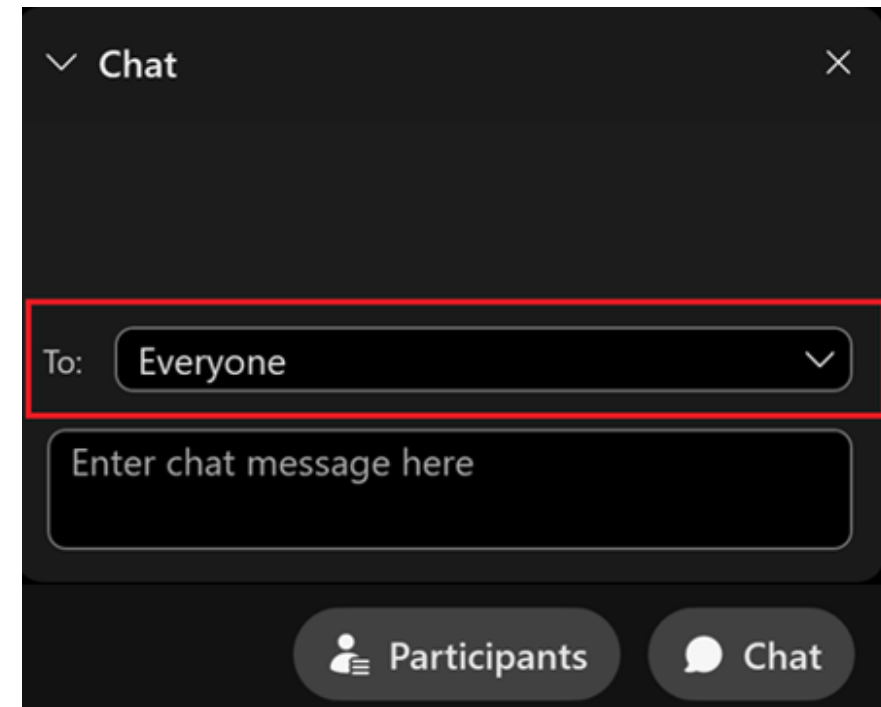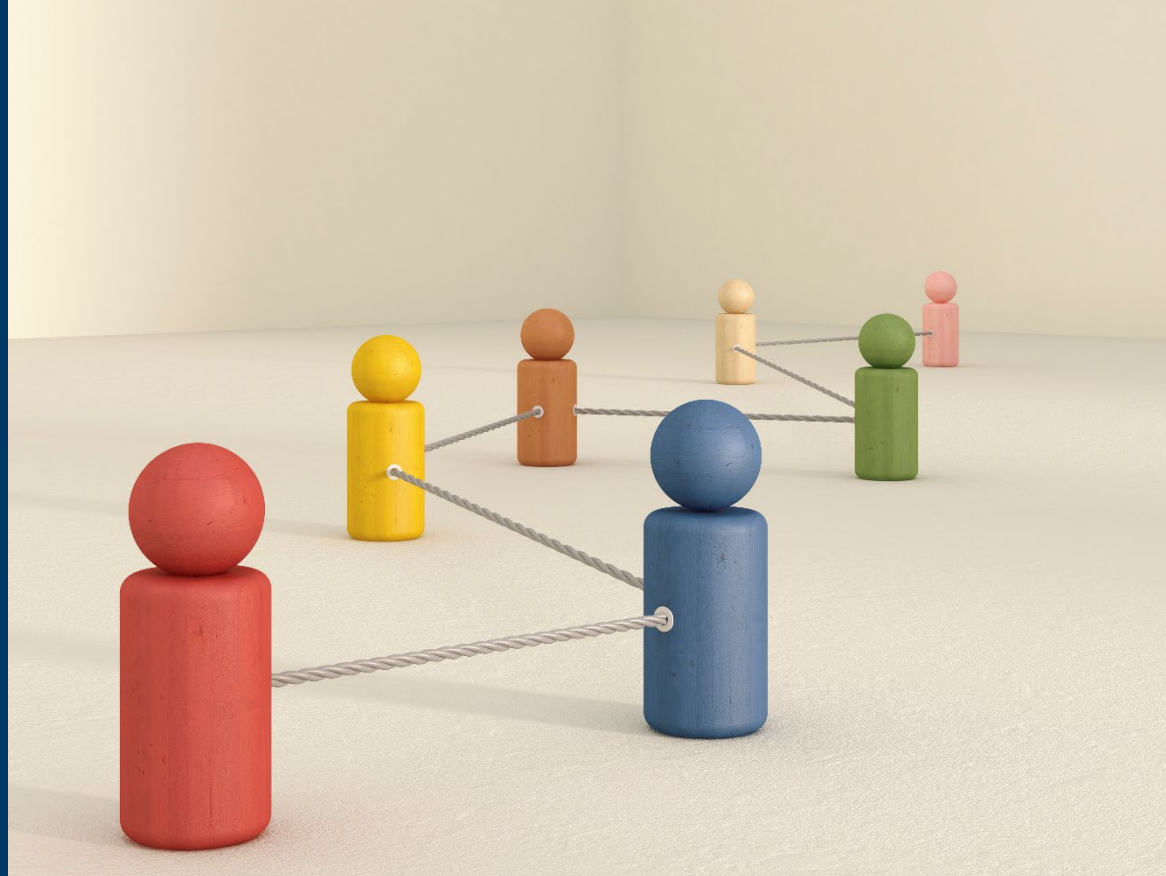# Emergency Preparedness & Appendix Z

Lunch & Learn
March 29, 2022

- Welcome and Housekeeping – Lindsey Krueger

- Communication – Casey DeVries/Jess Gallmeier

- RHPCs – Geri Maki

- Q & A – Casey Devries/Jess Gallmeier/Amy Hyers

- Closing and Reminder for Next Week's Event — Lindsey Krueger

- **Participants are muted.**

- **To ask a question** Click on the chat bubble to open the chat, select Everyone, and ask a question. Please note that questions sent to panelists directly will not be answered as individual chat boxes are not checked.

- **We will answer** as many questions as we can at the end of the presentation.

- **Please be respectful.**

DEPARTMENT OF HEALTH

Communication

Casey DeVries | **State Evaluation Supervisor**
Jess Gallmeier | **State Evaluation Supervisor**

Four Core Elements of Emergency Preparedness

- Risk Assessment and Emergency Planning

- Policies and Procedures

- Communication Plan

- Training and Testing

Communication Plan **MUST** address how the licensee will:

- Coordinate resident care within the facility, across healthcare providers, and with state and local public health departments

- Interact and coordinate with emergency management agencies and systems to protect resident health and safety

- Address how communication will take place with limited internet or phone connectivity, specifically in rural areas

The communication plan must be reviewed **annually** and updated as needed.

6 Elements of a Communication Plan

Facilities 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**. There are six main components to include:

1) *Names and Contact Information* of staff, entities providing services under arrangement, residents' physicians, other facilities and volunteers

2) *Emergency Officials Contact Information* for Federal, State, tribal, regional, and local EP staff, other sources of assistance, the Minnesota Department of Health and the Office of the Ombudsman for Long-Term Care

3) Must have *Means for Primary and Alternate Communication* with facility staff, Federal, State, tribal, regional and local emergency management agencies

4) ***Methods for Sharing Information*** and medical documentation for patients under the facility's care, as necessary, with other health care providers to maintain the continuity of care. A means, in the event of an evacuation, to release patient information as permitted under Code of Federal Regulation (CFR), title 45, section 164.510(b)(1)(ii). 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)

5) ***Sharing Information on Occupancy/Needs***: Means to provide information about the facility's occupancy, needs, and its ability to provide assistance to the authority having jurisdiction, the Incident Command Center, or designee

6) ***LTC Family Notifications***: Method for sharing information from the emergency plan, that the facility has determined appropriate, with residents and their families and/or representatives

Names and Contact Information of staff, entities providing services under arrangement, residents' physicians, other facilities and volunteers

- Other facilities = contact information for another provider of the same type as the licensee

- If electronic data storage is utilized, licensees must provide evidence of data back-up with hard copies OR demonstrate capability to reproduce contact lists during an emergency

- Licensees must update contact information for incoming and departing staff throughout the year

Emergency Officials Contact Information for Federal, State, tribal, regional, and local Emergency Preparedness staff, other sources of assistance, the Minnesota Department of Health and the Office of the Ombudsman for Long-Term Care

- Emergency management officials may include, but are not limited to, local EP agencies, officials who support the Incident Command System, state public health departments, state survey agencies, and Federal EP agencies
- Licensees may format this information in a manner of their choosing; however, it must be readily accessible by leadership during an emergency
- CMS encourages licensees to maintain contact lists in both electronic and hard-copy format to ensure their availability in the event of a network system failure

3 – Means for Primary & Alternate Communication

Must have a ***Means for Primary and Alternate Communication*** with the licensee's staff, Federal, State, tribal, regional and local emergency management agencies.

- Land Line

- Pagers

- Cell Phone

- Radio Transceivers (Walkie-Talkies)

- Weather Radio/HAM Radio Systems

- Licensees must address their own anticipated communication system challenges in their plans

- Licensees should ensure that selected alternative means of communication are compatible with communication systems of other facilities, agencies, and state and local officials it plans to communicate with during emergencies

- The licensee's communication method must ensure the information necessary to provide resident care accompanies an evacuated resident to the next provider of care and is readily available for residents being sheltered in place.

- Although the regulation does not stipulate specific timelines, CMS expects that during an evacuation, licensees will provide information in a timeframe that allows the receiving licensee to administer effective care & treatment with no delay.

The HIPPA Privacy Rule - Title 45 Subpart E - Privacy of individually identifiable health information, section 164.510 includes:

- "Uses and disclosures for disaster relief purposes"- allows licensees to disclose certain patient information in conjunction with disaster relief efforts to notify family members, personal representatives, or certain others of a resident's location or general condition

- HIPPA privacy rules are *not* suspended during an emergency circumstance, however, specifically permits certain uses and disclosures of protected health information as outlined in the Title 45 - Code of Federal Regulations (CFR) 164.510(b)(4)

4 – Methods for Sharing Information (Resident Information)

Licensees should send all necessary resident information that is *readily available* and should include at least:

- resident name
- age
- DOB
- allergies
- current medications
- medical diagnoses
- blood type
- advance directives
- next of kin/emergency contacts

5 – Sharing Information on Occupancy/Needs

- Reporting of a Licensee's needs:

  - PPE shortages, staffing shortages, loss of facility function, evacuation/transportation needs

- Reporting of a Licensee's ability to provide assistance:

  - PPE availability, staff availability, availability of electricity dependent equipment, availability to care for patients from other settings

- Reporting of a Licensee's occupancy:

  - number of residents currently at the facility may impact ability to provide assistance to outside patients; report occupancy percentages

- Licensees have flexibility in deciding what information from the emergency plan they will share, as well as the timing and manner to disseminate the information.

- CMS does NOT specify how licensees must meet this part of the requirement but recommends a quick fact sheet or informational brochure.

When assessing for compliance surveyors may request the following:

- A list of the licensee's contact information to confirm that all required contacts are included in the communication plan

- Evidence that the licensee reviews and updates all contact information at *LEAST* annually

- A list of the resource contact information to confirm that all required resource contacts are included in the licensee's communication plan

When assessing for compliance, surveyors may:

- Review the licensee's communication plan to verify the inclusion of primary and alternate means for communicating with the licensee's staff, Federal, state, tribal, regional, and local emergency management agencies

- Ask to see any communications equipment or communication systems the licensee listed in their communication plan

- Ask leadership to describe how they ensure contact information remains current

*LTC facilities must include Office of the State LTC Ombudsman

When assessing for compliance, surveyors may:

- Review the communication plan to verify the licensee developed policies and procedures to address the methods it will use to release patient information, including the general condition and location of patients

- Review the licensee's communication plan to verify it includes a means of providing information about the licensee's occupancy, needs, and ability to *provide assistance* during an emergency to the authority having jurisdiction, the Incident Command Center, or designee

When assessing for compliance, surveyors may:

- Ask staff to demonstrate *how* the licensee shares emergency plan information with residents, their families or representatives

- Interview residents and families/representatives and ask if the licensee provided information regarding the emergency plan

- Review the communication plan to verify inclusion of a method for sharing information the licensee deems appropriate from the emergency plan

- Emergency Preparedness & Response (www.health.state.mn.us/communities/ep/index.html)

- Long-Term Care (LTC) Emergency Preparedness (www.health.state.mn.us/communities/ep/ltc/index.html)

- Regional Health Care Preparedness Coordinators (RHPCs) (www.health.state.mn.us/communities/ep/coalitions/rhpc.html)

- Public Health & Health Care Emergency Preparedness in MN (www.health.state.mn.us/about/org/ch/epr/decade.html)

Healthcare Coalitions

Geri Maki | SEMN Disaster Health Coalition

Minnesota has 8 Healthcare Coalition (HCC) regions, each with Regional Healthcare Preparedness Coordinator(s) (RHPC)

[Regional Health Care Preparedness Coordinators (RHPCs)](www.health.state.mn.us/communities/ep/coalitions/rhpc.html)
(www.health.state.mn.us/communities/ep/coalitions/rhpc.html)

DEPARTMENT OF HEALTH

During a response, the coalition can assist through:

- **Sharing and Analyzing Information:** To provide each facility a better understanding of the scope of the disaster and the potential availability of additional assistance.

- **Managing and Sharing Resources:** Facilitate resource support by expediting the mutual aid process or other resource sharing arrangements among Coalition members and supporting the request and receipt of assistance from local, State and Federal authorities.

- **Coordinating strategies to deliver medical care:** Coordination and discussion on enhanced medical surge capacity and capability, standardized response protocols, platform for real-time policy and strategy development and coordination.

All Healthcare Coalitions are unique so they can serve the region.

- Central Health Care System Preparedness Coalition – Shawn Stoen Shawn.Stoen@centracare.com

- Metro Health and Medical Preparedness Coalition – Emily Moilanen Emily.Moilanen@hcmed.org

- Northeast Health Care Preparedness Coalition – Andy Clade Andy.Clade@arrowheadems.com

- Northwest Health Services Coalition – Amy Card Amy.Card@SanfordHealth.org

- South Central Health Care Coalition – Lavida Gingrich Gingrich.Lavida@mayo.edu

- Southeast Minnesota Disaster Health Coalition – Geri Maki Maki.Geri@mayo.edu

- Southwest Healthcare Preparedness Coalition – Kristin Peterson covid@sw-ems.org

- West Central Health Care System Preparedness Coalition – Shawn Stoen Shawn.Stoen@centracare.com

Contact your RHPC to learn more about your Coalition!

Regional Healthcare Preparedness Coordinator (RHPC) can support you with:

- Templates/Guidelines – check Coalition website for resources

- Trainings – vary by Coalition

- Exercises – Coalition exercises meet CMS community engagement requirement

- Conferences – not all regions have conferences

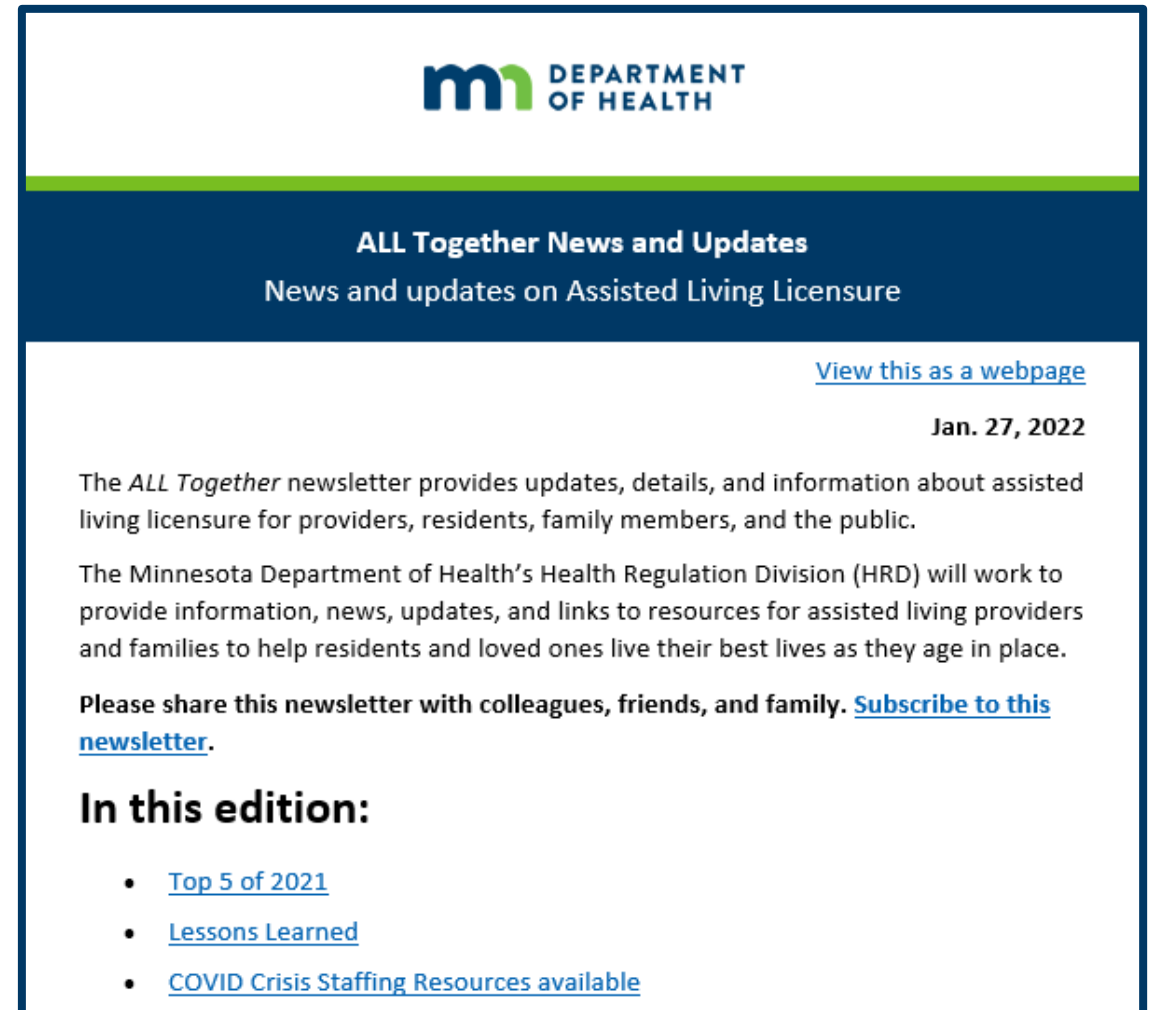**All Healthcare Coalitions are unique so they can serve the region.**

- **Metro Coalition, 20th Annual Preparedness Practicum**, Feb 23, 2022:
  Recording on website. Topics included equity, communication and information, ethical and practical challenges of rationing care and treatments, supporting health care workers, and more.
  Video of the 20th Annual Preparedness Practicum (2022) | The Metro Health & Medical Preparedness Coalition (metrohealthready.org)

- **Northeast Coalition, Under One Roof,** May 17 & 18, 2022:
  The Under One Roof conference is a unique event that will address common challenges in the Northeast MN region and beyond. Participation provides attendees with opportunities to connect with preparedness and response partners, learn innovative and effective techniques for future activities, and share lessons learned from recent responses.
  Registration | Under One Roof Twin Ports (www.underonerooftwinports.com)

- **Metro Coalition, Disaster Behavioral Health,** coming in June

Questions?

- Subscribe to HRD's ALL Together Newsletter for up-to-date information regarding Assisted Living Licensure

- [MDH Email Updates (https://public.govdelivery.com/accounts/MNMDH/subscriber/new?topic_id=MNMDH_660)](https://public.govdelivery.com/accounts/MNMDH/subscriber/new?topic_id=MNMDH_660)

ALL Together News and Updates
News and updates on Assisted Living Licensure

View this as a webpage

Jan. 27, 2022

The *ALL Together* newsletter provides updates, details, and information about assisted living licensure for providers, residents, family members, and the public.

The Minnesota Department of Health's Health Regulation Division (HRD) will work to provide information, news, updates, and links to resources for assisted living providers and families to help residents and loved ones live their best lives as they age in place.

Please share this newsletter with colleagues, friends, and family. Subscribe to this newsletter.

In this edition:

- Top 5 of 2021
- Lessons Learned
- COVID Crisis Staffing Resources available

April 5, 2022
11:30 a.m. to 12:30 p.m.

Testing

Thank you.

Assisted Living Licensure Team

health.assistedliving@state.mn.us