

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	Accreditation Association for Ambulatory Health Care (AAAHC) www.aaahc.org	American Association for Accreditation of Ambulatory Surgery Facilities www.aaaaf.org	American Osteopathic Association/Healthcare Facilities Accreditation Program www.hfap.org	The Joint Commission Standards www.jointcommission.org	NFPA 1600	NFPA 99
	Part 416.54	2016	Version 14.4 February 2016	2012-2013	2016	2016	2012 Edition
Require both an emergency preparedness program and an emergency preparedness plan	416.54	Chapter 7 Subchapter II Standard E - Infection Prevention and Control and Safety <i>The organization has a comprehensive written emergency and disaster preparedness plan to address internal and external emergencies, including participating in community health emergency or disaster preparedness, when applicable. The written plan must include a provision for the safe evacuation of individuals during an emergency, especially individuals who are at greater risk.</i>	400.20 General Safety in the Facility -Emergency Protocols 400.020.010 <i>There must be a written protocol for security emergencies, such as an intruder in the facility, an unruly patient or visitor, or a threat to the staff or patients.</i> 400.020.045 <i>There must be a written protocol for response to power failure emergencies</i> 400.020.055 <i>There must be a written protocol for a plan for emergency evacuation of the facility.</i>	01.00.02 Governing Body & Management <i>The ASC must have a Governing Body that assumes full legal responsibility for determining, implementing, and monitoring policies governing the ASC total operation. The governing body has oversight and accountability for the quality assessment and performance improvement program, ensures that facility policies and programs are administered so as to provide quality health care in a safe environment, and develops and maintains a disaster preparedness plan.</i>	EM.02.01.01 The hospital has an Emergency Operations Plan Note: Although TJC does not specifically state the need for an emergency management program/emergency preparedness plan, this is evident through the emergency management (EM) chapter that address the phases of em including mitigation, preparedness, response and recovery. These constitute the elements required for a comprehensive EM program.		12.2.2.3 12.2.3.2 12.4.1 12.5.1
Comply with all applicable Federal, State and local emergency preparedness requirements. The emergency plan must be reviewed and updated every two years.	416.54			01.00.07 Coordination with State & Local Authorities <i>The ASC coordinates the plan with State and local authorities, as appropriate.</i> 01.00.06 Disaster Preparedness Plan <i>The ASC must maintain a written disaster preparedness plan that provides for the emergency care of patients, staff and others in the facility in the event of fire, natural disaster, functional failure of equipment, or other unexpected events or circumstances that are likely to threaten the health and safety of those in the ASC.</i>	EM.02.01.01 General Requirements <i>The facility has an Emergency Operations Plan</i>		12.2.3.3 12.4.1.2 12.5.3.6.1
The emergency plan must be based on and include a documented facility based and community based risk assessment utilizing an all hazards approach	416.54 (a)(1)				EM.01.01.01 (EP 2, 5) - Foundation for the Emergency Operations Plan <i>EP 2 Conducts a hazard vulnerability analysis (HVA) to identify potential emergencies that could affect demand for services or ability to provide those services, the likelihood of those events occurring and the consequence of those events. The findings of this analysis are documented.</i> <i>EP 5 Uses HVA as a basis for defining mitigation activities</i>	4.4.2 5.1.3 5.1.4 5.2.1	12.5.2 12.5.3.1
The emergency plan includes strategies for addressing emergency events identified by the risk assessment.	416.54 (a) (2)				EM.01.01.01 (EP 5,6) - Foundation for the Emergency Operations Plan <i>EP 5 Uses HVA as a basis for defining mitigation activities</i> <i>EP 6 Uses its HVA as a basis for defining the preparedness activities that will organize and mobilize essential resources</i>	5.1.5 6.6.2	12.5.3.2 12.5.3.3
The emergency plan must address the patient population including 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	416.54 (a) (3)				EM.02.01.01 (EP 8) Communications <i>The EOP describes:</i> <i>EP 8 If the facility experiences an actual emergency, the facility implements its response procedures related to care, treatment, and services for its patients.</i>	5.2.2.2	12.2.2.3 12.5.3.1.3(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	416.54 (a) (4)			01.00.07 Coordination with State & Local Authorities <i>The ASC coordinates the plan with State and local authorities, as appropriate.</i>	EM.02.02.01 (EP 4)- Communications <i>EP 4 How the facility will communicate with external authorities during an emergency .</i>		12.2.3.3 12.5.3.3.6.1(2)(6)

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Policies and Procedures	Policies and Procedures						
Develop and implement emergency preparedness policies and procedures based on the emergency plan set forth in (a) and (a) (1) and the communications plan section 4 (C). The policies and procedures must be reviewed and updated every 2 years.	416.54 (b)	Chapter 8 Standard C.4 (Facilities) Are operated in a safe and secure manner, with written policy(ies) addressing safety and security practices.	400.20 General Safety in the Facility -Emergency Protocols 400.020.010 There must be a written protocol for security emergencies, such as an intruder in the facility, an unruly patient or visitor, or a threat to the staff or patients. 400.020.045 There must be a written protocol for response to power failure emergencies 400.020.055 There must be a written protocol for a plan for emergency evacuation of the facility.	01.00.06 Disaster Preparedness Plan The ASC must maintain a written disaster preparedness plan that provides for the emergency care of patients, staff and others in the facility in the event of fire, natural disaster, functional failure of equipment, or other unexpected events or circumstances that are likely to threaten the health and safety of those in the ASC.	EM.02.01.01 (EP 2)- General Requirements EP 2 develops and maintains a written Emergency Operations Plan that describes the response procedures to follow when emergencies occur.		12.5.3.3.5 12.5.3.3.6.1 12.5.3.3.6.1
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 facility must document the specific name and location of the receiving facility or other location.	416.54 (b) (1)						12.5.3.3.6.2 12.5.3.3.6.4(7)(8) 12.5.3.3.6.5 12.5.3.3.6.6
Have policies and procedures in place to ensure the safe evacuation from the facility, which would include standards addressing 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.	416.54 (b) (2)	Physical Environmental Checklist Section 16: All supervisory personnel have access to copies of a written plan for the protection of all persons in the event of a fire and for their evacuation to areas of refuge and from the building when necessary. All employees are periodically instructed and kept informed with respect to their duties under the plan. A copy of the plan is available at all times from the telephone operator's position. Employees are familiar with life safety procedures and devices. There is a written plan for the protection of all patients and for their evacuation in the event of an emergency	400.20 General Safety in the Facility -Emergency Protocols 400.020.055 There must be a written protocol for a plan for emergency evacuation of the facility.	05.03.01 Sufficient Staff Exist to Evacuate Patients During Disasters. A sufficient number of staff to evacuate patients during a disaster must be on the premises of the ASC(s) wherever patients are treated.	EM.02.02.11 (EP 3) - Patients EP 3 How the facility will evacuate (from one section or floor to another within the building, or, completely outside the building) when the environment cannot support care, treatment, and services.		12.5.3.3.6.4(9)
Have a means to shelter in place for patients, staff and volunteers who remain in the facility	416.54 (b) (3)				EM 02.02.03 (EP 2,3) - Resources and Assets The EOP describes: EP 2 How the hospital will obtain and replenish medical supplies that will be required throughout the response and recovery phases of an emergency, including personal protective equipment where required. EP 3 How the hospital will obtain and replenish nonmedical supplies that will be required throughout the response and recovery phases of an emergency. EM.02.02.11 (EP 3) -Patients EP 3 The Emergency Operations Plan describes the following: How the hospital will evacuate (from one section or floor to another within the building, or, completely outside the building) when the environment cannot support care, treatment, and services.		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

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Have a system of medical documentation that preserve patient information, protects the confidentiality of patient information and secures and maintains availability of records.	416.54 (b) (4)	Chapter 6 Clinical Records and Health Information <i>An accreditable organization maintains electronic and/or paper clinical records and a health information system from which information can be retrieved promptly. Clinical records are complete, comprehensive, legible, documented accurately in a timely manner, and readily accessible to health care professionals.</i>			EM.02.02.11 (EP 3)- Patients <i>EP 3 The Emergency Operations Plan describes the following: How the hospital will evacuate (from one section or floor to another within the building, or, completely outside the building) when the environment cannot support care, treatment, and services.</i>	4.7.2	12.5.3.3.3 12.5.3.3.6
Have policies and procedures in place to address the use of volunteers in an emergency or 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.	416.54 (b) (5)				EM.02.02.07 (EP 9)- Staff <i>EP 9 The Emergency Operations Plan describes how the hospital will identify licensed independent practitioners, staff, and authorized volunteers during emergencies.</i> EM.02.02.13 (All EPs)- Volunteers <i>All EPs During disasters, the hospital may grant disaster privileges to volunteer licensed independent practitioners.</i> EM.02.02.15 (All EPs) - Volunteer Practitioners <i>All EPs During disasters, the hospital may assign disaster responsibilities to volunteer practitioners who are not licensed independent practitioners, but who are required by law and regulation to have a license, certification, or registration.</i>	6.9.1.2	12.5.3.3.6.1(4)
Policies and procedures would have to address the role of the facility under a waiver declared by the Secretary, in accordance with section 1135 of the Act, for the provision of care and treatment at an alternate care site (ACS) identified by emergency management officials.	416.54 (b) (6)			02.02.19 Alternate Plan to Provide Patient Services. <i>The ASC, as appropriate, should have a plan for how ongoing patient services must be provided in case the current ASC service becomes inoperable.</i>			12.5.3.4.5

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Communication Plan	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 every 2 years .	416.54 (C)				EM.02.02.01 (All EPs)- General Requirements <i>As part of its Emergency Operations Plan, the hospital prepares for how it will communicate during emergencies .</i>	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 and volunteers.	416.54 (C) (1)				EM.02.02.01 (EP1) - Communication <i>EP 1 How staff will be notified that emergency response procedures have been initiated.</i>	6.4.1	
Require contact information for Federal, State, tribal, regional, or local emergency preparedness staff and other sources of assistance.	416.54 (C) (2)				EM.02.02.01 (EP 1) - Communication <i>EP 1 How staff will be notified that emergency response procedures have been initiated.</i>	6.4.1	12.5.3.3.6.1(6)
Include primary and alternate means for communicating with staff and Federal, State, tribal, regional, and local emergency management agencies	416.54 (C) (3)					6.4.1	12.5.3.3.6.1
Include a method for sharing information and medical documentation for patients under the facility's care, as necessary, with other health care providers to maintain continuity of care.	416.54 (C) (4)						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.	416.54 (C) (5)					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 care, as permitted under 45 CFR 164.510(b)(4) s.	416.54 (C) (6)						12.5.3.3.6.1(4)
Have a means of providing information about the facility's occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee.	416.54 (C) (7)				EM.02.02.01 (EP 4) - General Requirements <i>EP 4 How the hospital will communicate with external authorities during an emergency.</i>		12.5.3.3.6.1(2)(6)
Training and Testing	Training and Testing						
Develop and maintain an emergency preparedness training and testing program based on the emergency plan, risk assessment, policies and procedures and communications plan. The training and testing program must be reviewed and updated every 2 years .	416.54 (d)					7.1	12.3.3.10

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Provide initial training in emergency preparedness polices 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 every 2 years and maintain documentation of all emergency preparedness training along with demonstration of staff knowledge of emergency procedures. If the emergency preparedness policies and procedures are significant updated, the ASC must conduct training on the updated policies and procedures.	416.54 (d) (1)	Chapter 7 SubchapterII Standard E and S - Infection Prevention and Control and Safety E. <i>Medical staff members, allied health providers, employees, volunteers, and others receive safety program education and training and comply with the requirements.</i> S. <i>Documented education in the safety program, policies, and activities is provided to all staff within 30 days of beginning employment, annually thereafter, and when there is an identified need.</i>	800.042 Personnel Records Document Training 800.042.010 - Hazard Safety Training <i>Personnel records should contain training documentation relative to Hazard safety training</i> 800.042.025 - Other Safety Training <i>Personnel records should contain training documentation relative to other safety training, such as operation of a fire extinguisher</i>			7.1	12.3.3.10
Conduct exercises to test the emergency plan at least annually	416.54 (d) (2)	Chapter 8 Standard E <i>"The organization conducts scenario-based drills of the internal emergency and disaster preparedness plan. (Note: This is in addition to fire drills as required by the Life Safety Code.)</i> 1. <i>At least one drill is conducted each calendar quarter.</i> 2. <i>One of the quarterly drills is a cardiopulmonary resuscitation (CPR) technique drill, as appropriate to the organization."</i>		01.00.08 Disaster Drills. <i>The ASC conducts drills, at least annually, to test the plan's effectiveness. The ASC must complete a written evaluation of each drill and promptly implement any corrections to the plan.</i> 02.02.18 Fire & Disaster Plans. <i>There must be fire and disaster plans for each organizational building. Evacuation routes will be clearly posted for occupants and evacuation plans will be reviewed and/or activated as drills at least quarterly.</i>		8.1.1 8.5.1	12.3.3.10
Participate in a full scale exercise that is community based every 2 years or when community based exercise is not accessible, conduct a facility-based exercise every 2 years.	416.54 (d) (2)						
If the facility experiences and actual natural or man made emergency that requires activation of the emergency plan, the facility is exempt from engaging in in its next required community based or individual, facility based full-scale exercise for one year following the onset of the actual event	416.54 (d) (2)						
Conduct a second exercise at least every 2 years, opposite the year the full-scale or functional exercise is conducted, that may include but is not limited ti the following: A second full-scale exercise that is community-based or individual, facilyt-based functional exercise; or, a mock disaster drill; or, a tabletop exercise or workshop that is led by a facilitator and includes a group discussions using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.	416.54 (d) (2)						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	416.54 (d) (2)	Chapter 8 Standard E 3. <i>A written evaluation of each drill is completed.</i> 4. <i>Any needed corrections or modifications to the plan are implemented promptly.</i>					12.3.3.2
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If the facility 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 facility may choose to participate in such a program. And must meet the following standards	416.54 (e)						
Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program	416.54 (e) (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.	416.54 (e) (2)						
Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance	416.54 (e) (3)						
Include a unified and integrated emergency plan that meets all standards of paragraphs (a) (2), (3), and (4) of this section.	416.54 (e) (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	416.54 (e) (4)						
Include integrated policies and procedures that meet the requirements set forth in paragraph (b) of this section, a coordinated communication plan and training and testing programs that meet the requirements of paragraphs (C) and (d) of this section respectively	416.54 (e) (5)				EM.01.01.01 (EP 2) -Foundation for the EOP EP 2 The hospital conducts a hazard vulnerability analysis (HVA) to identify potential emergencies that could affect demand for the hospital's services or its ability to provide those services, the likelihood of those events occurring, and the consequences of those events. The findings of this analysis are documented.		

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	485.727	Version 14.4 February 2016	2016	2012 Edition
Require both an emergency preparedness program and an emergency preparedness plan	485.727	400.20 General Safety in the Facility -Emergency Protocols 400.020.010 <i>There must be a written protocol for security emergencies, such as an intruder in the facility, an unruly patient or visitor, or a threat to the staff or patients.</i> 400.020.045 <i>There must be a written protocol for response to power failure emergencies</i> 400.020.055 <i>There must be a written protocol for a plan for emergency evacuation of the facility.</i>		12.2.2.3 12.2.3.2 12.4.1 12.5.1
Comply with all applicable Federal, State and local emergency preparedness requirements. The emergency plan must be reviewed and updated every 2 years .	485.727 (a)			12.2.3.3 12.4.1.2 12.5.3.6.1
The emergency plan must be based on and include a documented facility based and community based risk assessment utilizing an all hazards approach	485.727 (a) (1)			12.5.2 12.5.3.1
The emergency plan includes strategies for addressing emergency events identified by the risk assessment.	485.727 (a) (2)		4.4.2 5.1.3 5.1.4 5.2.1	12.5.3.2 12.5.3.3

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The emergency plan must address the patient population including 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	485.727 (a) (3)		5.2.2.2	12.2.2.3 12.5.3.1.3(1) 12.5.3.2.3(11) 12.5.3.3.6.4
Address the location and use of alarm systems and signals; and methods of containing fire	485.727 (a) (4)	400.020.015 General Safety in the Facility- Emergency Protocols <i>There must be a written protocol for fires and fire drills.</i>		
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	485.727 (a) (5)			12.2.3.3 12.5.3.3.6.1(2)(6)
The emergency plan must be developed and maintained with assistance from fire, safety and other appropriate experts	485.727 (a) (6)			

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Policies and Procedures	Policies and Procedures			
Develop and implement emergency preparedness policies and procedures based on the emergency plan set forth in (a) and (a) (1) and the communications plan section (C). The policies and procedures must be reviewed and updated every 2 years .	485.727 (b)	400.20 General Safety in the Facility -Emergency Protocols 400.020.010 <i>There must be a written protocol for security emergencies, such as an intruder in the facility, an unruly patient or visitor, or a threat to the staff or patients.</i> 400.020.045 <i>There must be a written protocol for response to power failure emergencies</i> 400.020.055 <i>There must be a written protocol for a plan for emergency evacuation of the facility.</i>		12.5.3.3.5 12.5.3.3.6.1 12.5.3.6.1
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 facility must document the specific name and location of the receiving facility or other location.				12.5.3.3.6.4(9)
Have policies and procedures in place to ensure the safe evacuation from the facility, which would include staff responsibilities and needs of the patient	485.727 (b) (1)	400.20 General Safety in the Facility -Emergency Protocols 400.020.055 <i>There must be a written protocol for a plan for emergency evacuation of the facility.</i>		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

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Have a means to shelter in place for patients, staff and volunteers who remain in the facility	485.727 (b) (2)			12.5.3.3.3 12.5.3.3.6
Have a system of medical documentation that preserve patient information, protects the confidentiality of patient information and secures and maintains availability of records.	485.727 (b) (3)		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 or 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.	485.727 (b) (4)		6.9.1.2	12.5.3.4.5

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Communication Plan	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 every 2 years.	485.727 (C)		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 organizations and volunteers.	485.727 (C) (1)			
Require contact information for Federal, State, tribal, regional, or local emergency preparedness staff and other sources of assistance.	485.727 (C) (2)		6.4.1	12.5.3.3.6.1(6)
Include primary and alternate means for communicating with staff and Federal, State, tribal, regional, and local emergency management agencies	485.727 (C) (3)		6.4.1	12.5.3.3.6.1(6)
Include a method for sharing information and medical documentation for patients under the facility's care, as necessary, with other health care providers to maintain continuity of care.	485.727 (C) (4)			12.5.3.3.6.1(4)

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Have a means of providing information about the facility's occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee.	485.727 (C) (5)			12.5.3.3.6.1(2)(6)
Training and Testing	Training and Testing			
Develop and maintain an emergency preparedness training and testing program based on the emergency plan, risk assessment, policies and procedures and communications plan. The training and testing program must be reviewed and updated every 2 years .	485.727 (d)			12.3.3.10
Provide initial training in emergency preparedness polies 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 every 2 years and maintain documentation of all emergency preparedness training along with demonstration of staff knowledge of emergency procedures. If the emergency preparedness policies and procedures are significantly updated, the facility must conduct training on the updated policies and procedures.	485.727 (d) (1)	800.042 Personnel Records Doucment Training 800.042.010 - Hazard Safety Training <i>Personnel records should contain training documentation relative to Hazard safety training</i> 800.042.025 - Other Safety Training <i>Personnel records should contain training documentation relative to other safety training, such as operation of a fire extinguisher</i>		12.3.3.10
Conduct exercises to test the emergency plan at least annually	485.727 (d) (2)		7.1	12.3.3.10

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Participate in a full scale exercise that is community based every 2 years or when community based exercise is not accessible, individual, facility-based.	485.727 (d) (2)		7.1	
If the facility experiences and actual natural or man made emergency that requires activation of the emergency plan, the facility is exempt from engaging in its next required community based or individual, facility based functional exercise for one year following the onset of the actual event	485.727 (d) (2)		8.1.1 8.5.1	
Conduct a second exercise at least every 2 years, opposite the year the full-scale or functional exercise under the previous requirements is conducted that may include but is not limited to a second exercise that is individual, facility based functional exercise; a tabletop exercise or workshop 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	485.727 (d) (3)			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	485.727 (d) (4)			12.3.3.2
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If the facility 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 facility may choose to participate in such a program. And must meet the following standards	485.727 E			
Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program	485.727 E			
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.	485.727 E			
Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance	485.727 E			
Include a unified and integrated emergency plan that meets all standards of paragraphs (a) (2), (3), and (4) of this section.	485.727 E			
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	485.727 E			
Include integrated policies and procedures that meet the requirements set forth in paragraph (b) of this section, a coordinated communication plan and training and testing programs that meet the requirements of paragraphs (C) and (d) of this section respectively	485.727 E			

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	NFPA 1600	NFPA 99
	485.920	2016	2012 Edition
Require both an emergency preparedness program and an emergency preparedness plan	485.920		12.2.2.3 12.2.3.2 12.4.1 12.5.1
Comply with all applicable Federal, State and local emergency preparedness requirements. The emergency plan must be reviewed and updated every 2 years .	485.920 (a)		12.2.3.3 12.4.1.2 12.5.3.6.1
The emergency plan must be based on and include a documented facility based and community based risk assessment utilizing an all hazards approach	485.920 (a) (1)	4.4.2 5.1.3 5.1.4 5.2.1	12.5.2 12.5.3.1
The emergency plan includes strategies for addressing emergency events identified by the risk assessment.	485.920 (a) (2)	5.1.5 6.6.2	12.5.3.2 12.5.3.3
The emergency plan must address the patient population including 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	485.920 (a) (3)	5.2.2.2	12.2.2.3 12.5.3.1.3(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.	485.920 (a) (4)		12.2.3.3 12.5.3.3.6.1(2)(6)

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	NFPA 1600	NFPA 99
Policies and Procedures	Policies and Procedures		12.5.3.3.5 12.5.3.3.6.1 12.5.3.6.1
Develop and implement emergency preparedness policies and procedures based on the emergency plan set forth in 416.54 (a) and 416.54 (a) (1) and the communications plan section 416.54 (C). The policies and procedures must be reviewed and updated every 2 years .	485.920 (b)		
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 facility must document the specific name and location of the receiving facility or other location.	485.920 (b) (1)		12.5.3.3.3 12.5.3.3.6
Have policies and procedures in place to ensure the safe evacuation from the facility, which would include standards addressing 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.	485.920 (b) (2)		12.5.3.3.6.1(4)

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	NFPA 1600	NFPA 99
Have a means to shelter in place for patients, staff and volunteers who remain in the facility	485.920 (b) (3)		12.5.3.4.5
Have a system of medical documentation that preserve patient information, protects the confidentiality of patient information and secures and maintains availability of records.	485.920 (b) (4)	4.7.2	
Have policies and procedures in place to address the use of volunteers in an emergency or 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.	485.920 (b) (5)	6.9.1.2	
Development of arrangements with other facilities of similar type or other providers to receive clients in the event of limitations or cessation of operations to maintain continuity of services	485.920 (b) (6)		12.5.3.3.6.1

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	NFPA 1600	NFPA 99
Policies and procedures would have to address the role of the facility under a waiver declared by the Secretary, in accordance with section 1135 of the Act, for the provision of care and treatment at an alternate care site (ACS) identified by emergency management officials.	485.920 (b) (7)		

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	NFPA 1600	NFPA 99
Communication Plan	Communication Plan		12.5.3.3.6.1(6)
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 every 2 years.	485.920 (C)	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; clients’ physicians and volunteers.	485.920 (C) (1)	6.4.1	12.5.3.3.6.1(4)
Require contact information for Federal, State, tribal, regional, or local emergency preparedness staff and other sources of assistance.	485.920 (C)(2)	6.4.1	12.5.3.3.6.1(4)
Include primary and alternate means for communicating with staff and Federal, State, tribal, regional, and local emergency management agencies	485.920 (C)(3)	6.4.1	12.5.3.3.6.1(4)
Include a method for sharing information and medical documentation for patients under the facility's care, as necessary, with other health care providers to maintain continuity of care.	485.920 (C)(4)		12.5.3.3.6.1(2)(6)

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	NFPA 1600	NFPA 99
Have a means, in the event of an evacuation, to release patient information as permitted under 45 CFR 164.510 of the HIPAA Privacy Regulations.	485.920 (C) (5)	6.4.1	
Have 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) of the HIPAA Privacy Regulations.	485.920 (C) (6)		12.3.3.9.1
Have a means of providing information about the facility's needs, and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee.	485.920 (C) (7)		12.3.3.9.2

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	NFPA 1600	NFPA 99
Training and Testing	Training and Testing		12.3.3.10
Develop and maintain an emergency preparedness training and testing program based on the emergency plan, risk assessment, policies and procedures and communications plan. The training and testing program must be reviewed and updated every 2 years .	485.920 (d)	7.1	
Provide initial training in emergency preparedness polies and procedures to all new and existing staff, individuals providing services under arrangement and volunteers consistent with their expected roles. Provide this training every 2 years and maintain documentation of all emergency preparedness training along with demonstration of staff knowledge of emergency procedures.	485.920 (d) (1)	7.1	12.3.3.10
Conduct exercises to test the emergency plan at least annually	485.920 (d) (1)	8.1.1 8.5.1	12.3.3.10
Participate in a full-scale exercise that is community-based every 2 years or when a community-based exercise is not accessible, conduct a facility-based functional exercisce every 2 years.	485.920 (d) (2)		12.3.3.10
If the facility experiences and actual natural or man made emergency that requires activation of the emergency plan, the facility is exempt from engaging in in its next required community-based or individual, facility based functional exercise for 1 year following the onset of the actual event.	485.920 (d) (2)		

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	NFPA 1600	NFPA 99
Conduct a second exercise at least every 2 years opposite the full-scale or functional exercise (discussed in the previous standard) is conducted that may include but is not limited to a second exercise that is individual, facility based functional; a mock disaster drill, or a tabletop exercise that induces 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	485.920 (d) (2)		
Analyze the response to and maintain documentation of all drills, tabletop exercises and emergency events and revise the facility emergency plan as needed	485.920 (d) (2)		12.3.3.2
Integrated Healthcare Systems	Integrated Healthcare Systems		
If the facility 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 facility may choose to participate in such a program. And must meet the following standards	485.920 (e)		
Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program	485.920 (e)		
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.	485.920 (e)		
Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance	485.920 (e)		
Include a unified and integrated emergency plan that meets all standards of paragraphs (a) (2), (3), and (4) of this section.	485.920 (e)		
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	485.920 (e)		

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	NFPA 1600	NFPA 99
Include integrated policies and procedures that meet the requirements set forth in paragraph (b) of this section, a coordinated communication plan and training and testing programs that meet the requirements of paragraphs (C) and (d) of this section respectively	485.920 (e)		

Comprehensive Outpatient Rehab

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	NFPA 1600	NFPA 99
	485.68	2016	2012 Edition
Require both an emergency preparedness program and an emergency preparedness plan	485.68		12.2.2.3 12.2.3.2 12.4.1 12.5.1
Comply with all applicable Federal, State and local emergency preparedness requirements. The emergency plan must be reviewed and updated at least every 2 years.	485.68 (a)		12.2.3.3 12.4.1.2 12.5.3.6.1
The emergency plan must be based on and include a documented facility based and community based risk assessment utilizing an all hazards approach	485.68 (a) (1)	4.4.2 5.1.3 5.1.4 5.2.1	12.5.2 12.5.3.1
The emergency plan includes strategies for addressing emergency events identified by the risk assessment.	485.68 (a) (2)	5.1.5 6.6.2	12.5.3.2 12.5.3.3
The emergency plan must address the patient population including 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	485.68 (a) (3)	5.2.2.2	12.2.2.3 12.5.3.1.3(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.	485.68 (a) (4)		12.2.3.3 12.5.3.3.6.1(2)(6)

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	NFPA 1600	NFPA 99
The plan must be developed and maintained with assistance from fire safety and other appropriate experts	485.68 (a) (5)		
Policies and Procedures	Policies and Procedures		
Develop and implement emergency preparedness policies and procedures based on the emergency plan set forth in 416.54 (a) and 416.54 (a) (1) and the communications plan section 416.54 (C). The policies and procedures must be reviewed and updated every 2 years .	485.68 (b)		12.5.3.3.5 12.5.3.3.6.1 12.5.3.6.1
Have policies and procedures in place to ensure the safe evacuation from the facility, which would include staff responsibilities and needs of the patient	485.68 (b) (1)		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	485.68 (b) (2)		12.5.3.3.3 12.5.3.3.6
Have a system of medical documentation that preserves patient information, protects the confidentiality of patient information and secures and maintains availability of records.	485.68 (b) (3)	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 or 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.	485.68 (b) (4)	6.9.1.2	12.5.3.4.5

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	NFPA 1600	NFPA 99
Communication Plan	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 every 2 years .	485.68 (C)	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 and volunteers.	485.68 (C) (1)	6.4.1	
Require contact information for Federal, State, tribal, regional, or local emergency preparedness staff and other sources of assistance.	485.68 (C) (2)	6.4.1	12.5.3.3.6.1(6)
Include primary and alternate means for communicating with staff and Federal, State, tribal, regional, and local emergency management agencies	485.68 (C) (3)	6.4.1	12.5.3.3.6.1
Include a method for sharing information and medical documentation for patients under the facility's care, as necessary, with other health care providers to maintain continuity of care.	485.68 (C) (4)		12.5.3.3.6.1(4)
Have a means of providing information about the facility's occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee.	485.68 (C) (5)		12.5.3.3.6.1(2)(6)

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	NFPA 1600	NFPA 99
Training and Testing	Training and Testing		
Develop and maintain an emergency preparedness training and testing program based on the emergency plan, risk assessment, policies and procedures and communications plan. The training and testing program must be reviewed and updated every 2 years .	485.68 (d)	7.1	12.3.3.10
Provide initial training in emergency preparedness polies 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 every 2 years and maintain documentation of all emergency preparedness training along with demonstration of staff knowledge of emergency procedures. If the emergency preparedness policies and procedures are significantly updated, the CORF must conduct training on the updated policies and procedures.	485.68 (d) (1)	7.1	12.3.3.10
All new personnel must be oriented and assigned specific responsibilities regarding the organization's emergency plan within 2 weeks of their first workday.	485.68 (d) (1)	7.1	12.3.3.10
Training must include instruction in the location and use of the alarm systems an signals and firefighting equipment	485.68 (d) (1)		
Conduct exercises to test the emergency plan at least annually	485.68 (d) (2)	8.1.1 8.5.1	12.3.3.10
Participate in a full scale exercise that is community based every 2 years or when community based exercise is not accessible, individual, facility-based functional exercise every 2 years .	485.68 (d) (2)		

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	NFPA 1600	NFPA 99
If the facility experiences and actual natural or man made emergency that requires activation of the emergency plan, the facility is exempt from engaging in its next required community based or individual, facility based functional exercise for one year following the onset of the actual event	485.68 (d) (2)		
Conduct a second exercise at least every 2 years, opposite the year the full-scale or functional exercise under paragraph of this section is conducted that may include but is not limited to a second full-scale exercise that is individual, facility based functional exercise; a mock disaster drill; or , a tabletop exercise that induces 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	485.68 (d) (2)		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	485.68 (d) (2)		12.3.3.2
Integrated Healthcare Systems	Integrated Healthcare Systems		
If the facility 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 facility may choose to participate in such a program. And must meet the following standards	485.68 (e)		

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	NFPA 1600	NFPA 99
Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program	485.68 (e) (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.	485.68 (e) (2)		
Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance	485.68 (e)		
Include a unified and integrated emergency plan that meets all standards of paragraphs (a) (2), (3), and (4) of this section.	485.68 (e)		
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	485.68 (e)		
Include integrated policies and procedures that meet the requirements set forth in paragraph (b) of this section, a coordinated communication plan and training and testing programs that meet the requirements of paragraphs (C) and (d) of this section respectively	485.68 (e)		

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	American Osteopathic Association/Healthcare Facilities Accreditation Program www.hfap.org	DNV GL - Healthcare www.dnvglhealthcare.com	The Joint Commission Standards www.https://www.jointcommission.org	NFPA 1600	NFPA 99
	485.625	2015 v2	November 1, 2012	January 9, 2017	2016	2012 Edition
Require both an emergency preparedness program and an emergency preparedness plan	485.625	17.01.01 Emergency Safety & Security. <i>The Emergency Operations Plan provides for a comprehensive process to provide for the safety and security of the patients, staff and visitors during an emergency event.</i>	PE.6 SR. 1 EMERGENCY MANAGEMENT SYSTEM <i>The organization must provide a comprehensive Emergency Management System to respond to emergencies in the organization or within the community and region that may impact the organization's ability to provide services.</i>	EM.02.01.01 General Requirements <i>The facility has an Emergency Operations Plan</i>		12.2.2.3 12.2.3.2 12.4.1 12.5.1
Comply with all applicable Federal, State and local emergency preparedness requirements. The emergency plan must be reviewed and updated every 2 years .	485.625 (a)	17.00.02 Emergency Hazard Vulnerability Analysis (HVA). NOTE: Includes language regarding EOP and sharing HVA with community partners <i>The Emergency Operations Plan provides for an assessment to ascertain conceivable threats and disasters that could affect the ability to operate the facilities of the organization, or to provide services to their patients, and the probability of those events occurring...The CAH shares their HVA with their community partners to help set priorities with the Hazard Vulnerability Analysis (HVA).</i>		EM.02.01.01 General Requirements <i>The facility has an Emergency Operations Plan</i> EM.03.01.01 (EP 2) Evaluation <i>The facility evaluates the effectiveness of its emergency management planning activities.</i> EP 2 <i>The facility evaluates the effectiveness of its emergency management planning activities</i>		12.2.3.3 12.4.1.2 12.5.3.6.1
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 Policies. <i>The Emergency Services must additionally have policies addressing: ...7. Provision of care for disasters.</i> 17.00.02 Emergency Hazard Vulnerability Analysis (HVA). <i>The Emergency Operations Plan provides for an assessment to ascertain conceivable threats and disasters that could affect the ability to operate the facilities of the organization, or to provide services to their patients, and the probability of those events occurring.</i> <i>The CAH's Hazard Vulnerability Analysis (HVA) must be shared with the community's emergency response agencies.. [and] documented and reviewed by the oversight committee on emergency management for relevancy and accuracy on an annual basis.</i>	PE. 6 SR. 3 EMERGENCY MANAGEMENT <i>In order to prepare for such an emergency, the CAH must conduct a hazard vulnerability analysis to identify potential emergencies or other circumstances that may impact the CAH and the community. The CAH must maintain documentation that this analysis has been conducted and that the CAH has prioritized activities to address and prepare for these vulnerabilities.</i>	EM.01.01.01 (EP 2, 3, 5) - Foundation for the Emergency Operations Plan <i>EP 2 Conducts a hazard vulnerability analysis (HVA) to identify potential emergencies that could affect demand for services or ability to provide those services, the likelihood of those events occurring and the consequence of those events. The findings of this analysis are documented.</i> EP 3 <i>Together with community partners, prioritizes the potential emergencies identified in the HVA and documents these priorities. The facility determines which facility partners are critical to helping define the HVA...</i> EP 5 <i>Uses HVA as a basis for defining mitigation activities</i> EM.03.01.01 (EP 1) <i>EP 1 conducts annual review of risks, hazards, and potential emergencies as defined in HVA. The findings of this review are documented.</i>	4.4.2 5.1.3 5.1.4 5.2.1	12.5.2 12.5.3.1

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	American Osteopathic Association/Healthcare Facilities Accreditation Program www.hfap.org	DNV GL - Healthcare www.dnvglhealthcare.com	The Joint Commission Standards www.https://www.jointcommission.org	NFPA 1600	NFPA 99
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). <i>The Emergency Operations Plan provides for an assessment to ascertain conceivable threats and disasters that could affect the ability to operate the facilities of the organization, or to provide services to their patients, and the probability of those events occurring.</i> <i>The CAH's Hazard Vulnerability Analysis (HVA) must be shared with the community's emergency response agencies.. [and] documented and reviewed by the oversight committee on emergency management for relevancy and accuracy on an annual basis.</i>	PE. 6 SR3 EMERGENCY MANAGEMENT <i>In order to prepare for such an emergency, the CAH must conduct a hazard vulnerability analysis to identify potential emergencies or other circumstances that may impact the CAH and the community. The CAH must maintain documentation that this analysis has been conducted and that the CAH has prioritized activities to address and prepare for these vulnerabilities.</i>	EM.01.01.01 (EP 5,6) - Foundation for the Emergency Operations Plan <i>EP 5 Uses HVA as a basis for defining mitigation activities</i> <i>EP 6 Uses its HVA as a basis for defining the preparedness activities that will organize and mobilize essential resources</i>	5.1.5 6.6.2	12.5.3.2 12.5.3.3
Address patient population, including, but not limited to, persons at-risk; the type of services the CAH has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.	485.625 (a) 3	17.01.01 Emergency Safety & Security. <i>The Emergency Operations Plan provides for a comprehensive process to provide for the safety and security of the patients, staff and visitors during an emergency event.</i> 17.01.08 Incident Command Center. <i>The Emergency Operations Plan provides for the identification where the CAH's incident command center will be located. The EOP ensures essential equipment and support is intact and maintained for use in directing and controlling response and recovery operations.</i> <i>The EOP provides for a process for activation of the incident command center, and how it is operated.</i>		EM.02.01.01 (EP 3, 7, 8) Communications <i>The EOP describes:</i> <i>EP 3: identifies the facility capabilities and establishes response procedures for when the facility cannot be supported by the local community in the facility efforts to provide communications, resources and assets, security and safety, staff, utilities, or patient care for at least 96 hours.</i> <i>EP 7 identifies alternative sites for care, treatment, and services that meet the needs of patients during emergencies.</i> <i>EP 8 If the facility experiences an actual emergency, the facility implements its response procedures related to care, treatment, and services for its patients.</i> LD.01.04.01 (EP 11) <i>EP 11 When the Chief Executive is absent, a qualified individual is designated to perform the duties of this position</i>	5.2.2.2	12.2.2.3 12.5.3.1.3(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.	485.625 (a) 4	17.00.02 Emergency Hazard Vulnerability Analysis (HVA). <i>The Emergency Operations Plan provides for an assessment to ascertain conceivable threats and disasters that could affect the ability to operate the facilities of the organization, or to provide services to their patients, and the probability of those events occurring.</i> <i>The CAH's Hazard Vulnerability Analysis (HVA) must be shared with the community's emergency response</i>		EM.01.01.01 (EP 7)- Foundation for the EOP <i>EP 7 The incident command structure is integrated into and consistent with its community's command structure.</i> EM.02.02.01 (EP 4)- Communications <i>EP 4 How the facility will communicate with external authorities during an emergency.</i>		12.2.3.3 12.5.3.3.6.1(2)(6)

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	American Osteopathic Association/Healthcare Facilities Accreditation Program www.hfap.org	DNV GL - Healthcare www.dnvglhealthcare.com	The Joint Commission Standards www.https://www.jointcommission.org	NFPA 1600	NFPA 99
Policies and Procedures	Policies and Procedures					
Develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated every two years .	485.625 (b)	17.01.01 Emergency Safety & Security. <i>The Emergency Operations Plan provides for a comprehensive process to provide for the safety and security of the patients, staff and visitors during an emergency event.</i>		EM.02.01.01 (EP 2)- General Requirements <i>EP 2 develops and maintains a written Emergency Operations Plan that describes the response procedures to follow when emergencies occur.</i>		12.5.3.3.5 12.5.3.3.6.1 12.5.3.6.1
At a minimum, the policies and procedures must address the following:(1) The provision of subsistence needs for staff and patients, whether they evacuate or shelter in place, include, but are not limited to Food, water, medical, and pharmaceutical supplies; Alternate sources of energy to maintain: temperatures to protect patient health and safety and for the safe and sanitary storage of provisions; emergency lighting; fire detection, extinguishing and alarm systems	485.625 (b) 1 i-ii A-C	06.03.01 Dietary Emergency Preparedness Plan. <i>The Emergency Preparedness Plan of the facility addresses methods for ensuring the nutritional needs of patients and personnel during an internal or external emergency or disaster.</i> 17.01.01 Emergency Safety & Security. <i>The Emergency Operations Plan provides for a comprehensive process to provide for the safety and security of the patients, staff and visitors during an emergency event.</i> 17.01.02 Emergency Supplies. 17.01.03 Emergency Utilities. <i>The Emergency Operations Plan provides for the continuation of emergency power, fuel, medical air, gas and vacuum, and potable water during an emergency event.</i> 17.01.06 Emergency Nutritional Services.	PE.6 SR. 2 EMERGENCY MANAGEMENT <i>SR.2 The CAH shall have processes in place for addressing alternative means to support essential building functions such as electricity, water, ventilation, fuel, medical gas and vacuum systems, and other identified utilities.</i>	EM.02.02.07 (EP 5)- Staff <i>EP 5 The Emergency Operations Plan describes how the facility will manage staff support needs (for example, housing, transportation, incident stress debriefing).</i> EM.02.02.09 (EP 2, 3, 4, 5, 7)- Utilities <i>EP 2 As part of the EOP identifies alternative means of providing electricity</i> <i>EP 3 As part of the EOP identifies alternative means of providing water needed for consumption and essential care activities</i> <i>EP 4 As part of the EOP, identifies alternative means of providing: Water needed for equipment and sanitary purposes.</i> <i>EP 5 As part of the EOP, identifies alternative means of providing: Fuel required for building operations, generators, and essential transport services that the hospital would typically provide</i> <i>EP 7 As part of its EOP, identifies alternative means of providing utility systems that are defined as essential (ex. vertical and horizontal transport, heating and cooling systems and steam for sterilization)</i> EC 02.05.03 (EP 1, 3)- Utilities <i>EP 1 For facilities that were constructed, or had a change in occupancy type, or have undergone an electrical system upgrade since 1983, the facility has a Type 1 or Type 3 essential electrical system in accordance with NFPA 99, 2012 edition. This essential electrical system must be divided into three branches, including the life safety branch, critical branch, and equipment branch. Both the life safety branch and the critical branch are kept independent of all other wiring and equipment, and they transfer within 10 seconds of electrical interruption. Each branch has at least one automatic transfer switch.</i> <i>EP 3 provides emergency power within 10 seconds for the following: Exit route and exit sign illumination, as required by the Life Safety Code</i>		12.5.3.3.6.2 12.5.3.3.6.4(7)(8) 12.5.3.3.6.5 12.5.3.3.6.6
Develop policies and procedures for sewage and waste disposal	485.625 (b) 1 ii D			EC.02.02.01 - Hazardous Materials and Waste		12.5.3.3.6.2 12.5.3.3.6.4(7)(8) 12.5.3.3.6.5 12.5.3.3.6.6

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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 facility must document the specific name and location of the receiving facility or other location.	485.625 (b) 2	17.01.01 Emergency Safety & Security. <i>The Emergency Operations Plan provides for a comprehensive process to provide for the safety and security of the patients, staff and visitors during an emergency event.</i>		EM 02.02.03 (EP 9) - Resources and Assets <i>EP 9 The hospital's arrangements for transporting some or all patients, their medications, supplies, equipment, and staff to an alternative care site(s) when the environment cannot support care, treatment, and service</i> EM.02.02.11 (EP 8) - Patients <i>EP 8 How the hospital will document and track patients' clinical information.</i>		12.5.3.3.6.4(9)
Have policies and procedures in place to ensure the safe evacuation from the facility, which would include standards addressing 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.	485.625 (b) 3	17.01.01 Emergency Safety & Security. <i>The Emergency Operations Plan provides for a comprehensive process to provide for the safety and security of the patients, staff and visitors during an emergency event.</i> 17.01.10 Emergency Evacuation. <i>The Emergency Operations Plan (EOP) provides for a written Emergency Evacuation Plan which identifies when and how the patients will be evacuated from the facility. The Emergency Evacuation Plan is reviewed by the community emergency response agency.</i>	PE.6 SR. 1 EMERGENCY MANAGEMENT SYSTEM <i>The organization must provide a comprehensive Emergency Management System to respond to emergencies in the organization or within the community and region that may impact the organization's ability to provide services.</i>	EM 02.02.03 (EP 9) - Resources and Assets <i>EP 9 Arrangements for transporting some or all patients, their medications, supplies, equipment, and staff to an alternative care site(s) when the environment cannot support care, treatment, and service</i> EM.02.02.11 (EP 3) - Patients <i>How the facility will evacuate (from one section or floor to another within the building, or, completely outside the building) when the environment cannot support care, treatment, and services.</i>		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. <i>The Emergency Operations Plan (EOP) provides for a written Emergency Evacuation Plan which identifies when and how the patients will be evacuated from the facility.</i> <i>The Emergency Evacuation Plan is reviewed by the community emergency response agency.</i>	PE. 6 SR.4 EMERGENCY MANAGEMENT <i>The CAH shall have policies, procedures, and decision criteria for the determination of protection in place or evacuation of patients in the event of a disaster.</i>	EM 02.02.03 (EP 1-6) - Resources and Assets <i>The EOP describes:</i> <i>EP 1 How the hospital will obtain and replenish medications and related supplies that will be required throughout the response and recovery phases of an emergency, including access to and distribution of caches that may be stockpiled by the hospital, its affiliates, or local, state, or federal sources.</i> <i>EP 2 How the hospital will obtain and replenish medical supplies that will be required throughout the response and recovery phases of an emergency, including personal protective equipment where required.</i> <i>EP 3 How the hospital will obtain and replenish nonmedical supplies that will be required throughout the response and recovery phases of an emergency.</i> <i>EP 4 How the hospital will share resources and assets with other health care organizations within the community, if necessary.</i> <i>EP 5 How the hospital will share resources and assets with other health care organizations outside the community, if necessary, in the event of a regional or prolonged disaster.</i> <i>EP 6 How the hospital will monitor quantities of its resources and assets during an emergency. (See also EM.01.01.01, EP 8)</i> EM.02.02.11 (EP 3) -Patients <i>EP 3 The Emergency Operations Plan describes the following: How the hospital will evacuate (from one section or floor to another within the building, or, completely outside the building) when the environment cannot support care, treatment, and services.</i>		12.5.3.3.3 12.5.3.3.6

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Have a system of medical documentation that preserve patient information, protects the confidentiality of patient information and secures and maintains availability of records.	485.625 (b) 5			EM.02.02.03 - Resources and Assets EP 10 <i>EP 10 The Emergency Operations Plan describes the following: The hospital's arrangements for transferring pertinent information, including essential clinical and medication-related information, with patients moving to alternative care sites.</i> EM.02.02.11 - Patients EP 3, 8 <i>EP 3 The Emergency Operations Plan describes the following: How the hospital will evacuate (from one section or floor to another within the building, or, completely outside the building) when the environment cannot support care, treatment, and services.</i> <i>EP 8 The Emergency Operations Plan describes the following: How the hospital will document and track patients' clinical information.</i>	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 or 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 Privileges. <i>Medical Staff Bylaws shall provide for the granting of emergency privileges.</i> 05.01.16 Temporary Privileges. <i>Medical Staff Bylaws provide for the granting of temporary privileges: For times of emergency and/or disaster.</i> 17.01.11 Volunteer Management. <i>For CAHs that receive emergency patients, the Emergency Operations Plan (EOP) provides for a volunteer management plan that assigns, trains, and supervises volunteers during an emergency event.</i>	PE. 6 SR.4 EMERGENCY MANAGEMENT <i>The medical staff bylaws shall include a process for approving practitioners for care of patients in the event of an emergency or disaster.</i> MS.13 SR.4 TEMPORARY CLINICAL PRIVILEGES <i>The medical staff bylaws shall include a process for approving practitioners for care of patients in the event of an emergency or disaster.</i>	EM.02.02.07 (EP 9)- Staff <i>EP 9 The Emergency Operations Plan describes how the hospital will identify licensed independent practitioners, staff, and authorized volunteers during emergencies.</i> EM.02.02.13 (All EPs)- Volunteers <i>All EPs During disasters, the hospital may grant disaster privileges to volunteer licensed independent practitioners.</i> EM.02.02.15 (All EPs) - Volunteer Practitioners <i>All EPs During disasters, the hospital may assign disaster responsibilities to volunteer practitioners who are not licensed independent practitioners, but who are required by law and regulation to have a license, certification, or registration.</i>	6.9.1.2	12.5.3.4.5
The development of arrangements with other CAHs or other providers to receive patients in the event of limitations or cessation of operations to maintain the continuity of services to CAH patients.	485.625 (b) 7		PE. 6 SR.3 EMERGENCY MANAGEMENT <i>The CAH will have coordinate with local and regional healthcare facilities and public health agencies in cases of CAH, community, or regional crisis for utilization of resources (space, personnel, and equipment). The CAH will have memorandums of understanding or provisions through other arrangements for utilization of resources as necessary.</i>	EM.02.02.03 (EP 9) - Resources and Assets <i>EP 9 The hospital's arrangements for transporting some or all patients, their medications, supplies, equipment, and staff to an alternative care site(s) when the environment cannot support care, treatment, and services. Note: This standard addresses transport to alternate care sites, but not specifically designate other hospitals</i>	6.9.1.2	

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Policies and procedures would have to address the role of the facility under a waiver declared by the Secretary, in accordance with section 1135 of the Act, for the provision of care and treatment at an alternate care site (ACS) identified by emergency management officials.	485.625 (b) 8	17.01.01 Emergency Safety & Security. NOTE- it is assumed that the EOP would be activated when 1135 Waivers are in effect and the EOP would provide guidance related to ACS <i>The Emergency Operations Plan provides for a comprehensive process to provide for the safety and security of the patients, staff and visitors during an emergency event.</i>		EM.02.01.01 (EP 7)- General Requirements <i>EP 7 The Emergency Operations Plan identifies alternative sites for care, treatment, and services that meet the needs of the hospital's patients during emergencies. Note that 1135 language needs to be incorporated as a reference into the EOP</i>		

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Communication Plan	Communication Plan					
<p>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 every two years.</p>	<p>485.625 (C)</p>	<p>17.01.01 Emergency Safety & Security. <i>The Emergency Operations Plan provides for a comprehensive process to provide for the safety and security of the patients, staff and visitors during an emergency event.</i> 17.01.07 Emergency Communications. The Emergency Operations Plan (EOP) provides for written procedures and methods on how the CAH communicates with staff and outside agencies that have a functional role with the CAH's response and recovery phases during an emergency event. The procedure must include a tiered rapid process for alert and notification of staff in an emergency. This includes staff mobilization and communications call-back processes used at the beginning of an emergency event. The procedure must also include how the CAH will communicate with outside agencies... The procedure arranges for the dispensing provision of information by CAH designated spokespersons to the media.</p>	<p>PE.6 SR. 1 EMERGENCY MANAGEMENT <i>The CAH must have a process in place to coordinate with local authorities for emergencies in the CAH or within the community and region that may impact the CAH's ability to provide services. This may include requirements for the CAH to have appropriate measures in place to account for particular conditions, potential hazards, or other concerns with respect to the location of the CAH.</i></p>	<p>EM.02.02.01 (All EPs)- General Requirements <i>As part of its Emergency Operations Plan, the hospital prepares for how it will communicate during emergencies.</i></p>	<p>6.4</p>	<p>12.5.3.3.6.1</p>

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As part of its communication plan include in its plan, names and contact information for staff; entities providing services under arrangement; patients' physicians; other CAHs and hospital and volunteers.	485.625 (C) 1 ii-v	<p>17.01.01 Emergency Safety & Security. <i>The Emergency Operations Plan provides for a comprehensive process to provide for the safety and security of the patients, staff and visitors during an emergency event.</i> 17.01.07</p> <p>Emergency Communications. <i>The Emergency Operations Plan (EOP) provides for written procedures and methods on how the CAH communicates with staff and outside agencies that have a functional role with the CAH's response and recovery phases during an emergency event. The procedure must include a tiered rapid process for alert and notification of staff in an emergency. This includes staff mobilization and communications call-back processes used at the beginning of an emergency event. The procedure must also include how the CAH will communicate with outside agencies... The procedure arranges for the dispensing provision of information by CAH designated spokespersons to the media.</i></p>		<p>EM.02.02.01 (EP 1, 2, 7, 8, 9, 10) - Communication</p> <p>EP 1 <i>How staff will be notified that emergency response procedures have been initiated.</i></p> <p>EP 2 <i>How the hospital will communicate information and instructions to its staff and licensed independent practitioners during an emergency.</i></p> <p>EP 7 <i>How the hospital will communicate with suppliers of essential services, equipment, and supplies during an emergency.</i></p> <p>EP 8 <i>How the hospital will communicate with other health care organizations in its contiguous geographic area regarding the essential elements of their respective command structures, including the names and roles of individuals in their command structures and their command center telephone numbers.</i></p> <p>EP 9 <i>How the hospital will communicate with other health organizations in its contiguous geographic area regarding the essential elements of their respective command centers for emergency response.</i></p> <p>EP 10 <i>How the hospital will communicate with other health care organizations in its contiguous geographic area regarding the resources and assets that could be shared in emergency response.</i></p>	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	<p>17.01.07 Emergency Communications. <i>The Emergency Operations Plan (EOP) provides for written procedures and methods on how the CAH communicates with staff and outside agencies that have a functional role with the CAH's response and recovery phases during an emergency event. The procedure must include a tiered rapid process for alert and notification of staff in an emergency. This includes staff mobilization and communications call-back processes used at the beginning of an emergency event. The procedure must also include how the CAH will communicate with outside agencies... The procedure arranges for the dispensing provision of information by CAH designated spokespersons to the media.</i></p>		<p>EM.02.02.01 (All EPs) - General Requirements</p> <p>As part of its Emergency Operations Plan, the hospital prepares for how it will communicate during emergencies.</p>	6.4.1	12.5.3.3.6.1(6)

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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. <i>The Emergency Operations Plan provides for a comprehensive process to provide for the safety and security of the patients, staff and visitors during an emergency event.</i>		EM.02.02.01 (EP 14) - General Requirements <i>EP 14 The hospital establishes backup systems and technologies for the communication activities identified in EM.02.02.01, EPs 1-13.</i>	6.4.1	12.5.3.3.6.1
Include a method for sharing information and medical documentation for patients under the facility'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 <i>EP 11 How and under what circumstances the hospital will communicate the names of patients and the deceased with other health care organizations in its contiguous geographic area.</i> <i>EP 12 How, and under what circumstances, the hospital will communicate information about patients to third parties (such as other health care organizations, the state health department, police, and the Federal Bureau of Investigation [FBI]).</i>		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 (b) (1) (ii) .	485.625 (C) 5			EM.02.02.01 (EP 5, 12) - General Requirements <i>EP 5 How the hospital will communicate with patients and their families, including how it will notify families when patients are relocated to alternative care sites.</i> <i>EP 12 How, and under what circumstances, the hospital will communicate information about patients to third parties (such as other health care organizations, the state health department, police, and the Federal Bureau of Investigation [FBI]).</i>	6.4.1	12.5.3.3.6.1(4)
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)	485.625 (C) 6			EM.02.02.01 (5, 6, 12) -General Requirements <i>EP 5 How the hospital will communicate with patients and their families, including how it will notify families when patients are relocated to alternative care sites.</i> <i>EP 6 How the hospital will communicate with the community or the media during an emergency.</i> <i>EP 12 How, and under what circumstances, the hospital will communicate information about patients to third parties (such as other health care organizations, the state health department, police, and the Federal Bureau of Investigation [FBI]).</i>		12.5.3.3.6.1(4)
Have a means of providing information about the facility'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 <i>EP 4 How the hospital will communicate with external authorities during an emergency.</i>		12.5.3.3.6.1(2)(6)
Training and Testing	Training and Testing					

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Develop and maintain an emergency preparedness training and testing program based on the emergency plan, risk assessment, policies and procedures and communications plan. The training and testing program must be reviewed and updated every 2 years.	485.625 (D)	17.02.02 Emergency Education. <i>The Emergency Operations Plan (EOP) provides for an educational program on activities, assignments and duties each staff member is responsible for during an emergency event. The CAH shall integrate the Emergency Education program within all CAH departments.</i>	Staffing Management SM.4 ORIENTATION <i>All staff, whether clinical or supportive, including contract staff, students and volunteers shall receive an orientation to specific job duties and responsibilities, and their work environment, as required by Federal and State law and regulation and the CAH. The orientation shall take place prior to the individual functioning independently in their job. SR.1 Members of the medical staff will receive an orientation developed and approved by the organization that includes general safety practices, emergency procedures, infection control, confidentiality and other issues as required by the organization.</i>	HR 01.04.01 (EP 1,2,3) - Orientation <i>EP 1 The hospital determines the key safety content of orientation provided to staff. EP 2 The hospital orients its staff to the key safety content before staff provides care, treatment, and services. Completion of this orientation is documented. EP 3 Relevant hospital-wide and unit-specific policies and procedures. Completion of this orientation is documented.</i> EM 02.02.07 (EP 7) - Staff <i>EP 7 The hospital trains staff for their assigned emergency response roles.</i> EM.03.01.03 (EP 1) - Evaluation <i>EP 1 As an emergency response exercise, the hospital activates its EOP twice a year at each site included in the plan</i>	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 services under arrangement, and volunteers, consistent with their expected roles Provide this training every 2 years and maintain documentation of all emergency preparedness training along with demonstration of staff knowledge of emergency procedures. If the emergency preparedness policies and procedures are significantly updated, the CAH must conduct training on the updated policies and procedures.	485.625 (D) 1 i-iv	17.02.02 Emergency Education. <i>The Emergency Operations Plan (EOP) provides for an educational program on activities, assignments and duties each staff member is responsible for during an emergency event. The CAH shall integrate the Emergency Education program within all CAH departments.</i>	Staffing Management SM.4 ORIENTATION <i>All staff, whether clinical or supportive, including contract staff, students and volunteers shall receive an orientation to specific job duties and responsibilities, and their work environment, as required by Federal and State law and regulation and the CAH. The orientation shall take place prior to the individual functioning independently in their job. SR.1 Members of the medical staff will receive an orientation developed and approved by the organization that includes general safety practices, emergency procedures, infection control, confidentiality and other issues as required by the organization.</i>	HR 01.04.01 (EP 1,2,3) - Orientation <i>EP 1 The hospital determines the key safety content of orientation provided to staff. EP 2 The hospital orients its staff to the key safety content before staff provides care, treatment, and services. Completion of this orientation is documented. EP 3 Relevant hospital-wide and unit-specific policies and procedures. Completion of this orientation is documented.</i> EM 02.02.07 (EP 7) - Staff <i>EP 7 The hospital trains staff for their assigned emergency response roles.</i>	7.1	12.3.3.10
Conduct exercises to test the emergency plan twice per year.	485.625 (D) 2	17.02.01 Emergency Exercises.	PE 6 SR.4 EMERGENCY MANAGEMENT <i>Emergency management exercises shall be based upon the most probable emergencies or other circumstances that may impact the CAH and the community. A report, After Action Report, shall be created after each exercise documenting opportunities for improvement. The CAH's emergency management plan shall be revised based upon the identified opportunities for improvement.</i>	EM.03.01.03 - Evaluation <i>The hospital evaluates the effectiveness of its Emergency Operations Plan.</i>	7.1	12.3.10

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Participate in a full scale exercise that is community based or when community based exercise is not accessible, individual, facility-based functional exercise .	485.625 (D) 2 i	17.02.01 Emergency Exercises. <i>For all healthcare occupancy and ambulatory healthcare occupancy facilities that provide patient care, the Emergency Operations Plan (EOP) provides for separate emergency exercises to be performed twice per year. At least one of the exercises shall include the community. For business occupancy buildings that provide patient care, the Emergency Operations Plan (EOP) provides for separate emergency exercises to be performed once per year. Each exercise is to be planned by the oversight committee on emergency management and implemented to build competencies in staff. Each exercise must be based on one of the identified priorities in the Hazard Vulnerability Analysis (HVA) .</i>	PE 6 SR.4 EMERGENCY MANAGEMENT <i>Emergency management exercises shall be based upon the most probable emergencies or other circumstances that may impact the CAH and the community. A report, After Action Report, shall be created after each exercise documenting opportunities for improvement. The CAH's emergency management plan shall be revised based upon the identified opportunities for improvement.</i>	EM.03.01.03 (EP 4, 5) - Evaluation <i>EP 4 For each site of the hospital with a defined role in its community's response plan, at least one of the two emergency response exercises includes participation in a community-wide exercise. EP 5 Emergency response exercises incorporate likely disaster scenarios that allow the hospital to evaluate its handling of communications, resources and assets, security, staff, utilities, and patients.</i>	8.1.1 8.5.1	12.3.310
If the facility experiences and actual natural or man made emergency that requires activation of the emergency plan, the facility is exempt from engaging its next required full-scale, community based or individual, facility based functional exercise for one year following the onset of the actual event	485.625 (D) 2 i	17.02.01 Emergency Exercises. <i>For all healthcare occupancy and ambulatory healthcare occupancy facilities that provide patient care, the Emergency Operations Plan (EOP) provides for separate emergency exercises to be performed twice per year. At least one of the exercises shall include the community. For business occupancy buildings that provide patient care, the Emergency Operations Plan (EOP) provides for separate emergency exercises to be performed once per year. Each exercise is to be planned by the oversight committee on emergency management and implemented to build competencies in staff. Each exercise must be based on one of the identified priorities in the Hazard Vulnerability Analysis (HVA).</i>	PE 6 SR.4 EMERGENCY MANAGEMENT <i>Emergency management exercises shall be based upon the most probable emergencies or other circumstances that may impact the CAH and the community. A report, After Action Report, shall be created after each exercise documenting opportunities for improvement. The CAH's emergency management plan shall be revised based upon the identified opportunities for improvement.</i>	EM.03.01.03 (EP 1) - Evaluation <i>EP 1 As an emergency response exercise, the hospital activates its Emergency Operations Plan twice a year at each site included in the plan.</i>		

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	American Osteopathic Association/Healthcare Facilities Accreditation Program www.hfap.org	DNV GL - Healthcare www.dnvglhealthcare.com	The Joint Commission Standards www.https://www.jointcommission.org	NFPA 1600	NFPA 99
<p>Conduct an additional exercise that may include but is not limited to a second full-scale exercise that is individual, facility based functional; a mock disaster drill; or a; 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</p>	<p>485.625 (D) 2 ii</p>	<p>17.02.01 Emergency Exercises For all healthcare occupancy and ambulatory healthcare occupancy facilities that provide patient care, the Emergency Operations Plan (EOP) provides for separate emergency exercises to be performed twice per year. At least one of the exercises shall include the community. For business occupancy buildings that provide patient care, the Emergency Operations Plan (EOP) provides for separate emergency exercises to be performed once per year. Each exercise is to be planned by the oversight committee on emergency management and implemented to build competencies in staff. Each exercise must be based on one of the identified priorities in the Hazard Vulnerability Analysis (HVA).</p>	<p>PE 6 SR.4 EMERGENCY MANAGEMENT Emergency management exercises shall be based upon the most probable emergencies or other circumstances that may impact the CAH and the community. A report, After Action Report, shall be created after each exercise documenting opportunities for improvement. The CAH's emergency management plan shall be revised based upon the identified opportunities for improvement.</p>	<p>EM.03.01.03 (EP 1) - Evaluation EP 1 As an emergency response exercise, the hospital activates its Emergency Operations Plan twice a year at each site included in the plan.</p>		
<p>Analyze the response to and maintain documentation of all drills, tabletop exercises and emergency events and revise the facility emergency plan as needed</p>	<p>485.625 (D) 2 iii</p>	<p>17.02.01 Emergency Exercises For all healthcare occupancy and ambulatory healthcare occupancy facilities that provide patient care, the Emergency Operations Plan (EOP) provides for separate emergency exercises to be performed twice per year. At least one of the exercises shall include the community. For business occupancy buildings that provide patient care, the Emergency Operations Plan (EOP) provides for separate emergency exercises to be performed once per year. Each exercise is to be planned by the oversight committee on emergency management and implemented to build competencies in staff. Each exercise must be based on one of the identified priorities in the Hazard Vulnerability Analysis (HVA).</p>	<p>PE 6 EMERGENCY MANAGEMENT Emergency management exercises shall be based upon the most probable emergencies or other circumstances that may impact the CAH and the community. A report, After Action Report, shall be created after each exercise documenting opportunities for improvement. The CAH's emergency management plan shall be revised based upon the identified opportunities for improvement.</p>	<p>EM.03.01.03 (EP 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16) - Evaluation The hospital evaluates the effectiveness of its Emergency Operations Plan</p>		<p>12.3.3.2</p>

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Emergency and Standby Power Systems	Emergency and Standby Power Systems					
Emergency generator location. The generator must be located in accordance with the location requirements found in the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5, and TIA 12-6), Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4), 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 <i>CAHs must have a Type I essential electrical system power source powered by a generator set equipped with a transfer switch, in accordance with NFPA 99, section 3-4 (1999 edition).</i>	PE. 6 SR. 2. EMERGENCY MANAGEMENT SR.2 <i>The CAH shall have processes in place for addressing alternative means to support essential building functions such as electricity, water, ventilation, fuel, medical gas and vacuum systems, and other identified utilities.</i>	EC 02.05.03 (All EP) - Utilities The hospital has a reliable emergency electrical power source EM 02.02.09 (All EPs) - Utilities As part of its Emergency Operations Plan, the hospital prepares for how it will manage utilities during an emergency.		
Emergency generator inspection and testing. The CAH 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. <i>There is an established, scheduled preventive maintenance program for plant equipment and systems, and shall be maintained and tested periodically in accordance with the manufacturers' recommendations. As an alternative approach, CAHs may choose to employ alternative maintenance activities and/or schedules provided they develop, implement, and maintain a documented Alternate Equipment Management (AEM) program, to minimize risks to patients and others in the CAH associated with the use of facility equipment.</i>	PE. 6 SR.2 EMERGENCY MANAGEMENT <i>The CAH shall have processes in place for addressing alternative means to support essential building functions such as electricity, water, ventilation, fuel, medical gas and vacuum systems, and other identified utilities.</i>	EC.02.05.07 (EP 7)- Utilities <i>EP 7 At least monthly, the hospital tests all automatic transfer switches on the inventory. The test results and completion dates are documented.</i> EM.02.02.09 (EP 8) - Utilities <i>EP 8 The hospital implements the components of its Emergency Operations Plan that require advance preparation to provide for utilities during an emergency.</i>		

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<p>Emergency generator fuel. CAHs that 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.</p>	<p>485.625 (E) 3</p>	<p>17.01.03 Emergency Utilities. <i>The Emergency Operations Plan provides for the continuation of emergency power, fuel, medical air, gas and vacuum, and potable water during an emergency event.</i></p>	<p>PE. 6 SR.2 EMERGENCY MANAGEMENT <i>The CAH shall have processes in place for addressing alternative means to support essential building functions such as electricity, water, ventilation, fuel, medical gas and vacuum systems, and other identified utilities.</i></p>	<p>EM.02.02.09 (EP 2, 5 ,8) - Utilities EP 2 As part of its Emergency Operations Plan, the hospital identifies alternative means of providing the following: Electricity. EP 5 As part of its Emergency Operations Plan, the hospital identifies alternative means of providing the following: Fuel required for building operations, generators, and essential transport services that the hospital would typically provide. EP 8 The hospital implements the components of its Emergency Operations Plan that require advance preparation to provide for utilities during an emergency.</p>		

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	American Osteopathic Association/Healthcare Facilities Accreditation Program www.hfap.org	DNV GL - Healthcare www.dnvglhealthcare.com	The Joint Commission Standards www.https://www.jointcommission.org	NFPA 1600	NFPA 99
Integrated Healthcare Systems	Integrated Healthcare Systems					
If the facility 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 facility may choose to participate in such a program. And must meet the following standards	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 EP 2 The hospital conducts a hazard vulnerability analysis (HVA) to identify potential emergencies that could affect demand for the hospital's services or its ability to provide those services, the likelihood of those events occurring, and the consequences of those events. The findings of this analysis are documented .		

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	NFPA 1600	NFPA 99
	494.62	2016	2012
Require both an emergency preparedness program and an emergency preparedness plan	494.62		12.2.2.3 12.2.3.2 12.4.1 12.5.1
Comply with all applicable Federal, State and local emergency preparedness requirements. These emergencies include, but are not limited to, fire, equipment or power failures, care-related emergencies, water supply interruption, and natural disasters likely to occur in the facility's geographic area. The dialysis facility must establish and maintain an emergency preparedness program that meets the requirements of this section	494.62		12.2.3.3 12.4.1.2 12.5.3.6.1
The dialysis facility must develop and maintain an emergency preparedness plan that must be evaluated and updated every 2 years .	494.62 (a)		12.2.3.3 12.4.1.2 12.5.3.6.1
The emergency plan must be based on and include a documented facility based and community based risk assessment utilizing an all hazards approach	494.62 (a) 1	4.4.2 5.1.3 5.1.4 5.2.1	12.5.2 12.5.3.1
The emergency plan includes strategies for addressing emergency events identified by the risk assessment.	494.62 (a) 2	5.1.5 6.6.2	12.5.3.2 12.5.3.3
The emergency plan must address the patient population including 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	494.62 (a) 3	5.2.2.2	12.2.2.3 12.5.3.1.3(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. The dialysis facility must contact the local emergency preparedness agency at least annually to confirm that the agency is aware of the dialysis facility's needs in the event of an emergency.	494.62 (a) 4		12.2.3.3 12.5.3.3.6.1(2)(6)
Policies and Procedures	Policies and Procedures		

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	NFPA 1600	NFPA 99
Develop and implement emergency preparedness policies and procedures based on the emergency plan set forth in 416.54 (a) and 416.54 (a) (1) and the communications plan section 416.54 (C). The policies and procedures must be reviewed and updated every 2 years .			12.5.3.3.5 12.5.3.3.6.1 12.5.3.6.1
The dialysis facility must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least annually. These emergencies include, but are not limited to, fire, equipment or power failures, care-related emergencies, water supply interruption, and natural disasters likely to occur in the facility's geographic area.	494.62 (b)		12.5.3.3.6.2 12.5.3.3.6.4(7)(8) 12.5.3.3.6.5 12.5.3.3.6.6
A system to track the location of on-duty staff and sheltered patients in the dialysis facility's care during and after an emergency. If on-duty staff and sheltered patients are relocated during the emergency, the dialysis facility must document the specific name and location of the receiving facility or other location.	494.62 (b) 1		12.5.3.3.6.4(9)
Have policies and procedures in place to ensure the safe evacuation from the facility, which would include which includes staff responsibilities, and needs of the patients.	494.62 (b) 2		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	494.62 (b) 3		12.5.3.3.3 12.5.3.3.6

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	NFPA 1600	NFPA 99
Have a system of medical documentation that preserve patient information, protects the confidentiality of patient information and secures and maintains availability of records.	494.62 (b) 4	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 or 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.	494.62 (b) 5	6.9.1.2	12.5.3.4.5
The development of arrangements with other dialysis facilities or other providers to receive patients in the event of limitations or cessation of operations to maintain the continuity of services to dialysis facility patients.	494.62 (b) 6	6.9.1.2	
Policies and procedures would have to address the role of the facility under a waiver declared by the Secretary, in accordance with section 1135 of the Act, for the provision of care and treatment at an alternate care site (ACS) identified by emergency management officials.	494.62 (b) 7		
How emergency medical system assistance can be obtained when needed.	494.62 (b) 8		
A process by which the staff can confirm that emergency equipment, including, but not limited to, oxygen, airways, suction, defibrillator or automated external defibrillator, artificial resuscitator, and emergency drugs, are on the premises at all times and immediately available.	494.62 (b) 9		

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	NFPA 1600	NFPA 99
Communication Plan	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 every 2 years.	494.62 (C)	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 dialysis facilities and volunteers.	494.62 (C) 1	6.4.1	
Require contact information for Federal, State, tribal, regional, or local emergency preparedness staff and other sources of assistance.	494.62 (C) 2	6.4.1	12.5.3.3.6.1(6)
Include primary and alternate means for communicating with facility staff and Federal, State, tribal, regional, and local emergency management agencies	494.62 (C) 3	6.4.1	12.5.3.3.6.1
Include a method for sharing information and medical documentation for patients under the facility's care, as necessary, with other health care providers to maintain continuity of care.	494.62 (C) 4		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 .	494.62 (C) 5	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 care, as permitted under 45 CFR 164.510(b)(4) .	494.62 (C) 6		12.5.3.3.6.1(4)

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	NFPA 1600	NFPA 99
A means of providing information about the dialysis facility's needs, and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee.	494.62 (C) 7		12.5.3.3.6.1(2)(6)
Training and Testing	Training and Testing		
Develop and maintain an emergency preparedness training and testing program based on the emergency plan, risk assessment, policies and procedures and communications plan. The training and testing program must be reviewed and updated every 2 years .	494.62 (D)		12.3.3.10
Provide initial training in emergency preparedness polies 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 every 2 years and maintain documentation of all emergency preparedness training along with demonstration of staff knowledge of emergency procedures.	494.62 (D) 1 i - ii		12.3.3.10
Annual staff training must demonstrate staff knowledge of emergency procedures including: (A) What to do; (B) Where to go, including instructions for occasions when the geographic area of the dialysis facility must be evacuated; (C) Whom to contact if an emergency occurs while the patient is not in the dialysis facility. This contact information must include an alternate emergency phone number for the facility for instances when the dialysis facility is unable to receive phone calls due to an emergency situation (unless the facility has the ability to forward calls to a working phone number under such emergency conditions); and (D) How to disconnect themselves from a dialysis machine if an emergency occurs	494.62 (D) 1 iii		
Training must indicate that at minimum, its patient care staff maintains current CPR certification	494.62 (D) 1 iv		
Properly training its nursing staff in the use of emergency equipment and emergency drugs	494.62 (D) 1 v		
Maintain documentation of the training	494.62 (D) 1 vi		
If the emergency preparedness policies and procedures are significantly updated, the dialysis facility must conduct training on the updated policies and procedures.	494.62 (D) 1 vii		

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	NFPA 1600	NFPA 99
Conduct exercises to test the emergency plan at least annually	494.62 (D) 2 1		12.3.10
Participate in a full scale exercise that is community based or when community based exercise is not accessible, individual, facility-based functional exercise every 2 years.	494.62 (D) 2 i		12.3.3.2
If the facility experiences and actual natural or man made emergency that requires activation of the emergency plan, the facility is exempt from engaging in its next required community based or individual, facility based functional exercise for one year following the onset of the actual event	494.62 (D) 2 i		12.3.3.2
Conduct a second exercise at least every 2 years opposite the year the full-scale or functional exercise (under the previous standard) is conducted that may include but is not limited to a second full-scale exercise that is individual, facility based functional; or a mock disaster drill; or 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	494.62 (D) 2 ii A-B		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	494.62 (D) 2 iii		12.3.3.2
Additional Requirements			
Patient orientation: Emergency preparedness patient training. The facility must provide appropriate orientation and training to patients, including the areas specified in paragraph 494.62 (d)(1)	494.62 (D) 3		
Integrated Healthcare System	Integrated Healthcare System		
If a dialysis facility 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 dialysis facility may choose to participate in the healthcare system's coordinated emergency preparedness program. And must meet the following standards:	494.62 (E)		

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	NFPA 1600	NFPA 99
Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program	494.62 (E) 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.	494.62 (E) 2		
Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance	494.62 (E) 3		
Include a unified and integrated emergency plan that meets all standards of paragraphs (a) (2), (3), and (4) of this section.	494.62 (E) 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	494.62 (E) 4 i-ii		
Include integrated policies and procedures that meet the requirements set forth in paragraph (b) of this section, a coordinated communication plan and training and testing programs that meet the requirements of paragraphs (C) and (d) of this section respectively	494.62 (E) 5		

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	Accreditation Commission for Health Care http://www.achc.org/	Community Health Accreditation Program (CHAP) http://www.chapinc.org/	The Joint Commission Standards www.jointcommission.org	NFPA 1600	NFPA 99
	484.22	April 4, 2016	June 30, 2014	2016	2016	2012
Require both an emergency preparedness program and an emergency preparedness plan	484.22	Standard HH4-5A.01 <i>Written policies and procedures are established and implemented that describe the orientation process. Documentation reflects that all personnel have received an orientation. Interpretation: Written policies and procedures are established and implemented, which include, but are not limited to:....emergency plan</i>		EM.02.01.01 The HHA has an Emergency Operations Plan Note: Although TJC does not specifically state the need for an emergency management program/emergency preparedness plan, this is evident through the emergency management (EM) chapter that address the phases of em including mitigation, preparedness, response and recovery. These constitute the elements required for a comprehensive EM program.		12.2.2.3 12.2.3.2 12.4.1 12.5.1
The HHA must develop and maintain an emergency preparedness plan that must be reviewed, and updated every 2 years.	484.22 (a)			EM.02.01.01 General Requirements <i>Has an Emergency Operations Plan</i>		12.2.3.3 12.4.1.2 12.5.3.6.1
The emergency plan must be based on and include a documented facility based and community based risk assessment utilizing an all hazards approach	484.22 (a) 1			EM.01.01.01 (EP 2, 3) - Foundation for the Emergency Operations Plan <i>EP 2 Conducts a hazard vulnerability analysis (HVA) to identify potential emergencies that could affect demand for services or ability to provide those services, the likelihood of those events occurring and the consequence of those events. The findings of this analysis are documented. EP 3 Together with community partners, prioritizes the potential emergencies identified in the HVA and documents these priorities. The facility determines which facility partners are critical to helping define the HVA...</i>	4.4.2 5.1.3 5.1.4 5.2.1	12.5.2 12.5.3.1
The emergency plan includes strategies for addressing emergency events identified by the risk assessment	484.22 (a) 2			EM.01.01.01 - Foundation for the Emergency Operations Plan	5.1.5 6.6.2	12.5.3.2 12.5.3.3
The emergency plan must address the patient population including 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	484.22 (a) 3				5.2.2.2	12.2.2.3 12.5.3.1.3(1) 12.5.3.2.3(11) 12.5.3.3.6.4

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	Accreditation Commission for Health Care http://www.achc.org/	Community Health Accreditation Program (CHAP) http://www.chapinc.org/	The Joint Commission Standards www.jointcommission.org	NFPA 1600	NFPA 99
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.	484.22 (a) 4					12.2.3.3 12.5.3.3.6.1(2)(6)

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	Accreditation Commission for Health Care http://www.achc.org/	Community Health Accreditation Program (CHAP) http://www.chapinc.org/	The Joint Commission Standards www.jointcommission.org	NFPA 1600	NFPA 99
Policies and Procedures	Policies and Procedures					
Develop and implement emergency preparedness policies and procedures based on the emergency plan set forth in (a) , (a) (1) and the communications plan section (C). The policies and procedures must be reviewed and updated at least every 2 years .	484.22 (b)	Standard HH4-5A.01, HH1-2a	Standard: CI.5a Standard: CI.5c10 Standard: HH1.5b9 Standard: HHI.2e5	EM.02.01.01 (EP 2)- General Requirements <i>EP 2 develops and maintains a written Emergency Operations Plan that describes the response procedures to follow when emergencies occur.</i> LD.01.03.01- Governance Accountabilitites		12.5.3.3.5 12.5.3.3.6.1 12.5.3.6.1
The plans for the HHA's patients during a natural or man-made disaster. Individual plans for each patient must be included as part of the comprehensive patient assessment, which must be conducted according to the provisions at § 484.55.	484.22 (b) 1	Standard HH5-12A.01 Standard HH7-3C.01	Standard: CII.3a	PC.02.02.01(EP 10) Coordinating Care		
The procedures to inform State and local emergency preparedness officials about HHA patients in need of evacuation from their residences at any time due to an emergency situation based on the patient's medical and psychiatric condition and home environment.	484.22 (b) 2					
The procedures to follow up with on-duty staff and patients to determine services that are needed, in the event that there is an interruption in services during or due to an emergency. The HHA must inform State and local officials of any on-duty staff or patients that they are unable to contact.	484.22 (b) 3			EM.02.02.01 -General Requirements EM.02.02.07- Staff		
Have a system of medical documentation that preserve patient information, protects the confidentiality of patient information and secures and maintains availability of records.	484.22 (b) 4	Standard HH2-5A <i>Written policies and procedures are established and implemented by the HHA in regard to the securing and releasing of confidential and Protected Health Information (PHI) and Electronic Protected Health Information (EPHI).</i>	Standard: CI.5h6 Standard: CII.5a	IM.01.01.03 - Planning for Information Management IM.02.01.01 -Protecting the Privacy of Health Information IM.02.01.03 - Protecting the Privacy of Health Infomation	4.7.2	12.5.3.3.6.1(4)
Have policies and procedures in place to address the use of employees 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.	484.22 (b) 5	Standard HH7-3A.01	Standard: CII.3b. Note-does not includeintegration of state/federal professionals. Addresses staffing	EM.02.02.07 (EP 9) - Staff		

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Communication Plan	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 every 2 years .	484.22 (C)	Standard HH5-12A.01 <i>Written policies and procedures are established in regard to the process for patient/caregiver education.</i> <i>Interpretation: Written policies and procedures describe patient/caregiver education.</i> <i>The policies and procedures include, but are not limited to:</i> <i>.....Emergency preparedness information</i>		EM.02.02.01 (All EPs)- General Requirements As part of its Emergency Operations Plan, the hospital prepares for how it will communicate during emergencies.	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 and volunteers	484.22 (C) 1 i-iv			EM.02.02.01 (EP 1) - Communication <i>EP 1 How staff will be notified that emergency response procedures have been initiated.</i>	6.4.1	

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	Accreditation Commission for Health Care http://www.achc.org/	Community Health Accreditation Program (CHAP) http://www.chapinc.org/	The Joint Commission Standards www.jointcommission.org	NFPA 1600	NFPA 99
Require contact information for Federal, State, tribal, regional, or local emergency preparedness staff and other sources of assistance.	484.22 (C) 2 i-ii			EM.02.02.01 - Communication	6.4.1	12.5.3.3.6.1(6)
Include primary and alternate means for communicating with HHAs staff and Federal, State, tribal, regional, and local emergency management agencies	484.22 (C) 3			EM.02.02.01 (EP 14) - General Requirements EP 14 The hospital establishes backup systems and technologies for the communication activities identified in EM.02.02.01, EPs 1-13. IM.01.01.03 (EP1) -Planning for Management of Information	6.4.1	12.5.3.3.6.1
Include a method for sharing information and medical documentation for patients under the HHAs care, as necessary, with other health care providers to maintain continuity of care.	484.22 (C) 4			EM.02.02.11 (EP 1) - Patients IM.02.02.03 (EP 3) -Protecting the Privacy of Health Information LD.03.04.01- Communication		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 care, as permitted under 45 CFR 164.510(b)(4)	484.22 (C) 5			EM.02.02.01 -General Requirements EM.02.02.11 (EP 1) - Patients IM.01.01.03 - Planning for Management of Information IM.02.01.01- Protecting the Privacy of Health Information IM.02.01.03- Protecting the Privacy of Health Information IM.02.02.03- Capturing, Storing and Retrieving Data	6.4.1	12.5.3.3.6.1(4)
A means of providing information about the HHA's needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee.	484.22 (C) 6					12.5.3.3.6.1(2)(6)

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	Accreditation Commission for Health Care http://www.achc.org/	Community Health Accreditation Program (CHAP) http://www.chapinc.org/	The Joint Commission Standards www.jointcommission.org	NFPA 1600	NFPA 99
Testing and Training	Testing and Training					
The HHA must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated every 2 years .	484.22 (D)	Standard HH4-8A.01		EM.03.01.03 - Evaluation	7.1	12.3.3.10

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Provide initial training in emergency preparedness polices and procedures to all new and existing employees and individuals providing services under arrangement consistent with their expected roles. Provide this training every 2 years and maintain documentation of all emergency preparedness training along with demonstration of staff knowledge of emergency procedures. If the emergency preparedness policies and procedures are significantly updated, the HHA must conduct training on the update policies and procedures.	484.22 (D) 1 i-iv	Standard HH4-5A.01 <i>Written policies and procedures are established and implemented that describe the orientation process.</i> <i>Documentation reflects that all personnel have received an orientation.</i> <i>Interpretation: Written policies and procedures are established and implemented, which include, but are not limited to:....emergency plan-- The HHA creates and completes checklist or other method to verify that the topics have been reviewed with all personnel.</i> Standard HH7-3A.01	Standard HHIII.1c4j	EM.02.02.07- Staff HR.01.05.01- Training and Education HR.01.05.03(EP 2)- Training and Education	7.1	12.3.3.10
Conduct exercises to test the emergency plan at least annually	484.22 (D) 2	Standard HH7-3A.01		EP.03.01.03- Evaluation	8.1.1 8.5.1	12.3.3.10
Participate in a full scale exercise that is community based every 2 years or when community based exercise is not accessible, individual, facility-based functional exercise every 2 years.	484.22 (D) 2 i			EM.03.01.03 (EP 5) - Evaluation		12.3.3.10
If the facility experiences and actual natural or man made emergency that requires activation of the emergency plan, the facility is exempt from engaging in its next required community based or individual, facility based functional exercise for one year following the onset of the actual event	484.22 (D) 2 i			EM.03.01.03 (EP 1)- Evaluation		12.3.3.10
Conduct an additional exercise at least every 2 years opposite the year the full-scake or functional exercise (as described earlier) is conducted that may include but is not limited to a second full-scale exercise that is individual, facility based functional; or a mock disaster drill ; ; a tabletop exercise or workshop 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	484.22 (D) 2 ii (A-B)					12.3.3.10
Analyze the facility response to and maintain documentation of all drills, tabletop exercises and emergency events and revise the facility emergency plan as needed	484.22 (D) 2 iii			EM.03.01.03 (EP 13, 14, 16)- Evaluation		

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Integrated Healthcare Systems	Integrated Healthcare Systems					
If the facility 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 facility may choose to participate in such a program. And must meet the following standards	484.22 (E)					
Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program	484.22 (E) 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.	484.22 (E) 2					
Demonstrate that each separately certified facility within the system is capable of actively using the unified and integrated emergency preparedness program and is in compliance with the program	484.22 (E) 3					
Include a unified and integrated emergency plan that meets all standards of paragraphs (a) (2), (3), and (4) of this section.	484.22 (E) 4					
Include integrated polices and procedures that meet the requirements set forth in paragraph (b) of this section, a coordinated communication plan and training and testing programs that meet the requirements of paragraphs (c) and (d) of this section, respectively	484.22 (E) 5					

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	Accreditation Commission for Health Care, Inc (ACHC) www.achc.org	Community Health Accreditation Program (CHAP) http://www.chapinc.org/	The Joint Commission Resources Standards www.jointcommission.org	NFPA 1600	NFPA 99
	418.113	December 1, 2016	June 30, 2014	2017	2016	2012
Require both an emergency preparedness program and an emergency preparedness plan	418.113	Standard HSP7-4A: For hospice inpatient facilities Standard HSP7-4A.01: Standard HSP5-5A (Community)		EM.02.01.01 The HHA has an Emergency Operations Plan Note: Although TJC does not specifically state the need for an emergency management program/emergency preparedness plan, this is evident through the emergency management (EM) chapter that address the phases of em including mitigation, preparedness, response and recovery. These constitute the elements required for a comprehensive EM program.		12.2.2.3 12.2.3.2 12.4.1 12.5.1
Comply with all applicable Federal, State and local emergency preparedness requirements. The emergency plan must be reviewed and updated every 2 years.	418.113 (a)					12.2.3.3 12.4.1.2 12.5.3.6.1
The emergency plan must be based on and include a documented facility based and community based risk assessment utilizing an all hazards approach	418.113 (a) (1)	Standard HSP7-4A.01		EM.01.01.01 (EP2, 3) EM.02.01.01	4.4.2 5.1.3 5.1.4 5.2.1	12.5.2 12.5.3.1
The emergency plan includes strategies for addressing emergency events identified by the risk assessment including the management of the consequences of power failures, natural disasters, and other emergencies that would affect the ability to provide care	418.113 (2)	Standard HSP7-4A.01: Standard HSP2-16D.01		EM.01.01.01 (EP5) EM.02.01.01 (EP 2) EM.02.02.09 (EP 1) EC.02.05.07	5.1.5 6.6.2	12.5.3.2 12.5.3.3
The emergency plan must address the patient population including 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	418.113 (3)	Standard HSP7-4A.01 <i>Written policies and procedures are established and implemented that outline the process for meeting patient needs in a disaster or crisis situation.</i>		EM.02.01.01 (EP 2)	5.2.2.2	12.2.2.3 12.5.3.1.3(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.	418.113 (4)			EM.01.01.01(EP 4) EM.02.02.01(EP14)		12.2.3.3 12.5.3.3.6.1(2)(6)
Policies and Procedures	Policies and Procedures					
Develop and implement emergency preparedness policies and procedures based on the emergency plan set forth in (a) , risk assessment at paragraph (a) (1), and the communications plan section (C). The policies and procedures must be reviewed and updated every 2 years.	418.113 (b)			EM.02.01.01 (EP 2) LD.01.03.01		12.5.3.3.5 12.5.3.3.6.1 12.5.3.6.1

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Procedures to follow up with on-duty staff and patients to determine services that are needed, in the event that there is an interruption in services during or due to an emergency. Inform State and local officials of any on-duty staff or patients that they are on unable to contact.	418.113 (b) (1)	Standard HSP7-4A.01 <i>Written policies and procedures are established and implemented that outline the process for meeting including A system to identify alternative methods for contacting personnel Mobilizing resources to meet critical needs Alternative methods, resources, and travel options for the provision of care/service patient needs in a disaster or crisis situation.</i>	Standard: CII.3a Standard: CII.3b HII.8r1a(inpatient)	Standard: EM.02.02.01, EM.02.02.07		12.5.3.3.6.4(9)
Procedures to inform State and local officials about hospice patients in need of evacuation from their residences at any time due to an emergency situation based on the patient's medical and psychiatric condition and home environment	418.113 (b) (2)			EM.02.02.11 (EP3) LD.03.04.01		
Inpatient only: 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 facility must document the specific name and location of the receiving facility or other location.	418.113 (b) (6) (v)		Standard: HII.8r1	EM.02.02.11 (EP 3)		12.5.3.3.6.4(9)
Inpatient only: The provision of subsistence needs for hospice employees and patients, whether they evacuate or shelter in place including:(A) food, water, medical and pharmaceutical supplies. (B) Alternate sources of energy to maintain: (1) temperatures to protect patient health and safety and for the safe and sanitary storage of provisions (2) emergency lighting (3) fire detection extinguishing and alarm systems (C) sewage and waste disposal	418.113 (b) (6) iii	Standard HSP7-3A.01 <i>Written policies and procedures are established and implemented that address the hospice's fire safety and emergency power systems. Standard HSP7-3C: For a hospice inpatient facility, written policies and procedures are established and implemented that address the hospice's emergency power systems. (418.110(c)(2)) (L727)</i>	Standard: H11.8e Standard: HII.8h3d Standard: HII.8h3e Standard: HII.8h6	EM.02.02.09 (EM 1, 9) EM.02.02.03 (EP 15, 19) LS.01.01.01 LS.02.01.10 EC.02.03.05 EC.02.05.03 EC.02.05.03	EC.02.05.01	12.5.3.3.6.2 12.5.3.3.6.4(7)(8) 12.5.3.3.6.5 12.5.3.3.6.6
Inpatient only: safe evacuation from the facility, which would include standards addressing 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.	418.113 (b) (6) ii		Standard: HII.8r1b Standard: HII.8r1c	EM.02.02.11 (EP 3)		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
Inpatient only: Have a means to shelter in place for patients, staff and volunteers who remain in the facility	418.113 (b) (6) i					12.5.3.3.3 12.5.3.3.6
Have a system of medical documentation that preserves patient information, protects the confidentiality of patient information and secures and maintains availability of records.	418.113 (b) (3)	Standard: HSP2-5A	Standard: CI.5h6 Standard: CII.5a	IM.01.01.03 IM.02.01.01 IM.02.01.03 IM.02.02.03	4.7.2	12.5.3.3.6.1(4)

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	Accreditation Commission for Health Care, Inc (ACHC) www.achc.org	Community Health Accreditation Program (CHAP) http://www.chapinc.org/	The Joint Commission Resources Standards www.jointcommission.org	NFPA 1600	NFPA 99
Have policies and procedures in place to address the use of employees 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.	418.113 (b) (4)		Standard: CII.3b Standard: HII.8r1g Note-does not include integration of state/federal professionals.Addresses staffing	EM.02.02.07 (EP 9)	6.9.1.2	12.5.3.4.5
The development of arrangements with other hospices and other providers to receive patients in the event of limitations or cessation of operations to maintain the continuity of services to hospice patients.	418.113 (b) (5)		Standard: HII.8r1f	LD.04.03.09	6.9.1.2	
Inpatient only: Policies and procedures would have to address the role of the facility under a waiver declared by the Secretary, in accordance with section 1135 of the Act, for the provision of care and treatment at an alternate care site (ACS) identified by emergency management officials.	418.113 (b) (6) iv					
Communication Plan	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 every 2 years.	418.113 (c)	Standard HSP7-4A.01 <i>Written policies and procedures are established and implemented that outline the process for meeting patient needs in a disaster or crisis situation. A system to identify alternative methods for contacting personnel</i>	H11.8r1a	EM.02.02.01	6.4	12.5.3.3.6.1
As part of its communication plan include in its plan, names and contact information for employees; entities providing services under arrangement; patients' physicians and other hospices.	418.113 (c) (1) i-iv	Standard HSP7-4A.01 <i>Written policies and procedures are established and implemented that outline the process for meeting patient needs in a disaster or crisis situation. A system to identify alternative methods for contacting personnel</i>		EM.02.02.01 (EP1)	6.4.1	
Require contact information for Federal, State, tribal, regional, or local emergency preparedness staff and other sources of assistance.	418.113 (c) (1) i-iv			EM.02.02.01	6.4.1	12.5.3.3.6.1(6)
Include primary and alternate means for communicating with employees and Federal, State, tribal, regional, and local emergency management agencies	418.113 (c) (3) i-ii			EM.02.02.01 (EP 14) IM.01.01.03	6.4.1	12.5.3.3.6.1
Include a method for sharing information and medical documentation for patients under the facility's care, as necessary, with other health care providers to maintain continuity of care.	418.113 (c) (4)			EM.02.02.11 (EP 1) LD.03.04.01 IM.02.02.03 (EP 3)		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 of the HIPAA Privacy Regulations.	418.113 (c) (5)	Standard: HSP2-5A	Standard: CI.5h6 Standard: CII.5a HII.8r1e	Standard: IM.01.01.03 IM.02.01.01 IM.02.01.03 IM.02.02.03	6.4.1	

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Have 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)	418.113 (c) (6)		Standard: HII.8r1e	EM.02.02.01 (EP 5) EM.02.02.11 (EP 1) LD.03.04.01	6.4.1	12.5.3.3.6.1(4)
Have a means of providing information about the facility's occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee.	418.113 (c) (7)					12.5.3.3.6.1(2)(6)
Testing and Training						
Develop and maintain an emergency preparedness training and testing program based on the emergency plan, risk assessment, policies and procedures and communications plan. The training and testing program must be reviewed and updated every 2 years.	418.113 (d)	Standard HSP7-4A.01: Written policies and procedures are established and implemented that outline the process for meeting patient needs in a disaster or crisis situation. Standard: HSP7-3E (inpatient)	Standard: HII.8r2 (inpatient) Standard: HII.11c	EM.03.01.03	7.1	12.3.3.10
Provide initial training in emergency preparedness polices and procedures to all new and existing employees and individuals providing services under arrangement consistent with their expected roles. Provide this training every 2 years and maintain documentation of all emergency preparedness training along with demonstration of staff knowledge of emergency procedures and periodically review and rehearse the emergency preparedness plan with hospice employees (including nonemployee staff) with special emphasis placed on carrying out the procedures necessary to protect patients and others.	418.113 (d) (1) i-v	Standard HSP4-4A <i>Written policies and procedures are established and implemented that describe the orientation process. The hospice educates all personnel about the process to meet patient needs in a disaster or crisis situation. Documentation reflects that all personnel have received an orientation. (418.100(g)(1)) (L661) (418.100(g)(2)) (L662)</i> <i>Interpretation: Written policies and procedures are established and implemented, which include, but are not limited to:....</i> Emergency Plan Standard HSP4-6A.01 <i>A written education plan is developed and implemented which defines the content, frequency of evaluations and amount of on-going in-service training for each classification of personnel. The hospice has an on-going education plan that annually addresses, but is not limited to: Emergency/disaster training</i> Standard: HSP4-6B	Standard: HIII.1d2i HIII.1n9	Standard: EM.02.02.07 HR.01.05.03 (2) HR.01.05.01,	7.1	12.3.3.10

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	Accreditation Commission for Health Care, Inc (ACHC) www.achc.org	Community Health Accreditation Program (CHAP) http://www.chapinc.org/	The Joint Commission Resources Standards www.jointcommission.org	NFPA 1600	NFPA 99
Testing for hospices that provide care in the patient's home. The hospice must conduct exercises to test the emergency plan at least annually.	418.113 (d) (2)	<p>Standard HSP7-4A: For hospice inpatient facilities, written policies and procedures are established and implemented in regard to a disaster preparedness plan to ensure a safe physical environment and to address real or potential threats to the health and safety of the patients and/or property. (418.110(c)(1)(i)) (L725)(418.110(c)(1)(ii)) (L726) Interpretation: The hospice must have a written disaster preparedness plan in effect for managing the consequences of power failures, natural disasters, and other emergencies that would affect the hospice's ability to provide care. The plan is appropriate to the facility and its geographic region. Personnel are trained in the disaster plan during orientation and at least annually. Disaster drills are conducted in accordance with Life Safety Code (LSC) and other applicable regulations. The disaster plan includes, but is not limited to:</p> <ul style="list-style-type: none"> Assignment of personnel and specific responsibilities Procedures for prompt identification and transfer of patients and records to another facility Steps for specific types of external disasters relevant to the geographical location Coordination and utilization with other community agencies and resources A method for regular evaluation and revision of the plan <p>Standard HSP7-4A.01 Written policies and procedures are established and implemented that outline the process for meeting patient needs in a disaster or crisis situation. The hospice has, at a minimum, an annual practice drill to evaluate the adequacy of its plan.</p>	Standard: HII.8r2 (inpatient)	EP.03.01.03	8.1.1 8.5.1	12.3.3.10
Participate in a full-scale exercise that is community based every 2 years; or When a community based exercise is not accessible, conduct an individual facility based functional exercise every 2 years	418.113 (d) (2) i			EM.03.01.03 (EP 1, 5)		12.3.3.10
If the hospice experiences a natural or man-made emergency that requires activation of the emergency plan, the hospital is exempt from engaging in its next required full scale community-based exercise or individual facility-based functional exercise following the onset of the emergency event..	418.113 (d) (2) i			EM.03.01.03 (EP 1)		12.3.3.10

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<p>Conduct an additional exercise every 2 years, opposite the year the full-scale or functional exercise is conducted, that may include, but is not limited to the following: A second full-scale exercise that is community-based or a facility based functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.</p>	<p>418.113 (d) (2) ii</p>					<p>12.3.3.10</p>
<p>Testing for hospices that provide care in the patient's home. The hospice must conduct exercises to test the emergency plan at least annually.</p>	<p>418.113 (d) (2)</p>	<p>Standard HSP7-4A: For hospice inpatient facilities, written policies and procedures are established and implemented in regard to a disaster preparedness plan to ensure a safe physical environment and to address real or potential threats to the health and safety of the patients and/or property. (418.110(c)(1)(i)) (L725)(418.110(c)(1)(ii)) (L726) Interpretation: The hospice must have a written disaster preparedness plan in effect for managing the consequences of power failures, natural disasters, and other emergencies that would affect the hospice's ability to provide care. The plan is appropriate to the facility and its geographic region. Personnel are trained in the disaster plan during orientation and at least annually. Disaster drills are conducted in accordance with Life Safety Code (LSC) and other applicable regulations. The disaster plan includes, but is not limited to: Assignment of personnel and specific responsibilities Procedures for prompt identification and transfer of patients and records to another facility Steps for specific types of external disasters relevant to the geographical location Coordination and utilization with other community agencies and resources A method for regular evaluation and revision of the plan Standard HSP7-4A.01 Written policies and procedures are established and implemented that outline the process for meeting patient needs in a disaster or crisis situation. The hospice has, at a minimum, an annual practice drill to evaluate the adequacy of its plan.</p>	<p>Standard: HII.8r2 (inpatient)</p>	<p>EP.03.01.03</p>	<p>8.1.1 8.5.1</p>	<p>#REF!</p>
<p>Participate in a full-scale exercise that is community based every 2 years; or When a community based exercise is not accessible, conduct an individual facility based functional exercise every 2 years</p>	<p>418.113 (d) (2) i</p>			<p>EM.03.01.03 (EP 1, 5)</p>		<p>#REF!</p>

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If the hospice experiences a natural or man-made emergency that requires activation of the emergency plan, the hospital is exempt from engaging in its next required full scale community-based exercise or individual facility-based functional exercise following the onset of the emergency event..	418.113 (d) (2) i			EM.03.01.03 (EP 1)		12.3.3.2
Conduct an additional exercise every 2 years, opposite the year the full-scale or functional exercise is conducted, that may include, but is not limited to the following: A second full-scale exercise that is community-based or a facility based functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.	418.113 (d) (2) ii					12.3.3.2
Testing for hospices that provide inpatient care directly. The hospice must conduct exercises to test the emergency plan twice per year.	418.113 (d) (2)	<p>Standard HSP7-4A: For hospice inpatient facilities, written policies and procedures are established and implemented in regard to a disaster preparedness plan to ensure a safe physical environment and to address real or potential threats to the health and safety of the patients and/or property. (418.110(c)(1)(i)) (L725)(418.110(c)(1)(ii)) (L726) Interpretation: The hospice must have a written disaster preparedness plan in effect for managing the consequences of power failures, natural disasters, and other emergencies that would affect the hospice's ability to provide care. The plan is appropriate to the facility and its geographic region. Personnel are trained in the disaster plan during orientation and at least annually. Disaster drills are conducted in accordance with Life Safety Code (LSC) and other applicable regulations. The disaster plan includes, but is not limited to:</p> <ul style="list-style-type: none"> Assignment of personnel and specific responsibilities Procedures for prompt identification and transfer of patients and records to another facility Steps for specific types of external disasters relevant to the geographical location Coordination and utilization with other community agencies and resources A method for regular evaluation and revision of the plan <p>Standard HSP7-4A.01 Written policies and procedures are established and implemented that outline the process for meeting patient needs in a disaster or crisis situation. The hospice has, at a minimum, an annual practice drill to evaluate the adequacy of its plan.</p>	Standard: HII.8r2 (inpatient)	EP.03.01.03	8.1.1 8.5.1	#REF!

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Participate in an annual full-scale exercise that is community-based; or (A) When a community-based exercise is not accessible, conduct an annual individual facility-based functional exercise	418.113 (d) (2) i			EM.03.01.03 (EP 1, 5)		#REF!
If the hospice experiences a natural or man-made emergency that requires activation of the emergency plan, the hospice is exempt from engaging in its next required full-scale community based or facility-based functional exercise following the onset of the emergency event.	418.113 (d) (2) i			EM.03.01.03 (EP 1)		#REF!
Conduct an additional annual exercise that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or a facility based functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop led by a facilitator that includes a group discussion using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.	418.113 (d) (2) ii					#REF!
Analyze the hospice's response to and maintain documentation of all drills, tabletop exercises, and emergency events and revise the hospice's emergency plan, as needed.	418.113 (d) (2) iii					
Integrated Healthcare Systems						
If the facility 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 facility may choose to participate in such a program. And must meet the following standards	418.113 (e)					
Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program	418.113 (e) (1)					

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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.	418.113 (e) (2)					
Demonstrate that each separately certified facility within the system is capable of actively using the unified and integrated emergency preparedness program and is in compliance with the program	418.113 (e) (3)					
Include a unified and integrated emergency plan that meets all standards of paragraphs (a) (2), (3), and (4) of this section.	418.113 (e) (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	418.113 (e) (4) i-ii					
Include integrated policies and procedures that meet the requirements set forth in paragraph (b) of this section, a coordinated communication plan and training and testing programs that meet the requirements of paragraphs (c) and (d) of this section, respectively	418.113 (e) (5)					

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	DNV- GL Healthcare www.dnvglhealthcare.com	The Joint Commission Standards www.https://www.jointcommission.org	NFPA 1600 (2016)	NFPA 99
	482.15	2014 V. 11	2016	2016	2012 Edition
Require both an emergency preparedness program and an emergency preparedness plan	482.15	PE.6 SR. 1 EMERGENCY MANAGEMENT SYSTEM <i>The organization must provide a comprehensive Emergency Management System to respond to emergencies in the organization or within the community and region that may impact the organization's ability to provide services.</i>	EM.02.01.01 The hospital has an Emergency Operations Plan Note: Although TJC does not specifically state the need for an emergency management program/emergency preparedness plan, this is evident through the emergency management (EM) chapter that address the phases of em including mitigation, preparedness, response and recovery. These constitute the elements required for a comprehensive EM program.		12.2.2.3 12.2.3.2 12.4.1 12.5.1
Comply with all applicable Federal, State and local emergency preparedness requirements. The emergency plan must be reviewed and updated every 2 years.	482.15		EM.02.01.01 General Requirements <i>The facility has an Emergency Operations Plan</i> EM.03.01.01 (EP 2) Evaluation <i>The facility evaluates the effectiveness of its emergency management planning activities.</i> EP 2 <i>The facility evaluates the effectiveness of its emergency management planning activities</i>		12.2.3.3 12.4.1.2 12.5.3.6.1
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	PE. 6 SR. 3 EMERGENCY MANAGEMENT <i>In order to prepare for such an emergency, the hospital must conduct a hazard vulnerability analysis to identify potential emergencies or other circumstances that may impact the hospital and the community. The hospital must maintain documentation that this analysis has been conducted and that the hospital has prioritized activities to address and prepare for these vulnerabilities.</i>	EM.01.01.01 (EP 2, 3, 5) - Foundation for the Emergency Operations Plan EP 2 <i>Conducts a hazard vulnerability analysis (HVA) to identify potential emergencies that could affect demand for services or ability to provide those services, the likelihood of those events occurring and the consequence of those events. The findings of this analysis are documented.</i> EP 3 <i>Together with community partners, prioritizes the potential emergencies identified in the HVA and documents these priorities. The facility determines which facility partners are critical to helping define the HVA...</i> EP 5 <i>Uses HVA as a basis for defining mitigation activities</i> EM.03.01.01 (EP 1) EP 1 <i>conducts annual review of risks, hazards, and potential emergencies as defined in HVA. The findings of this review are documented.</i>	4.4.2 5.1.3 5.1.4 5.2.1	12.5.2 12.5.3.1

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The emergency plan includes strategies for addressing emergency events identified by the risk assessment.	482.15 (a) 2	PE. 6 SR. 3 EMERGENCY MANAGEMENT <i>In order to prepare for such an emergency, the hospital must conduct a hazard vulnerability analysis to identify potential emergencies or other circumstances that may impact the hospital and the community. The hospital must maintain documentation that this analysis has been conducted and that the hospital has prioritized activities to address and prepare for these vulnerabilities.</i>	EM.01.01.01 (EP 5,6) - Foundation for the Emergency Operations Plan <i>EP 5 Uses HVA as a basis for defining mitigation activities</i> <i>EP 6 Uses its HVA as a basis for defining the preparedness activities that will organize and mobilize essential resources</i>	5.1.5 6.6.2	12.5.3.2 12.5.3.3
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		EM.02.01.01 (EP 3, 7, 8) General Requirements <i>The EOP describes:</i> <i>EP 3: identifies the facility capabilities and establishes response procedures for when the facility cannot be supported by the local community in the facility efforts to provide communications, resources and assets, security and safety, staff, utilities, or patient care for at least 96 hours.</i> <i>EP 7 identifies alternative sites for care, treatment, and services that meet the needs of patients during emergencies.</i> <i>EP 8 If the facility experiences an actual emergency, the facility implements its response procedures related to care, treatment, and services for its patients.</i> LD.01.04.01 (EP 11) Chief Executive Responsibilities <i>EP 11 When the Chief Executive is absent, a qualified individual is designated to perform the duties of this position</i>	5.2.2.2	12.2.2.3 12.5.3.1.3(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.	482.15 (a) 4		EM.01.01.01 (EP3, 4, 7)- Foundation for the EOP <i>EP 7 The incident command structure is integrated into and consistent with its community's command structure.</i> EM.02.02.01 (EP 4)- Communications <i>EP 4 How the facility will communicate with external authorities during an emergency.</i>		12.2.3.3 12.5.3.3.6.1(2)(6)
Policies and Procedures	Policies and Procedures				
Develop and implement emergency preparedness policies and procedures based on the emergency plan set forth in (a) and (a) (1) and the communications plan section (C). The policies and procedures must be reviewed and updated every 2 years .	482.15 (b) (1) (i-ii) A-D		EM.02.01.01 (EP 2)- General Requirements <i>EP 2 develops and maintains a written Emergency Operations Plan that describes the response procedures to follow when emergencies occur.</i>		12.5.3.3.5 12.5.3.3.6.1 12.5.3.6.1

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<p>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</p>	<p>482.15 (b) (1) (i-ii) A-C</p>	<p>PE.6 SR. 2 EMERGENCY MANAGEMENT SR.2 The hospital shall have processes in place for addressing alternative means to support essential building functions such as electricity, water, ventilation, fuel, medical gas and vacuum systems, and other identified utilities.</p>	<p>EM.02.02.07 (EP 5)- Staff EP 5 The Emergency Operations Plan describes how the facility will manage staff support needs (for example, housing, transportation, incident stress debriefing). EM.02.02.09 (EP 2, 3, 4, 5, 7)- Utilities EP 2 As part of the EOP identifies alternative means of providing electricity EP 3 As part of the EOP identifies alternative means of providing water needed for consumption and essential care activities EP 4 As part of the EOP, identifies alternative means of providing: Water needed for equipment and sanitary purposes. EP 5 As part of the EOP, identifies alternative means of providing: Fuel required for building operations, generators, and essential transport services that the hospital would typically provide EP 7 As part of its EOP, identifies alternative means of providing utility systems that are defined as essential (ex. vertical and horizontal transport, heating and cooling systems and steam for sterilization) EC 02.05.03 (EP 1, 3)- Utilities EP 1 For facilities that were constructed, or had a change in occupancy type, or have undergone an electrical system upgrade since 1983, the facility has a Type 1 or Type 3 essential electrical system in accordance with NFPA 99, 2012 edition. This essential electrical system must be divided into three branches, including the life safety branch, critical branch, and equipment branch. Both the life safety branch and the critical branch are kept independent of all other wiring and equipment, and they transfer within 10 seconds of electrical interruption. Each branch has at least one automatic transfer switch. EP 3 provides emergency power within 10 seconds for the following: Exit route and exit sign illumination, as required by the Life Safety Code EC.02.06.01 Other Physical Environment Requirements</p>		<p>12.5.3.3.6.2 12.5.3.3.6.4(7)(8) 12.5.3.3.6.5 12.5.3.3.6.6</p>
<p>The policies and procedures must address... (D) sewage and waste disposal</p>	<p>482.15 (b) (1) (ii) (D)</p>		<p>EC.02.02.01 (All EP) - Hazardous Materials and Waste IC.02.02.01 (EP3) Medical Equipment, Devices and Supplies</p>		<p>12.5.3.3.6.2 12.5.3.3.6.4(7)(8) 12.5.3.3.6.5 12.5.3.3.6.6</p>
<p>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.</p>	<p>482.15 (b) 2</p>		<p>EM 02.02.03 (EP 9) - Resources and Assets EP 9 The hospital's arrangements for transporting some or all patients, their medications, supplies, equipment, and staff to an alternative care site(s) when the environment cannot support care, treatment, and service EM.02.02.11 (EP 8) - Patients EP 8 How the hospital will document and track patients' clinical information.</p>		<p>12.5.3.3.6.4(9)</p>

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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 location(s); and primary and alternate means of communication with external sources of assistance.	482.15 (b) 3	PE.6 EMERGENCY MANAGEMENT SYSTEM SR.7 <i>The organization shall have policies, procedures, and decision criteria for the determination of protection in place or evacuation of patients in the event of a disaster.</i>	EM 02.02.03 (EP 9) - Resources and Assets <i>EP 9 Arrangements for transporting some or all patients, their medications, supplies, equipment, and staff to an alternative care site(s) when the environment cannot support care, treatment, and service</i> EM.02.02.11 (EP 3) - Patients <i>How the facility will evacuate (from one section or floor to another within the building, or, completely outside the building) when the environment cannot support care, treatment, and services.</i>		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	PE.6 EMERGENCY MANAGEMENT SYSTEM SR.7 <i>The organization shall have policies, procedures, and decision criteria for the determination of protection in place or evacuation of patients in the event of a disaster.</i>	EM 02.02.03 (EP 1-6) - Resources and Assets <i>The EOP describes:</i> <i>EP 1 How the hospital will obtain and replenish medications and related supplies that will be required throughout the response and recovery phases of an emergency, including access to and distribution of caches that may be stockpiled by the hospital, its affiliates, or local, state, or federal sources.</i> <i>EP 2 How the hospital will obtain and replenish medical supplies that will be required throughout the response and recovery phases of an emergency, including personal protective equipment where required.</i> <i>EP 3 How the hospital will obtain and replenish nonmedical supplies that will be required throughout the response and recovery phases of an emergency.</i> <i>EP 4 How the hospital will share resources and assets with other health care organizations within the community, if necessary.</i> <i>EP 5 How the hospital will share resources and assets with other health care organizations outside the community, if necessary, in the event of a regional or prolonged disaster.</i> <i>EP 6 How the hospital will monitor quantities of its resources and assets during an emergency. (See also EM.01.01.01, EP 8)</i> EM.02.02.11 (EP 3) -Patients <i>EP 3 The Emergency Operations Plan describes the following: How the hospital will evacuate (from one section or floor to another within the building, or, completely outside the building) when the environment cannot support care, treatment, and services.</i>		12.5.3.3.3 12.5.3.3.6
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 - Resources and Assets EP 10 <i>EP 10 The Emergency Operations Plan describes the following: The hospital's arrangements for transferring pertinent information, including essential clinical and medication-related information, with patients moving to alternative care sites.</i> EM.02.02.11 - Patients EP 3, 8 <i>EP 3 The Emergency Operations Plan describes the following: How the hospital will evacuate (from one section or floor to another within the building, or, completely outside the building) when the environment cannot support care, treatment, and services.</i> <i>EP 8 The Emergency Operations Plan describes the following: How the hospital will document and track patients' clinical information.</i> IM.01.01.03 Planning and Management of Information IM.02.02.01 Protecting the Privacy of Health Information	4.7.2	12.5.3.3.6.1(4)

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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	<p>PE. 6 SR.4 EMERGENCY MANAGEMENT <i>The medical staff bylaws shall include a process for approving practitioners for care of patients in the event of an emergency or disaster.</i></p> <p>MS.13 SR.4 TEMPORARY CLINICAL PRIVILEGES <i>The medical staff bylaws shall include a process for approving practitioners for care of patients in the event of an emergency or disaster.</i></p>	<p>EM.02.02.07 (EP 9)- Staff <i>EP 9 The Emergency Operations Plan describes how the hospital will identify licensed independent practitioners, staff, and authorized volunteers during emergencies.</i></p> <p>EM.02.02.13 (All EPs)- Volunteers <i>All EPs During disasters, the hospital may grant disaster privileges to volunteer licensed independent practitioners.</i></p> <p>EM.02.02.15 (All EPs) - Volunteer Practitioners <i>All EPs During disasters, the hospital may assign disaster responsibilities to volunteer practitioners who are not licensed independent practitioners, but who are required by law and regulation to have a license, certification, or registration.</i></p> <p>MS.01.01.01 (EP 14) - Medical Staff Bylaws <i>MS.06.01.13- Credentialing and Privileging</i></p>	6.9.1.2	12.5.3.4.5
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 continuity of services to hospital patients	482.15 (b) 7	<p>PE. 6 SR.3 EMERGENCY MANAGEMENT <i>The hospital will have coordinate with local and regional healthcare facilities and public health agencies in cases of hospital, community, or regional crisis for utilization of resources (space, personnel, and equipment). The hospital will have memorandums of understanding or provisions through other arrangements for utilization of resources as necessary.</i></p>	<p>EM.02.02.03 (EP 9) - Resources and Assets <i>EP 9 The hospital's arrangements for transporting some or all patients, their medications, supplies, equipment, and staff to an alternative care site(s) when the environment cannot support care, treatment, and services. Note: This standard addresses transport to alternate care sites, but not specifically designate other hospitals</i></p>	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 alternate care site (ACS) identified by emergency management officials.	482.15 (b) (8)		<p>EM.02.01.01 (EP 7)- General Requirements <i>EP 7 The Emergency Operations Plan identifies alternative sites for care, treatment, and services that meet the needs of the hospital's patients during emergencies. Note that 1135 language needs to be incorporated as a reference into the EOP</i></p>		
Communication Plan	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 every 2 years.	482.15 (c)	<p>PE.6 SR. 1 EMERGENCY MANAGEMENT <i>The hospital must have a process in place to coordinate with local authorities for emergencies in the hospital or within the community and region that may impact the hospital's ability to provide services. This may include requirements for the hospital to have appropriate measures in place to account for particular conditions, potential hazards, or other concerns with respect to the location of the hospital.</i></p>	<p>EM.02.02.01 (All EPs)- General Requirements <i>As part of its Emergency Operations Plan, the hospital prepares for how it will communicate during emergencies.</i></p>	6.4	12.5.3.3.6.1

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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		EM.02.02.01 (EP 1, 2, 7, 8, 9, 10) - Communication EP 1 How staff will be notified that emergency response procedures have been initiated. EP 2 How the hospital will communicate information and instructions to its staff and licensed independent practitioners during an emergency. EP 7 How the hospital will communicate with suppliers of essential services, equipment, and supplies during an emergency. EP 8 How the hospital will communicate with other health care organizations in its contiguous geographic area regarding the essential elements of their respective command structures, including the names and roles of individuals in their command structures and their command center telephone numbers. EP 9 How the hospital will communicate with other health organizations in its contiguous geographic area regarding the essential elements of their respective command centers for emergency response. EP 10 How the hospital will communicate with other health care organizations in its contiguous geographic area regarding the resources and assets that could be shared in emergency response.	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		EM.02.02.01 (EP 3 -13) - General Requirements As part of its Emergency Operations Plan, the hospital prepares for how it will communicate during emergencies.	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		EM.02.02.01 (EP 14) - General Requirements EP 14 The hospital establishes backup systems and technologies for the communication activities identified in EM.02.02.01, EPs 1-13.	6.4.1	12.5.3.3.6.1

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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 <i>EP 11 How and under what circumstances the hospital will communicate the names of patients and the deceased with other health care organizations in its contiguous geographic area.</i> <i>EP 12 How, and under what circumstances, the hospital will communicate information about patients to third parties (such as other health care organizations, the state health department, police, and the Federal Bureau of Investigation [FBI]).</i>		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 <i>EP 5 How the hospital will communicate with patients and their families, including how it will notify families when patients are relocated to alternative care sites.</i> <i>EP 12 How, and under what circumstances, the hospital will communicate information about patients to third parties (such as other health care organizations, the state health department, police, and the Federal Bureau of Investigation [FBI]).</i>	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 care, as permitted under 45 CFR 164.510(b)(4)	482.15 (c) 6		EM.02.02.01 (5, 6, 12) -General Requirements <i>EP 5 How the hospital will communicate with patients and their families, including how it will notify families when patients are relocated to alternative care sites.</i> <i>EP 6 How the hospital will communicate with the community or the media during an emergency.</i> <i>EP 12 How, and under what circumstances, the hospital will communicate information about patients to third parties (such as other health care organizations, the state health department, police, and the Federal Bureau of Investigation [FBI]).</i>		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 <i>EP 4 How the hospital will communicate with external authorities during an emergency.</i>		12.5.3.3.6.1(2)(6)
Training and Testing	Training and Testing				

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Develop and maintain an emergency preparedness training and testing program based on the emergency plan, risk assessment, policies and procedures and communications plan. The training and testing program must be reviewed and updated every 2 years .	482.15 (d)	Staffing Management SM.4 ORIENTATION <i>All staff, whether clinical or supportive, including contract staff, students and volunteers shall receive an orientation to specific job duties and responsibilities, and their work environment, as required by Federal and State law and regulation and the hospital. The orientation shall take place prior to the individual functioning independently in their job.</i> <i>SR.1 Members of the medical staff will receive an orientation developed and approved by the organization that includes general safety practices, emergency procedures, infection control, confidentiality and other issues as required by the organization.</i>	HR 01.04.01 (EP 1,2,3) - Orientation <i>EP 1 The hospital determines the key safety content of orientation provided to staff.</i> <i>EP 2 The hospital orients its staff to the key safety content before staff provides care, treatment, and services. Completion of this orientation is documented.</i> <i>EP 3 Relevant hospital-wide and unit-specific policies and procedures. Completion of this orientation is documented.</i> EM 02.02.07 (EP 7) - Staff <i>EP 7 The hospital trains staff for their assigned emergency response roles.</i> EM.03.01.03 (EP 1) - Evaluation <i>EP 1 As an emergency response exercise, the hospital activates its EOP twice a year at each site included in the plan</i>	7.1	12.3.3.10
Provide initial training in emergency preparedness polies 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 every 2 years and maintain documentation of all emergency training along with demonstration of staff knowledge of emergency procedures. If the emergency preparedness policies and procedures are signficiantly updated, the hospital must conduct training on the updated policies and procedures.	482.15 (d) 1	Staffing Management SM.4 SR.1 ORIENTATION <i>All staff, whether clinical or supportive, including contract staff, students and volunteers shall receive an orientation to specific job duties and responsibilities, and their work environment, as required by Federal and State law and regulation and the hospital. The orientation shall take place prior to the individual functioning independently in their job.</i> <i>SR.1 Members of the medical staff will receive an orientation developed and approved by the organization that includes general safety practices, emergency procedures, infection control, confidentiality and other issues as required by the organization.</i>	HR 01.04.01 (EP 1,2,3) - Orientation <i>EP 1 The hospital determines the key safety content of orientation provided to staff.</i> <i>EP 2 The hospital orients its staff to the key safety content before staff provides care, treatment, and services. Completion of this orientation is documented.</i> <i>EP 3 Relevant hospital-wide and unit-specific policies and procedures. Completion of this orientation is documented.</i> EM 02.02.07 (EP 7) - Staff <i>EP 7 The hospital trains staff for their assigned emergency response roles.</i>	7.1	12.3.3.10
Conduct exercises to test the emergency plan at least twice per year .	482.15 (d) 2	PE 6 SR.4 EMERGENCY MANAGEMENT <i>Emergency management exercises shall be based upon the most probable emergencies or other circumstances that may impact the hospital and the community. A report, After Action Report, shall be created after each exercise documenting opportunities for improvement. The hospital's emergency management plan shall be revised based upon the identified opportunities for improvement.</i>	EM.03.01.03 - Evaluation <i>The hospital evaluates the effectiveness of its Emergency Operations Plan.</i>	8.1.1 8.5.1	12.3.3.10

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Participate in a full scale exercise that is community based or when community based exercise is not accessible, conduct an annual individual, facility-based functional exercise.	482.15 (d) 2	PE.6 EMERGENCY MANAGEMENT SYSTEM SR.4 <i>The Emergency Management System shall establish an emergency process to address the potential hazards to the organization and the community. The hospital shall conduct an organization-wide emergency management exercise, including the triage and disposition of patients. The organization-wide emergency management exercises, including the triage and disposition of patients, shall be conducted no less frequently than twice per year.</i>	EM.03.01.03 (EP 4, 5) - Evaluation EP 4 For each site of the hospital with a defined role in its community's response plan, at least one of the two emergency response exercises includes participation in a community-wide exercise. EP 5 Emergency response exercises incorporate likely disaster scenarios that allow the hospital to evaluate its handling of communications, resources and assets, security, staff, utilities, and patients.		
If the facility experiences and actual natural or man made emergency that requires activation of the emergency plan, the facility is exempt from engaging in its next required a community based or individual, facility based functional exercise for one year following the onset of the actual event	482.15 (d) 2	PE 6 SR.4 EMERGENCY MANAGEMENT <i>Emergency management exercises shall be based upon the most probable emergencies or other circumstances that may impact the hospital and the community. A report, After Action Report, shall be created after each exercise documenting opportunities for improvement. The hospital's emergency management plan shall be revised based upon the identified opportunities for improvement.</i>	EM.03.01.03 (EP 1) - Evaluation EP 1 As an emergency response exercise, the hospital activates its Emergency Operations Plan twice a year at each site included in the plan.		
Conduct an additional exercise that may include but is not limited to a second full-scale exercise that is individual, facility based functional; or a mock disaster drill; or a tabletop exercise or workshop 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 <i>The Emergency Management System shall establish an emergency process to address the potential hazards to the organization and the community. The hospital shall conduct an organization-wide emergency management exercise, including the triage and disposition of patients. The organization-wide emergency management exercises, including the triage and disposition of patients, shall be conducted no less frequently than twice per year.</i>	EM.03.01.03 (EP 1) - Evaluation EP 1 As an emergency response exercise, the hospital activates its Emergency Operations Plan twice a year at each site included in the plan.		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	PE.6 EMERGENCY MANAGEMENT SYSTEM SR.4c <i>The organization shall formulate an After Action Report of all emergency management exercises to identifying opportunities for improvements and revise its emergency management plan according to the identified opportunities for improvement.</i>	EM.03.01.03 (EP 6-16) - Evaluation The hospital evaluates the effectiveness of its Emergency Operations Plan		12.3.3.2
Emergency and Standby Power Systems	Emergency and Standby Power Systems				

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<p>Emergency generator location. The generator must be located in accordance with the location requirements found in the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5, and TIA 12-6), Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4), and NFPA 110, when a new structure is built or when an existing structure or building is renovated.</p>	<p>482.15 (e) (1)</p>	<p>PE. 6 SR. 2. EMERGENCY MANAGEMENT SR.2 <i>The hospital shall have processes in place for addressing alternative means to support essential building functions such as electricity, water, ventilation, fuel, medical gas and vacuum systems, and other identified utilities.</i></p>	<p>EC 02.05.03 (All EP) - Utilities <i>The hospital has a reliable emergency electrical power source</i> EM 02.02.09 (All EPs) - Utilities <i>As part of its Emergency Operations Plan, the hospital prepares for how it will manage utilities during an emergency.</i></p>		<p>Section 3-4</p>
<p>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.</p>	<p>482.15 (e) (2)</p>	<p>PE. 6 SR.2 EMERGENCY MANAGEMENT <i>The hospital shall have processes in place for addressing alternative means to support essential building functions such as electricity, water, ventilation, fuel, medical gas and vacuum systems, and other identified utilities.</i></p>	<p>EC.02.05.07 (EP 7)- Utilities <i>EP 7 At least monthly, the hospital tests all automatic transfer switches on the inventory. The test results and completion dates are documented.</i> EM.02.02.09 (EP 8) - Utilities <i>EP 8 The hospital implements the components of its Emergency Operations Plan that require advance preparation to provide for utilities during an emergency.</i></p>		
<p>Emergency generator fuel. CAHs that 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</p>	<p>482.15 (e) (3)</p>	<p>PE. 6 SR.2 EMERGENCY MANAGEMENT <i>The hospital shall have processes in place for addressing alternative means to support essential building functions such as electricity, water, ventilation, fuel, medical gas and vacuum systems, and other identified utilities.</i></p>	<p>EM.02.02.09 (EP 2, 5 ,8) - Utilities <i>EP 2 As part of its Emergency Operations Plan, the hospital identifies alternative means of providing the following: Electricity.</i> <i>EP 5 As part of its Emergency Operations Plan, the hospital identifies alternative means of providing the following: Fuel required for building operations, generators, and essential transport services that the hospital would typically provide.</i> <i>EP 8 The hospital implements the components of its Emergency Operations Plan that require advance preparation to provide for utilities during an emergency.</i></p>		

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	DNV- GL Healthcare www.dnvglhealthcare.com	The Joint Commission Standards www.https://www.jointcommission.org	NFPA 1600 (2016)	NFPA 99
Integrated Healthcare Systems	Integrated Healthcare Systems				
If the facility 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 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		EM.01.01.01 (EP 2) -Foundation for the EOP EP 2 The hospital conducts a hazard vulnerability analysis (HVA) to identify potential emergencies that could affect demand for the hospital's services or its ability to provide those services, the likelihood of those events occurring, and the consequences of those events. The findings of this analysis are documented .		

*Note Transplant Hospital Requirements are located on the Transplant Center table

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	NFPA 1600	NFPA 99
	483.75	2016	2012 Edition
Require both an emergency preparedness program and an emergency preparedness plan	483.475		12.2.2.3 12.2.3.2 12.4.1 12.5.1
Comply with all applicable Federal, State and local emergency preparedness requirements. The emergency plan must be reviewed and updated every 2 years.	483.475 (a)		12.2.3.3 12.4.1.2 12.5.3.6.1
The emergency plan must be based on and include a documented facility based and community based risk assessment utilizing an all hazards approach including missing clients	483.475 a 1	4.4.2 5.1.3 5.1.4 5.2.1	12.5.2 12.5.3.1
The emergency plan includes strategies for addressing emergency events identified by the risk assessment.	483.475 a 2	5.1.5 6.6.2	12.5.3.2 12.5.3.3
The emergency plan must address the patient population including but not limited to the type of services the ICF/IID has the ability to provide in an emergency; continuity of operations, including delegations of authority and succession plans	483.475 a 3	5.2.2.2	12.2.2.3 12.5.3.1.3(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 situations.	483.475 a 4		12.2.3.3 12.5.3.3.6.1(2)(6)

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	NFPA 1600	NFPA 99
Policies and Procedures	Policies and Procedures		
Develop and implement emergency preparedness policies and procedures based on the emergency plan set forth in (a) and (a) (1) and the communications plan section (C). The policies and procedures must be reviewed and updated every 2 years .	483.475 b		12.3.3.5
The provision of subsistence needs for staff and participants, whether they evacuate or shelter in place including:(A) food, water, medical and pharmaceutical supplies. (B) Alternate sources of energy to maintain: (1) temperatures to protect client health and safety and for the safe and sanitary storage of provisions (2) emergency lighting (3) fire detection extinguishing and alarm systems (C) sewage and waste disposal	483.475 b 1		12.5.3.3.6.2 12.5.3.3.6.4(7)(8) 12.5.3.3.6.5 12.5.3.3.6.6
A system to track the location of staff and residents in the ICF/IID's care both during and after the emergency.	483.475 b 2		12.5.3.3.6.4(9)
Have policies and procedures in place to ensure the safe evacuation from the facility, which would include 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.	483.475 b 3		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	483.475 b 4		12.5.3.3.3 12.5.3.3.6

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	NFPA 1600	NFPA 99
A system of medical documentation that preserves client information, protects confidentiality of client information, and ensures records are secure and readily available.	483.475 b 5	4.7.2	12.5.3.3.6.1(4)
The use of volunteers in an emergency or 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.	483.475 b 6	6.9.1.2	12.5.3.4.5
The development of arrangements with other ICF/IIDs or other providers to receive clients in the event of limitations or cessation of operations to ensure the continuity of services to ICF/IID clients.	483.475 b 7	6.9.1.2	
The role of the ICF/IID under a waiver declared by the Secretary, in accordance with section 1135 of the Act, in the provision of care and treatment at an alternate care site identified by emergency management officials.	483.475 b 8		
Communication Plan	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 every 2 years .	483.475 C	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; client's physicians, other ICF/IIDs and volunteers.	483.475 C 1 i-v	6.4.1	

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	NFPA 1600	NFPA 99
Require contact information for Federal, State, tribal, regional, or local emergency preparedness staff, other sources of assistance, The State Licensing and Certification Agency, The State Protection and Advocacy Agency	483.475 C 2 i-iv	6.4.1	12.5.3.3.6.1(6)
Include primary and alternate means for communicating with organization staff and Federal, State, tribal, regional, and local emergency management agencies	483.475 C 3	6.4.1	12.5.3.3.6.1
Include a method for sharing information and medical documentation for clients under the organization's care, as necessary, with other health care providers to maintain the continuity of care.	483.475 C 4		12.3.3.4
Have a means, in the event of an evacuation, to release client information as permitted under 45 CFR 164.510	483.475 C 5	6.4.1	12.5.3.3.6.1(4)
A means of providing information about the general condition and location of clients under the facility's care as permitted under 45 CFR 164.510(b)(4).	483.475 C 6		12.5.3.3.6.1(4)

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	NFPA 1600	NFPA 99
<p>A means of providing information about the ICF/IID's occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee.</p>	<p>483.475 C 7</p>		

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	NFPA 1600	NFPA 99
Training and Testing	Training and Testing		
Develop and maintain an emergency preparedness training and testing program based on the emergency plan, risk assessment, policies and procedures and communications plan. The training and testing program must be reviewed and updated every 2 years .	483.475 D	7.1	12.3.3.10
Provide initial training in emergency preparedness polies and procedures to all new and existing staff, individuals providing on-site services under arrangement, contractors, participants and volunteers consistent with their expected roles. Provide this training every 2 years and maintain documentation of all emergency preparedness training along with demonstration of staff knowledge of emergency procedures. If the emergency preparedness policies and procedures are significantly updated, the facility must conduct training on the updated policies and procedures.	483.475 D 1 i-v	7.1	12.3.3.10
Participate in an annual full-scale exercise that is community-based; or When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise	483.475 D 2	8.1.1 8.5.1	12.3.3.10
If the ICF/IID experiences an actual natural or man-made emergency that requires activation of the emergency plan, the ICF/IID is exempt from engaging in its next required full-scale community-based or individual, facility-based functional exercise following the onset of the emergency event	483.475 D 2 i		12.3.3.10

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	NFPA 1600	NFPA 99
<p>Conduct an additional annual exercise that may include, but is not limited to the following second full-scale exercise that is community-based or an individual, facility-based functional exercise; or A mock disaster drill; or A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.</p>	<p>483.475 D 2 ii</p>		<p>12.3.3.10</p>
<p>Analyze the ICF/IID's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the ICF/IID's emergency plan, as needed.</p>	<p>483.475 D 2 iii</p>		<p>12.3.3.10</p>

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CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	NFPA 1600	NFPA 99
	483.73	2016	2012 Edition
Require both an emergency preparedness program and an emergency preparedness plan	483.73		12.2.2.3 12.2.3.2 12.4.1 12.5.1
Comply with all applicable Federal, State and local emergency preparedness requirements. The emergency plan must be reviewed and updated at least annually.	483.73		12.2.3.3 12.4.1.2 12.5.3.6.1
The emergency plan must be based on and include a documented facility based and community based risk assessment utilizing an all hazards approach including missing residents	483.73 a 1	4.4.2 5.1.3 5.1.4 5.2.1	12.5.2 12.5.3.1
The emergency plan includes strategies for addressing emergency events identified by the risk assessment.	483.73 a 2	5.1.5 6.6.2	12.5.3.2 12.5.3.3
The emergency plan must address the patient population including 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	483.73 a 3	5.2.2.2	12.2.2.3 12.5.3.1.3(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.	483.73 a 4		12.2.3.3 12.5.3.3.6.1(2)(6)

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	NFPA 1600	NFPA 99
Policies and Procedures	Policies and Procedures		
Develop and implement emergency preparedness policies and procedures based on the emergency plan set forth in (a) and (a) (1) and the communications plan section (C). The policies and procedures must be reviewed and updated at least annually.	483.73 b		12.5.3.3.5 12.5.3.3.6.1 12.5.3.6.1
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 (D) sewage and waste disposal	483.73 b 1 i-ii A-D		12.5.3.3.6.2 12.5.3.3.6.4(7)(8) 12.5.3.3.6.5 12.5.3.3.6.6
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 facility must document the specific name and location of the receiving facility or other location.	488.73 2		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 location(s); and primary and alternate means of communication with external sources of assistance.	488.73 3		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	488.73 4		12.5.3.3.3 12.5.3.3.6
Have a system of medical documentation that preserves patient information, protects the confidentiality of patient information and secures and maintains availability of records.	488.73 5	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.	488.73 6	6.9.1.2	12.5.3.4.5
The development of arrangements with other facilities and other providers to receive residents in the event of limitations or cessation of operations to maintain the continuity of services to residents	488.73 7	6.9.1.2	

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CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	NFPA 1600	NFPA 99
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 alternate care site (ACS) identified by emergency management officials.	488.73 8		

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CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	NFPA 1600	NFPA 99
Communication Plan	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.	488.73 (C)	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; residents’ physicians, other facilities and volunteers.	488.73 (C) 1 i-v	6.4.1	
Require contact information for Federal, State, tribal, regional, or local emergency preparedness staff and other sources of assistance.	488.73 (C) 2 i-iv	6.4.1	12.5.3.3.6.1(6)
Include primary and alternate means for communicating with facility staff and Federal, State, tribal, regional, and local emergency management agencies	488.73 (C) 3 i-ii	6.4.1	12.5.3.3.6.1
Include a method for sharing information and medical documentation for residents under the facility's care, as necessary, with other health care providers to maintain continuity of care.	488.73 (C) 4		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 (b) (1) (ii).	488.73 (C) 5	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 care, as permitted under 45 CFR 164.510(b)(4)	488.73 (C) 6		12.5.3.3.6.1(4)
Have a means of providing information about the facility occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee.	488.73 (C) 7		12.5.3.3.6.1(2)(6)
A method for sharing information from the emergency plan that the facility has determined is appropriate with residents and their families or representatives.	488.73 (C) 8		
Training and Testing	Training and Testing		

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	NFPA 1600	NFPA 99
Develop and maintain an emergency preparedness training and testing program based on the emergency plan, risk assessment, policies and procedures and communications plan. The training and testing program must be reviewed and updated at least annually.	488.73 (D)	7.1	12.3.3.10
Provide initial training in emergency preparedness polices 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.	488.73 (D) (1) (i-iv)	7.1	12.3.3.10
Conduct exercises to test the emergency plan at least twice per year .	488.73 (D) (2)	8.1.1 8.5.1	12.3.3.10
Participate in community mock disaster drill at least annual or when community mock disaster drill is not available, conduct an individual, facility-based functional exercise	488.73 (D) (2) (i)		
If the facility experiences and actual natural or man made emergency that requires activation of the emergency plan, the facility is exempt from engaging in its next required full-scale a community based or individual, facility based functional exercise following the onset of the event .	488.73 (D) (2) (i)		
Conduct an additional exercise that may include, but it not limited to the following a second full-scale exercise that is community-based or an individual facility-based function exercise; a mock disaster drill; or a tabletop exercise or workshop that is led by a facilitator includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.	488.73 (D) (2) (ii) A-B		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	488.73 (D) (2) (iii)		12.3.3.2
Additional Requirements	Additional Requirements		
Emergency and standby power systems- The hospital must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section and in the policies and procedures plan set forth in paragraphs (b)(1)(i) and (ii) of this section	488.73 (E)		

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	NFPA 1600	NFPA 99
Emergency generator location. The generator must be located in accordance with the location requirements found in the Health Care Facilities Code NFPA 99 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-5, and TIA 12-6), Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, 12-2, TIA 12-3 and TIA 12-4) and NFPA 110, when a new structure is built or an existing structure is renovated.	488.73 (E) 1		
Emergency generator inspection and testing. The facility must implement the emergency power system inspection, testing and maintenance requirements found in the Health Care Facilities Code NFPA 110 and Life Safety Code	488.73 (E) 2		
Emergency generator fuel. Facilities that 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.	488.73 (E) 3		

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	NFPA 1600	NFPA 99
Integrated Healthcare Systems	Integrated Healthcare Systems		
If the facility 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 facility may choose to participate in such a program. And must meet the following standards	488.73 (F)		
Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program	488.73 (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.	488.73 (F) 2		
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	488.73 (F) 3		
Include a unified and integrated emergency plan that meets all standards of paragraphs (a) (2), (3), and (4) of this section.	488.73 (F) 4		

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CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	NFPA 1600	NFPA 99
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	488.73 (F) 4 i		
Include integrated policies and procedures that meet the requirements set forth in paragraph (b) of this section, a coordinated communication plan and training and testing programs that meet the requirements of paragraphs (c) and (d) of this section, respectively	488.73 (F) 5		

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	NFPA 1600	NFPA 99
	486.360	2016	2012 Edition
The OPO must establish and maintain an emergency preparedness program that meets the requirements of this section.	486.360		12.2.2.3 12.2.3.2 12.4.1 12.5.1
The OPO must develop and maintain an emergency preparedness plan that must be reviewed and updated every 2 years .	486.360 (a)		12.2.3.3 12.4.1.2 12.5.3.6.1
The plan must be based on based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.	486.360 (a) 1	4.4.2 5.1.3 5.1.4 5.2.1	12.5.2 12.5.3.1
The plan must include strategies for addressing emergency events identified by the risk assessment	486.360 (a) 2	5.1.5 6.6.2	12.5.3.2 12.5.3.3
Address the type of hospitals with which the OPO has agreements; the type of services the OPO has the capacity to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.	486.360 (a) 3	5.2.2.2	12.2.2.3 12.5.3.1.3(1) 12.5.3.2.3(11) 12.5.3.3.6.4
Include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation.	486.360 (a) 4		12.2.3.3 12.5.3.3.6.1(2)(6)

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	NFPA 1600	NFPA 99
Policies and Procedures	Policies and Procedures		
The OPO must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and, the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least every 2 years .	486.360 (b)		12.5.3.3.5 12.5.3.3.6.1 12.5.3.6.1
The plan must include a system to track the location of on-duty staff during and after an emergency. If on-duty staff is relocated during the emergency, the OPO must document the specific name and location of the receiving facility or other location.	486.360 (b) 1		12.5.3.3.6.4(9)
A system of medical documentation that preserves potential and actual donor information, protects confidentiality of potential and actual donor information, and secures and maintains the availability of records.	486.360 (b) 2	4.7.2	12.5.3.3.6.1(4)
Communication Plan	Communication Plan		
The OPO must develop and maintain an emergency preparedness communication plan that complies with Federal, State, and local laws and must be reviewed and updated at least every 2 years .	486.360 (c)	6.4	12.5.3.3.6.1
The communication plan must include names and contact information for staff, entities providing services under arrangement, volunteers, other OPOs, transplant and other hospitals in the OPOs Donation Service Area (DSA)	486.360 (c) 1	6.4.1	
The communication plan must include contact information for Federal, State, tribal, regional and local emergency preparedness staff as well as other sources of assistance.	486.360 (c) 2	6.4.1	
OPOs must have primary and alternate means for communicating with OPO's staff, Federal, State, tribal, regional and local emergency management agencies	486.360 (c) 3	6.4.1	12.5.3.3.6.1

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	NFPA 1600	NFPA 99
Training and Testing	Training and Testing		
The OPO must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated every 2 years .	486.360 (d)	7.1	12.3.3.10
The OPO must provide initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement and volunteers consistent with their expected roles.	486.360 (d) 1	7.1	12.3.3.10
Training must be provided every 2 years and documentation of training must be maintained	486.360 (d) 1 ii-iii	7.1	12.3.3.10
The OPO must demonstrate staff knowledge of emergency procedures	486.360 (d) 1 iv	7.1	12.3.3.10
If the emergency preparedness policies and procedures are significantly updated, the [facility] must conduct training on the updated policies and procedures.	486.360 (d) 1 v		
The OPO must conduct exercises to test the emergency plan	486.360 (d) 2	8.1.1 8.5.1	12.3.3.10
Conduct a paper-based, tabletop exercise or workshop at least annually. A tabletop exercise is 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 an emergency plan. If the OPO experiences an actual natural or man-made emergency that requires activation of the emergency plan, the OPO is exempt from engaging in its next required training exercise following the onset of the emergency event.	486.360 (d) 2 i		12.3.3.10

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	NFPA 1600	NFPA 99
Analyze the OPO's response to and maintain documentation of all Start Printed Page 64041tabletop exercises, and emergency events, and revise the OPO's emergency plan, as needed.	486.360 (d) 2 ii		12.3.3.10
Additional Requirements	Additional Requirements		
Continuity of OPO operations during an emergency. Each OPO must have a plan to continue operations during an emergency	486.360 (E)		
The OPO must develop and maintain in the protocols with transplant programs required under § 486.344(d), mutually agreed upon protocols that address the duties and responsibilities of the transplant program, the hospital in which the transplant program is operated, and the OPO during an emergency	486.360 (E) 1		
The OPO must have the capability to continue its operation from an alternate location during an emergency. The OPO could either have:(i) An agreement with one or more other OPOs to provide essential organ procurement services to all or a portion of its DSA in the event the OPO cannot provide those services during an emergency;(ii) If the OPO has more than one location, an alternate location from which the OPO could conduct its operation; or (iii) A plan to relocate to another location as part of its emergency plan as required by paragraph (a) of this section.	486.360 (E) 2		

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	NFPA 1600	NFPA 99
Integrated Healthcare Systems	Integrated Healthcare Systems		
If the facility 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 facility may choose to participate in such a program. And must meet the following standards	486.360 (F)		
Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program	486.360 (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.	486.360 (F) 2		
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.	486.360 (F) 3		
Include a unified and integrated emergency plan that meets all standards of paragraphs (a) (2), (3), and (4) of this section. The unified and integrated emergency plan must be based on and include a documented individual based risk assessment using an all hazards approach and a document individual facility based risk assessment for each separately certified facility within the health system utilizing an all hazards approach	486.360 (F) 4		
The plan must include integrated policies and procedures set forth in paragraph (b) of this section, a coordinated communication plan and training and testing programs that meet the requirements of paragraphs (c) and (d) of this section respectively.	486.360 (F) 5		

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	NFPA 1600	NFPA 99
	460.84	2016	2012 Edition
Require both an emergency preparedness program and an emergency preparedness plan	460.84		12.2.2.3 12.2.3.2 12.4.1 12.5.1
Comply with all applicable Federal, State and local emergency preparedness requirements. The emergency plan must be reviewed and updated every 2 years.	460.84 (a)		12.2.3.3 12.4.1.2 12.5.3.6.1
The emergency plan must be based on and include a documented facility based and community based risk assessment utilizing an all hazards approach	460.84 (a) (1)	4.4.2 5.1.3 5.1.4 5.2.1	12.5.2 12.5.3.1
The emergency plan includes strategies for addressing emergency events identified by the risk assessment.	460.84 (a) (2)	5.1.5 6.6.2	12.5.3.2 12.5.3.3
The emergency plan must address the patient population including but not limited to the type of services the PACE has the ability to provide in an emergency; continuity of operations, including delegations of authority and succession plans	460.84 (a) (3)	5.2.2.2	12.2.2.3 12.5.3.1.3(1) 12.5.3.2.3(11) 12.5.3.3.6.4

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	NFPA 1600	NFPA 99
<p>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.</p>	<p>460.84 (a) (4)</p>		<p>12.2.3.3 12.5.3.3.6.1(2)(6)</p>
<p>Policies and Procedures</p>	<p>Policies and Procedures</p>		
<p>Develop and implement emergency preparedness policies and procedures based on the emergency plan set forth in (a) and (a) (1) and the communications plan section (C). The policies and procedures must be reviewed and updated every 2 years.</p>	<p>460.84 (b)</p>		<p>12.5.3.3.5 12.5.3.3.6.1 12.5.3.6.1</p>
<p>The provision of subsistence needs for staff and participants, whether they evacuate or shelter in place including:(A) food, water, medical and pharmaceutical supplies. (B) Alternate sources of energy to maintain: (1) temperatures to protect patient health and safety and for the safe and sanitary storage of provisions (2) emergency lighting (3) fire detection extinguishing and alarm systems (C) sewage and waste disposal</p>	<p>460.84 (b) (1) i-ii</p>		<p>12.5.3.3.6.2 12.5.3.3.6.4(7)(8) 12.5.3.3.6.5 12.5.3.3.6.6</p>

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	NFPA 1600	NFPA 99
(i) Emergency equipment, including easily portable oxygen, airways, suction and emergency drugs; (ii) Staff who know how to use the equipment must be on the premises of every center at all times and be immediately available; (iii) A documented plan to obtain emergency medical assistance from outside sources when needed	460.84 (b) (10) i-iii		
Procedures to inform State and local emergency preparedness officials about PACE participants in need of evacuation from their residences at any time due to an emergency situation based on the participant's medical and psychiatric conditions and home environment	460.84 (b) (4)		
Develops a system to track the location of on-duty staff and sheltered participants in the PACE's care during and after an emergency. If on-duty staff or sheltered participants are relocated during the emergency the PACE must document the specific name and location of the receiving facility or other location.	460.84 (b) (2)		12.5.3.3.6.4(9)
Have policies and procedures in place to ensure the safe evacuation from the facility, which would include 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.	460.84 (b) (3)		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

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	NFPA 1600	NFPA 99
<p>Have a means to shelter in place for patients, staff and volunteers who remain in the facility</p>	<p>460.84 (b) (5)</p>		<p>12.5.3.3.3 12.5.3.3.6</p>
<p>Have a system of medical documentation that preserves participant information, protects the confidentiality of participant information and secures and maintains availability of records.</p>	<p>460.84 (b) (6)</p>	<p>4.7.2</p>	<p>12.5.3.3.6.1(4)</p>
<p>Have policies and procedures in place to address the use of volunteers in an emergency or 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.</p>	<p>460.84 (b) (7)</p>	<p>6.9.1.2</p>	<p>12.5.3.4.5</p>

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	NFPA 1600	NFPA 99
The development of arrangements with other PACE organizations and other providers to receive participants in the event of limitations or cessation of operations to maintain the continuity of services to PACE participants.	460.84 (b) (8)	6.9.1.2	
Policies and procedures would have to address the role of the PACE organization under a waiver declared by the Secretary, in accordance with section 1135 of the Act, for the provision of care and treatment at an alternate care site (ACS) identified by emergency management officials.	460.84 (b) (9)		
Communication Plan	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 every 2 years.	460.84 (c)	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; participants' physicians, other PACE organizations and volunteers.	460.84 (c) 1	6.4.1	

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	NFPA 1600	NFPA 99
Require contact information for Federal, State, tribal, regional, or local emergency preparedness staff and other sources of assistance.	460.84 (c) 2 i-ii	6.4.1	
Include primary and alternate means for communicating with PACE organization staff and Federal, State, tribal, regional, and local emergency management agencies	460.84 (c) 3 i-ii	6.4.1	12.5.3.3.6.1
Include a method for sharing information and medical documentation for participants under the organization's care, as necessary, with other health care providers to maintain the continuity of care.	460.84 (c) 4		12.5.3.3.6.1(4)
Have a means, in the event of an evacuation, to release resident information as permitted under 45 CFR 164.510	460.84 (c) 5	6.4.1	12.5.3.3.6.1(4)

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	NFPA 1600	NFPA 99
<p>Have 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)</p>	<p>460.84 (c) 6</p>		<p>12.5.3.3.6.1(4)</p>
<p>Have a means of providing information about the facility's occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee.</p>	<p>460.84 (c) 7</p>		<p>12.5.3.3.6.1(2)(6)</p>
<p>Training and Testing</p>	<p>Training and Testing</p>		

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	NFPA 1600	NFPA 99
Develop and maintain an emergency preparedness training and testing program based on the emergency plan, risk assessment, policies and procedures and communications plan. The training and testing program must be reviewed and updated every 2 years.	460.84 (d)	7.1	12.3.3.10
Provide initial training in emergency preparedness polies and procedures to all new and existing staff, individuals providing on-site services under arrangement, contractors, participants and volunteers consistent with their expected roles. Provide this training every 2 years and maintain documentation of all emergency preparedness training along with demonstration of staff knowledge of emergency procedures. If the emergency preparedness policies and procedures are significantly updated, the PACE must conduct training on the updated policies and procedures.	460.84 (d) 1 i- iii	7.1	12.3.3.10
Conduct exercises to test the emergency plan at least annually	460.84 (d) 2	8.1.1 8.5.1	12.3.3.10
Participate in a full scale exercise that is community based or when community based exercise is not accessible, individual, facility-based functional exercise.	460.84 (d) 2 i		12.3.3.10

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	NFPA 1600	NFPA 99
<p>If the PACE experiences an actual natural or man-made emergency that requires activation of the emergency plan, the PACE is exempt from engaging in its next required full-scale community based or individual, facility-based functional exercise following the onset of the emergency event</p>	<p>460.84 (d) 2 i</p>		<p>12.3.3.10</p>
<p>Conduct an additional exercise every 2 years opposite the year the full-scale or functional exercise that may include but is not limited to: A second full-scale exercise that is community-based or individual, a facility based functional exercise; or a mock disaster drill; or A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.</p>	<p>460.84 (d) 2 ii</p>		<p>12.3.3.10</p>
<p>Analyze the PACE's response to and maintain documentation of all drills, tabletop exercises, and emergency events and revise the PACE's emergency plan, as needed</p>	<p>460.84 (d) 2 iii</p>		<p>12.3.3.10</p>
<p>Integrated Healthcare Systems</p>	<p>Integrated Healthcare Systems</p>		
<p>If a PACE 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 PACE may choose to participate in such a program. If elected, the unified and integrated emergency preparedness program must...</p>	<p>460.84(e)</p>		
<p>Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program</p>	<p>460.84 (e) 1</p>		

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	NFPA 1600	NFPA 99
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.	460.84 (e) 2		
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	460.84 (e) 3		
Include a unified and integrated emergency plan that meets all standards of paragraphs (a) (2), (3), and (4) of this section.	460.84 (e) 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	460.84 (e) 4 i-ii		
Include integrated policies and procedures that meet the requirements set forth in paragraph (b) of this section, a coordinated communication plan and training and testing programs that meet the requirements of paragraphs (C) and (d) of this section respectively	460.84 (e) 5		

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	The Joint Commission Resource Standards www.https://www.jointcommission.org	NFPA 1600	NFPA 99
	441.184	2016 Behavioral Health (Inpatient)	2016	2012 Edition
Require both an emergency preparedness program and an emergency preparedness plan	441.184	EM.02.01.01 The hospital has an Emergency Operations Plan Note: Although TJC does not specifically state the need for an emergency management program/emergency preparedness plan, this is evident through the emergency management (EM) chapter that address the phases of em including mitigation, preparedness, response and recovery. These constitute the elements required for a comprehensive EM program.		12.2.2.3 12.2.3.2 12.4.1 12.5.1
Comply with all applicable Federal, State and local emergency preparedness requirements. The emergency plan must be reviewed and updated every 2 years.	441.184 (a)	EM.02.01.01 General Requirements EM.03.01.01 Evaluation		12.2.3.3 12.4.1.2 12.5.3.6.1
The emergency plan must be based on and include a documented facility based and community based risk assessment utilizing an all hazards approach	441.184 (a) (1)	EM.01.01.01 Foundation for the Emergency Operations Plan EM.03.01.01 Evaluation	4.4.2 5.1.3 5.1.4 5.2.1	12.5.2 12.5.3.1
The emergency plan includes strategies for addressing emergency events identified by the risk assessment.	441.184 (a) (2)	EM.01.01.01 Foundation for the Emergency Operations Plan	5.1.5 6.6.2	12.5.3.2 12.5.3.3
The emergency plan must address the patient population including but not limited to persons at risk; the type of services the PRTF has the ability to provide in an emergency; continuity of operations, including delegations of authority and succession plans	441.184 (a) (3)	EM.02.01.01 General Requirements	5.2.2.2	12.2.2.3 12.5.3.1.3(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.	441.184 (a) (4)	EM.01.01.01 Foundation for the EOP EM.02.02.01 Communications		12.2.3.3 12.5.3.3.6.1(2)(6)

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	The Joint Commission Resource Standards www.https://www.jointcommission.org	NFPA 1600	NFPA 99
Policies and Procedures	Policies and Procedures			
Develop and implement emergency preparedness policies and procedures based on the emergency plan set forth in (a) and (a) (1) and the communications plan section (C). The policies and procedures must be reviewed and updated every 2 years .	441.184 (b)	EM.02.01.01 General Requirements		12.5.3.3.5 12.5.3.3.6.1 12.5.3.6.1
The provision of subsistence needs for staff and residents, whether they evacuate or shelter in place including:(A) food, water, medical and pharmaceutical supplies. (B) Alternate sources of energy to maintain: (1) temperatures to protect patient health and safety and for the safe and sanitary storage of provisions (2) emergency lighting (3) fire detection extinguishing and alarm systems (C) sewage and waste disposal	441.184 (b) (1) i-ii	EC.02.02.01 Hazardous Materials and Waste IC.02.02.01 Medical Equipment, Devices and Supplies		12.5.3.3.6.2 12.5.3.3.6.4(7)(8) 12.5.3.3.6.5 12.5.3.3.6.6
Develops a system to track the location of on-duty staff and sheltered residents in the PRTF's care during and after an emergency. If on-duty staff or sheltered residents are relocated during the emergency the PRTF must document the specific name and location of the receiving facility or other location.	441.184 (b) (2)			12.5.3.3.6.4(9)
Have policies and procedures in place to ensure the safe evacuation from the facility, which would 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.	441.184 (b) (3)			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	441.184 (b) (4)			12.5.3.3.3 12.5.3.3.6
Have a system of medical documentation that preserve resident information, protects the confidentiality of resident information and secures and maintains availability of records.	441.184 (b) (5)		4.7.2	12.5.3.3.6.1(4)

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	The Joint Commission Resource Standards www.https://www.jointcommission.org	NFPA 1600	NFPA 99
Have policies and procedures in place to address the use of volunteers in an emergency or 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.	441.184 (b) (6)	EM.02.02.07 Staff EM.02.02.13 Volunteers EM.02.02.15 (All EPs) - Volunteer Practitioners MS.01.01.01 Medical Staff Bylaws MS.06.01.13 Credentialing and Privileging	6.9.1.2	12.5.3.4.5
The development of arrangements with other PRTFs and other providers to receive residents in the event of limitations or cessation of operations to maintain the continuity of services to PRTF residents.	441.184 (b) (7)	EM.02.02.03 - Resources and Assets Note: This standard addresses transport to alternate care sites	6.9.1.2	
Policies and procedures would have to address the role of the facility under a waiver declared by the Secretary, in accordance with section 1135 of the Act, for the provision of care and treatment at an alternate care site (ACS) identified by emergency management officials.	441.184 (b) (8)			
Communication Plan	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 every 2 years.	441.184 (c)	EM.02.02.01 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; residents' physicians, other PRTFs and volunteers.	441.184 (c) 1 i-v	EM.02.02.01 General Requirements	6.4.1	
Require contact information for Federal, State, tribal, regional, or local emergency preparedness staff and other sources of assistance.	441.184 (c) 2 i-ii	EM.02.02.01 General Requirements	6.4.1	

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CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	The Joint Commission Resource Standards www.https://www.jointcommission.org	NFPA 1600	NFPA 99
Include primary and alternate means for communicating with staff and Federal, State, tribal, regional, and local emergency management agencies	441.184 (c) 3	EM.02.02.01 General Requirements	6.4.1	12.5.3.3.6.1
Include a method for sharing information and medical documentation for residents under the facility's care, as necessary, with other health care providers to maintain continuity of care.	441.184 (c) 4	EM.02.02.01 General Requirements		12.5.3.3.6.1(4)
Have a means, in the event of an evacuation, to release resident information as permitted under 45 CFR 164.510 of the HIPAA Privacy Regulations.	441.184 (c) 5	EM.02.02.01 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 care, as permitted under 45 CFR 164.510(b)(4) of the HIPAA Privacy Regulations.	441.184 (c) 6			12.5.3.3.6.1(4)
Have a means of providing information about the facility's occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee.	441.184 (c) 7	EM.02.02.01 General Requirements		12.5.3.3.6.1(2)(6)

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	The Joint Commission Resource Standards www.https://www.jointcommission.org	NFPA 1600	NFPA 99
Training and Testing	Training and Testing			
Develop and maintain an emergency preparedness training and testing program based on the emergency plan, risk assessment, policies and procedures and communications plan. The training and testing program must be reviewed and updated every 2 years .	441.184 (d)	EM.03.01.03 - 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. After the initial training, provide emergency preparedness training every 2 years and maintain documentation of all emergency preparedness training along with demonstration of staff knowledge of emergency procedures. If the emergency preparedness policies and procedures are significantly updated, the PRTF must conduct training on the updated policies and procedures.	441.184 (d) 1 i- iv	EM.02.02.07 Staff HR.01.04.01 Orientation	7.1	12.3.3.10
Conduct exercises to test the emergency plan twice per year .	441.184 (d) 2	EM.03.01.03 Evaluation	8.1.1 8.5.1	12.3.3.10
Participate in a full scale exercise that is community based or when community based exercise is not accessible, individual, facility-based functional exercise .	441.184 (d) 2 i	EM.03.01.03 Evaluation		
If the facility experiences and actual natural or man made emergency that requires activation of the emergency plan, the facility is exempt from engaging in its next required community based or individual, facility based functional exercise for one year following the onset of the actual event	441.184 (d) 2 i	EM.03.01.03 Evaluation		

Psychiatric Residential TF

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	The Joint Commission Resource Standards www.https://www.jointcommission.org	NFPA 1600	NFPA 99
Conduct an additional exercise that may include but is not limited to a second full-scale exercise that is individual, facility based functional; a mock disaster drill ; a tabletop exercise or workshop that induces 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	441.184 (d) 2 ii	EM.03.01.03 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	441.184 (d) 2 iii	EM.03.01.03 Evaluation		12.3.3.2

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	The Joint Commission Resource Standards www.https://www.jointcommission.org	NFPA 1600	NFPA 99
Integrated Healthcare Systems	Integrated Healthcare Systems			
If the facility 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 facility may choose to participate in such a program. And must meet the following standards	441.184 (e)			
Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program	441.184 (e) 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.	441.184 (e) 2			
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	441.184 (e) 3			
Include a unified and integrated emergency plan that meets all standards of paragraphs (a) (2), (3), and (4) of this section.	441.184 (e) 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	441.184 (e) 4 i-ii			
Include integrated policies and procedures that meet the requirements set forth in paragraph (b) of this section, a coordinated communication plan and training and testing programs that meet the requirements of paragraphs (C) and (d) of this section respectively	441.184 (e) 5			

Religious Non-Medical HCI

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	NFPA 1600	NFPA 99
	403.748	2016	2012 Edition
Require both an emergency preparedness program and an emergency preparedness plan	403.748		12.2.2.3 12.2.3.2 12.4.1 12.5.1
Comply with all applicable Federal, State and local emergency preparedness requirements. The emergency plan must be reviewed and updated every 2 years .	403.748		12.2.3.3 12.4.1.2 12.5.3.6.1
The emergency plan must be based on and include a documented facility based and community based risk assessment utilizing an all hazards approach	403.748 (a) 1	4.4.2 5.1.3 5.1.4 5.2.1	12.5.2 12.5.3.1
The emergency plan includes strategies for addressing emergency events identified by the risk assessment.	403.748 (a) 2	5.1.5 6.6.2	12.5.3.2 12.5.3.3
The emergency plan must address the patient population including 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	403.748 (a) 3	5.2.2.2	12.2.2.3 12.5.3.1.3(1) 12.5.3.2.3(11) 12.5.3.3.6.4

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	NFPA 1600	NFPA 99
<p>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.</p>	<p>403.748 (a) 4</p>		<p>12.2.3.3 12.5.3.3.6.1(2)(6)</p>
<p>Policies and Procedures</p>	<p>Policies and Procedures</p>		
<p>Develop and implement emergency preparedness policies and procedures based on the emergency plan set forth in (a) and (a) (1) and the communications plan section (C). The policies and procedures must be reviewed and updated every 2 years.</p>	<p>403.748 (b) (1) (i-ii) A-D</p>		<p>12.5.3.3.5 12.5.3.3.6.1 12.5.3.6.1</p>

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	NFPA 1600	NFPA 99
<p>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</p>	<p>403.748 (b) (1) (i-ii) A-C</p>		<p>12.5.3.3.6.2 12.5.3.3.6.4(7)(8) 12.5.3.3.6.5 12.5.3.3.6.6</p>
<p>The policies and procedures must address ... (D) sewage and waste disposal</p>	<p>403.748 (b) (1) (ii) (D)</p>		<p>12.5.3.3.6.2 12.5.3.3.6.4(7)(8) 12.5.3.3.6.5 12.5.3.3.6.6</p>
<p>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 RNHCI must document the specific name and location of the receiving facility or other location.</p>	<p>403.748 (b) 2</p>		<p>12.5.3.3.6.4(9)</p>

Religious Non-Medical HCI

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	NFPA 1600	NFPA 99
<p>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 location(s); and primary and alternate means of communication with external sources of assistance.</p>	<p>403.748 (b) 3</p>		<p>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</p>
<p>Have a means to shelter in place for patients, staff and volunteers who remain in the facility</p>	<p>403.748 (b) 4</p>		<p>12.5.3.3.3 12.5.3.3.6</p>
<p>Have a system of medical documentation that preserves patient information, protects the confidentiality of patient information and secures and maintains availability of records.</p>	<p>403.748 (b) 5 i-iii</p>	<p>4.7.2</p>	<p>12.5.3.3.6.1(4)</p>
<p>Have policies and procedures in place to address the use of volunteers in an emergency and other emergency staffing strategies to address surge needs during an emergency.</p>	<p>403.748 (b) 6</p>	<p>6.9.1.2</p>	<p>12.5.3.4.5</p>

Religious Non-Medical HCI

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	NFPA 1600	NFPA 99
The development of arrangements with other RNHCIs and other providers to receive patients in the event of limitations or cessation of operations to maintain the continuity of services to RNHCI patients	403.748 (b) 7	6.9.1.2	
Policies and procedures to address the role of the RNHCI under a waiver declared by the Secretary, in accordance with section 1135 of the Act, for the provision of care and treatment at an alternate care site (ACS) identified by emergency management officials.	403.748 (b) (8)		
Communication Plan	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 every 2 years .	403.748 (c)	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 RNHCIs s and volunteers.	403.748 (c) 1	6.4.1	
Require contact information for Federal, State, tribal, regional, or local emergency preparedness staff and other sources of assistance.	403.748 (c) 2	6.4.1	12.5.3.3.6.1(6)

Religious Non-Medical HCI

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	NFPA 1600	NFPA 99
Include primary and alternate means for communicating with RNHCI staff and Federal, State, tribal, regional, and local emergency management agencies	403.748 (c) 3	6.4.1	12.5.3.3.6.1
Include a method for sharing information and medical documentation for patients under the RNHCI's care, as necessary, with other health care providers to maintain continuity of care.	403.748 (c) 4		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 .	403.748 (c) 5	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 care, as permitted under 45 CFR 164.510(b)(4)	403.748 (c) 6		12.5.3.3.6.1(4)

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	NFPA 1600	NFPA 99
Have a means of providing information about the RNHCI's occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee.	403.748 (c) 7		12.5.3.3.6.1(2)(6)
Training and Testing	Training and Testing		
Develop and maintain an emergency preparedness training and testing program based on the emergency plan, risk assessment, policies and procedures and communications plan. The training and testing program must be reviewed and updated every 2 years.	403.748 (d)	7.1	12.3.3.10
Provide initial training in emergency preparedness polies and procederes 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 procederes.	403.748 (d) 1	7.1	12.3.3.10
Conduct exercises to test the emergency plan at least annually	403.748 (d) 2	8.1.1 8.5.1	12.3.3.10

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	NFPA 1600	NFPA 99
Participate in a full scale-exercise that is community based every 2 years or When a community-based exercise is not accessible, conduct a facility-based functional exercise every 2 years; or	403.748 (d) 2i		12.3.3.2
If the RNCHI experiences an actual natural or man-made emergency that requires activation of the emergency plan, the RNCHI is exempt from engaging in its next required community-based or individual, facility-based functional exercise for 1 year following the onset of the actual event.	403.748 (d) 2i		12.3.3.2
Conduct an additional exercise at least every 2 years opposite the year the full-scale or functional exercise is conducted, that may include, but is not limited to the following second full-scale exercise that is community-based or individual, facility-based functional exercise; or A mock disaster drill; or A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.	403.748 (d) 2ii		
Analyze the RNCHI's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the RNCHI's emergency plan, as needed	403.748 (d) 2iii		12.3.3.2

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	American Association of Accreditation of Ambulatory Surgery Facilities (AAAASF) www.aaaasf.org	The Compliance Team www.thecomplianceteam.org	NFPA 1600	NFPA 99
	491.12	Version 14.4 February 2016	January 1, 2016	2016	2012 Edition
Require both an emergency preparedness program and an emergency preparedness plan	491.12	400.020.010 emergency plan ; 400.020.050 (power failure) 400.020.055 (plan for emergency evacuation of facility); 400.050.020 (hallways are wide to allow for evacuation) 200.080.010 (emergency power source for min. 2 hours) 200.080.015 (emergency power source is able to begin generating ample power to essential equipment within 30 seconds of power failure) 200.080.020 (emergency power equipment checked monthly to ensure proper function and results kept on file for 3 years)	REG 2.D The clinic has an emergency preparedness plan that addresses an emergency on-site, off-site (natural disaster) and disruption of service. The clinic has an organized process for handling an on-site emergency, (e.g. Fire) which addresses the following: a. How employees will be notified of emergency. b. Staff responsible for calling the Fire Department. c. Emergency use of fire extinguishers if warranted. d. Location of where employees should meet outside the building. e. Staff person designated to do head count upon evacuation of the building. The clinic has an organized process for handling an off-site emergency, (e.g. Snowstorm, flood etc.) which addresses the following: a. How employees will be notified of emergency. b. Staff responsible for notification and triaging of patient services. c. Contingency plan includes alternative provider in the event that the clinic cannot service its own customers. The personnel records reflect documentation of training of staff on emergency preparedness. 4. Power outage: the clinic must have a policy for how refrigerated medications are handled such as vaccines etc.		12.2.2.3 12.2.3.2 12.4.1 12.5.1
Comply with all applicable Federal, State and local emergency preparedness requirements. The emergency plan must be reviewed and updated every 2 years.	491.12 (a)	400.020.010 emergency plan ; 400.020.050 (power failure) 400.020.055 (plan for emergency evacuation of facility); 400.050.020 (hallways are wide to allow for evacuation) 200.080.010 (emergency power source for min. 2 hours) 200.080.015 (emergency power source is able to begin generating ample power to essential equipment within 30 seconds of power failure) 200.080.020 (emergency power equipment checked monthly to ensure proper function and results kept on file for 3 years)			12.2.3.3 12.4.1.2 12.5.3.6.1
The emergency plan must be based on and include a documented facility based and community based risk assessment utilizing an all hazards approach	491.12 (a) (1)		REG 2.D The clinic has an emergency preparedness plan that addresses an emergency on-site, off-site (natural disaster) and disruption of service.	4.4.2 5.1.3 5.1.4 5.2.1	12.5.2 12.5.3.1
The emergency plan includes strategies for addressing emergency events identified by the risk assessment.	491.12 (a) (2)		REG 2.D The clinic has an emergency preparedness plan that addresses an emergency on-site, off-site (natural disaster) and disruption of service.	5.1.5 6.6.2	12.5.3.2 12.5.3.3
The emergency plan must address the patient population including 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	491.12 (a) (3)		REG 2.D The clinic has an emergency preparedness plan that addresses an emergency on-site, off-site (natural disaster) and disruption of service.	5.2.2.2	12.2.2.3 12.5.3.1.3(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.	491.12 (a) (4)				12.2.3.3 12.5.3.3.6.1(2)(6)
Policies and Procedures	Policies and Procedures				

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	American Association of Accreditation of Ambulatory Surgery Facilities (AAAASF) www.aaaasf.org	The Compliance Team www.thecomplianceteam.org	NFPA 1600	NFPA 99
Develop and implement emergency preparedness policies and procedures based on the emergency plan and the communications plan section. The policies and procedures must be reviewed and updated every 2 years.	491.12 (b)				12.5.3.3.5 12.5.3.3.6.1 12.5.3.6.1
Have policies and procedures in place to ensure the safe evacuation from the facility, which would include appropriate placement of exit signs; staff responsibilities;	491.12 (b) (1)	400.020.010 emergency plan ; 400.020.055 (plan for emergency evacuation of facility); 400.050.020 (hallways are wide to allow for evacuation)	REG 2.D The clinic has an emergency preparedness plan that addresses an emergency on-site, off-site (natural disaster) and disruption of service.		12.5.3.3.3 12.5.3.3.6
Have a means to shelter in place for patients, staff and volunteers who remain in the facility	491.12 (b) (2)			4.7.2	12.5.3.3.6.1(4)
Have a system of medical documentation that preserve patient information, protects the confidentiality of patient information and secures and maintains availability of records.	491.12 (b) (3)			6.9.1.2	12.5.3.4.5
Have policies and procedures in place to address the use of volunteers in an emergency or 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.	491.12 (b) (4)			6.9.1.2	
Communication Plan	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 every 2 years.	491.12 (c)			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 RHCs/FQHCs and volunteers.	491.12 (c) (1)			6.4.1	
Require contact information for Federal, State, tribal, regional, or local emergency preparedness staff and other sources of assistance.	491.12 (c) (2)			6.4.1	12.5.3.3.6.1(6)
Include primary and alternate means for communicating with staff and Federal, State, tribal, regional, and local emergency management agencies	491.12 (c) (3)			6.4.1	12.5.3.3.6.1
Have 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) of the HIPAA Privacy Regulations.	491.12 (c) (4)				12.5.3.3.6.1(4)
Have a means of providing information about the facility's needs, and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee.	491.12 (c) (5)				12.5.3.3.6.1(2)(6)
Training and Testing	Training and Testing				

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	American Association of Accreditation of Ambulatory Surgery Facilities (AAAASF) www.aaaasf.org	The Compliance Team www.thecomplianceteam.org	NFPA 1600	NFPA 99
Develop and maintain an emergency preparedness training and testing program based on the emergency plan, risk assessment, policies and procedures and communications plan. The training and testing program must be reviewed and updated every 2 years .	491.12 (d)		REG 2.D The clinic has an emergency preparedness plan that addresses an emergency on-site, off-site (natural disaster) and disruption of service.	7.1	12.3.3.10
Provide initial training in emergency preparedness polies 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 every 2 years and maintain documentation of all emergency preparedness training along with demonstration of staff knowledge of emergency procedures. If the emergency preparedness policies and procedures are significantly updated, the facility must conduct training on the updated policies and procedures.	491.12 (d) (1)	800.042.010 (personnel records should contain training documentation relative to hazard safety training)		7.1	12.3.3.10
Conduct exercises to test the emergency plan at every 2 years	491.12 (d) (2)			8.1.1 8.5.1	12.3.3.10
Participate in a full scale exercise that is community based or when community based exercise is not accessible, individual, facility-based functional exercise every 2 years..	491.12 (d) (i)				
If the facility experiences and actual natural or man made emergency that requires activation of the emergency plan, the facility is exempt from engaging in its next required community based or individual, facility based functional exercise for one year following the onset of the actual event	491.12 (d) (i)				
Conduct an additional exercise that may include but is not limited to a second full-scale exercise that is individual, facility based functional; or a mock disaster drill ; a tabletop exercise or workshop 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	491.12 (d) (ii)				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	491.12 (d) (iii)				12.3.3.2

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	American Association of Accreditation of Ambulatory Surgery Facilities (AAAASF) www.aaaasf.org	The Compliance Team www.thecomplianceteam.org	NFPA 1600	NFPA 99
Integrated Healthcare Systems	Integrated Healthcare Systems				
If the facility 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 facility may choose to participate in such a program. And must meet the following standards	491.12 (e)				
Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program	491.12 (e) (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.	491.12 (e) (2)				
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.	491.12 (e) (3)				
Include a unified and integrated emergency plan that meets all standards of paragraphs (a) (2), (3), and (4) of this section. The unified and integrated emergency plan must be based on and include a documented individual based risk assessment using an all hazards approach and a document individual facility based risk assessment for each separately certified facility within the health system utilizing an all hazards approach	491.12 (e) (4)(i- ii)				
The plan must include integrated policies and procedures set forth in paragraph (b) of this section, a coordinated communication plan and training and testing programs that meet the requirements of paragraphs (c) and (d) of this section respectively.	491.12 (e) (5)				

Transplant Center

CMS Emergency Preparedness Conditions of Performance Language	CMS Emergency Preparedness Conditions of Performance Reference	NFPA 1600	NFPA 99
		2016	2012 Edition
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 program 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 program is not individually responsible for the emergency preparedness requirements set forth in § 482.15	482.78		
Policies and procedures. A transplant program 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 program must develop and maintain mutually agreed upon protocols that address the duties and responsibilities of the transplant program , the hospital in which the transplant program 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)		