

CMS Emergency Preparedness Final Rule Crosswalk

Version 1 Published February 3, 2017

The following tables represent a visualization of the association between the CMS Emergency Preparedness Final Rule Conditions of Participation ([Link to Final Rule](#)) and existing regulatory and accreditation standards.

- This crosswalk is not intended to replace reading and understanding the regulations promulgated by CMS, individual States or the standards provided by the specific accrediting organizations (AOs). Please consult with your organization’s legal and regulatory team for impact on your individual facility.
- This crosswalk is intended to serve as a high level “Quick Reference Guide” and not as interpretive guidance or instructions on how to achieve compliance.
- Specific questions on individual facility compliance must still be directed to AOs, surveyors, and Centers for Medicare and Medicaid Services (CMS).
- This crosswalk used the AO standards as available and printed as of October 2016 and NOT standards that may be updated based on the release of the CMS EP rule or interpretive guidance, therefore all facilities must check with their AO for the most current standards.
- This crosswalk is a product of Yale New Haven Health System Center for Emergency Preparedness and Disaster Response’s (YNHHS-CEPDR) and has not been reviewed or approved by the CMS or by any AO. For questions or concerns with this product please contact YNHHS-CEPDR at center@ynhh.org.

The crosswalk was created by mapping emergency and disaster related program, policy, communication, training and exercise elements of regulatory and accreditation standards to the CMS Emergency Preparedness Conditions of Participation. The AOs represented in the crosswalk are those listed on the following document: [CMS Accrediting Organization Contacts](#).

Every effort was made to ensure that the mapped Conditions of Participation and accreditation standards matched as closely as possible. A number of subject matter experts internal and external to YNHHS CEPDR contributed to the creation of this document, we are extremely grateful for their input. *However, this document should be used only as a guide for reviewing and updating emergency preparedness plans and does not replace existing federal, local, or association guidance.*

Printing Note: The full document is lengthy and is printed on legal size paper. You may wish to print only the section(s) most relevant to your organization. Be sure to use the PDF page numbers when selecting your print range.

Click on the associated facility type below to review the relevant standards.

Ambulatory Surgical Center	Hospital
Clinics, Rehabilitation and Therapy	Immediate Care Facility –Intellectual Disability
Community Mental Health Center	Long Term Care Facility
Comprehensive Outpatient Rehab	Organ Procurement Organization
Critical Access Hospital	Program for the All Inclusive Care for the Elderly
End Stage Renal Disease	Psychiatric Residential Treatment Facility
Home Health Agency	Religious Non-Medical Healthcare Institution
Hospice	Rural Health Care-FQHC
	Transplant Center

CMS Emergency Preparedness Conditions of Participation Language	CMS Emergency Preparedness Conditions of Participation Reference	Accreditation Association for Ambulatory Health Care (AAAH) www.aaahc.org	American Association for Accreditation of Ambulatory Surgery Facilities www.aaaaf.org	American Osteopathic Association/Healthcare Facilities Accreditation Program www.hlap.org	The Joint Commission Standards www.jointcommission.org	NFPA 1600	NFPA 99
October 2016	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	400.20 General Safety in the Facility -Emergency Protocols 400.020.010 400.020.045 400.020.055	01.00.02 Governing Body & Management	EM.02.01.01 The hospital has an Emergency Operations Plan		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.	416.54			01.00.07 Coordination with State & Local Authorities 01.00.06 Disaster Preparedness Plan	EM.02.01.01 General Requirements		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	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	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	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.	416.54 (a) (4)			01.00.07 Coordination with State & Local Authorities	EM.02.02.01 (EP 4)- Communications		12.2.3.3 12.5.3.3.6.1(2)(6)

CMS Emergency Preparedness Conditions of Participation Language	CMS Emergency Preparedness Conditions of Participation Reference	Accreditation Association for Ambulatory Health Care (AAAH) www.aaahc.org	American Association for Accreditation of Ambulatory Surgery Facilities www.aaaasf.org	American Osteopathic Association/Healthcare Facilities Accreditation Program www.hfap.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) and (a) (1) and the communications plan section 4 (C). The policies and procedures must be reviewed and updated at least annually.	416.54 (b)	Chapter 8 Standard C.4	400.20 General Safety in the Facility -Emergency Protocols 400.020.010 400.020.045 400.020.055	01.00.06 Disaster Preparedness Plan	EM.02.01.01 (EP 2)- General Requirements		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.	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	400.20 General Safety in the Facility -Emergency Protocols 400.020.055	05.03.01 Sufficient Staff Exist to Evacuate Patients During Disasters.	EM.02.02.11 (EP 3) - Patients		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 EM.02.02.11 (EP 3) -Patients		12.5.3.3.6.1(3)(4) 12.5.3.3.6.2(7) 12.5.3.3.6.4(1)(6)(7)(8)(9) 12.5.3.3.6.8
Have a 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			EM.02.02.11 (EP 3)- Patients	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 EM.02.02.13 (All EPs)- Volunteers EM.02.02.15 (All EPs) - Volunteer Practitioners	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.			12.5.3.4.5

CMS Emergency Preparedness Conditions of Participation Language	CMS Emergency Preparedness Conditions of Participation Reference	Accreditation Association for Ambulatory Health Care (AAAH) 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
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.	416.54 (C)				EM.02.02.01 (All EPs)- General Requirements	6.4	12.5.3.3.6.1
As part of its communication plan include in its plan, names and contact information for staff; entities providing services under arrangement; patients' physicians and volunteers.	416.54 (C) (1)				EM.02.02.01 (EP1) - Communication	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	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		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 at least annually.	416.54 (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.	416.54 (d) (1)	Chapter 7 SubchapterII Standard E and S - Infection Prevention and Control and Safety	800.042 Personnel Records Document Training 800.042.010 - Hazard Safety Training 800.042.025 - Other Safety Training			7.1	12.3.3.10
Conduct exercises to test the emergency plan at least annually	416.54 (d) (2)	Chapter 8 Standard E		01.00.08 Disaster Drills.		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.	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 a 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 that may include but is not limited to a second full-scale exercise that is individual, facility based; 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	416.54 (d) (2)						12.3.3.2

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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					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	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		

CMS Emergency Preparedness Conditions of Participation Language	CMS Emergency Preparedness Conditions of Participation Reference	American Association for Accreditation of Ambulatory Surgery Facilities www.aaaasf.org/	NFPA 1600	NFPA 99
October 2016	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 4D3:D4400.020.045 400.020.055		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.	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
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		
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)			

CMS Emergency Preparedness Conditions of Participation Language	CMS Emergency Preparedness Conditions of Participation Reference	American Association for Accreditation of Ambulatory Surgery Facilities www.aaaasf.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 at least annually.	485.727 (b)	400.20 General Safety in the Facility -Emergency Protocols 400.020.010 400.020.045 400.020.055		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		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	485.727 (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

CMS Emergency Preparedness Conditions of Participation Language	CMS Emergency Preparedness Conditions of Participation Reference	American Association for Accreditation of Ambulatory Surgery Facilities www.aaaasf.org/	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.	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)
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 at least annually.	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 annually and maintain documentation of all emergency preparedness training along with demonstration of staff knowledge of emergency procedures.	485.727 (d) (1)	800.042 Personnel Records Doucment Training 800.042.010 - Hazard Safety Training 800.042.025 - Other Safety Training		12.3.3.10
Conduct exercises to test the emergency plan at least annually	485.727 (d) (2)		7.1	12.3.3.10

CMS Emergency Preparedness Conditions of Participation Language	CMS Emergency Preparedness Conditions of Participation Reference	American Association for Accreditation of Ambulatory Surgery Facilities www.aaaasf.org/	NFPA 1600	NFPA 99
Participate in a full scale exercise that is community based 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 a community based or individual, facility based full-scale 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 that may include but is not limited to a second full-scale exercise that is individual, facility based; a tabletop exercise that includes a group discussion led by a facilitator using a narrated, clinically relevant emergency scenario and a set of problem statements, directed messages or prepared questions designed to challenge the emergency plan	485.727 (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
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	485.727 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			

CMS Emergency Preparedness Conditions of Participation Language	CMS Emergency Preparedness Conditions of Participation Reference	American Association for Accreditation of Ambulatory Surgery Facilities www.aaaasf.org/	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	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 Participation Language	CMS Emergency Preparedness Conditions of Participation Reference	NFPA 1600	NFPA 99
October 2016	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 at least annually.	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 Participation Language	CMS Emergency Preparedness Conditions of Participation 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 at least annually.	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)
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
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 Participation Language	CMS Emergency Preparedness Conditions of Participation 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 at least annually.	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)
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 Participation Language	CMS Emergency Preparedness Conditions of Participation 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 at least annually.	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 annually 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 or when community based exercise is not accessible, individual, facility-based.	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 a community based or individual, facility based full-scale exercise for one year following the onset of the actual event	485.920 (d) (2)		
Conduct a second exercise that may include but is not limited to a second full-scale exercise that is individual, facility based; a tabletop exercise that 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)		

CMS Emergency Preparedness Conditions of Participation Language	CMS Emergency Preparedness Conditions of Participation Reference	NFPA 1600	NFPA 99
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)		
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)		

CMS Emergency Preparedness Conditions of Participation Language	CMS Emergency Preparedness Conditions of Participation Reference	NFPA 1600	NFPA 99
October 2016	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 annually.	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)
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 at least annually.	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

Comprehensive Outpatient Rehab

CMS Emergency Preparedness Conditions of Participation Language	CMS Emergency Preparedness Conditions of Participation Reference	NFPA 1600	NFPA 99
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 Participation Language	CMS Emergency Preparedness Conditions of Participation 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.			12.5.3.3.6.1
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.	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 Participation Language	CMS Emergency Preparedness Conditions of Participation 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 at least annually.	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 annually and maintain documentation of all emergency preparedness training along with demonstration of staff knowledge of emergency 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 or when community based exercise is not accessible, individual, facility-based.	485.68 (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 a community based or individual, facility based full-scale exercise for one year following the onset of the actual event	485.68 (d) (2)		
Conduct a second exercise that may include but is not limited to a second full-scale exercise that is individual, facility based; a tabletop exercise that 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 Participation Language	CMS Emergency Preparedness Conditions of Participation 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 Participation Language	CMS Emergency Preparedness Conditions of Participation Reference	American Osteopathic Association/Healthcare Facilities Accreditation Program www.hfap.org	DNV GL - Healthcare www.dnvglhealthcare.com	The Joint Commission Standards www.jointcommission.org	NFPA 1600	NFPA 99
October 2016	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.	PE.6 SR. 1 EMERGENCY MANAGEMENT SYSTEM	EM.02.01.01 General Requirements		12.2.2.3 12.2.3.2 12.4.1 12.5.1
Comply with all applicable Federal, State and local emergency preparedness requirements. The emergency plan must be reviewed and updated at least annually.	485.625 (a)	17.00.02 Emergency Hazard Vulnerability Analysis (HVA). NOTE: Includes language regarding EOP and sharing HVA with community partners		EM.02.01.01 General Requirements EM.03.01.01 (EP 2) Evaluation		12.2.3.3 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. 17.00.02 Emergency Hazard Vulnerability Analysis (HVA).	PE. 6 SR. 3 EMERGENCY MANAGEMENT	EM.01.01.01 (EP 2, 3, 5) - Foundation for the Emergency Operations Plan EM.03.01.01 (EP 1)	4.4.2 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.	485.625 (a) 2	17.00.02 Emergency Hazard Vulnerability Analysis (HVA).	PE. 6 SR3 EMERGENCY MANAGEMENT	EM.01.01.01 (EP 5,6) - Foundation for the Emergency Operations Plan	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. 17.01.08 Incident Command Center.		EM.02.01.01 (EP 3, 7, 8) Communications	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.	485.625 (a) 4	17.00.02 Emergency Hazard Vulnerability Analysis (HVA).		EM.01.01.01 (EP 7)- Foundation for the EOP EM.02.02.01 (EP 4)- Communications		12.2.3.3 12.5.3.3.6.1(2)(6)

CMS Emergency Preparedness Conditions of Participation Language	CMS Emergency Preparedness Conditions of Participation Reference	American Osteopathic Association/Healthcare Facilities Accreditation Program www.hfap.org	DNV GL - Healthcare www.dnvglhealthcare.com	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 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	485.625 (b)	17.01.01 Emergency Safety & Security.		EM.02.01.01 (EP 2)- General Requirements		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. 17.01.01 Emergency Safety & Security. 17.01.02 Emergency Supplies. 17.01.03 Emergency Utilities. 17.01.06 Emergency Nutritional Services.	PE.6 SR. 2 EMERGENCY MANAGEMENT	EM.02.02.07 (EP 5)- Staff EM.02.02.09 (EP 2, 3, 4, 5, 7)- Utilities EC 02.05.03 (EP 1, 3)- Utilities		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
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.		EM 02.02.03 (EP 9) - Resources and Assets EM.02.02.11 (EP 8) - Patients		12.5.3.3.6.4(9)
Have policies and procedures in place to ensure the safe evacuation from the facility, which 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. 17.01.10 Emergency Evacuation.	PE.6 SR. 1 EMERGENCY MANAGEMENT SYSTEM	EM 02.02.03 (EP 9) - Resources and Assets EM.02.02.11 (EP 3) - Patients		12.5.3.3.6.1(3)(4) 12.5.3.3.6.2(7) 12.5.3.3.6.4(1)(6)(7)(8)(9) 12.5.3.3.6.8
Have a means to shelter in place for patients, staff and volunteers who remain in the facility	485.625 (b) 4	17.01.10 Emergency Evacuation.	PE. 6 SR.4 EMERGENCY MANAGEMENT	EM 02.02.03 (EP 1-6) - Resources and Assets EM.02.02.11 (EP 3) -Patients		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.	485.625 (b) 5			EM.02.02.03 - Resources and Assets EP 10 EM.02.02.11 - Patients EP 3, 8	4.7.2	12.5.3.3.6.1(4)

CMS Emergency Preparedness Conditions of Participation Language	CMS Emergency Preparedness Conditions of Participation Reference	American Osteopathic Association/Healthcare Facilities Accreditation Program www.hfap.org	DNV GL - Healthcare www.dnvglhealthcare.com	The Joint Commission Standards 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.	485.625 (b) 6	05.01.15 Emergency Privileges. 17.01.11 Volunteer Management.	PE. 6 SR.4 EMERGENCY MANAGEMENT MS.13 SR.4 TEMPORARY CLINICAL PRIVILEGES	EM.02.02.07 (EP 9)- Staff EM.02.02.13 (All EPs)- Volunteers EM.02.02.15 (All EPs) - Volunteer Practitioners	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	EM.02.02.03 (EP 9) - Resources and Assets	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.	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		EM.02.01.01 (EP 7)- General Requirements		

CMS Emergency Preparedness Conditions of Participation Language	CMS Emergency Preparedness Conditions of Participation Reference	American Osteopathic Association/Healthcare Facilities Accreditation Program www.hfap.org	DNV GL - Healthcare www.dnvglhealthcare.com	The Joint Commission Standards www.jointcommission.org	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.	485.625 (C)	17.01.01 Emergency Safety & Security. 17.01.07 Emergency Communications.	PE.6 SR. 1 EMERGENCY MANAGEMENT	EM.02.02.01 (All EPs)- General Requirements	6.4	12.5.3.3.6.1
As part of its communication plan include in its plan, names and contact information for staff; entities providing services under arrangement; patients' physicians; other CAHs and hospital and volunteers.	485.625 (C) 1 ii-v	17.01.01 Emergency Safety & Security. 17.01.07 Emergency Communications.		EM.02.02.01 (EP 1, 2, 7, 8, 9, 10) - Communication	6.4.1	
Require contact information for Federal, State, tribal, regional, or local emergency preparedness staff and other sources of assistance.	485.625 (C) 2 ii-ii	17.01.07 Emergency Communications.		EM.02.02.01 (All EPs) - General Requirements	6.4.1	12.5.3.3.6.1(6)
Include primary and alternate means for communicating with CAH staff and Federal, State, tribal, regional, and local emergency management agencies	485.625 (C) 3	17.01.01 Emergency Safety & Security.		EM.02.02.01 (EP 14) - General Requirements	6.4.1	12.5.3.3.6.1
Include a method for sharing information and medical documentation for patients under the 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		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	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		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		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 at least annually.	485.625 (D)	17.02.02 Emergency Education.	Staffing Management SM.4 ORIENTATION	HR 01.04.01 (EP 1,2,3) - Orientation EM 02.02.07 (EP 7) - Staff EM.03.01.03 (EP 1) - Evaluation	7.1	12.3.3.10

CMS Emergency Preparedness Conditions of Participation Language	CMS Emergency Preparedness Conditions of Participation Reference	American Osteopathic Association/Healthcare Facilities Accreditation Program www.hfap.org	DNV GL - Healthcare www.dnvglhealthcare.com	The Joint Commission Standards www.jointcommission.org	NFPA 1600	NFPA 99
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 annually and maintain documentation of all emergency preparedness training along with demonstration of staff knowledge of emergency procedures.	485.625 (D) 1 i-iv	17.02.02 Emergency Education.	Staffing Management SM.4 ORIENTATION	HR 01.04.01 (EP 1,2,3) - Orientation EM 02.02.07 (EP 7) - Staff	7.1	12.3.3.10
Conduct exercises to test the emergency plan at least annually	485.625 (D) 2	17.02.01 Emergency Exercises.	PE 6 SR.4 EMERGENCY MANAGEMENT	EM.03.01.03 - Evaluation	7.1	12.3.10
Participate in a full scale exercise that is community based or when community based exercise is not accessible, individual, facility-based.	485.625 (D) 2 i	17.02.01 Emergency Exercises.	PE 6 SR.4 EMERGENCY MANAGEMENT	EM.03.01.03 (EP 4, 5) - Evaluation	8.1.1 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 in a community based or individual, facility based full-scale exercise for one year following the onset of the actual event	485.625 (D) 2 i	17.02.01 Emergency Exercises.	PE 6 SR.4 EMERGENCY MANAGEMENT	EM.03.01.03 (EP 1) - Evaluation		
Conduct a second exercise that may include but is not limited to a second full-scale exercise that is individual, facility based; a tabletop exercise that includes a group discussion led by a facilitator using a narrated, clinically relevant emergency scenario and a set of problem statements, directed messages or prepared questions designed to challenge the emergency plan	485.625 (D) 2 ii	17.02.01 Emergency Exercises	PE 6 SR.4 EMERGENCY MANAGEMENT	EM.03.01.03 (EP 1) - Evaluation		
Analyze the response to and maintain documentation of all drills, tabletop exercises and emergency events and revise the facility emergency plan as needed	485.625 (D) 2 iii	17.02.01 Emergency Exercises	PE 6 EMERGENCY MANAGEMENT	EM.03.01.03 (EP 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16) - Evaluation		12.3.3.2

CMS Emergency Preparedness Conditions of Participation Language	CMS Emergency Preparedness Conditions of Participation Reference	American Osteopathic Association/Healthcare Facilities Accreditation Program www.hfap.org	DNV GL - Healthcare www.dnvglhealthcare.com	The Joint Commission Standards www.jointcommission.org	NFPA 1600	NFPA 99
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	PE. 6 SR. 2. EMERGENCY MANAGEMENT	EC 02.05.03 (All EP) - Utilities EM 02.02.09 (All EPs) - Utilities		
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.	PE. 6 SR.2 EMERGENCY MANAGEMENT	EC.02.05.07 (EP 7)- Utilities EM.02.02.09 (EP 8) - Utilities		
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.	485.625 (E) 3	17.01.03 Emergency Utilities.	PE. 6 SR.2 EMERGENCY MANAGEMENT	EM.02.02.09 (EP 2, 5 ,8) - Utilities		

CMS Emergency Preparedness Conditions of Participation Language	CMS Emergency Preparedness Conditions of Participation Reference	American Osteopathic Association/Healthcare Facilities Accreditation Program www.hfap.org	DNV GL - Healthcare www.dnvglhealthcare.com	The Joint Commission Standards 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		

CMS Emergency Preparedness Conditions of Participation Language	CMS Emergency Preparedness Conditions of Participation Reference	NFPA 1600	NFPA 99
October 2016	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 at least annually.	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, including documentation of the dialysis facility efforts to contact such officials and, when applicable, its participation in collaborative and cooperative planning efforts. 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)

CMS Emergency Preparedness Conditions of Participation Language	CMS Emergency Preparedness Conditions of Participation 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 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 at least annually.			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
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 Participation Language	CMS Emergency Preparedness Conditions of Participation 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.	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)
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 at least annually.	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 annually 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		
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.	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 a community based or individual, facility based full-scale exercise for one year following the onset of the actual event	494.62 (D) 2 i		12.3.3.2

CMS Emergency Preparedness Conditions of Participation Language	CMS Emergency Preparedness Conditions of Participation Reference	NFPA 1600	NFPA 99
Conduct a second exercise that may include but is not limited to a second full-scale exercise that is individual, facility based; a tabletop exercise that includes a group discussion led by a facilitator using a narrated, clinically relevant emergency scenario and a set of problem statements, directed messages or prepared questions designed to challenge the emergency plan	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
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)		
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 Participation Language	CMS Emergency Preparedness Conditions of Participation Reference	Accreditation Commission for Health Care www.achc.org	Community Health Accreditation Program (CHAP) www.chapinc.org	The Joint Commission Standards www.jointcommission.org	NFPA 1600	NFPA 99
October 2016	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		EM.02.01.01 - General Requirements		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 at least annually.	484.22 (a)			EM.02.01.01 General Requirements		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	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
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.	484.22 (a) 4					12.2.3.3 12.5.3.3.6.1(2)(6)

CMS Emergency Preparedness Conditions of Participation Language	CMS Emergency Preparedness Conditions of Participation Reference	Accreditation Commission for Health Care www.achc.org	Community Health Accreditation Program (CHAP) 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 annually.	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 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	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		

CMS Emergency Preparedness Conditions of Participation Language	CMS Emergency Preparedness Conditions of Participation Reference	Accreditation Commission for Health Care www.achc.org	Community Health Accreditation Program (CHAP) www.chapinc.org	The Joint Commission Standards www.jointcommission.org	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.	484.22 (C)	Standard HH5-12A.01		EM.02.02.01 (All EPs)- General Requirements	6.4	12.5.3.3.6.1
As part of its communication plan include in its plan, names and contact information for staff; entities providing services under arrangement; patients' physicians and volunteers	484.22 (C) 1 i-iv			EM.02.02.01 (EP 1) - Communication	6.4.1	

CMS Emergency Preparedness Conditions of Participation Language	CMS Emergency Preparedness Conditions of Participation Reference	Accreditation Commission for Health Care www.achc.org	Community Health Accreditation Program (CHAP) 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 1-14) - General Requirements 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 Participation Language	CMS Emergency Preparedness Conditions of Participation Reference	Accreditation Commission for Health Care www.achc.org	Community Health Accreditation Program (CHAP) 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 at least annually	484.22 (D)	Standard HH4-8A.01		EM.03.01.03 - Evaluation	7.1	12.3.3.10

CMS Emergency Preparedness Conditions of Participation Language	CMS Emergency Preparedness Conditions of Participation Reference	Accreditation Commission for Health Care www.achc.org	Community Health Accreditation Program (CHAP) www.chapinc.org	The Joint Commission Standards www.jointcommission.org	NFPA 1600	NFPA 99
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 annually and maintain documentation of all emergency preparedness training along with demonstration of staff knowledge of emergency procedures	484.22 (D) 1 i-iv	Standard HH4-5A.01 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 or when community based exercise is not accessible, individual, facility-based.	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 a community based or individual, facility based full-scale 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 a second exercise that may include but is not limited to a second full-scale exercise that is individual, facility based; a tabletop exercise that includes a group discussion led by a facilitator using a narrated, clinically relevant emergency scenario and a set of problem statements, directed messages or prepared questions designed to challenge the emergency plan	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		

CMS Emergency Preparedness Conditions of Participation Language	CMS Emergency Preparedness Conditions of Participation Reference	Accreditation Commission for Health Care www.achc.org	Community Health Accreditation Program (CHAP) www.chapinc.org	The Joint Commission Standards 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	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					

Hospice

CMS Emergency Preparedness Conditions of Participation Language	CMS Emergency Preparedness Conditions of Participation Reference	Accreditation Commission for Health Care, Inc. (ACHC) www.achc.org	Community Health Accreditation Program (CHAP) www.chapinc.org	The Joint Commission Resources Standards www.jointcommission.org	NFPA 1600	NFPA 99
October 2016	418.113	December 1, 2016	June 30, 2014	2017	2016	2005
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 - General Requirements		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.	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 (EP 2, 3) - Foundation for the Emergency Operations Plan EM.02.01.01- General Requirements	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) - Foundation for the Emergency Operations Plan EM.02.01.01 (EP 2)- General Requirements EM.02.02.09 (EP 1)- Utilities EC.02.05.07- Utilities	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		EM.02.01.01 (EP 2) - 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, including documentation of the facility efforts to contact such officials and, when applicable, its participation in collaborative and cooperative planning efforts.	418.113 (4)			EM.01.01.01(EP 4) - Foundation for the Emergency Operations Plan EM.02.02.01(EP14)- Communications		12.2.3.3 12.5.3.3.6.1(2)(6)

Hospice

CMS Emergency Preparedness Conditions of Participation Language	CMS Emergency Preparedness Conditions of Participation Reference	Accreditation Commission for Health Care, Inc. (ACHC) www.achc.org	Community Health Accreditation Program (CHAP) www.chapinc.org	The Joint Commission Resources 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) , risk assessment at paragraph (a) (1), and the communications plan section (C). The policies and procedures must be reviewed and updated at least annually.	418.113 (b)			EM.02.01.01 (EP 2) - General Requirements LD.01.03.01- Governance Accountabilities		12.5.3.3.5 12.5.3.3.6.1 12.5.3.6.1
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	Standard: CII.3a Standard: CII.3b Standard: HII.8r1a(inpatient)	EM.02.02.01- General Requirements EM.02.02.07- Staff		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) - Patients LD.03.04.01 - Communication		
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) - Patients		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	Standard: H11.8e Standard: HII.8h3d Standard: HII.8h3e Standard: HII.8h6	EM.02.02.09 (EM 1, 9) - Utilities EM.02.02.03 - Resources and Assets EC.02.05.01 (EP 15, 19) - Utilities LS.01.01.01 - Statement of Conditions LS.02.01.10 - General Building Requirements EC.02.03.05 - Fire Safety EC.02.05.03 - Utilities		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) - Patients		12.5.3.3.6.1(3)(4) 12.5.3.3.6.2(7) 12.5.3.3.6.4(1)(6)(7)(8)(9) 12.5.3.3.6.8
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 - 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	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.	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) - Staff	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 - Meeting Patient Needs	6.9.1.2	

CMS Emergency Preparedness Conditions of Participation Language	CMS Emergency Preparedness Conditions of Participation Reference	Accreditation Commission for Health Care, Inc. (ACHC) www.achc.org	Community Health Accreditation Program (CHAP) www.chapinc.org	The Joint Commission Resources Standards www.jointcommission.org	NFPA 1600	NFPA 99
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 at least annually.	418.113 (c)	Standard HSP7-4A.01	H11.8r1a	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 employees; entities providing services under arrangement; patients' physicians and other hospices.	418.113 (c) (1) i-iv	Standard HSP7-4A.01		EM.02.02.01 (EP1) - General Requirements	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 - General Requirements	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) - General Requirements IM.01.01.03 - 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 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) - Patients LD.03.04.01- Communication IM.02.02.03 (EP 3) -Capturing, Storing and Retrieving Data		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 Standard: HII.8r1e	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	
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) - Communications EM.02.02.11 (EP 1)- Patients LD.03.04.01- Communication	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	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 at least annually.	418.113 (d)	Standard HSP7-4A.01	Standard: HII.8r2 (inpatient) Standard: HII.11c	EM.03.01.03 - Evaluation	7.1	12.3.3.10

CMS Emergency Preparedness Conditions of Participation Language	CMS Emergency Preparedness Conditions of Participation Reference	Accreditation Commission for Health Care, Inc. (ACHC) www.achc.org	Community Health Accreditation Program (CHAP) www.chapinc.org	The Joint Commission Resources Standards www.jointcommission.org	NFPA 1600	NFPA 99
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 annually 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 Standard: HSP4-6B	Standard: HIII.1d2i Standard: HIII.1n9	EM.02.02.07 -Staff HR.01.05.03 (EP 2)- Training and Education HR.01.05.01 - Training and Education	7.1	12.3.3.10
Conduct exercises to test the emergency plan at least annually	418.113 (d) (2)	Standard HSP7-4A	Standard: HII.8r2 (inpatient)	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 or when community based exercise is not accessible, individual, facility-based.	418.113 (d) (2) i			EM.03.01.03 (EP 1, 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 a community based or individual, facility based full-scale exercise for one year following the onset of the actual event	418.113 (d) (2) i			EM.03.01.03 (EP 1) - Evaluation		12.3.3.10
Conduct a second exercise that may include but is not limited to a second full-scale exercise that is individual, facility based; a tabletop exercise that includes a group discussion led by a facilitator using a narrated, clinically relevant emergency scenario and a set of problem statements, directed messages or prepared questions designed to challenge the emergency plan	418.113 (d) (2) ii					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	418.113 (d) (2) iii			EM.03.01.03 (EP 13, 14, 16) - Evaluation		
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)					
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					

Hospice

CMS Emergency Preparedness Conditions of Participation Language	CMS Emergency Preparedness Conditions of Participation Reference	Accreditation Commission for Health Care, Inc. (ACHC) www.achc.org	Community Health Accreditation Program (CHAP) www.chapinc.org	The Joint Commission Resources Standards www.jointcommission.org	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	418.113 (e) (5)					

CMS Emergency Preparedness Conditions of Participation Language	CMS Emergency Preparedness Conditions of Participation Reference	DNV- GL Healthcare www.dnvglhealthcare.com	The Joint Commission Standards www.jointcommission.org	NFPA 1600 (2016)	NFPA 99
October 2016	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	EM.02.01.01 - General Requirements		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.	482.15		EM.02.01.01 General Requirements EM.03.01.01 (EP 2) 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	482.15 (a) 1	PE. 6 SR. 3 EMERGENCY MANAGEMENT	EM.01.01.01 (EP 2, 3, 5) - Foundation for the Emergency Operations Plan EM.03.01.01 (EP 1)	4.4.2 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.	482.15 (a) 2	PE. 6 SR. 3 EMERGENCY MANAGEMENT	EM.01.01.01 (EP 5,6) - 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 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 LD.01.04.01 (EP 11) Chief Executive Responsibilities	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.	482.15 (a) 4		EM.01.01.01 (EP3, 4, 7)- Foundation for the EOP EM.02.02.01 (EP 4)- Communications		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 at least annually.	482.15 (b) (1) (i-ii) A-D		EM.02.01.01 (EP 2)- General Requirements		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	482.15 (b) (1) (i-ii) A-C	PE.6 SR. 2 EMERGENCY MANAGEMENT	EM.02.02.07 (EP 5)- Staff EM.02.02.09 (EP 2, 3, 4, 5, 7)- Utilities EC 02.05.03 (EP 1, 3)- Utilities EC.02.06.01 Other Physical Environment Requirements		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
The policies and procedures must address... (D) sewage and waste disposal	482.15 (b) (1) (ii) (D)		EC.02.02.01 (All EP) - Hazardous Materials and Waste IC.02.02.01 (EP3) 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 patients in the facility's care during an emergency. If on-duty staff or sheltered patients are relocated during the emergency the hospital must document the specific name and location of the receiving facility or other location.	482.15 (b) 2		EM 02.02.03 (EP 9) - Resources and Assets EM.02.02.11 (EP 8) - Patients		12.5.3.3.6.4(9)
Have policies and procedures in place to ensure the safe evacuation from the facility, which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation 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	EM 02.02.03 (EP 9) - Resources and Assets EM.02.02.11 (EP 3) - Patients		12.5.3.3.6.1(3)(4) 12.5.3.3.6.2(7) 12.5.3.3.6.4(1)(6)(7)(8)(9) 12.5.3.3.6.8
Have a means to shelter in place for patients, staff and volunteers who remain in the facility	482.15 (b) 4	PE.6 EMERGENCY MANAGEMENT SYSTEM SR.7	EM 02.02.03 (EP 1-6) - Resources and Assets		12.5.3.3.3 12.5.3.3.6

CMS Emergency Preparedness Conditions of Participation Language	CMS Emergency Preparedness Conditions of Participation Reference	DNV- GL Healthcare www.dnvglhealthcare.com	The Joint Commission Standards www.jointcommission.org	NFPA 1600 (2016)	NFPA 99
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 EM.02.02.11 - Patients EP 3, 8 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)
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	PE. 6 SR.4 EMERGENCY MANAGEMENT MS.13 SR.4 TEMPORARY CLINICAL PRIVILEGES .	EM.02.02.07 (EP 9)- Staff EM.02.02.13 (All EPs)- Volunteer Practitioners EM.02.02.15 (All EPs) - Volunteer Practitioners MS.01.01.01 (EP 14) - 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 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	PE. 6 SR.3 EMERGENCY MANAGEMENT	EM.02.02.03 (EP 9) - Resources and Assets	6.9.1.2	
Policies and procedures to address the role of the hospital under a waiver declared by the Secretary, in accordance with section 1135 of the Act, for the provision of care and treatment at an alternate care site (ACS) identified by emergency management officials.	482.15 (b) (8)		EM.02.01.01 (EP 7)- General Requirements		
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.	482.15 (c)	PE.6 SR. 1 EMERGENCY MANAGEMENT	EM.02.02.01 (All EPs)- General Requirements	6.4	12.5.3.3.6.1
As part of its communication plan include in its plan, names and contact information for staff; entities providing services under arrangement; patients’ physicians, other hospitals and CAHs and volunteers.	482.15 (c) 1		EM.02.02.01 (EP 1, 2, 7, 8, 9, 10) - Communication	6.4.1	
Require contact information for Federal, State, tribal, regional, or local emergency preparedness staff and other sources of assistance.	482.15 (c) 2		EM.02.02.01 (EP 3 -13) - General Requirements	6.4.1	12.5.3.3.6.1(6)
Include primary and alternate means for communicating with hospital staff and Federal, State, tribal, regional, and local emergency management agencies	482.15 (c) 3		EM.02.02.01 (EP 14) - General Requirements	6.4.1	12.5.3.3.6.1
Include a method for sharing information and medical documentation for patients under the hospital's care, as necessary, with other health care providers to maintain continuity of care.	482.15 (c) 4		EM.02.02.01 (EP 11, 12) - General Requirements		12.5.3.3.6.1(4)
Have a means, in the event of an evacuation, to release patient information as permitted under 45 CFR 164.510 .	482.15 (c) 5		EM.02.02.01 (EP 5, 12) - General Requirements	6.4.1	12.5.3.3.6.1(4)
Have a means of providing information about the general condition and location of patients under the facility’s care, as permitted under 45 CFR 164.510(b)(4)	482.15 (c) 6		EM.02.02.01 (5, 6, 12) -General Requirements		12.5.3.3.6.1(4)
Have a means of providing information about the hospital's occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee.	482.15 (c) 7		EM.02.02.01 (EP 4) - General Requirements		12.5.3.3.6.1(2)(6)
Training and Testing	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 at least annually.	482.15 (d)	Staffing Management SM.4 ORIENTATION	HR 01.04.01 (EP 1,2,3) - Orientation EM 02.02.07 (EP 7) - Staff EM.03.01.03 (EP 1) - Evaluation	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 annually and maintain documentation of all emergency preparedness training along with demonstration of staff knowledge of emergency procedures.	482.15 (d) 1	Staffing Management SM.4 SR.1 ORIENTATION	HR 01.04.01 (EP 1,2,3) - Orientation EM 02.02.07 (EP 7) - Staff	7.1	12.3.3.10
Conduct exercises to test the emergency plan at least annually	482.15 (d) 2	PE 6 SR.4 EMERGENCY MANAGEMENT	EM.03.01.03 - Evaluation	8.1.1 8.5.1	12.3.3.10

CMS Emergency Preparedness Conditions of Participation Language	CMS Emergency Preparedness Conditions of Participation Reference	DNV- GL Healthcare www.dnvglhealthcare.com	The Joint Commission Standards www.jointcommission.org	NFPA 1600 (2016)	NFPA 99
Participate in a full scale exercise that is community based or when community based exercise is not accessible, individual, facility-based.	482.15 (d) 2	PE.6 EMERGENCY MANAGEMENT SYSTEM SR.4	EM.03.01.03 (EP 4, 5) - 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 a community based or individual, facility based full-scale exercise for one year following the onset of the actual event	482.15 (d) 2	PE 6 SR.4 EMERGENCY MANAGEMENT	EM.03.01.03 (EP 1) - Evaluation		
Conduct a second exercise that may include but is not limited to a second full-scale exercise that is individual, facility based; a tabletop exercise that includes a group discussion led by a facilitator using a narrated, clinically relevant emergency scenario and a set of problem statements, directed messages or prepared questions designed to challenge the emergency plan	482.15 (d) 2	PE.6 EMERGENCY MANAGEMENT SYSTEM SR.4	EM.03.01.03 (EP 1) - Evaluation		12.3.3.2
Analyze the response to and maintain documentation of all drills, tabletop exercises and emergency events and revise the facility emergency plan as needed	482.15 (d) 2	PE.6 EMERGENCY MANAGEMENT SYSTEM SR.4c	EM.03.01.03 (EP 6-16) - Evaluation		12.3.3.2
Emergency and Standby Power Systems	Emergency and Standby Power Systems				
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	482.15 (e)		EM.02.02.09 (EP 8) EC.02.05.07 (EP 7) – Note that this requirement is to run this test every 36 months not every 12 as the rule would be.		12.3.3.2
Emergency generator location. The generator must be located in accordance with the location requirements found in the Health Care Facilities Code (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.	482.15 (e) (1)	PE. 6 SR. 2. EMERGENCY MANAGEMENT SR.2	EC 02.05.03 (All EP) - Utilities EM 02.02.09 (All EPs) - Utilities		Section 3-4
Emergency generator inspection and testing. The facility must implement emergency power system inspection and testing requirements found in the Health Care Facilities Code, NFPA 110, and the Life Safety Code.	482.15 (e) (2)	PE. 6 SR.2 EMERGENCY MANAGEMENT	EC.02.05.07 (EP 7)- Utilities EM.02.02.09 (EP 8) - Utilities		
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	482.15 (e) (3)	PE. 6 SR.2 EMERGENCY MANAGEMENT	EM.02.02.09 (EP 2, 5 ,8) - Utilities		

CMS Emergency Preparedness Conditions of Participation Language	CMS Emergency Preparedness Conditions of Participation Reference	DNV- GL Healthcare www.dnvglhealthcare.com	The Joint Commission Standards 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				

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

CMS Emergency Preparedness Conditions of Participation Language	CMS Emergency Preparedness Conditions of Participation Reference	NFPA 1600	NFPA 99
October 2016	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 at least annually.	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 situation, including documentation of the efforts to contact such officials and, when applicable, its participation in collaborative and cooperative planning efforts.	483.475 a 4		12.2.3.3 12.5.3.3.6.1(2)(6)

CMS Emergency Preparedness Conditions of Participation Language	CMS Emergency Preparedness Conditions of Participation 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.	483.475 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
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 at least annually.	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	
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)
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.	483.475 C 7		

CMS Emergency Preparedness Conditions of Participation Language	CMS Emergency Preparedness Conditions of Participation 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 at least annually.	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 annually and maintain documentation of all emergency preparedness training along with demonstration of staff knowledge of emergency procedures.	483.475 D 1 i-iv	7.1	12.3.3.10
Conduct exercises to test the emergency plan at least annually	483.475 D 2	8.1.1 8.5.1	12.3.3.10
Participate in a community mock disaster drill at least annually. If a community mock disaster drill is not available, conduct an individual, facility-based mock disaster drill at least annually	483.475 D 2 i		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 a community or individual, facility-based mock disaster drill for 1 year following the onset of the actual event.	483.475 D 2 ii		12.3.3.10
Conduct a paper-based, tabletop exercise 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.	483.475 D 2 iii		12.3.3.10
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.	483.475 D 2 iv		12.3.3.10

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CMS Emergency Preparedness Conditions of Participation Language	CMS Emergency Preparedness Conditions of Participation Reference	NFPA 1600	NFPA 99
October 2016	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)

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CMS Emergency Preparedness Conditions of Participation Language	CMS Emergency Preparedness Conditions of Participation 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	
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 Participation Language	CMS Emergency Preparedness Conditions of Participation 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		

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CMS Emergency Preparedness Conditions of Participation Language	CMS Emergency Preparedness Conditions of Participation 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 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 annually	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 mock disaster drill at least annually.	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 a community based or individual, facility based mock disaster drill for one year following the onset of the actual event	488.73 (D) (2) (i)		
Conduct a paper based tabletop exercise at least annual 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	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)		
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		

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CMS Emergency Preparedness Conditions of Participation Language	CMS Emergency Preparedness Conditions of Participation 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 Participation Language	CMS Emergency Preparedness Conditions of Participation 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 Participation Language	CMS Emergency Preparedness Conditions of Participation Reference	NFPA 1600	NFPA 99
October 2016	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 at least annually	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, including documentation of the OPO's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning effort	486.360 (a) 4		12.2.3.3 12.5.3.3.6.1(2)(6)
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 annually.	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 annually.	486.360 (c)	6.4	12.5.3.3.6.1

CMS Emergency Preparedness Conditions of Participation Language	CMS Emergency Preparedness Conditions of Participation Reference	NFPA 1600	NFPA 99
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
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 at least annually.	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 at least annually 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
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 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.	486.360 (d) 2 i		12.3.3.10
Analyze the OPO's response to and maintain documentation of all tabletop exercises, and emergency events, and revise the OPO's emergency plan, as needed.	486.360 (d) 2 ii		12.3.3.10

CMS Emergency Preparedness Conditions of Participation Language	CMS Emergency Preparedness Conditions of Participation Reference	NFPA 1600	NFPA 99
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 Participation Language	CMS Emergency Preparedness Conditions of Participation 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 Participation Language	CMS Emergency Preparedness Conditions of Participation Reference	NFPA 1600	NFPA 99
October 2016	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 at least annually.	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
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.	460.84 (a) (4)		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 at least annually.	460.84 (b)		12.5.3.3.5 12.5.3.3.6.1 12.5.3.6.1
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	460.84 (b) (1) i-ii		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
(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
Have a means to shelter in place for patients, staff and volunteers who remain in the facility	460.84 (b) (5)		12.5.3.3.3 12.5.3.3.6

CMS Emergency Preparedness Conditions of Participation Language	CMS Emergency Preparedness Conditions of Participation Reference	NFPA 1600	NFPA 99
Have a system of medical documentation that preserves participant information, protects the confidentiality of participant information and secures and maintains availability of records.	460.84 (b) (6)	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.	460.84 (b) (7)	6.9.1.2	12.5.3.4.5
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 at least annually.	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	
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)
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)	460.84 (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.	460.84 (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 at least annually.	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 annually and maintain documentation of all emergency preparedness training along with demonstration of staff knowledge of emergency 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.	460.84 (d) 2 i		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 a community based or individual, facility based full-scale exercise for one year following the onset of the actual event	460.84 (d) 2 i		12.3.3.10
Conduct a second exercise that may include but is not limited to a second full-scale exercise that is individual, facility based; a tabletop exercise that 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 an emergency plan	460.84 (d) 2 ii		12.3.3.10

CMS Emergency Preparedness Conditions of Participation Language	CMS Emergency Preparedness Conditions of Participation Reference	NFPA 1600	NFPA 99
Analyze the response to and maintain documentation of all drills, tabletop exercises and emergency events and revise the facility emergency plan as needed	460.84 (d) 2 iii		12.3.3.10
Integrated Healthcare Systems	Integrated Healthcare Systems		
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...	460.84(e)		
Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program	460.84 (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.	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 Participation Language	CMS Emergency Preparedness Conditions of Participation Reference	The Joint Commission Resource Standards www.jointcommission.org	NFPA 1600	NFPA 99
October 2016	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 General Requirements EM.03.01.01 Evaluation		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.	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, including documentation of the facility efforts to contact such officials and, when applicable, its participation in collaborative and cooperative planning efforts.	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 Participation Language	CMS Emergency Preparedness Conditions of Participation Reference	The Joint Commission Resource 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) and (a) (1) and the communications plan section (C). The policies and procedures must be reviewed and updated at least annually.	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)
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)			

CMS Emergency Preparedness Conditions of Participation Language	CMS Emergency Preparedness Conditions of Participation Reference	The Joint Commission Resource Standards www.jointcommission.org	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.	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	
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)
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 at least annually.	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. Provide this training annually and maintain documentation of all emergency preparedness training along with demonstration of staff knowledge of emergency procedures.	441.184 (d) 1 i- iv	EM.02.02.07 Staff HR.01.04.01 Orientation	7.1	12.3.3.10

CMS Emergency Preparedness Conditions of Participation Language	CMS Emergency Preparedness Conditions of Participation Reference	The Joint Commission Resource Standards www.jointcommission.org	NFPA 1600	NFPA 99
Conduct exercises to test the emergency plan at least annually	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.	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 a community based or individual, facility based full-scale exercise for one year following the onset of the actual event	441.184 (d) 2 i	EM.03.01.03 Evaluation		
Conduct a second exercise that may include but is not limited to a second full-scale exercise that is individual, facility based; a tabletop exercise that 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
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 Participation Language	CMS Emergency Preparedness Conditions of Participation Reference	NFPA 1600	NFPA 99
October 2016	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 at least annually.	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
Address patient population, including, but not limited to, persons at-risk, the type of services in the RNHCI has the ability to provide an emergency; and continuity of operations, including delegations of authority and succession plans.	403.748 (a) 3	6.8.2	12.3.3.4
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
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.	403.748 (a) 4		0
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.	403.748 (a) 4		12.2.3.3 12.5.3.3.6.1(2)(6)

CMS Emergency Preparedness Conditions of Participation Language	CMS Emergency Preparedness Conditions of Participation 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.	403.748 (b) (1) (i-ii) A-D		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	403.748 (b) (1) (i-ii) A-C		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
The policies and procedures must address ... (D) sewage and waste disposal	403.748 (b) (1) (ii) (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 RNHCI must document the specific name and location of the receiving facility or other location.	403.748 (b) 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.	403.748 (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	403.748 (b) 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.	403.748 (b) 5 i-iii	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 to address surge needs during an emergency.	403.748 (b) 6	6.9.1.2	12.5.3.4.5
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	

CMS Emergency Preparedness Conditions of Participation Language	CMS Emergency Preparedness Conditions of Participation Reference	NFPA 1600	NFPA 99
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 at least annually.	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)
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)
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 at least annually.	403.748 (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 annually and maintain documentation of all emergency preparedness training along with demonstration of staff knowledge of emergency procedures.	403.748 (d) 1	7.1	12.3.3.10

CMS Emergency Preparedness Conditions of Participation Language	CMS Emergency Preparedness Conditions of Participation Reference	NFPA 1600	NFPA 99
Conduct exercises to test the emergency plan at least annually	403.748 (d) 2	8.1.1 8.5.1	12.3.3.10
Conduct a paper-based, tabletop exercise 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.	403.748 (d) 2		12.3.3.2
Analyze the response to and maintain documentation of all tabletop exercises and emergency events and revise the facility emergency plan as needed	403.748 (d) 2		12.3.3.2

CMS Emergency Preparedness Conditions of Participation Language	CMS Emergency Preparedness Conditions of Participation Reference	American Association of Accreditation of Ambulatory Surgery Facilities (AAAASF) www.aaaasf.org	The Compliance Team www.thecomplianceteam.org	NFPA 1600	NFPA 99
October 2016	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) 200.080.010 (emergency power source for min. 2 hours) 200.080.015 (emergency power source) 200.080.020 (emergency power equipment)	REG 2.D		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.	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) 200.080.010 (emergency power source for min. 2 hours) 200.080.015 (emergency power source) 200.080.020 (emergency power equipment)			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	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	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	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.	491.12 (a) (4)				12.2.3.3 12.5.3.3.6.1(2)(6)
Policies and Procedures					
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 at least annually.	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) 400.020.050 (power failure) 400.020.055 (plan for emergency evacuation of facility) 400.050.020 (hallways are wide)	REG 2.D		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)

CMS Emergency Preparedness Conditions of Participation Language	CMS Emergency Preparedness Conditions of Participation Reference	American Association of Accreditation of Ambulatory Surgery Facilities (AAAASF) www.aaaasf.org	The Compliance Team www.thecomplianceteam.org	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.	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 at least annually.	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)

CMS Emergency Preparedness Conditions of Participation Language	CMS Emergency Preparedness Conditions of Participation Reference	American Association of Accreditation of Ambulatory Surgery Facilities (AAAASF) www.aaaasf.org	The Compliance Team www.thecomplianceteam.org	NFPA 1600	NFPA 99
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 at least annually.	491.12 (d)		REG 2.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 annually and maintain documentation of all emergency preparedness training along with demonstration of staff knowledge of emergency procedures.	491.12 (d) (1)	800.042.010 (personnel records)		7.1	12.3.3.10
Conduct exercises to test the emergency plan at least annually	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.	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 a community based or individual, facility based full-scale exercise for one year following the onset of the actual event	491.12 (d) (i)				
Conduct a second exercise that may include but is not limited to a second full-scale exercise that is individual, facility based; a tabletop exercise that includes a group discussion led by a facilitator using a narrated, clinically relevant emergency scenario and a set of problem statements, directed messages or prepared questions designed to challenge the emergency plan	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 Participation Language	CMS Emergency Preparedness Conditions of Participation 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 Participation Language	CMS Emergency Preparedness Conditions of Participation Reference	NFPA 1600	NFPA 99
October 2016	486.68	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 center must also meet the conditions of participation in §§ 482.1 through 482.57, except for § 482.15	482.68 (b)		
A transplant center must be included in the emergency preparedness planning and the emergency preparedness program as set forth in § 482.15 for the hospital in which it is located. However, a transplant center is not individually responsible for the emergency preparedness requirements set forth in § 482.15	482.78		
Policies and procedures. A transplant center must have policies and procedures that address emergency preparedness. These policies and procedures must be included in the hospital's emergency preparedness program	482.78 (a)		
Standard: Protocols with hospital and OPO. A transplant center must develop and maintain mutually agreed upon protocols that address the duties and responsibilities of the transplant center, the hospital in which the transplant center is operated, and the OPO designated by the Secretary, unless the hospital has an approved waiver to work with another OPO, during an emergency	482.78 (b)		