

***Recommendations for the  
Integration of***

***Access and Functional  
Needs***

***into***

***Hospital Emergency  
Management Planning***

## ***Integration of AFN into the Four Provisions of CMS' Emergency Preparedness Final Rule***

- 1. Risk Assessment & Planning**
  - *Disaster Vulnerability Analysis for AFN Communities*
  - *AFN communities at greatest risk clearly identified*
  - *Hospital's capacities and capabilities identified*
  - *EOP developed with integrated AFN*
  - *Annual reviews to include AFN components*
  
- 2. Policies & Procedures**
  - *P&Ps specific to the AFN communities at highest risk*
  - *Evacuation plans to include AFN communities*
  - *Decon plans to include AFN communities*
  - *Annual review and update of P&Ps specific to AFN communities*
  
- 3. Communication Plans**
  - *Plans to include provisions for AFN communities with communication barriers*
  - *Plans for communications with AFN communities during evacuations*
  - *Plans for coordinating care with public and private AFN organizations and agencies*
  
- 4. Training and Testing**
  - *Staff training and testing at initial orientation and annual reorientation to include meeting the unique and diverse needs of AFN communities, particularly those communities identified by the hospital as being at highest risk*
  - *Staff training in evacuation of pts. with AFN*
  - *Evacuation education available to pts. with AFN requirements*
  - *Drills and exercises to include AFN components*

## **CMS Emergency Plan Requirements for Patients with AFN**

**Hospitals: §482.15 (a) (3)**

**Critical Access Hospitals: §485.625 (a) (3)**

***“The Emergency Plan.....must address the patient population including .....persons at-risk”***

- *“At-risk individuals” are defined by ASPR in the 2013 Pandemic and All-Hazards Preparedness Reauthorization Act:*
  - *Children*
  - *Older adults/senior citizens*
  - *Pregnant women*
  - *Individuals who may need additional response assistance*  
*Examples may include:*
    - *Individuals with disabilities*
    - *Individuals who live in institutionalized settings*
    - *Individuals from diverse cultures*
    - *Individuals who have limited English proficiency or are non-English speaking*
    - *Individuals who are transportation disadvantaged*
    - *Individuals experiencing homelessness*
    - *Individuals who have chronic medical disorders*
    - *Individuals who have pharmacological dependency*
    - *Other individuals who have special needs*
- *S&C 17-29 Appendix Z added or clarified:*
  - *The elderly*
  - *Persons in hospitals and nursing homes*
  - *People with physical and mental disabilities*
  - *Infants and children*
  - *Others with access and functional needs*

**Appendix Z also added requirements for patients with mobility issues:**

- *Hospitals must “....identify patients who would require additional assistance*
- *Ensure that means for transport are accessible and available, and that*
- *Those involved in transport, as well as the patients....are made aware of the procedures to evacuate.”*

## **Integration of AFN Requirements into Emergency Management Planning Following TJC's EM Standards**

### **Planning Activities in the Development of the EOP - EM.01.01.01**

- *EP 1: Hospital leadership, including medical staff, must consider the unique and diverse needs of the AFN communities served by the hospital when participating in planning activities prior to developing an EOP.*
- *EP 2: In addition to the standard HVA(s), conduct a Disaster Vulnerability Analysis (DVA) for AFN communities.*
- *EP 3 - 4: The hospital identifies the relative level of risk to each AFN community that it serves, and prioritizes these risks. The hospital partners with AFN community organizations and agencies toward addressing these risks.*
- *EP 5 - 6: Mitigation and preparedness activities for AFN communities are developed from the DVA.*
- *EP 7: AFN should be integrated into HICS.*
- *EP 8: Resources and assets specific to each AFN community, particularly those communities that the hospital has identified as being at high risk, should be clearly documented.*

### **Emergency Operations Plan - EM.02.01.01**

- *EP 1: Planning activities should include meeting the unique and diverse needs of the AFN communities served by the hospital; this can be stated in the EOP's Goals and Scope.*
- *EP 2: Response procedures must address the needs of the AFN communities.*
- *EP 3: 96 hour Sustainability should include provisions for meeting the unique needs of AFN communities.*
- *EP 4: Recovery should include provisions for meeting the unique needs of AFN communities.*
- *EP 5 - 6: Termination of response and recovery phases should include AFN communities.*
- *EP 7: Alternative Care Sites should be assessed for meeting the unique needs of AFN communities (beyond ADA requirements).*
- *EP 8: Including those patients with AFN.*

### **Communications - EM.02.02.01**

- *EP 1 - 7, 17: Communication activities should include provisions for meeting the unique and diverse needs of AFN communities. This should not only include patients, families and visitors, but also hospital staff (including medical staff and volunteers), contracted staff and vendors, suppliers, and the media.*

*Specific provisions for communication to AFN communities should include:*

- Pediatric community, particularly those with cognitive and/or developmental issues
  - Geriatric communities
  - Adults with Developmental, Cognitive or Intellectual Issues
  - Individuals with a speech disability or impairment
  - Individuals who are deaf or hard of hearing
  - Individuals with limited English, or non-English speaking
  - Individuals with communication barriers
- *EP 8 - 13: "Other health care organizations" should include those offering services unique to AFN communities; e.g., dialysis centers, Independent Living Centers, Intermediate and Long Term Care facilities, etc.*
  - *EP 14: Backup systems and technologies should include AFN.*

### **Resources and Assets - EM.02.02.03**

- *EP 1 - 6, 12: Should address both the medical and non-medical supplies and equipment required by the AFN communities the hospital has identified as being at highest risk.*
- *EP 9 - 10: Should address the unique transportation requirements of AFN communities, particularly those who are mobility impaired or require bariatric equipment, those who have high risk pregnancies, and those who are critically ill or injured.*

### **Security and Safety - EM.02.02.05**

- *EP 1 - 4, 10: Should address the unique requirements of AFN communities.*
- *EP 5: Should address the unique decon requirements of pts. with AFN.*
- *EP 7 - 8: Should address meeting the needs of those who have mobility challenges.*

### **Staff - EM.02.02.07**

- *EP 1 - 10: Should address meeting the needs of staff and families who have AFN.*
- *EP 7: Should address the training given to individuals assigned to meeting the unique needs of AFN communities*

**Utility Systems - EM.02.02.09**

- EP 2 - 8: Should address the unique requirements of AFN communities, in particular, those who are mobility impaired (elevator failure) and dialysis dependent (purified water).

**Patients - EM.02.02.011**

- EP 2, 11: Pt. scheduling, triage, etc. should all address the unique requirements of AFN communities.
- EP 3: Evacuation procedures must address the unique needs of AFN communities, and include extensive plans for those who have mobility restrictions.
- EP 4: Plans for meeting a surge of patients with AFN requirements should be comprehensive.
- EP 5 - 8: Should address unique the requirements of AFN communities.

**Volunteer LIPs - EM.02.02.13**

**Volunteer Practitioners, non-LIP - EM.02.02.15**

- EP 1 - 9: Should address the unique requirements of volunteers with AFN; (note: CMS also requires plans for non-professional community volunteers, and for integration of public sector practitioners).

**Evaluation of Planning Activities - EM.03.01.01**

- EP 1: The DVA for AFN should be reviewed annually.
- EP 2: Objectives and Scope, as they relate to AFN communities, should be included in the annual review.
- EP 3: Annual review of inventory should include all AFN supplies and equipment.
- EP 4: Senior leadership review should include all AFN communities served by the hospital.

**Evaluation of Effectiveness of the Emergency Management Plan - EM.03.01.03**

- EP 1: Emergency Plan exercises should include an AFN community component
- EP 2 - 4: Influx of patients, escalating events and community-wide exercises should include patients with AFN needs
- EP 5: Evaluation of disaster response exercises should include an AFN component
- EP 6 - 12: Response to AFN communities' needs should also be monitored
- EP 13 - 17: Evaluations of all exercises and actual events should include an AFN component.