

EMERGENCY PREPAREDNESS — CAH

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 485.625 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"/>		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 every two years.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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 operations, including delegations of authority and succession plans d. include a process for cooperation and	<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"/>		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. All hazard expanded to include emerging infectious diseases. 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

EMERGENCY PREPAREDNESS — CAH

Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
<p>collaboration with local, tribal, regional, state, and federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation</p> <p>e. be reviewed and updated every two years 42 CFR 481.625(a)(1-4)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<p>patients, senior citizens, others with special needs in a public health emergency or based upon unique population and geographical areas.</p> <p>See the Public Health Service Act and the National Response Framework for expanded definitions.</p>
<p>The hospital must develop and implement policies and procedures based on the emergency plan, risk assessment and communication plan. Policies and procedures must address, at a minimum, the following:</p> <p>a. the provision of subsistence needs for staff and patients, whether they evacuate or shelter in place, include, but are not limited to the following:</p> <ul style="list-style-type: none"> - food, water, medical, and pharmaceutical supplies - alternate sources of energy to maintain the following: <ul style="list-style-type: none"> • temperatures to protect patient health and safety and for the safe and sanitary storage of provisions • emergency lighting - fire detection, extinguishing, and alarm systems - sewage and waste disposal <p>b. a system to track the location of on-duty staff and sheltered patients in the hospital's care during an emergency</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<p>CAHs are required to develop and implement policies and procedures that support the successful execution of the emergency plan and risks identified during the risk assessment process.</p> <p>Facilities do not need to store provisions but must have policies and procedures addressing acquisition of subsistence provisions in the event of an emergency.</p> <p>CAHs should confer with local health department, emergency management and HCC to determine the types and duration of energy sources that could be available in an emergency.</p> <p>If on-duty staff or sheltered patients are relocated during an emergency, the CAH must document the specific name and location of the receiving facility or other location.</p> <p>State or local emergency management officials would designate such alternate care sites in collaboration with local facilities.</p> <p>Policies and procedures should address the criteria for selecting patients and staff sheltered in place and a description of how to ensure their safety.</p> <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>

EMERGENCY PREPAREDNESS — CAH

Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
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"/>		Medical and non-medical volunteers.
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"/>		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.
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"/>		Section 1135 authorizes the Secretary to waive or modify certain Medicare, Medicaid and CHIP requirements to ensure sufficient healthcare is available in an emergency.
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"/>		Review update every two years.
g. the use of volunteers in an emergency and other emergency staffing strategies, including the process and role for integration of state and federally designated health care professionals to address surge needs during an emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
h. the development of arrangements with other hospitals and other providers to receive patients in the event of limitations or cessation of operations to maintain the	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

EMERGENCY PREPAREDNESS — CAH

Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
d. a method for sharing information and medical documentation for patients under the hospital's care, as necessary, with other health care providers to maintain the continuity of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		CAHs are encouraged to engage in their HCC for assistance in broadening awareness and collaboration as well as identifying best practices that can assist them to effectively meet this requirement.
e. a means, in the event of an evacuation, to release patient information as permitted under 45 CFR 164.510(b)(1)(ii)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
f. a means of providing information about the general condition and location of patients under the facility's care as permitted under 45 CFR 164.510(b)(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
g. a means of providing information about the hospital's occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
h. review and update every two years 42 CFR 482.15(c)(1-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Note: A hospital must develop and maintain a training and testing program based upon the emergency plan, risk assessment, policies and procedures and communication plan. It must be reviewed and updated at least annually.					
A hospital must do all of the following as related to the training program:					The CAH must conduct drills and exercises to test the emergency plan to identify gaps and areas for improvement.
a. initial training in emergency preparedness policies and procedures including extinguishing fires, protection and where necessary evacuation of patients personnel and guests, fire prevention, cooperation with firefighting and disaster authorities to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		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.

EMERGENCY PREPAREDNESS — CAH

Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
<p>individuals providing services under arrangement, and volunteers, consistent with their expected role to all new and existing staff</p> <p>b. thereafter provide emergency preparedness training at least every two years</p> <p>c. maintain documentation of the training</p> <p>d. demonstrate staff knowledge of emergency procedures</p> <p>42 CFR 482.15(d)(1)</p>	<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"/>		<p>CAHs have an expanded requirement versus hospitals due to the possibility of a more remote location.</p>
<p>The hospital must conduct exercises to test the emergency plan at least annually. The hospital must do all of the following:</p> <p>a. participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based. If the hospital experiences an actual natural or man-made emergency that requires activation of the emergency plan, the hospital 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</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</p>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<p>Include in the planning a process for ensuing cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials and regional HCCs. The CAH should document efforts to contact such officials and, when applicable, its participation in collaborative and cooperative planning efforts.</p> <p>If the CAH experiences an actual natural or man-made emergency that requires activation of the emergency plan, the CAH is exempt from engaging in a community or individual, facility-based mock disaster drill for 1 year following the onset of the actual event.</p> <p>The CAH must maintain documentation of the emergency event and be able to demonstrate how the emergency plan was put into action.</p> <p>For inpatient providers: The types of acceptable testing exercises are expanded. Inpatient providers can choose one of the two annually required testing exercises to be an exercise of their choice, which may include one community-based full-scale exercise (if available), an individual facility-based functional exercise, a drill, or a tabletop exercise or workshop that includes a group discussion led by a facilitator.</p>

EMERGENCY PREPAREDNESS — CAH

Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
needed 42 CFR 485.625(d)(2)					
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.					
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. 42 CFR 485.625(e)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		National Fire Protection Association <u>NFPA 99, Healthcare Facilities Code 2012 edition.</u> <u>Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5 and TIA-6.</u> <u>NFPA 101, Life Safety Code 2012 edition.</u> <u>Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3 and TIA 12-4.</u> <u>NFPA 110, Standard for Emergency and Standby Power Systems, 2010 edition,</u> including Tentative Interim Amendments to chapter 7, issued 2009.
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 42 CFR 485.625(e)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Hospitals that do not maintain an onsite 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. Hospitals are not required to maintain an on-site fuel source. 42 CFR 485.625(e)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Integrated Healthcare Systems — If the CAH is part of an integrated health system, these apply					

EMERGENCY PREPAREDNESS — CAH

Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
<p>If a hospital is part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency preparedness program, the hospital may choose to participate in the healthcare system’s coordinated emergency preparedness program. If elected, the unified and integrated emergency preparedness program must:</p> <p>a. demonstrate that each certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program</p> <p>b. be developed and maintained in a manner that takes into account each separately certified facility’s unique circumstances, patient populations, and services offered</p> <p>c. demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance with the program</p>	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 		<p>Separately certified CAHs within an integrated healthcare system may elect to be part of the healthcare system’s emergency preparedness program.</p>
<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</p>	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 		

EMERGENCY PREPAREDNESS — CAH

Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
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					
Include integrated policies and procedures that meet the requirements under policies and procedures, a communication plan, training and testing programs. 42 CFR 482.625(f)(1-5)	<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\(b\)\(4\)](#)