

## ASPR TRACIE Technical Assistance Request

**Request Receipt Date (by ASPR TRACIE):** 14 August 2020

**Response Date:** 17 August 2020

**Type of TA Request:** Standard

### Request:

The requestor contacted ASPR TRACIE and asked if their healthcare facility needed to change their current terminology from “pandemic/ epidemic” to “emerging infectious diseases” (EID) in their Hazard Vulnerability Assessment (HVA) per the Centers for Medicare & Medicaid Services (CMS) Emergency Preparedness (EP) Rule.

### Response:

The ASPR TRACIE Team reached out to Subject Matter Experts at the CMS Quality, Safety & Oversight Group (QSOG) for a response related to the requestor’s requirement-specific questions. CMS provided the following response:

The 2019 update added EIDs to the all-hazards definition and we would expect facilities to plan for EIDs. Generally, the risk assessment and its identified hazards are then supported by the policies and procedures and training which make up the emergency program for a facility. Under Appendix Z of the State Operations Manual (SOM), Tag E-004, we specifically refer to EIDs for the facility’s emergency plan. Our guidance states:

An emergency plan is one part of a facility's emergency preparedness program. The plan provides the framework, which includes conducting facility-based and community-based risk assessments that will assist a facility in addressing the needs of their patient populations, along with identifying the continuity of business operations which will provide support during an actual emergency. In addition, the emergency plan supports, guides, and ensures a facility's ability to collaborate with local emergency preparedness officials. This approach is specific to the location of the facility and considers particular hazards most likely to occur in the surrounding area. These include, but are not limited to:

- Natural disasters
- Man-made disasters,
- Facility-based disasters that include but are not limited to:
  - Care-related emergencies;
  - Equipment and utility failures, including but not limited to power, water, gas, etc.;
  - Interruptions in communication, including cyber-attacks;
  - Loss of all or portion of a facility; and
  - Interruptions to the normal supply of essential resources, such as water, food, fuel (heating, cooking, and generators), and in some cases, medications and medical supplies (including medical gases, if applicable).
- EIDs such as Influenza, Ebola, Zika Virus and others.

- These EIDs may require modifications to facility protocols to protect the health and safety of patients, such as isolation and personal protective equipment (PPE) measures.

CMS Appendix Z of the SOM considers EIDs to include, but not be limited to, Influenza, Ebola, Zika Virus and others. Pandemic/ Epidemic by definition are related to the spread of disease; therefore we think it is fine to have that type of terminology. The important part is that if it is identified in the facility's HVA, is that there are policies and procedures which support response to such a hazard within their emergency program.

## CMS-Specific Information:

CMS published the [interpretive guidelines](#) and the State Operations Manual that addresses specific regulatory expectations. This is posted on their website (under the Downloads section): <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html>.

ASPR TRACIE has developed and collected a number of resources that we encourage you to use and believe will help facilitate compliance, including the resources provided in this response. However, this does not substitute review of the final rule text and interpretive guidelines. If you have specific questions about your facility's compliance please review the interpretive guidelines, or contact your state's survey agency or the CMS QSOG at the following email address: [QSOG\\_EmergencyPrep@cms.hhs.gov](mailto:QSOG_EmergencyPrep@cms.hhs.gov).

CMS and ASPR TRACIE are partnering to provide technical assistance, and share resources and promising practices to help affected providers and suppliers start or update the documents mandated by the new Emergency Preparedness rule. Additional key resources include:

- The ASPR TRACIE dedicated CMS Rule page: <https://asprtracie.hhs.gov/cmsrule>
- The entire CMS Emergency Preparedness Rule: <https://federalregister.gov/a/2016-21404>
- The CMS Emergency Preparedness Survey and Certification Page: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html>
- CMS has developed a [Quick Glance Table of the rule requirements by provider type](#), to highlight key points of the new Emergency Preparedness rule. **NOTE:** This table is not meant to be an exhaustive list of requirements nor should it serve as a substitute for the regulatory text.
- ASPR TRACIE developed a [CMS Emergency Preparedness \(EP\) Rule Resources at Your Fingertips Document](#). Within this document are links to key resources:
  - CMS' developed [frequently asked questions \(FAQ\) documents](#) that synthesizes answers to commonly asked inquiries about the CMS EP Rule.
  - The FAQs, in combination with the CMS [at-a-glance chart](#) and [Provider and Supplier Type Definitions Fact Sheet](#), can help planners identify and address planning gaps and facilitate compliance with the regulations.
  - Interested in learning more about your local healthcare coalition? [This chart](#) can help you identify the preparedness office of your state public health agency. Remember: the release of the CMS EP Rule provides healthcare coalitions a

tremendous opportunity to strengthen relationships and leverage a broader group of personnel and resources to provide for the medical needs of the whole community during a disaster.

- To review the Medicare Learning Network National Call on the EP Rule, you can access the PowerPoint [slides](#), [transcript](#), and [audio recording here](#).