

EMERGENCY PREPAREDNESS — ACUTE CARE

Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
Medicare and Medicaid Programs; Emergency Preparedness; Requirements for Medicare and Medicaid Participating Providers and Suppliers 42 CFR 482.15 Published September 16, 2016; Effective November 15, 2016; Fully Implemented November 15, 2017					
The hospital must comply with all applicable federal, state, and local emergency preparedness requirements.					
The program must include, but not be limited to, the following elements: a. emergency plan b. policies and procedures c. communication plan d. training and testing	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Three essential elements are required in the final rule to maintain access to healthcare services during emergencies: a. Safeguarding human resources b. Maintaining business continuity c. Protecting physical resources
The hospital must develop and maintain an emergency preparedness program that must be reviewed, and updated at least annually.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Preparedness planning should focus on capacities and capabilities critical to a full spectrum of emergencies or disasters. Examples may include care-related emergencies, equipment and power related failures, communication interruptions- including cybersecurity attacks, loss of all or part of the facility, interruption in essential supplies- including food and water.
The emergency preparedness plan must do the following: a. be based on and include a documented, facility-based and community-based risk assessment utilizing an all-hazards approach b. include strategies for addressing emergency events identified by the risk assessment c. address patient population, including, but not limited to, persons at risk; the type of services the hospital has the ability to provide in an emergency; and continuity of	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		At risk patient populations may need additional assistance such as those with disabilities, living in an institutionalized setting, from diverse cultures, limited English proficiency, lack transportation, chronic medical disorders or drug dependency. At risk individuals means children, pregnant women, hospitalized patients, senior citizens, others with special needs in a public health emergency or based upon unique population and geographical areas. See the Public Health Service Act and the National Response Framework for expanded definitions.

EMERGENCY PREPAREDNESS — ACUTE CARE

Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
<ul style="list-style-type: none"> • emergency lighting - fire detection, extinguishing, and alarm systems - sewage and waste disposal 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		State or local emergency management officials would designate such alternate care sites in collaboration with local facilities.
b. a system to track the location of on-duty staff and sheltered patients in the hospital's care during an emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Policies and procedures should address the criteria for selecting patients and staff sheltered in place and a description of how to ensure their safety.
c. safe evacuation from the hospital, which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s); and primary and alternate means of communication with external sources of assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<p>Policies and procedures must be in compliance with Health Insurance Portability and Accountability Act (HIPAA) Rules at 45 CFR parts 160 and 164.</p> <p>Medical and non-medical volunteers.</p> <p>If arranged resources are unavailable during an emergency, then the facility should use the available resources in its community by working with their local HCC, health department and local emergency management officials.</p>
d. in the event of staff and/or patient relocation, the hospital must document the specific name and location of the receiving facility or location to which on-duty staff and patients are relocated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Section 1135 authorizes the Secretary to waive or modify certain Medicare, Medicaid and CHIP requirements to ensure sufficient healthcare is available in an emergency.
e. a means to shelter in place for patients, staff, and volunteers who remain in the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
f. a system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains the availability of records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
g. the use of volunteers in an emergency and other emergency staffing strategies, including the process and role for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

EMERGENCY PREPAREDNESS — ACUTE CARE

Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
<p>for one year following the onset of the actual event</p> <p>b. conduct a second exercise based on hospital choice</p> <p>c. analyze the hospital's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the hospital's emergency plan as needed</p> <p>42 CFR 482.15(d)(2)(ii)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Note: Emergency and standby power systems. The hospital must implement emergency and standby power systems based on the emergency plan and in the policies and procedures plan.</p>					
<p>The emergency generator location meets requirements in Health Care Facilities Code (NFPA 99) 2012 edition, Life Safety Code (NFPA 101) 2012 edition, or NFPA 110, 2010 edition, with a new structure and/or renovation of an existing structure or building.</p> <p>42 CFR 482.15(e)(1)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<p>National Fire Protection Association</p> <p><u>NFPA 99, Healthcare Facilities Code 2012 edition.</u> Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5 and TIA-6.</p> <p><u>NFPA 101, Life Safety Code 2012 edition.</u> Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3 and TIA 12-4.</p> <p><u>NFPA 110, Standard for Emergency and Standby Power Systems, 2010 edition,</u> including Tentative Interim Amendments to chapter 7, issued 2009.</p>
<p>The hospital must implement the emergency power system inspection, testing, and maintenance requirements found in the Health Care Facilities Code (NFPA 99), 2012 edition, NFPA 110, 2010 edition and Life Safety Code (NFPA 101) 2012 edition</p> <p>42 CFR 482.15(e)(2).</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Hospitals that do not maintain an onsite fuel</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

EMERGENCY PREPAREDNESS — ACUTE CARE

Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
with the program					
<p>Include a unified and integrated emergency plan which is based on and includes the following:</p> <p>a. a documented community-based risk assessment, utilizing an all-hazards approach</p> <p>b. a documented individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach Include integrated policies and procedures that meet the requirements under policies and procedures, a communication plan, training and testing programs</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Include integrated policies and procedures that meet the requirements under policies and procedures, a communication plan, training and testing programs.</p> <p>42 CFR 482.15(f)(1-5)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Transplant Hospitals					
<p>If a hospital has one or more transplant centers:</p> <p>a. evidence a representative from each transplant center is included in the development and maintenance of the hospital's emergency preparedness program</p> <p>b. the hospital must develop and maintain mutually agreed upon protocols that address the duties and responsibilities of the</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

EMERGENCY PREPAREDNESS — ACUTE CARE

Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
<p>hospital, each transplant center, and the Organ Procurement Organization for the Designated Service Area where the hospital is situated, unless the hospital has been granted a waiver to work with another OPO, during an emergency</p> <p>c. the transplant center shall have policies and procedures that address emergency preparedness</p> <p>42 CFR 482.15(a)(1-2)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Helpful Hints

- [ASPR TRACIE](#) is an excellent resource for the various CMS providers and suppliers as they seek to implement the enhanced emergency preparedness requirements.
- [“The Health Impacts of Climate Change on Americans”](#)
- [The Impacts of Climate Change on Human Health in the United States: A Scientific Assessment](#)

Key Resources and Links

- [MHA On Demand Education](#)
- [45 CFR 164.510\(b\)\(1\)\(ii\)](#)
- [45 CFR 164.510\(b\)\(4\)](#)