

# CMS ENFORCEMENT OF EMERGENCY PREPAREDNESS RULE



It is critically important that health professionals are prepared to safeguard themselves and their facility during disasters. In 2016 the Centers for Medicare & Medicaid Services (CMS) published the final Emergency Preparedness Rule<sup>1</sup> for health care preparedness. CMS wants to ensure that all health care providers and facilities always have an effective emergency preparedness plan in place.

An emergency is an unexpected event that significantly disrupts the organization's ability to provide care or that results in an increased demand for services. Emergencies can be either human-made (terrorist, unrest) or natural (electrical system failure, hurricane or tornado) or a combination of both. A disaster is a type of emergency that, due to its complexity, scope or duration threatens the organization's capabilities and requires outside assistance to sustain patient care, safety or security functions.

Enforcement of the new EP Rule began in Nov. 2017. Key elements of the EP Rule include a comprehensive emergency plan, policies and procedures, communication plan and training/testing the emergency plan by each provider. CMS survey guidelines further state the emergency preparedness expectations of surveyors. The CMS website has downloadable resources for implementation of the CMS EP Rule.<sup>1</sup>

44 separate EP tags were published for the survey process<sup>2</sup> rather than the familiar A-tags or F-Tags. Food and nutrition professionals specifically should review:

- EP Tags 0001, 0004, 0006, 0007, 0009  
Emergency Preparedness (EP) Program
- EP Tags 0013 Policies and Procedures
- EP Tag 0015 Subsistence needs for staff and patients
- EP Tag 0020 Evacuation
- EP Tag 0022 Sheltering
- EP Tag 0036 EP Training and Testing
- EP Tag 0037 EP Training Program
- EP Tag 0041 Emergency Power

During initial CMS surveys, emphasis has been on the written emergency plan, staff training and testing the EP plan with drills.

Other annual CMS surveyors have asked for the nutritional analysis of the disaster menus or what standard and age groups the menus meet. The menu plan must accommodate all possible patients at the facility, which includes therapeutic and texture modified diets. Another question has been the food or menu plan for the staff to care for patients during a disaster. Surveyors will review the evacuation plan. Expect that surveyors will review the emergency food storage, ask about temperature and/or humidity of storage areas and shelf life of the stored foods. Be prepared with a documented food inventory that matches the emergency menu. If you have obtained a MOU (Memorandum of Understanding) for delivery of food, water and supplies during a disaster as part of your emergency plan, the surveyor will review that agreement.

Consistent and comprehensive emergency preparedness of all health care providers will prevent loss of life while reducing disaster recovery costs. Registered dietitians, certified dietary managers and food service directors must undertake their vital part in CMS-required disaster preparedness.

1. Department of Health and Human Services Centers for Medicare & Medicaid Services, 42 CFR Parts 403, 416, 418, et al. Medicare and Medicaid Programs; Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers; Final Rule Government Publishing Office; Federal Register; Volume 81, Number 180; September 16, 2016. <https://www.gpo.gov/fdsys/pkg/FR-2016-09-16/pdf/2016-21404.pdf>

2. Surveyor Tool—EP Tags; <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html>

Contract 536.

Available through Gordon Food Service.

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