

P-01948BW

Updated: 10/2019

CMS EMERGENCY PREPAREDNESS RULE Workbook: HOSPITALS

May 5, 2015

This workbook document contains the editable tools and templates that can also be found in the pdf version of the toolkit.

For more detailed information about the sections, please see the full [CMS Emergency Preparedness Rule Toolkit: Hospitals](https://www.dhs.wisconsin.gov/publications/p01948b.pdf)

## Tools and Templates: Risk Assessment and Planning

This section contains tools, templates, and resources that may be helpful for risk assessment and planning.

Included are the:

***Emergency Preparedness Planning Checklist***

***Facility-Based HVA***

**Emergency Operations Plan Activation**

**Essential Services Roles and Responsibilities**

**HICS Documents**

**Collaboration Contact Grid**

### ***Emergency Preparedness Planning Checklist***

The Emergency Preparedness Checklist is located on the CMS Survey and Certification website. This checklist can help hospitals in emergency preparedness planning. The checklist reviews major topics that emergency preparedness programs should address, and provides information on details related to those topics. This can be an important tool for tracking progress on creating an emergency preparedness plan.

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/SandC_EPChecklist_SA.pdf>

### ***Facility-Based HVA***

HVAs are a systematic approach to identifying potential hazards that might affect an organization. Vulnerability is determined by assessing risk associated with each hazard and analyzing assessment findings to create a prioritized comparison of hazard vulnerabilities. The vulnerability is related to both the impact on organizational and community function and the likely demands the hazard would create. The tools at this website can be used to conduct a facility-based hazard vulnerability assessment for hospitals.

<https://www.calhospitalprepare.org/hazard-vulnerability-analysis>

### **Emergency Operations Plan Activation**

The following grid is an example of the type of tool hospitals may create to document a chain of responsibility for activating emergency operations plans. Individuals selected would be responsible for assessing emergent situations and activating the emergency operations plan when appropriate.

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| **Individuals Responsible for Emergency Operations Plan Activation** |
|  Name | Contact Number |
| Primary |  |  |
| Backup 1  |  |  |
| Backup 2  |  |  |

### **Essential Services Roles and Responsibilities**

This grid is a example of a tool hospitals may create to track roles and responsibilities for essential services during emergency events. Services identified should be essential during emergencies. Roles and responsibilities for identified services should be clearly stated, and individuals providing these services should be aware of their responsibilities. A primary and secondary point of contact should be established for each service, so that in the case of an emergency, the service can be activated and coordinated appropriately.

|  |
| --- |
| Roles and Responsibilities |
| Essential Services | Roles and Responsibilities | Point of Contact | Secondary Point of Contact |
| Administration |  |  |  |
| Dietary |  |  |  |
| Housekeeping |  |  |  |
| Maintenance |  |  |  |
| Nursing |  |  |  |
| Pharmacy |  |  |  |
| Safety and Security |  |  |  |
| (Additional services if needed) |  |  |  |

### **HICS Documents**

The Hospital Incident Command System organizes hospital emergency preparedness through incident command guidance. The following link leads to information on the Hospital Incident Command System, HICS documents, and HICS forms. The webpage includes information about HICS, including Frequently Asked Questions, the HICS guidebook, and a variety of templates, including job action sheets, incident planning guides, and other HICS forms.

<http://hicscenter.org/SitePages/HICS%20Documents%202014.aspx>

### **Collaboration Contact Grid**

The following grid can be completed and retained for the purpose of collaborating with appropriate local, tribal, regional, state, and federal emergency preparedness partners. These contacts can be resources during emergency preparedness program development and evaluation, and during real-world emergencies. Using an all-hazards approach to emergency preparedness, hospitals should have the ability to communicate with all relevant partners, if necessary. However, during an emergency, facilities should prioritize communication with those entities with an immediate response role such as local public health, local emergency management, and their regional healthcare coalition.

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| --- |
| **Emergency Preparedness Contacts** |
| **Level** | **Description** | **Contact Name** | **Phone** | **Email** |
| Local Public Health |  |  |  |  |
| Local Emergency Management |  |  |  |  |
| Tribal |  |  |  |  |
| Regional:Healthcare Coalition | Healthcare Coalition Coordinator |  |  |  |
| State:Division of Quality Assurance | *Contact the appropriate BNHRC regional office.* | Ann Angell/SROLeona Magnant /NEROCarol Jean Rucker/SEROTammy Modl /WROJessica Radtke /NRO | 608-266-9422 (AA)920-448-5240 (LM)414-227-4563 (CJR)715-836-3030 (TM)715-365-2801 (JR) | ann.angell@dhs.wisconsin.govleona.magnant@dhs.wisconsin.govcaroljean.rucker@dhs.wisconsin.govtammy.modl@dhs.wisconsin.govjessica.radtke@dhs.wisconsin.gov |
| State: Office of Emergency Preparedness and Health Care | DHS 24-hour Emergency Hotline | Answering service will direct to the correct personnel.  | 608-258-0099 | none |
| Federal: CMS | CMS Region 5 Emergency CoordinatorCMS Region 5 Emergency Preparedness Rule POC | **Primary**: Justin Pak**Secondary**: Gregory Hann | **Secondary**: 312-886-5351 | **Primary**: justin.pak@cms.hhs.gov**Secondary**: gregory.hann@cms.hhs.gov  |
| Federal: ASPR | Secretary’s Operation Center (SOC) | 24/7 Staffing | 202-619-7800 | hhs.soc@hhs.gov |
| Federal: FEMA | Region V Regional Watch Center | 24/7 Staffing | 312-408-5365 | none |

## Tools and Templates: Policies and Procedures

This section contains tools, templates, and resources that may be helpful for policies and procedures for the following subjects.

**Subsistence Needs**

**Patient and Staff Tracking**

**Evacuation and Sheltering in Place**

**Medical Documentation**

**Health Professions Volunteer Use**

**Sample Transfer Agreement**

**Sample Memorandum of Understanding**

**1135 Waiver Information**

### **Subsistence Needs**

Below are some questions to consider when developing policies and procedures pertaining to subsistence needs. These questions are not exhaustive; instead, they are intended to initiate and facilitate a conversation around necessary aspects of the policies and procedures.

* How many patients does your facility have on-site, on average?
* How many staff members does your facility have on-site, on average?
* How many visitors does your facility have on-site, on average?
* How long would you plan to sustain shelter-in-place?
* What supplies, in what quantities, would you need to shelter in place over a 24-hour period for each of the following categories?
* Food
* Water (potable)
* Water (non-potable)
* Medical (gowns, gloves, bedding, tubing, syringes, oxygen tanks, medical gas, etc.)
* Pharmaceutical
* Alternate sources of energy (maintain appropriate temperatures, emergency lighting, fire response, and sewage waste management)
* Where would you stockpile these inventories?
* Who is responsible for maintaining these emergency inventories?
* How would you access / distribute these supplies during an emergency?
* Where would you get additional supplies when your inventories begin to run low?

### **Patient and Staff Tracking**

Below are some questions to consider when developing policies and procedures pertaining to patient and staff tracking. These questions are not exhaustive; instead, they are intended to initiate and facilitate a conversation around necessary aspects of the policies and procedures.

* How will the facility track the name and location of patients during an emergency? (This includes patients who are sheltered in the facility, as well as patients transferred to other locations during an evacuation.)
* How will the facility track the name and location of on-duty staff during an emergency?
* Would these tracking policies and procedures differ during an emergency versus after an emergency?
* If the means of tracking staff and patients is electronically-based, how would this be accomplished if such systems were compromised (e.g., power outage, cyberattack, etc.)?
* How is this information maintained during the emergency?
* How often is it updated?
* Which staff members are responsible for accomplishing these tasks?
* How could this information be accessible and shared with partners upon request?

### **Evacuation and Sheltering in Place**

Below are some questions to consider when developing policies and procedures pertaining to evacuation and sheltering in place. These questions are not exhaustive; instead, they are intended to initiate and facilitate a conversation around necessary aspects of the policies and procedures.

* What criteria are used to determine whether the facility will shelter in place or evacuate during an emergency?
* Who has decision-making authority to make this determination?
* What procedures will the facility use to determine which patients can be discharged versus moved to another facility?
* What procedures will the facility use to determine the order in which patients are evacuated?
* How will the treatment needs of patients be identified and addressed during evacuations?
* What evacuation procedures will be used for non-patients, e.g., staff and visitors?
* Which staff members have what responsibilities during the execution of evacuation procedures?
* How will transport of patients be arranged?
* How will you identify appropriate facilities to receive patients?
* How will facilities ensure that primary and alternate means of communicating with external partners about evacuation are in place?

### **Medical Documentation**

Below are some questions to consider when developing policies and procedures pertaining to medical documentation. These questions are not exhaustive; instead, they are intended to initiate and facilitate a conversation around necessary aspects of the policies and procedures.

* What systems/policies/procedures exist to provide patient medical documentation on a day-to-day basis?
* Are there changes to these systems/policies/procedures in an emergency?
* How would medical documentation be transferred during an evacuation to accompany a patient to a receiving facility?
* How are standards of confidentiality maintained?
* Where are these existing policies/procedures documented for the facility? Think about policies that have been developed to maintain compliance with HIPAA, Joint Commission, local and state law, etc.
* If electronic medical records are used, what redundant processes exist in case such systems are compromised (power outages, cyberattacks, etc.)?
* Who is responsible for activating redundant systems?

### **Health Professions Volunteer Use**

WEAVR is the Wisconsin Emergency Assistance Volunteer Registry. WEAVR is a secure, web-based volunteer registration system for health care and behavioral health professionals. In an emergency, facilities can request that state public health officials send out a WEAVR request. Public health officials will identify appropriate individuals and contact potential volunteers. Volunteers who agree to help will be dispatched to the hospital’s location and informed of the role they need to fill. Hospitals should understand how to use WEAVR before emergency situations arise. More information about WEAVR can be found on the DHS’ WEAVR web-page:

<https://www.dhs.wisconsin.gov/preparedness/weavr/index.htm>

### **Sample Transfer Agreement**

The Sample Transfer Agreement document (linked below) provides a template transfer agreement for hospitals. Hospitals can use this template or build their own based on this example. The transferring hospital and receiving facility both complete and sign this form prior to emergency events, so that in an emergency situation in which patients need to be transferred from the affected hospital, a transfer agreement is already in place. The document outlines expectations between the facilities and the terms of agreement.

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/Facility-Transfer-Agreement-Example.pdf>

### **Sample Memorandum of Understanding**

The document provides a template for Memorandums of Understanding (MOU) along with guidance on completing the MOUs. MOUs are used to establish a mutual understanding of the roles and responsibilities of participating entities during an emergency incident. MOUs include the scope of services to be provided and reimbursement considerations. MOUs should be developed before emergency situations, so that in emergency events, a clear set of expectations exists between involved entities. This template is designed for Long-Term Care facilities, but can be adapted and modified for use by hospitals. There are three templates included in this document: one for like-type facilities, one for community partners/non-like-type facilities, and one for transportation services.

<https://www.dhs.wisconsin.gov/publications/p0/p00690.pdf>

### **1135 Waiver Information**

When the President of the United States declares an emergency under the Stafford Act or National Emergencies Act, and the Health and Human Services Secretary declares a public health emergency under Section 319 of the Public Health Service Act, the Secretary is allowed to assume additional actions on top of their usual authorities. One of these actions is to waive or modify certain Medicare, Medicaid, and Children’s Health Insurance Program requirements, under section 1135 of the Social Security Act, to ensure that sufficient health care services are available to meet the needs of affected populations. The 1135 waivers may include adjustments to the conditions of participation or other certification requirements. Once an 1135 waiver is authorized at the federal level, hospitals can submit requests to their State Survey Agency (DQA) to operate under the authority of the waiver. Hospitals should justify the use of the waiver, the expected modifications to usual standards, and the duration of the waiver use. The 1135 Waiver-At-A-Glance document (linked below) provides more detail on what 1135 waivers are, and when and how they may be implemented.

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/1135-Waivers-At-A-Glance.pdf>

## Tools and Templates: Communication Plan

This section contains tools, templates, and resources that may be helpful for communication plans.

**External Contact Information**

**Staff Contact Information**

**Patients’ Physicians’ Contact Information**

**Volunteer Contact Information**

**Primary and Alternate Means of Communication**

**HIPAA Decision Flowchart**

 **WI Trac**

### **External Contact Information**

This grid is an example of the type of tool hospitals may create to maintain information for external contacts. Hospitals should keep updated contact information so that in an emergency event, the appropriate individual can be reached in a timely fashion. The purpose for reaching out to a given contact should be included, so it is clear who should be contacted for what reason in any given situation.

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| --- |
| **External Contacts** |
| **Agency** | **Purpose for Contact** | **Contact Name/Title** | **Contact Info** |
| Local Emergency Management Staff |  |  |  |
| Local Public Health Department  |  |  |  |
| HCC  |  |  |  |
| State Emergency Management Staff |  |  |  |
| State Public Health Department (Emergency Preparedness ) |  |  |  |
| State Public Health Department (Division of Quality Assurance) |  |  |  |
| Tribal Emergency Preparedness/Emergency Management  |  |  |  |
| CMS |  |  |  |
| ASPR |  |  |  |
| FEMA |  |  |  |
| State Licensing and Certification Agency |  |  |  |
| Office of the State Long-Term Care Ombudsman |  |  |  |
| Fire |  |  |  |
| EMS |  |  |  |
| Police |  |  |  |
| Sheriff  |  |  |  |
| Coroner |  |  |  |
| Other LTC Facility(ies) |  |  |  |
| Other Facilities w/ MOUs |  |  |  |
| Entities Providing Services |  |  |  |
| Sister Facilities |  |  |  |
| (Additional sources of assistance) |  |  |  |

### **Staff Contact Information**

This grid is an example of the type of tool hospitals may create to maintain contact information for staff. Hospitals should be able to contact staff during emergencies. Reasons for contact may include cancelling shifts, determining which staff are actually on duty or on site, or reaching out to staff to help with surge needs. It should be decided whether roles for staff will be adjusted or increased during emergency events, and if so, those roles should be clarified and documented.

|  |
| --- |
| **Staff Emergency Contact Roster** |
| **Name** | **Department** | **Phone** | **Email Address** | **Emergency Staffing Role** |
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### **Patients’ Physicians’ Contact Information**

This grid is an example of the type of tool hospitals may create to maintain contact information for their patients’ physicians. Hospitals should be able to contact patients’ physicians in a timely manner during emergency events. Hospitals should maintain updated contact information for physicians and include multiple ways to reach their patients’ physicians.

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| --- |
| **Patients’ Physician Emergency Contact Roster** |
| **Name** | **Department** | **Phone** | **Pager** | **Email Address** |
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### **Volunteer Contact Information**

This grid is an example of the type of tool hospitals may create to maintain contact information for volunteers. Hospitals should be able to contact volunteers during emergencies. Reasons for contact may include cancelling shifts, determining which volunteers are actually on duty or on site, or reaching out to volunteers to help with surge needs. It should be decided whether roles for volunteers will be adjusted or increased during emergency events, and if so, those roles should be clarified and documented.

|  |
| --- |
| **Volunteer Emergency Contact Roster** |
| **Name** | **Department** | **Phone** | **Email Address** | **Emergency Staffing Role** |
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### **Primary and Alternate Means of Communication**

This grid is an example of the type of tool hospitals may create to document primary and alternate means of communication with relevant individuals/partners. Hospitals should have at least two methods of communicating with staff and relevant partners. The alternate method should be easily accessible, in the event that the primary method becomes unavailable, and should be agreeable to both the hospital and the entity they are communicating with. Primary and alternate methods of communication may vary based on who the hospital is trying to contact (for example, primary and alternate methods of communication may be different for staff than they are for state emergency management staff), but should be decided and documented before emergency events occur so that communication expectations are clear in emergency events.

|  |
| --- |
| **Means of Communication** |
| **Contact** | **Primary Method** | **Alternate Method** |
| Staff |  |  |
| Local Emergency Management Staff |  |  |
| Local Public Health Department  |  |  |
| HCC  |  |  |
| State Emergency Management Staff |  |  |
| State Public Health Department (Emergency Preparedness) |  |  |
| State Public Health Department (Division of Quality Assurance) |  |  |
| Tribal Emergency Preparedness/ Emergency Management Staff |  |  |
| CMS |  |  |
| ASPR |  |  |
| FEMA  |  |  |

### **HIPAA Decision Flowchart**

HIPAA is not waived in emergency events, hospitals should be aware of the need to protect patient information at all times. However, certain information can be shared during emergency events if the protected health information is disclosed for public health emergency preparedness purposes. The At-A-Glance Disclosure Decision Flowchart (linked below) can help hospitals make choices about disclosing protected health information. If there is uncertainty about the appropriateness of disclosing information, hospitals should err on the side of caution or contact appropriate authorities for guidance.

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/OCR-Emergency-Prep-HIPPA-Disclose.pdf>

### **WI Trac**

WI Trac stands for Tracking, Resources, Alerts, and Communication, and is a tool that hospitals can use to alert and communicate with each other and with emergency response partners. WI Trac can be used during emergencies, but can also be used on a day-to-day basis to communicate hospital resources. WI Trac allows hospitals to communicate their occupancy status (such as beds available) and send alerts to relevant partners. WI Trac is intended primarily for hospitals, but is also available to EMS, first responders, public health, physician offices, law enforcement, fire departments, dispatch centers, and emergency management directors. The following website provides more information about WI Trac and how to gain access to WI Trac.

<https://www.dhs.wisconsin.gov/preparedness/hospital/witrac.htm>

Additionally, below are some questions to consider when developing communication plans pertaining to sharing hospital information. These questions are not exhaustive; instead, they are intended to initiate and facilitate a conversation around necessary aspects of the communication plan.

* How does the facility determine which authorities to notify in the event of an emergency?
* How do the authorities vary in different types of emergency situations?
* How are occupancy levels communicated to local and state authorities during an emergency?
* How are supply and other needs communicated to local and state authorities during an emergency?
* How does the facility convey to local and state authorities their ability to help others?
* How might the means of communication differ depending on the emergency or the authorities being notified?
* What redundant means of communication exist for providing this information?

## Tools and Templates: Training and Testing

This section contains tools, templates, and resources that may be helpful for training and testing.

**Exercise Design Checklist**

**Exercise Evaluation Guide**

**After Action Report/Improvement Plan Instructions and Template**

### **Exercise Design Checklist**

The Exercise Design Checklist document (linked below) provides a sample checklist for designing exercises. The document leads users through the necessary steps for exercise design and can be used to document the planning and development of exercises. The first section of the checklist includes consideration of the type of exercise, the exercise scenario, the main objectives (target capabilities/critical areas) to be evaluated during the exercise, the levels of activity to be included in the exercise, who will participate in the exercise, which organizations/agencies will be involved in the exercise, and when the exercise will occur. The second section of the checklist includes consideration of communications, resources, safety and security, staff roles and responsibilities, utilities, and patient care. The following sections guide exercise designers through identifying players’ expected actions, developing a purpose statement, writing the narrative for the exercise, identifying major and detailed events in chronological order, and completing the after action report and improvement plan.

<https://www.dhs.wisconsin.gov/library/exercise-design-checklist.htm>

### **Exercise Evaluation Guide**

The Exercise Evaluation Guide (linked below) is a blank document. The content and layout can be amended as is appropriate, but it is designed to help hospitals assess their exercises. The guide includes areas for evaluating numerous activities included in a single exercise. Expected observations can be entered ahead of time. After the exercise, evaluators can assess whether expectations were observed and the extent to which expectations were completed or met. Hospitals can complete this exercise evaluation guide as part of their AAR, to assess areas of strength and weakness.

<https://www.dhs.wisconsin.gov/library/blank-exercise-evalguide.htm>

### **After Action Report/Improvement Plan Instructions and Template**

After Action Reports and Improvement Plans (IPs) are important parts of emergency preparedness testing. AARs help facilities assess their response to emergency events, whether simulated during an exercise, or real-world. AARs review the exercise design and execution, and provide an assessment of what went well and what needs to be improved upon. IPs specifically outline how and when improvements will be made to address shortcomings identified by the exercise evaluation and AAR.

The CMS AAR/IP instructions document walks through developing an AAR and IP. The document includes a purpose statement and background information on emergency preparedness. Additionally, the document contains explanations of key terms and important capabilities. It is important to note that this AAR/IP instruction document is based on the U.S. Department of Homeland Security Exercise and Evaluation Program (HSEEP). Though hospitals may choose to use HSEEP to meet exercise requirements for the CMS rule, it is essential to understand that the expectations for HSEEP and the CMS rule are not the same in regard to emergency preparedness testing. Hospitals should always ensure that their exercises and other testing activities meet the requirements of the CMS rule.

The CMS AAR/IP template document can be used to complete an AAR and IP. The document contains blank sections with instructions on how to fill out essential components in italics. The template covers the executive summary, exercise overview, exercise design summary, improvement plan, and conclusion. The template also contains five appendices: acronyms, lessons learned (optional), participant feedback summary (optional), exercise events synopsis (optional), and exercise events summary table (optional). Hospitals may use, modify, and customize this document as is appropriate for their facility. However, if a hospital wishes to conduct an exercise compliant with the Hospital Preparedness Program (HPP) and HSEEP requirements, the template sections must not be modified and each section (excluding those marked optional) must be completed entirely. Hospitals wishing to ensure compliance with the HPP and HSEEP should assess whether their testing program meets the CMS rule requirements. If hospitals determine they are not meeting conditions of participation with this template as is, they may consider completing a second AAR/IP that is compliant with the CMS regulations.

The AAR/IP instructions and template can be found on the CMS Templates and Checlists web-page: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Templates-Checklists.html> under the [Health Care Provider Voluntary After Action Report/Improvement Plan Template and Instructions](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/aartemplateinstructions.zip) link.

A direct file link is provided here: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/aartemplateinstructions.zip>

# Definitions

These definitions reflect those provided by CMS in the Interpretive Guidance for the Emergency Preparedness regulation.

All-Hazards Approach

An all-hazards approach is an integrated approach to emergency preparedness that focuses on identifying hazards and developing emergency preparedness capacities and capabilities that can address those as well as a wide spectrum of emergencies or disasters. This approach includes preparedness for natural, man-made, and or facility emergencies that may include but is not limited to: care-related emergencies; equipment and power failures; interruptions in communications, including cyber attacks; loss of a portion or all of a facility; and interruptions in the normal supply of essentials, such as water and food. All facilities must develop an all-hazards emergency preparedness program and plan.

Disaster

A hazard impact causing adverse physical, social, psychological, economic, or political effects that challenge the ability to respond rapidly and effectively. Despite a stepped-up capacity and capability (call-back procedures, mutual aid, etc.) and change from routine management methods to an incident command/management process, the outcome is lower than expected compared with a smaller scale or lower magnitude impact (see “emergency” for important contrast between the two terms).

Reference: Assistant Secretary for Preparedness and Response (ASPR) 2017-2022 Health Care Preparedness and Response Capabilities Document (ICDRM/GWU Emergency Management Glossary of Terms) (November 2016).

Emergency

A hazard impact causing adverse physical, social, psychological, economic, or political effects that challenge the ability to respond rapidly and effectively. It requires a stepped-up capacity and capability (call-back procedures, mutual aid, etc.) to meet the expected outcome and commonly requires change from routine management methods to an incident command process to achieve the expected outcome (see “disaster” for important contrast between the two terms).

Reference: Assistant Secretary for Preparedness and Response (ASPR) 2017-2022 Health Care Preparedness and Response Capabilities Document (ICDRM/GWU Emergency Management Glossary of Terms) (November 2016).

Emergency/Disaster

An event that can affect the facility internally as well as the overall target population or the community at large or community or a geographic area.

Emergency Plan

An emergency plan provides the framework for the emergency preparedness program. The emergency plan is developed based on facility- and community-based risk assessments that assist a facility in anticipating and addressing facility, patient, staff, and community needs and support continuity of business operations.

Emergency Preparedness Program

The Emergency Preparedness Program describes a facility’s comprehensive approach to meeting the health, safety and security needs of the facility, its staff, their patient population, and community prior to, during, and after an emergency or disaster. The program encompasses four core elements: an emergency plan that is based on a risk assessment and incorporates an all-hazards approach; policies and procedures; communication plan; and the training and testing program.

Facility-Based

We consider the term “facility-based” to mean the emergency preparedness program is specific to the facility. It includes but is not limited to hazards specific to a facility based on its geographic location; dependent patient/resident/client and community population, facility type, and potential surrounding community assets i.e., rural area versus a large metropolitan area.

Full-Scale Exercise

A full scale exercise is an operations-based exercise that typically involves multiple agencies, jurisdictions, and disciplines performing functional (for example, joint field office, emergency operation centers, etc.) and integration of operational elements involved in the response to a disaster event, i.e., ‘‘boots on the ground’’ response activities (for example, hospital staff treating mock patients).

Risk Assessment

The term risk assessment describes a process facilities use to assess and document potential hazards that are likely to impact their geographical region, community, facility, and patient population and identify gaps and challenges that should be considered and addressed in developing the emergency preparedness program. The term risk assessment is meant to be comprehensive and may include a variety of methods to assess and document potential hazards and their impacts. The health care industry has also referred to risk assessments as a hazard vulnerability assessment or analysis (HVA) as a type of risk assessment commonly used in the health care industry.

Staff

The term "staff" refers to all individuals that are employed directly by a facility. The phrase "individuals providing services under arrangement" means services furnished under arrangement that are subject to a written contract conforming with the requirements specified in section 1861(w) of the Social Security Act.

Table-top Exercise (TTX)

A tabletop exercise involves key personnel discussing simulated scenarios in an informal setting. TTXs can be used to assess plans, policies, and procedures. A tabletop exercise is a discussion-based exercise that involves senior staff, elected or appointed officials, and other key decision-making personnel in a group discussion centered on a hypothetical scenario. TTXs can be used to assess plans, policies, and procedures without deploying resources.

# Acronyms

AAR/IP: After Action Report/Improvement Plan

ASC: Ambulatory Surgical Center

ASPR: Assistant Secretary for Preparedness and Response

CAH: Critical Access Hospital

CDC: Centers for Disease Control and Prevention

CfCs: Conditions for Coverage and Conditions for Certification

CMHC: Community Mental Health Center

CMS: Centers for Medicare & Medicaid Services

CoPs: Conditions of Participation

CORF: Comprehensive Outpatient Rehabilitation Facilities

DHS: Department of Homeland Security

DHHS: Department of Health and Human Services

DSA: Donation Service Area

EOP: Emergency Operations Plans

EMP: Emergency Management Plan

EP: Emergency Preparedness

ESAR–VHP: Emergency System for Advance Registration of Volunteer Health Professionals

ESF: Emergency Support Function

ESRD: End-Stage Renal Disease

FEMA: Federal Emergency Management Agency

FQHC: Federally Qualified Health Center

HHA: Home Health Agencies

HPP: Hospital Preparedness Program

HRSA: Health Resources and Services Administration

HSEEP: Homeland Security Exercise and Evaluation Program

HSPD: Homeland Security Presidential Directive

HVA: Hazard Vulnerability Analysis or Assessment

ICFs/IID: Intermediate Care Facilities for Individuals with Intellectual Disabilities

LPHA: Local Public Health Agencies

LSC: Life Safety Code

LTC: Long-Term Care

NFs: Nursing Facilities

NFPA: National Fire Protection Association

NIMS: National Incident Management System

OPO: Organ Procurement Organization

PACE: Program for the All-Inclusive Care for the Elderly

PHEP: Public Health Emergency Preparedness

PRTF: Psychiatric Residential Treatment Facilities

RNHCIs: Religious Nonmedical Health Care Institutions

RHC: Rural Health Clinic

SNF: Skilled Nursing Facility

TJC: The Joint Commission

TRACIE: Technical Resources, Assistance Center, and Information Exchange

TTX: Tabletop Exercise

## Appendix B: Emergency Preparedness Regulations Crosswalk

This crosswalk was developed by the Yale New Haven Health System Center for Emergency Preparedness and Disaster Response. This crosswalk is intended to provide a high level reference to standards provided by accrediting organizations as of October 2016. This crosswalk does not reflect standards that may have been updated since then. This crosswalk is not intended to be a comprehensive interpretation of the regulation, but a reference guide.

This appendix contains the following subsections:

Appendix B1: Hospital Emergency Preparedness Regulations Crosswalk

Appendix B2: Critical Access Hospital Emergency Preparedness Regulations Crosswalk

## Appendix B1: Hospital Emergency Preparedness Regulations Crosswalk

| **CMS Emergency Preparedness CoPHospitals** | **CMS EP CoP Refer-ence** | **Healthcare Facilities Accreditation Program** [**www.hfap.org**](http://www.hfap.org) | **Center for Improvement in Healthcare Quality (CIHQ)** [**www.cihq.org**](http://www.cihq.org) | **DNV-GL Healthcare** [**www.dnvglhealthcare.com**](http://www.dnvglhealthcare.com) | **The Joint Commission Standards** [**www.jointcommission.org**](http://www.jointcommission.org) | **NFPA 1600**  | **NFPA 99** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **October 2016** | **482.15** | **2015 v2** | **September 1, 2016** | **2014 v.11** | **2016** | **2016** | **2012 ed.** |
| Require both an emergency preparedness program and an emergency preparedness plan.  | 482.15 | 09.01.01 Emergency Safety & Security24.00.12 Emergency Preparedness Plan | EP-1: Emergency Preparedness Planning | PE.6 SR. 1 EMERGENCY MANAGEMENT SYSTEM | EM.02.01.01 – General Requirements |  | 12.2.2.3 12.2.3.2 12.4.1 12.5.1 |
| **Emergency Plan** |  |  |  |  |  |  |  |
| Comply with all applicable federal, state, and local emergency preparedness requirements. The emergency plan must be reviewed and updated annually. | 482.15 | 09.01.01 Emergency Safety & Security | EP-1: A Coordination with Federal, State, and local emergency preparedness and health authorities EP-2: Emergency Preparedness Plan |  | EM.02.01.01 General Requirements EM.03.01.01 (EP 2) Evaluation |  | 12.2.3.312.4.1.212.5.3.6.1 |
| The emergency plan must be based on and include a documented facility-based and community-based risk assessment utilizing an all hazards approach. | 482.15 (a) 1 | 09.00.02 Emergency Hazard Vulnerability Analysis (HVA) | EP-1: A…Risk Assessment | PE. 6 SR. 3 EMERGENCY MANAGEMENT | EM.01.01.01 (EP 2, 3, 5) – Foundation for the Emergency Operations Plan EM.03.01.01 (EP 1) | 4.4.25.1.35.1.45.2.1 | 12.5.212.5.3.1 |
| The emergency plan includes strategies for addressing emergency events identified by the risk assessment. | 482.15 (a) 2 |  | EP-1: B. Specific response procedures | PE. 6 SR. 3 EMERGENCY MANAGEMENT | EM.01.01.01 (EP 5, 6) – Foundation for the Emergency Operations Plan | 5.1.56.6.2 | 12.5.3.212.5.3.3 |
| The emergency plan must address the patient population including but not limited to, persons at risk, the types of services that the facility would be able to provide in an emergency; continuity of operations, including delegations of authority and succession plans. | 482.15 (a ) 3 | 09.01.01 Emergency Safety & Security | EP-2: C. Emergency Preparedness Plan  |  | EM.02.01.01 (EP 3, 7, 8) General Requirements LD.01.04.01 (EP 11) Chief Executive Responsibilities  | 5.2.2.2 | 12.2.2.312.5.3.1.3 (1)12.5.3.2.3 (11)12.5.3.3.6.4 |
| Have a process for ensuring cooperation and collaboration with local, tribal, regional, state, or federal emergency preparedness officials’ efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the facility efforts to contact such officials and, when applicable, its participation in collaborative and cooperative planning efforts. | 482.15 (a) 4 | 09.01.01 Emergency Safety & Security | EP-1: C. Emergency management and command structure  |  | EM.01.01.01 (EP 3, 4, 7) Foundations for EOPEM.02.02.01 (EP 4) Communications |  | 12.2.3.312.5.3.3.6.1 (2) (6)  |
| **Policies and Procedures** |  |  |  |  |  |  |  |
| Develop and implement emergency preparedness policies and procedures based on the emergency plan and communications plan. The policies and procedures must be reviewed and updated at least annually. | 485.15 (b) (1) (i-ii) A-D | 09.01.01 Emergency Safety & Security | EP-2: Emergency Preparedness Plan |  | EM.02.01.01 (EP 2) General Requirements |  | 12.5.3.3.512.5.3.3.6.112.5.3.6.1 |
| The policies and procedures must address (1) the provision of subsistence needs for staff and patients whether they evacuate or shelter in place including but not limited to (i) food, water, medical and pharmaceutical supplies (ii) alternate sources of energy to maintain: (A) temperatures to protect patient health and safety and for the safe and sanitary storage of provisions (B) emergency lighting (C) fire detection, extinguishing and alarm systems. | 482.15 (b) (1) (i-ii) A-C | 09.01.03 Emergency Utilities | EP-2: Emergency Preparedness Plan E | PE. 6. SR. 2 EMERGENCY MANAGEMENT | EM.02.02.07 (EP 5) StaffEM.02.02.09 (EP 2, 3, 4, 5, 7) UtilitiesEC.02.05.03 (EP 1, 3) UtilitiesEC.02.06.01 Other Physical Environment Requirements |  | 12.5.3.3.6.212.5.3.3.6.4 (7) (8)12.5.3.3.6.512.5.3.3.6.6 |
| The policies and procedures must address…(D) sewage and waste disposal. | 482.15 (b) (ii) (D) |  | EP-2: Emergency Preparedness Plan LEP-2: Emergency Preparedness Plan M |  | EC.02.02.01 (All EP) Hazardous Materials and WasteIC.02.02.01 (EP 3) Medical Equipment, Devices, and Supplies |  | 12.5.3.3.6.212.5.3.3.6.4 (7) (8)12.5.3.3.6.512.5.3.3.6.6 |
| Develops a system to track the location of on-duty staff and sheltered patients in the facility’s care during an emergency. If on-duty staff or sheltered patients are relocated during the emergency the hospital must document the specific name and location of the receiving facility or other location. | 482.15 (b) 2 |  |  |  | EM.02.02.03 (EP 9) Resources and AssetsEM.02.02.11 (EP 8) Patients |  | 12.5.3.3.6.4 (9) |
| Have policies and procedures in place to ensure the safe evacuation from the facility, which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation locations; and primary and alternate means of communication with external sources of assistance. | 482.15 (b) 3 | 09.01.10 Emergency Evacuation11.04.01 Written Fire Control Plans |  | PE. 6 EMERGENCY MANAGEMENT SYSTEM SR. 7 | EM.02.02.03 (EP 9) Resources and AssetsEM.02.02.11 (EP 3) Patients |  | 12.5.3.3.6.1 (3) (4) 12.5.3.3.6.2 (7)12.5.3.3.6.4 (1) (6) (7) (8) (9) 12.5.3.3.6.8 |
| Have a means to shelter in place for patients, staff, and volunteers who remain in the facility. | 482.15 (b) 4 | 09.01.10 Emergency Evacuation09.01.02 Emergency Supplies |  | PE. 6 EMERGENCY MANAGEMENT SYSTEM SR. 7 | EM.02.02.03 (EP 1-6) Resources and Assets |  | 12.5.3.3.312.5.3.3.6 |
| Have a system of medical documentation that preserves patient information, protects the confidentiality of patient information, and secures and maintains availability of records. | 482.15 (b) 5 |  |  |  | EM.02.02.03 (EP 10) Resources and AssetsEM.02.02.11 (EP 3, 8) PatientsIM.01.01.03 Planning and Management of InformationIM.02.02.01 Protecting the Privacy of Health Information  | 4.7.2 | 12.5.3.3.6.1 (4) |
| Have policies and procedures in place to address the use of volunteers in an emergency and other emergency staffing strategies, including the process and role for integration of state or federally designated health care professionals to address surge needs during an emergency. | 482.15 (b) 6 | 03.01.17 Emergency Privileges03.01.18 Temporary Privileges |  | PE. 6 SR. 4 EMERGENCY MANAGEMENTMS. 13 SR. 4 TEMPORARY CLINICAL PRIVILEGES | EM.02.02.07 (EP 9) StaffEM.02.02.13 (All EP’s) VolunteersEM.02.02.15 (All EP’s) Volunteer PractitionersMS.01.01.01 (EP 14) Medical Staff BylawsMS.06.01.13 Credentialing and Privileging  | 6.9.1.2 | 12.5.3.4.5 |
| The development of arrangements with other hospitals and providers to receive patients in the event of limitations or cessation of operations to maintain the continuity of services to hospital patients. | 482.15 (b) 7 | 09.01.01 Emergency Safety & Security |  | PE. 6 SR. 3 EMERGENCY MANAGEMENT | EM.02.02.03 (EP 9) Resources and Assets | 6.9.1.2 |  |
| Policies and procedures to address the role of the hospital under a waiver declared by the Secretary, in accordance with section 1135 of the Act, for the provision of care and treatment at an alternative care site (ACS) identified by emergency management officials. | 482.15 (b) 8 | 09.01.01 Emergency Safety & Security |  |  | EM.02.01.01 (EP 7) General Requirements |  |  |
| **Communication Plan** |  |  |  |  |  |  |  |
| Be required to develop and maintain an emergency preparedness communication plan that complies with local, state, and federal law and required to review and update the communication plan at least annually. | 482.15 (c) | 09.01.07 Emergency Communications | EP-2 Emergency Preparedness Plan F | PE. 6 SR. 1 EMERGENCY MANAGEMENT | EM.02.02.01 (All EPs) General Requirements | 6.4 | 12.5.3.3.6.1 |
| As part of its communication plan include in its plan names and contact information for staff; entities providing services under arrangement; patients’ physicians; other hospitals and CAHs; and volunteers. | 482.15 (c) 1 | 09.01.07 Emergency Communications | EP-2 Emergency Preparedness Plan I |  | EM.02.02.01 (EP 1, 2, 7, 8, 9, 10) Communication | 6.4.1 |  |
| Require contact information for federal, state, tribal, regional, or local emergency preparedness staff and other sources of assistance. | 482.15 (c) 2 | 09.01.07 Emergency Communications | EP-2 Emergency Preparedness Plan F |  | EM.02.02.01 (EP 3-13) General Requirements | 6.4.1 | 12.5.3.3.6.1 (6)  |
| Include primary and alternate means for communicating with hospital staff and federal, state, tribal, regional, and local emergency management agencies. | 482.15 (c) 3 | 09.01.07 Emergency Communications | EP-2 Emergency Preparedness Plan F |  | EM.02.02.01 (EP 14) General Requirements | 6.4.1 | 12.5.3.3.6.1 |
| Include a method for sharing information and medical documentation for patients under the hospital’s care, as necessary, with other health care providers to maintain continuity of care. | 482.15 (c) 4 |  |  |  | EM.02.02.01 (EP 11, 12) General Requirements |  | 12.5.3.3.6.1 (4)  |
| Have a means, in the event of an evacuation, to release patient information as permitted under 45 CFR 164.510. | 482.15 (c) 5 |  |  |  | EM.02.02.01 (EP 5, 12) General Requirements | 6.4.1 | 12.5.3.3.6.1 (4)  |
| Have a means of providing information about the general condition and location of patients under the facility’s car, as permitted under 45 CFR 164.510(b)(4). | 482.15 (c) 6 |  |  |  | EM.02.02.01 (EP 5, 6, 12) General Requirements |  | 12.5.3.3.6.1 (4)  |
| Have a means of providing information about the hospital’s occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee. | 482.15 (c) 7 |  |  |  | EM.02.02.01 (EP 4) General Requirements |  | 12.5.3.3.6.1 (2) (6)  |
| **Training and Testing** |  |  |  |  |  |  |  |
| Develop and maintain an emergency preparedness training and testing program based on the emergency plan, risk assessment, policies and procedures, and communication plan. The training and testing program must be reviewed and updated at least annually.  | 482.15 (d)  | 09.02.02 Emergency Education | HR-2: Orientation of staffHR-4: Management of Contract/ Volunteer Staff – D | Staffing Management SM. 4 ORIENTATION | HR.01.04.01 (EP 1, 2, 3) OrientationEM.02.02.07 (EP 7) StaffEM.03.01.03 (EP 1) Evaluation | 7.1 | 12.3.3.10 |
| Provide initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing on-site services under arrangement and volunteers consistent with their expected roles. Provide this training annually and maintain documentation of all emergency preparedness training along with demonstration of staff knowledge of emergency procedures.  | 482.15 (d) 1 | 09.02.02 Emergency Education | EP-4 Testing of the Emergency Preparedness Plan | Staffing Management SM. 4 SR. 1 ORIENTATION | HR.01.04.01 (EP 1, 2, 3) OrientationEM 02.02.07 (EP 7) Staff | 7.1 | 12.3.3.10 |
| Conduct exercises to test the emergency plan at least annually. | 482.15 (d) 2 | 09.02.01 Emergency Exercises | EP-4 Testing of the Emergency Preparedness Plan | PE. 6 SR. 4 EMERGENCY MANAGEMENT | EM.03.01.03 Evaluation | 8.1.18.5.1 | 12.3.3.10 |
| Participate in a full scale exercise that is community-based or when community-based exercise is not available, individual, facility-based. | 482.15 (d) 2 | 09.02.01 Emergency Exercises |  | PE. 6 EMERGENCY MANAGEMENT SYSTEM SR. 4 | EM.03.01.03 (EP 4, 5) Evaluation  |  |  |
| If the facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the facility is exempt from engaging in a community-based or individual facility based full-scale exercise for one year following the onset of the actual event. | 482.15 (d) 2 |  |  | PE. 6 SR. 4 EMERGENCY MANAGEMENT | EM.03.01.03 (EP 1) Evaluation |  |  |
| Conduct a second exercise that may include but is not limited to a second full-scale exercise that is individual, facility-based; a tabletop exercise that includes a group discussion led by a facilitator using a narrated, clinically relevant emergency scenario and a set of problem statements, directed messages, or prepared questions designed to challenge the emergency plan. | 482.15 (d) 2 |  |  | PE. 6 EMERGENCY MANAGEMENT SYSTEM SR. 4 | EM.03.01.03 (EP 1) Evaluation  |  | 12.3.3.2 |
| Analyze the response to and maintain documentation of all drills, tabletop exercises, and emergency events and revise the facility emergency plan as needed. | 482.15 (d) 2 | 09.02.01 Emergency Exercises | EP-4 Testing of the Emergency Preparedness Plan | PE. 6 EMERGENCY MANAGEMENT SYSTEM SR. 4c | EM.03.01.03 (EP 6-16) Evaluation |  | 12.3.3.2 |
| **Emergency and Standby Power Systems** |  |  |  |  |  |  |  |
| The hospital must implement emergency and standby power systems based on the emergency plan and the policies and procedures. | 482.15 (e)  |  |  |  | EM.02.02.09 (EP 8) EC.02.05.07 (EP 7) Note that this requirement is to run this test every 36 months, not every 12 as the Rule states  |  | 12.3.3.2 |
| Emergency generator location. The generator must be located in accordance with the location requirements found in the Health Care Facilities Code, Life Safety Code, and NFPA 110, when a new structure is built or when an existing structure or building is renovated. | 482.15 (e) 1 |  |  | PE. 6 SR. 2 EMERGENCY MANAGEMENT SR. 2 | EC.02.05.03 (All EP’s) UtilitiesEM.02.02.09 (All EP’s) Utilities  |  | Section 3-4 |
| Emergency generator inspection and testing. The facility must implement emergency power system inspection and testing requirements found in the Health Care Facilities Code, NFPA 110, and the Life Safety Code. | 482.15 (e) 2 |  |  | PE. 6 SR. 2 EMERGENCY MANAGEMENT | EC.02.05.07 (EP 7) UtilitiesEM.02.02.09 (EP 8) Utilities |  |  |
| Emergency Generator Fuel: Hospitals that maintain an on-site fuel source to power emergency generators must have a plan for how it will keep emergency power systems operational during the emergency, unless it evacuates. | 482.15 (e) 3 | 09.01.03 Emergency Utilities | CE-13 Testing of Emergency Power Generators | PE. 6 SR. 2 EMERGENCY MANAGEMENT | EM.02.02.09 (EP 2, 5, 8) Utilities |  |  |
| **Integrated Healthcare Systems** |  |  |  |  |  |  |  |
| If the facility is part of a health care system consisting of multiple separately certified health care facilities that elects to have a unified and integrated emergency preparedness program, the facility may choose to participate in such a program. | 482.15 (f)  |  |  |  |  |  |  |
| Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program. | 482.15 (f) 1 |  |  |  |  |  |  |
| The unified and integrated emergency preparedness program must be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations and services offered. | 482.15 (f) 2 |  |  |  |  |  |  |
| Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance. | 482.15 (f) 3 |  |  |  |  |  |  |
| Include a unified and integrated emergency plan that meets all standards of paragraphs (a) (2), (3), and (4) of this section. | 482.15 (f) 4 |  |  |  |  |  |  |
| The plan must be based on a community risk assessment using an all hazards approach with each separately certified facility within the health system having a documented individual facility based risk assessment. | 482.15 (f) 5 |  |  |  |  |  |  |
| **Transplant Center** |  |  |  |  |  |  |  |
| A transplant center located within a hospital that has a Medicare provider agreement must meet the conditions of participation specified in 482.72 through 482.104 in order to be granted approval from CMS to provide transplant services. | 482.68 |  |  |  |  |  |  |
| Unless specified otherwise, the conditions of participation at 482.72 through 482.104 apply to heart, heart lung, intestine, kidney, liver, lung, and pancreas centers. | 482.68 (a)  |  |  |  |  |  |  |
| In addition to meeting the conditions of participation specified in §§ 482.72 through 482.104, a transplant center must also meet the conditions of participation in §§ 482.1 through 482.57, except for § 482.15. | 482.68 (b)  |  |  |  |  |  |  |
| A transplant center must be included in the emergency preparedness planning and the emergency preparedness program as set forth in § 482.15 for the hospital in which it is located. However, a transplant center is not individually responsible for the emergency preparedness requirements set forth in § 482.15. | 482.78 |  |  |  |  |  |  |
| Policies and procedures. A transplant center must have policies and procedures that address emergency preparedness. These policies and procedures must be included in the hospital's emergency preparedness program. | 482.78 (a) |  |  |  |  |  |  |
| Standard: Protocols with hospital and OPO. A transplant center must develop and maintain mutually agreed upon protocols that address the duties and responsibilities of the transplant center, the hospital in which the transplant center is operated, and the OPO designated by the Secretary, unless the hospital has an approved waiver to work with another OPO, during an emergency. | 482.78 (b) |  |  |  |  |  |  |

## Appendix B2: Critical Access Hospital Emergency Preparedness Regulations Crosswalk

| **CMS Emergency Preparedness CoPCritical Access Hospitals** | **CMS EP CoP Refer-ence** | **American Osteopathic Association/Healthcare Facilities Accreditation Program** [**www.hfap.org**](http://www.hfap.org/) | **DNV-GL Healthcare** [**www.dnvglhealthcare.com**](http://www.dnvglhealthcare.com) | **The Joint Commission Standards** [**www.jointcommission.org**](http://www.jointcommission.org) | **NFPA 1600**  | **NFPA 99** |
| --- | --- | --- | --- | --- | --- | --- |
| **October 2016** | **485.625** | **2015 v.2** | **November 1, 2012** | **January 9, 2017** | **2016** | **2012 ed.** |
| Require both an emergency preparedness program and an emergency preparedness plan.  | 485.625 | 17.01.01 Emergency Safety & Security | PE.6 SR. 1 EMERGENCY MANAGEMENT SYSTEM | EM.02.01.01 – General Requirements |  | 12.2.2.3 12.2.3.2 12.4.1 12.5.1 |
| **Emergency Plan** |  |  |  |  |  |  |
| Comply with all applicable federal, state, and local emergency preparedness requirements. The emergency plan must be reviewed and updated annually. | 485.625 (a) | 17.00.02 Emergency Hazard Vulnerability Analysis (HVA) NOTE: Includes language regarding EOP and sharing HVA with community partners |  | EM.02.01.01 General Requirements EM.03.01.01 (EP 2) Evaluation |  | 12.2.3.312.4.1.212.5.3.6.1 |
| The emergency plan must be based on and include a documented facility-based and community-based risk assessment utilizing an all hazards approach. | 485.625 (a) 1 | 02.01.00 Additional Required Policies17.00.02 Emergency Hazard Vulnerability Analysis (HVA) | PE. 6 SR. 3 EMERGENCY MANAGEMENT | EM.01.01.01 (EP 2, 3, 5) – Foundation for the Emergency Operations Plan EM.03.01.01 (EP 1) | 4.4.25.1.35.1.45.2.1 | 12.5.212.5.3.1 |
| The emergency plan includes strategies for addressing emergency events identified by the risk assessment. | 485.625 (a) 2 | 17.00.02 Emergency Hazard Vulnerability Analysis (HVA) | PE. 6 SR. 3 EMERGENCY MANAGEMENT | EM.01.01.01 (EP 5, 6) – Foundation for the Emergency Operations Plan | 5.1.56.6.2 | 12.5.3.212.5.3.3 |
| The emergency plan must address the patient population including but not limited to, persons at risk, the types of services that the facility would be able to provide in an emergency; continuity of operations, including delegations of authority and succession plans. | 485.625 (a) 3 | 17.01.01 Emergency Safety & Security17.01.08 Incident Command Center |  | EM.02.01.01 (EP 3, 7, 8) Communications | 5.2.2.2 | 12.2.2.312.5.3.1.3 (1)12.5.3.2.3 (11)12.5.3.3.6.4 |
| Have a process for ensuring cooperation and collaboration with local, tribal, regional, state, or federal emergency preparedness officials’ efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the facility efforts to contact such officials and, when applicable, its participation in collaborative and cooperative planning efforts. | 485.625 (a) 4 | 17.00.02 Emergency Hazard Vulnerability Analysis (HVA) |  | EM.01.01.01 (EP 7) Foundations for EOPEM.02.02.01 (EP 4) Communications |  | 12.2.3.312.5.3.3.6.1 (2) (6)  |
| **Policies and Procedures** |  |  |  |  |  |  |
| Develop and implement emergency preparedness policies and procedures based on the emergency plan and communications plan. The policies and procedures must be reviewed and updated at least annually. | 485.625 (b) | 17.01.01 Emergency Safety & Security |  | EM.02.01.01 (EP 2) General Requirements |  | 12.5.3.3.512.5.3.3.6.112.5.3.6.1 |
| The policies and procedures must address (1) the provision of subsistence needs for staff and patients whether they evacuate or shelter in place including but not limited to (i) food, water, medical and pharmaceutical supplies (ii) alternate sources of energy to maintain: (A) temperatures to protect patient health and safety and for the safe and sanitary storage of provisions (B) emergency lighting (C) fire detection, extinguishing and alarm systems. | 485.625 (b) 1 i-ii A-C | 06.03.01 Dietary Emergency Preparedness Plan* + 1. 17.1.1 Emergency Safety & Security
		2. 17.1.2 Emergency Supplies 17.01.03 Emergency Utilities

17.01.06 Emergency Nutritional Services | PE. 6. SR. 2 EMERGENCY MANAGEMENT | EM.02.02.07 (EP 5) StaffEM.02.02.09 (EP 2, 3, 4, 5, 7) UtilitiesEC.02.05.03 (EP 1, 3) Utilities |  | 12.5.3.3.6.212.5.3.3.6.4 (7) (8)12.5.3.3.6.512.5.3.3.6.6 |
| The policies and procedures must address…(D) sewage and waste disposal. | 485.625 (b) 1 ii D |  |  | EC.02.02.01 (All EP) Hazardous Materials and Waste |  | 12.5.3.3.6.212.5.3.3.6.4 (7) (8)12.5.3.3.6.512.5.3.3.6.6 |
| Develops a system to track the location of on-duty staff and sheltered patients in the facility’s care during an emergency. If on-duty staff or sheltered patients are relocated during the emergency the hospital must document the specific name and location of the receiving facility or other location. | 485.625 (b) 2 | 17.01.01 Emergency Safety & Security |  | EM.02.02.03 (EP 9) Resources and AssetsEM.02.02.11 (EP 8) Patients |  | 12.5.3.3.6.4 (9) |
| Have policies and procedures in place to ensure the safe evacuation from the facility, which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation locations; and primary and alternate means of communication with external sources of assistance. | 485.625 (b) 3 | 17.01.01 Emergency Safety & Security17.01.10 Emergency Evacuation | PE. 6 SR. 1 EMERGENCY MANAGEMENT SYSTEM  | EM.02.02.03 (EP 9) Resources and AssetsEM.02.02.11 (EP 3) Patients |  | 12.5.3.3.6.1 (3) (4) 12.5.3.3.6.2 (7)12.5.3.3.6.4 (1) (6) (7) (8) (9) 12.5.3.3.6.8 |
| Have a means to shelter in place for patients, staff, and volunteers who remain in the facility. | 485.625 (b) 4 | 17.01.10 Emergency Evacuation | PE. 6 SR. 4 EMERGENCY MANAGEMENT  | EM.02.02.03 (EP 1-6) Resources and AssetsEM.02.02.11 (EP 3) Patients |  | 12.5.3.3.312.5.3.3.6 |
| Have a system of medical documentation that preserves patient information, protects the confidentiality of patient information, and secures and maintains availability of records. | 485.625 (b) 5 |  |  | EM.02.02.03 (EP 10) Resources and AssetsEM.02.02.11 (EP 3, 8) Patients | 4.7.2 | 12.5.3.3.6.1 (4) |
| Have policies and procedures in place to address the use of volunteers in an emergency and other emergency staffing strategies, including the process and role for integration of state or federally designated health care professionals to address surge needs during an emergency. | 485.625 (b) 6 | 05.01.15 Emergency Privileges17.01.11 Volunteer Management | PE. 6 SR. 4 EMERGENCY MANAGEMENTMS. 13 SR. 4 TEMPORARY CLINICAL PRIVILEGES | EM.02.02.07 (EP 9) StaffEM.02.02.13 (All EP’s) VolunteersEM.02.02.15 (All EP’s) Volunteer Practitioners | 6.9.1.2 | 12.5.3.4.5 |
| The development of arrangements with other hospitals and providers to receive patients in the event of limitations or cessation of operations to maintain the continuity of services to hospital patients. | 485.625 (b) 7 |  | PE. 6 SR. 3 EMERGENCY MANAGEMENT | EM.02.02.03 (EP 9) Resources and Assets | 6.9.1.2 |  |
| Policies and procedures to address the role of the hospital under a waiver declared by the Secretary, in accordance with section 1135 of the Act, for the provision of care and treatment at an alternative care site (ACS) identified by emergency management officials. | 485.625 (b) 8 | 17.01.01 Emergency Safety &SecurityNOTE- it is assumed that the EOP would be activated when 1135 Waivers are in effect and the EOP would provide guidance related to ACS |  | EM.02.01.01 (EP 7) General Requirements |  |  |
| **Communication Plan** |  |  |  |  |  |  |
| Be required to develop and maintain an emergency preparedness communication plan that complies with local, state, and federal law and required to review and update the communication plan at least annually. | 485.625 (C) | 17.01.01 Emergency Safety & Security17.01.07 Emergency Communications | PE. 6 SR. 1 EMERGENCY MANAGEMENT | EM.02.02.01 (All EPs) General Requirements | 6.4 | 12.5.3.3.6.1 |
| As part of its communication plan include in its plan names and contact information for staff; entities providing services under arrangement; patients’ physicians; other hospitals and CAHs; and volunteers. | 485.625 (C ) 1 ii-v | 17.01.01 Emergency Safety & Security17.01.07 Emergency Communications |  | EM.02.02.01 (EP 1, 2, 7, 8, 9, 10) Communication | 6.4.1 |  |
| Require contact information for federal, state, tribal, regional, or local emergency preparedness staff and other sources of assistance. | 485.625 (C ) 2 ii-ii | 17.01.07 Emergency Communications |  | EM.02.02.01 (All EPs) General Requirements | 6.4.1 | 12.5.3.3.6.1 (6)  |
| Include primary and alternate means for communicating with CAH staff and federal, state, tribal, regional, and local emergency management agencies.  | 485.625 (C) 3 | 17.01.01 Emergency Safety & Security |  | EM.02.02.01 (EP 14) General Requirements | 6.4.1 | 12.5.3.3.6.1 |
| Include a method for sharing information and medical documentation for patients under the hospital’s care, as necessary, with other health care providers to maintain continuity of care. | 485.625 (C) 4 |  |  | EM.02.02.01 (EP 11, 12) General Requirements |  | 12.5.3.3.6.1 (4)  |
| Have a means, in the event of an evacuation, to release patient information as permitted under 45 CFR § 164.510. | 485.625 (C) 5 |  |  | EM.02.02.01 (EP 5, 12) General Requirements | 6.4.1 | 12.5.3.3.6.1 (4)  |
| Have a means of providing information about the general condition and location of patients under the facility’s car, as permitted under 45 CFR § 164.510(b)(4). | 485.625 (C) 6 |  |  | EM.02.02.01 (EP 5, 6, 12) General Requirements |  | 12.5.3.3.6.1 (4)  |
| Have a means of providing information about the hospital’s occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction or the incident command center, or designee. | 485.625 (C) 7 |  |  | EM.02.02.01 (EP 4) General Requirements |  | 12.5.3.3.6.1 (2) (6)  |
| **Training and Testing** |  |  |  |  |  |  |
| Develop and maintain an emergency preparedness training and testing program based on the emergency plan, risk assessment, policies and procedures, and communication plan. The training and testing program must be reviewed and updated at least annually.  | 485.625 (D) | 17.02.02 Emergency Education | Staffing Management SM. 4 ORIENTATION | HR.01.04.01 (EP 1, 2, 3) OrientationEM.02.02.07 (EP 7) StaffEM.03.01.03 (EP 1) Evaluation | 7.1 | 12.3.3.10 |
| Provide initial training in emergency preparedness policies and procedures, including prompt reporting and extinguishing of fires, protection, and where necessary, evacuation of patients, personnel, and guests, fire prevention, and cooperation with firefighting and disaster authorities, to all new and existing staff, individuals providing on-site services under arrangement and volunteers consistent with their expected roles. Provide this training annually and maintain documentation of all emergency preparedness training along with demonstration of staff knowledge of emergency procedures.  | 485.625 (D) 1 i-iv | 17.02.02 Emergency Education | Staffing Management SM. 4 ORIENTATION | HR.01.04.01 (EP 1, 2, 3) OrientationEM 02.02.07 (EP 7) Staff | 7.1 | 12.3.3.10 |
| Conduct exercises to test the emergency plan at least annually. | 485.625 (D) 2 | 17.02.01 Emergency Exercises | PE. 6 SR. 4 EMERGENCY MANAGEMENT | EM.03.01.03 Evaluation | 7.1 | 12.3.10 |
| Participate in a full scale exercise that is community based or when community-based exercise is not available, individual, facility-based. | 485.625 (D) 2 i | 17.02.01 Emergency Exercises | PE. 6 SR. 4 EMERGENCY MANAGEMENT  | EM.03.01.03 (EP 4, 5) Evaluation  | 8.1.18.5.1 | 12.3.3.10 |
| If the facility experiences an actual natural or manmade emergency that requires activation of the emergency plan, the facility is exempt from engaging in a community-based or individual facility-based, full-scale exercise for one year following the onset of the actual event. | 485.625 (D) 2 i | 17.02.01 Emergency Exercises | PE. 6 SR. 4 EMERGENCY MANAGEMENT | EM.03.01.03 (EP 1) Evaluation |  |  |
| Conduct a second exercise that may include but is not limited to a second full-scale exercise that is individual, facility based; a tabletop exercise that includes a group discussion led by a facilitator using a narrated, clinically relevant emergency scenario and a set of problem statements, directed messages, or prepared questions designed to challenge the emergency plan. | 485.625 (D) 2 ii | 17.02.01 Emergency Exercises | PE. 6 SR. 4 EMERGENCY MANAGEMENT  | EM.03.01.03 (EP 1) Evaluation  |  |  |
| Analyze the response to and maintain documentation of all drills, tabletop exercises, and emergency events and revise the facility emergency plan as needed. | 485.625 (D) 2 iii | 17.02.01 Emergency Exercises | PE. 6 EMERGENCY MANAGEMENT  | EM.03.01.03 (EP 6-16) Evaluation |  | 12.3.3.2 |
| **Emergency and Standby Power Systems** |  |  |  |  |  |  |
| The hospital must implement emergency and standby power systems based on the emergency plan and the policies and procedures. | 485.625 (E) |  |  |   |  |  |
| Emergency generator location. The generator must be located in accordance with the location requirements found in the Health Care Facilities Code, Life Safety Code, and NFPA 110, when a new structure is built or when an existing structure or building is renovated. | 485.625 (E) 1 | 03.06.02 Emergency Power Electrical System | PE. 6 SR. 2 EMERGENCY MANAGEMENT  | EC.02.05.03 (All EP’s) UtilitiesEM.02.02.09 (All EP’s) Utilities  |  |  |
| Emergency generator inspection and testing. The facility must implement emergency power system inspection and testing requirements found in the Health Care Facilities Code, NFPA 110, and the Life Safety Code. | 485.625 (E) 2 | 03.06.04 Plant Equipment & Systems - Maintenance | PE. 6 SR. 2 EMERGENCY MANAGEMENT | EC.02.05.07 (EP 7) UtilitiesEM.02.02.09 (EP 8) Utilities |  |  |
| Emergency Generator Fuel. Hospitals that maintain an on-site fuel source to power emergency generators must have a plan for how it will keep emergency power systems operational during the emergency, unless it evacuates. | 485.625 (E) 3 | 17.01.03 Emergency Utilities | PE. 6 SR. 2 EMERGENCY MANAGEMENT | EM.02.02.09 (EP 2, 5, 8) Utilities |  |  |
| **Integrated Healthcare Systems** |  |  |  |  |  |  |
| If the facility is part of a health care system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency preparedness program, the facility may choose to participate in such a program. | 485.625 (F) |  |  |  |  |  |
| Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program. | 485.625 (F) 1 |  |  |  |  |  |
| The unified and integrated emergency preparedness program must be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations and services offered. | 485.625 (F) 2 |  |  |  |  |  |
| Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance. | 485.625 (F) 3 |  |  |  |  |  |
| Include a unified and integrated emergency plan that meets all standards of paragraphs (a) (2), (3), and (4) of this section. | 485.625 (F) 4 |  |  |  |  |  |
| The plan must be based on a community risk assessment using an all hazards approach with each separately certified facility within the health system having a documented individual facility-based risk assessment. | 485.625 (F) 5 |  |  | EM.01.01.01 (EP 2) Foundation for the EOP |  |  |