



**STATE OF WASHINGTON**  
**DEPARTMENT OF SOCIAL AND HEALTH SERVICES**  
*Aging and Long-Term Support Administration*  
*PO Box 45600, Olympia, Washington 98504-5600*

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**ALTSA: NH #2019-006**  
**ALTSA: ICF/IID #2019-002**  
**EMERGENCY PREPAREDNESS: UPDATES TO APPENDIX Z**  
**OF THE STATE OPERATIONS MANUAL (SOM)**

Dear Nursing Facility/Home Administrator and ICF/IID Administrator:

This is an amended notification to correct the Code of Federal Regulation (CFR) numbers.

The Centers for Medicare and Medicaid Services (CMS) set out emergency preparedness requirements for all CMS participating providers and suppliers. For nursing homes, the requirements are in 42 CFR 483.73. For ICF/IID facilities, the requirements are in 42 CFR 483.475. The rule requires providers and suppliers to plan, prepare and train for emergencies, and includes development of emergency plans, policies and procedures, communications and staff training. The emergency preparedness requirement is a Condition of Participation/Condition for Coverage that covers the requirement for facilities to have an emergency preparedness program.

On February 1, 2019, CMS submitted a transmittal, [QSO19-06-ALL](#), with revised portions of Appendix Z:

1. CMS added “emerging infectious diseases” to the current definition of all-hazards approach, E-0004. CMS determined it was critical for facilities to include planning for infectious diseases within their emergency preparedness program for events such as:
  - Influenza
  - Ebola Virus
  - Zika and othersFacilities should consider preparedness and infection prevention within their all-hazards approach, which covers both natural and man-made disasters.
2. CMS added guidance under E0015- Alternate Source Power as well as clarifications under E0042- Emergency Standby Power Systems, particularly around the use of portable/mobile generators to provide an alternate energy source during an emergency. Facilities should use the most appropriate energy source or electrical system based on their review of their individual facility’s all-hazards risks assessment and as required by existing regulations or state requirements. Regardless of the alternate sources of energy a facility chooses to utilize, it must be in accordance with local and state laws, manufacturer requirements, as well as applicable Life Safety Code (LSC) requirements.
  - a. Portable generation can augment a facility’s capability to provide power. Depending on the use and location, there are no prohibitions on use of a portable generator. Portable generators come in different types. Some portable generators are robust, meeting the criteria for an essential electrical system and are appropriate for serving

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- critical life support functions. Some generators are not as robust and reliable, but would be fine for non-critical uses.
- b. Providers should be aware that existing nursing homes first licensed after October 1, 1981 are required to have an emergency generator (WAC 388-97-2200). The new CMS guidance is separate from the standing licensing rule. Any significant changes to the built environment (including permanent generators) need to be reviewed by Construction Review, the local building department and/or Labor and Industries.
  - c. There is no change in the status of an existing, previously approved generator unless the generator is being relocated or the building is undergoing significant alterations that impact the essential electrical system. In those cases, the location (not design, capacity, fuel storage) are called into question. The National Fire Protection Association codes 101, 110 and 99 drive the construction of new facilities and altered portions of existing ones. Retroactivity is very limited.
  - d. All facilities should plan for all hazards and/or disasters, and then document their risk assessments and determinations. The plan should include how to sustain operations during a long-term power outage. This would include fuel re-supply agreements, rental agreements with local equipment providers, etc.
3. CMS added guidance under E-0037 concerning emergency training and expectations for individuals providing services from multiple surrounding areas and exemptions from testing/exercises under E-0039 after actual emergency events.

The Appendix Z revisions are effective March 2, 2019.

Thank you for your continued commitment to resident health and safety. If you have any questions, please contact [SCGEmergencyPrep@cms.hhs.gov](mailto:SCGEmergencyPrep@cms.hhs.gov) or your local RCS Field Manager.

Sincerely,



Candace Goehring, Director  
Residential Care Services

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