back procedures, mutual aid, etc.) and change from routine management methods to an incident command/management process, the outcome is lower than expected compared with a smaller scale or lower magnitude impact (see “emergency” for important contrast between the two terms).
Emergency	Emergency: A hazard impact causing adverse physical, social, psychological, economic or political effects that challenges the ability to respond rapidly and effectively. It requires a stepped-up capacity and capability (call-back procedures, mutual aid, etc.) to meet the expected outcome, and commonly requires change from routine management methods to an incident command process to achieve the expected outcome (see “disaster” for important contrast between the two terms).			Emergency: A hazard impact causing adverse physical, social, psychological, economic or political effects that challenges the ability to respond rapidly and effectively. It requires a stepped-up capacity and capability (call-back procedures, mutual aid, etc.) to meet the expected outcome, and commonly requires change from routine management methods to an incident command process to achieve the expected outcome (see “disaster” for important contrast between the two terms).
Emergency/Disaster	Emergency/Disaster: An event that can affect the facility internally as well as the overall target population or the community at large or community or a geographic area.			Emergency/Disaster: An event that can affect the facility internally as well as the overall target population or the community at large or community or a geographic area.
Emergency Preparedness Plan	Emergency Plan: An emergency plan provides the framework for the emergency preparedness program. The emergency plan is developed based on facility- and community-based risk assessments that assist a facility in anticipating and addressing facility, patient, staff and community needs and support continuity of business operations.			Emergency Plan: An emergency plan provides the framework for the emergency preparedness program. The emergency plan is developed based on facility- and community-based risk assessments that assist a facility in anticipating and addressing facility, patient, staff and community needs and support continuity of business operations.

Emergency Preparedness Program	Emergency Preparedness Program: The Emergency Preparedness Program describes a facility’s comprehensive approach to meeting the health, safety and security needs of the facility, its staff, their patient population and community prior to, during and after an emergency or disaster. The program encompasses four core elements: <ul style="list-style-type: none"> • an Emergency Plan that is based on a Risk Assessment and incorporates an all hazards approach; • Policies and Procedures; • Communication Plan; and the • Training and Testing Program. 			Emergency Preparedness Program: The Emergency Preparedness Program describes a facility’s comprehensive approach to meeting the health, safety and security needs of the facility, its staff, their patient population and community prior to, during and after an emergency or disaster. The program encompasses four core elements: <ul style="list-style-type: none"> • an Emergency Plan that is based on a Risk Assessment and incorporates an all hazards approach; • Policies and Procedures; • Communication Plan; and the • Training and Testing Program.
Exercises				
Full-Scale	Full-Scale Exercise: A full scale exercise is an operations-based exercise that typically involves multiple agencies, jurisdictions, and disciplines performing functional (for example, joint field office, emergency operation centers, etc.) and integration of operational elements involved in the response to a disaster event, i.e. “boots on the ground” response activities (for example, hospital staff treating mock patients).			Full-Scale Exercise: A full scale exercise is an operations-based exercise that typically involves multiple agencies, jurisdictions, and disciplines performing functional (for example, joint field office, emergency operation centers, etc.) and integration of operational elements involved in the response to a disaster event, i.e. “boots on the ground” response activities (for example, hospital staff treating mock patients).
Table-Top	Table-top Exercise (TTX): A tabletop exercise involves key personnel discussing simulated scenarios in an informal setting. TTXs can be used to assess plans, policies, and procedures. A tabletop exercise is a discussion-based exercise that involves senior staff, elected or appointed officials, and other key decision making personnel in a group discussion centered on a hypothetical scenario. TTXs can be used to assess plans, policies, and procedures without deploying resources.			Table-top Exercise (TTX): A tabletop exercise involves key personnel discussing simulated scenarios in an informal setting. TTXs can be used to assess plans, policies, and procedures. A tabletop exercise is a discussion-based exercise that involves senior staff, elected or appointed officials, and other key decision making personnel in a group discussion centered on a hypothetical scenario. TTXs can be used to assess plans, policies, and procedures without deploying resources.

<p>Facility-Based</p>	<p>Facility-Based: We consider the term “facility-based” to mean the emergency preparedness program is specific to the facility. It includes but is not limited to hazards specific to a facility based on its</p> <ul style="list-style-type: none"> • geographic location; • dependent patient/resident/client and community population; • facility type and potential surrounding community assets- i.e. rural area versus a large metropolitan area. 			<p>Facility-Based: We consider the term “facility-based” to mean the emergency preparedness program is specific to the facility. It includes but is not limited to hazards specific to a facility based on its</p> <ul style="list-style-type: none"> • geographic location; • dependent patient/resident/client and • community population; facility type and potential surrounding community assets- i.e. rural area versus a large metropolitan area.
<p>Risk Assessment</p>	<p>Risk Assessment: The term risk assessment describes a process facilities use to assess and document potential hazards that are likely to impact their geographical region, community, facility and patient population and identify gaps and challenges that should be considered and addressed in developing the emergency preparedness program.</p> <p>The term risk assessment is meant to be comprehensive, and may include a variety of methods to assess and document potential hazards and their impacts.</p> <p>The healthcare industry has also referred to risk assessments as a Hazard Vulnerability Assessments or Analysis (HVA) as a type of risk assessment commonly used in the healthcare industry.</p>			<p>Risk Assessment: The term risk assessment describes a process facilities use to assess and document potential hazards that are likely to impact their geographical region, community, facility and patient population and identify gaps and challenges that should be considered and addressed in developing the emergency preparedness program.</p> <p>The term risk assessment is meant to be comprehensive, and may include a variety of methods to assess and document potential hazards and their impacts.</p> <p>The healthcare industry has also referred to risk assessments as a Hazard Vulnerability Assessments or Analysis (HVA) as a type of risk assessment commonly used in the healthcare industry.</p>
<p>Staff</p>	<p>Staff: The term "staff" refers to all individuals that are employed directly by a facility. The phrase "individuals providing services under arrangement" means services furnished under arrangement that are subject to a written contract conforming with the requirements specified in section 1861(w) of the Act.</p>			<p>Staff: The term "staff" refers to all individuals that are employed directly by a facility. The phrase "individuals providing services under arrangement" means services furnished under arrangement that are subject to a written contract conforming with the requirements specified in section 1861(w) of the Act.</p>

