



TECHNICAL RESOURCE

Emergency Preparedness/Disaster Response Crosswalk for SNFs & RCFEs¹

Description	Federal SNF	State SNF	RCFE
Emergency Preparedness Program - General	<p>Note: CMS requires five [5] elements to the Emergency Preparedness Program: Emergency Plan; Policies & Procedures; Communication Plan; Training & Testing; Emergency & Stand-by Power Systems; and special requirements for Integrated Healthcare Systems.</p> <p>E-0001 42 CFR §483.73². The facility must comply with all applicable Federal, State and local emergency preparedness requirements. The [facility] must establish and maintain a [comprehensive] emergency preparedness program that meets the requirements of this section.</p>	<p>Note: State licensing requires a single External Disaster & Mass Casualty Program which is comprised of a written plan.</p>	<p>Note: State licensing requires a single, written Disaster & Mass Casualty Plan.</p>
			<p>Health & Safety Code §1569.695(h) An applicant seeking a license for a new facility shall submit the emergency and disaster plan with the initial license application required under Section 1569.15.</p>

¹ The federal SNF certification Emergency Preparedness Program requirements are used to anchor this crosswalk. Approximate equivalent requirements for SNF licensure and RCFE licensure are organized to provide a easier comparison of requirements.

² All federal requirements are contained under 42 CFR §183.73, unless otherwise noted.

Description	Federal SNF	State SNF	RCFE
Emergency Plan	(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 the following:	<p>T-22, §72551(a)³ 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, §72551(b) The plan shall provide procedures in event of community and widespread disasters. The written plan shall include at least the following:</p>	<p>Health & Safety Code §1569.194(a)⁴ 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 department, law enforcement agency, or civil defense or other disaster authority. Section 1569.40 shall not apply to this section.</p> <p>Health & Safety Code §1569.695(i) The department’s Community Care Licensing Division shall confirm, during annual licensing visits, that the emergency and disaster plan is on file at the facility and includes required content.</p> <p>Health & Safety Code §1569.695(k) Nothing in this section shall create a new or additional requirement for the department to evaluate the emergency and disaster plan.</p> <p>§§1569.695(a) In addition to any other requirements of this chapter, a residential care facility shall have an emergency and disaster plan that shall include, but not be limited to, all of the following:</p>
		T-22, §72551(c) The plan shall be reviewed at least annually and revised as necessary to	Health & Safety Code §1569.695(d) A facility shall review the plan annually and make updates as necessary , including changes in floor plans and

³ State licensing requirements for SNFs require a single plan.

⁴ RCFEs are required to have a single disaster and mass casualty plan that encompasses many of the elements of the federally-require Emergency Preparedness Program.

		ensure that the plan is current. [Excerpt: See under Training & Testing]	the population served. The licensee or administrator shall sign and date documentation to indicate that the plan has been reviewed and updated as necessary.
			T-22, §87212(a) Each Facility Shall have a disaster and mass casualty plan of action. The plan shall be in writing and shall be readily available.
			Health & Safety Code §1569.695(j) A facility is encouraged to have the emergency and disaster plan reviewed by local emergency authorities.
	(a)(1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing residents.		
	(a)(2) Include strategies for addressing emergency events identified by the risk assessment.		
	E-0007 (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-0009 (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.		

Description	Federal SNF	State SNF	RCFE
<p>Policies & Procedures</p>	<p>E-0013 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.</p>		
	<p>E-0015 At a minimum, the policies and procedures must address the following: (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: (i) Food, water, medical and pharmaceutical supplies (ii) Alternate sources of energy to maintain the following: (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.</p>	<p>T-22, §72551(b) 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.</p>	<p>Health & Safety Code §1569.695(a)(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 short-term or long-term power failure. If the facility plans to shelter in place and one or more utilities, including water, sewer, gas, or electricity, is not available, the facility shall have a plan and supplies available to provide alternative resources during an outage.</p> <p>Health & Safety Code §1569.695(a)(6) At least two appropriate shelter locations that can house facility residents during an evacuation. One of the locations shall be outside of the immediate area.</p> <p>Health & Safety Code §1569.695(a)(7) 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. If a permanently installed generator is used, the plan shall include its location and a description of how it will be used. If a portable generator is used, the manufacturer’s operating instructions shall be followed. (B) Responding to an individual resident’s needs if the emergency call buttons are inoperable.</p>

			<p>(F) The operation of assistive medical devices that need electric power for their operation, including, but not limited to, oxygen equipment and wheelchairs.</p> <p>(G) A process for identifying residents with special needs, such as hospice, and a plan for meeting those needs.</p> <p>Health & Safety Code §1569.695(f) A facility shall have both of the following in place:</p> <p>(1) An evacuation chair at each stairwell, on or before July 1, 2019.</p> <p>(2) A set of keys available to facility staff on each shift for use during an evacuation that provides access to all of the following:</p> <p>(A) All occupied resident units.</p> <p>(B) All facility vehicles.</p> <p>(C) All facility exit doors.</p> <p>(D) All facility cabinets and cupboards or files that contain elements of the emergency and disaster plan, including, but not limited to, food supplies and protective shelter supplies.</p>
	<p>E-0018 (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.</p>	<p>T-22, §72551(b)(2) Procedures for assigning personnel and recalling off-duty personnel.</p> <p>(3) Unified medical command. A chart of lines of authority in the facility.</p> <p>T-22, §72551(b)(8) Procedures for maintaining a record of patient relocation.</p>	<p>Health & Safety Code §1569.695(a)(7)(H) Procedures for confirming the location of each resident during an emergency response.</p> <p>T-22, §87212(b) The plan shall be subject to review by the Department and shall include:</p> <p>(1) Designation of administrative authority and staff assignments.</p>
	<p>E-0020 (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.</p>	<p>T-22, §72551(b)(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</p>	<p>Health & Safety Code §1569.695(a)(1) Evacuation procedures, including identification of an assembly point or points that shall be included in the facility sketch.</p> <p>Health & Safety Code §1569.695(a)(3) Transportation needs and evacuation procedures to ensure that the</p>

		<p>arrangements for safe and efficient transportation and transfer information.</p> <p>(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.</p>	<p>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. If the transportation plan includes the use of a vehicle owned or operated by the facility, the keys to the vehicle shall be available to staff on all shifts.</p> <p>T-22, §87212(b) The plan shall be subject to review by the Department and shall include:</p> <p>(2) Plan for evacuation including:</p> <ul style="list-style-type: none"> (A) Fire Safety Plan. (B) Means of exiting. (C) The assembly of residents to a predetermined evacuation site. (D) Transportation arrangements. (E) Relocation sites which are equipped to provide safe temporary accommodations for residents. (F) Supervision of resident during evacuation or relocation and contact after relocation to assure that relocation has been completed as planned. (G) Means of contacting local agencies such as fire department, law enforcement agencies, civil defense and other disaster authorities.
	<p>E-0022 (b)(4) A means to shelter in place for patients, staff, and volunteers who remain in the [facility].</p>		
			<p>Health & Safety Code §1569.695(e) A facility shall have all of the following information readily available to facility staff during an emergency:</p> <ul style="list-style-type: none"> (1) A resident roster with the date of birth for each resident. (2) An appraisal of resident needs and services plan for each resident. (3) A resident medication list for residents with centrally stored medications.

			(4) Contact information for the responsible party and physician for each resident.
	<p>E-0023 (b)(5) A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains availability of records.</p>	<p>T-22, §72551(b)(10) A tag containing all pertinent personal and medical information which shall accompany each patient who is moved, transferred, discharged or evacuated.</p>	<p>Health & Safety Code §1569.695(a)(7)(D) Assistance with, and administration of medications.</p> <p>(E) Storage and preservation of medications, including the storage of medications that require refrigeration.</p>
	<p>E-0024 (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.</p>		
	<p>E-0025 (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.</p>	<p>T-22, §72551(b)(4) Procedures for the conversion of all usable space into areas for patient observation and immediate care of emergency admissions.</p> <p>T-22, §72551(b)(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.</p> <p>(b)(12) Procedures for providing emergency care to incoming patients from other health facilities.</p>	<p>Health & Safety Code §1569.695(a) At least two appropriate shelter locations that can house facility residents during an evacuation. One of the locations shall be outside of the immediate area.</p> <p>Also See T22, §87212(b)(2)(E) – Above.</p>
	<p>E-0026 (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.</p>		

Description	Federal SNF	State SNF	RCFE
Emergency Preparedness Communications Plan	E-0029 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.		T-22, §87212(c) Emergency exiting plans and telephone numbers shall be posted.
		T-22, §72551(b)(13) Assignment of public relations liaison duties to a responsible individual employed by the facility to release information to the public during a disaster.	
	E-0030 (c)(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-0031 (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.	T-22, §72551(b)(9) An evacuation plan, including evacuation routes, emergency phone numbers of physicians, health facilities, the fire department and local emergency medical services agencies and arrangement for the safe transfer of patients after evacuation.	Health & Safety Code §1569.695(a)(4) (4) A contact information list of all of the following: (A) Emergency response personnel. (B) The Community Care Licensing Division within the State Department of Social Services. (C) The local long-term care ombudsman. (D) Transportation providers.
			Health & Safety Code §2569.695(a)(7)(C) Process for communicating with residents, families, hospice providers and others, as appropriate, that might include landline telephones, cellular telephones, or walkie-talkies. A backup process shall also be established. Residents and their responsible parties shall be informed of the process for communicating during an emergency.
	(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.		T-22, §87212(b)(3) Provision for notifying a resident's hospice agency, if and, in the event of evacuation and/or relocation.

	(c)(5) A means, in the event of an evacuation, to release patient information as permitted under 45 CFR 164.510(b)(1)(ii).		
	(c)(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).		
	E-0034 (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.		
		T-22, §72551(b)(11) Procedures for maintaining security in order to keep relatives, visitors and curious persons out of the facility during a disaster.	
	E-0035 (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.		Health & Safety Code §1569.695(g) A facility shall make the plan available upon request to residents onsite, any responsible party for a resident, the local long-term care ombudsman, and local emergency responders. Resident and employee information shall be kept confidential.

Description	Federal SNF	State SNF	RCFE
Training & Testing	<p>E-0036 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.</p>		
	<p>E-0037 (d)(1) Training program. The [facility] must do all of the following:</p> <ul style="list-style-type: none"> (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. 	<p>T-22, §72551(c) The plan shall be reviewed at least annually and revised as necessary to ensure that the plan is current. All personnel shall be instructed in the requirements of the plan. There shall be evidence in the personnel files, or the orientation checklist, indicating that all new employees have been oriented to the plan and procedures at the beginning of their employment.</p>	<p>Health & Safety Code §1569.695(b) A facility shall provide training on the plan to each staff member upon hire and annually thereafter. The training shall include staff responsibilities during an emergency or disaster.</p>
	<p>E-0039 (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> <ul style="list-style-type: none"> (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. (ii) Conduct an additional exercise that may include, but is not limited to the following: 	<p>T-22, §72551(d) 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>(e) 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>Health & Safety Code §1569.695(c) A facility shall conduct a drill at least quarterly for each shift. The type of emergency covered in a drill shall vary from quarter to quarter, taking into account different emergency scenarios. An actual evacuation of residents is not required during a drill. While a facility may provide an opportunity for residents to participate in a drill, it shall not require any resident participation. Documentation of the drills shall include the date, the type of emergency covered by the drill, and the names of staff participating in the drill.</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.</p>		
Emergency & Stand-by Power Systems	<p>E-0041 42 CFR 483.73(e) Emergency and standby power systems. The LTC facility must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section.</p>		
	<p>(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.</p>		
	<p>(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. 482.15(e)(3), §483.73(e)(3), §485.625</p>		
	<p>(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.</p>		

Description	Federal SNF	State SNF	RCFE
Integrated Healthcare System	<p>E-0042 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>(f)(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>(f)(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>(f)(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>(f)(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> <ul style="list-style-type: none"> (i) A documented community-based risk assessment, utilizing an all-hazards approach. (ii) A documented individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach. 		
	<p>(f)(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.</p>		

Resources

All:

- California Office of Emergency Services – Information for Businesses and Organizations: <https://www.caloes.ca.gov/businesses-organizations>
- Federal Emergency Management Agency [FEMA] – Exercises: <https://www.fema.gov/emergency-planning-exercises>
- “My Hazards” – A Tool to Identify Hazards in Specific Geographic Areas: <http://myhazards.caloes.ca.gov/>

Skilled Nursing:

- Federal Emergency Preparedness Rule: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/Advanced-Copy-SOM-Appendix-Z-EP-IGs.pdf>

RCFE:

- Updated Emergency & Disaster Preparedness Form: <http://www.cdss.ca.gov/Portals/9/PIN%2019-09-ASC.pdf?ver=2019-04-08-112708-327>