

# CMS Emergency Preparedness Final Rule Crosswalk

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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 YNHH-CEPDR at [center@ynhh.org](mailto: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)<br><a href="http://www.aaahc.org">www.aaahc.org</a> | American Association for Accreditation of Ambulatory Surgery Facilities<br><a href="http://www.aaaaf.org">www.aaaaf.org</a> | American Osteopathic Association/Healthcare Facilities Accreditation Program<br><a href="http://www.hlap.org">www.hlap.org</a> | The Joint Commission Standards<br><a href="http://www.jointcommission.org">www.jointcommission.org</a> | 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<br>400.020.010<br>400.020.045<br>400.020.055                     | 01.00.02 Governing Body & Management   | EM.02.01.01 The hospital has an Emergency Operations Plan  |                                  | 12.2.2.3<br>12.2.3.2<br>12.4.1<br>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<br>01.00.06 Disaster Preparedness Plan                                    | EM.02.01.01 General Requirements   |                                  | 12.2.3.3<br>12.4.1.2<br>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<br>5.1.3<br>5.1.4<br>5.2.1 | 12.5.2<br>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<br>6.6.2                   | 12.5.3.2<br>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<br>12.5.3.1.3(1)<br>12.5.3.2.3(11)<br>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<br>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)<br><a href="http://www.aaahc.org">www.aaahc.org</a> | American Association for Accreditation of Ambulatory Surgery Facilities<br><a href="http://www.aaaasf.org">www.aaaasf.org</a> | American Osteopathic Association/Healthcare Facilities Accreditation Program<br><a href="http://www.hfap.org">www.hfap.org</a> | The Joint Commission Standards<br><a href="http://www.jointcommission.org">www.jointcommission.org</a>            | NFPA 1600 | NFPA 99  |
|--|--|---|---|--|---|-----------|--|
| <b>Policies and Procedures</b>   | <b>Policies and Procedures</b>                                   |   |   |  |   |           |  |
| 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<br>400.020.010<br>400.020.045<br>400.020.055                       | 01.00.06 Disaster Preparedness Plan  | EM.02.01.01 (EP 2)- General Requirements  |           | 12.5.3.3.5<br>12.5.3.3.6.1<br>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<br>12.5.3.3.6.4(7)(8)<br>12.5.3.3.6.5<br>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<br>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<br>EM.02.02.11 (EP 3) -Patients                                       |           | 12.5.3.3.6.1(3)(4)<br>12.5.3.3.6.2(7)<br>12.5.3.3.6.4(1)(6)(7)(8)(9)<br>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<br>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<br>EM.02.02.13 (All EPs)- Volunteers<br>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   |

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|--|--|--|---|--|--|----------------|--------------------|
| <b>Communication Plan</b>  | <b>Communication Plan</b>  |  |   |  |  |                |                    |
| 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) |
| <b>Training and Testing</b>  | <b>Training and Testing</b>                                      |  |   |  |  |                |                    |
| 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<br>800.042.010 - Hazard Safety Training<br>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<br>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 |
| <b>Integrated Healthcare Systems</b>  | <b>Integrated Healthcare Systems</b>                             |   |   |  |  |           |          |
| 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<br><a href="http://www.aaaasf.org/">www.aaaasf.org/</a> | 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<br>400.020.010<br>4D3:D4400.020.045<br>400.020.055                   |                                  | 12.2.2.3<br>12.2.3.2<br>12.4.1<br>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<br>12.4.1.2<br>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<br>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<br>5.1.3<br>5.1.4<br>5.2.1 | 12.5.3.2<br>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<br>12.5.3.1.3(1)<br>12.5.3.2.3(11)<br>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<br>12.5.3.3.6.1(2)(6)                              |
| The emergency plan must be developed and maintained with assistance from fire, safety and other appropriate experts  | 485.727 (a) (6)  |   |                                  |   |

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|--|--|---|-----------|--|
| <b>Policies and Procedures</b>   | <b>Policies and Procedures</b>                                   |   |           |  |
| 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<br>400.020.010<br>400.020.045<br>400.020.055                         |           | 12.5.3.3.5<br>12.5.3.3.6.1<br>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<br>400.020.055   |           | 12.5.3.3.6.1(3)(4)<br>12.5.3.3.6.2(7)<br>12.5.3.3.6.4(1)(6)(7)(8)(9)<br>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<br>12.5.3.3.6   |
| Have a system of medical documentation that preserve patient information, protects the confidentiality of patient information and secures and maintains availability of records.   | 485.727 (b) (3)  |   | 4.7.2     | 12.5.3.3.6.1(4)  |
| Have policies and procedures in place to address the use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State or Federally designated health care professionals to address surge needs during an emergency.                         | 485.727 (b) (4)  |   | 6.9.1.2   | 12.5.3.4.5   |

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|---|--|---|-----------|--------------------|
| <b>Communication Plan</b>   | <b>Communication Plan</b>  |   |           |                    |
| 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) |
| <b>Training and Testing</b>   | <b>Training and Testing</b>                                      |   |           |                    |
| 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<br>800.042.010 - Hazard Safety Training<br>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          |



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|--|--|---|----------------|----------|
| Participate in a full scale exercise that is community based or when community based exercise is not accessible, individual, facility-based.   | 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<br>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 |
| <b>Integrated Healthcare Systems</b>   | <b>Integrated Healthcare Systems</b>                             |   |                |          |
| 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<br><a href="http://www.aaaasf.org/">www.aaaasf.org/</a> | 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<br>12.2.3.2<br>12.4.1<br>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<br>12.4.1.2<br>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<br>5.1.3<br>5.1.4<br>5.2.1 | 12.5.2<br>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<br>6.6.2                   | 12.5.3.2<br>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<br>12.5.3.1.3(1)<br>12.5.3.2.3(11)<br>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<br>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                                  |
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| <b>Policies and Procedures</b>   | <b>Policies and Procedures</b>                                   |           | 12.5.3.3.5<br>12.5.3.3.6.1<br>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<br>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            |
|--|--|-----------|--------------------|
| <b>Communication Plan</b>  | <b>Communication Plan</b>  |           | 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   |
|---|--|-------------|-----------|
| <b>Training and Testing</b>   | <b>Training and Testing</b>                                      |             | 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  |
| <b>Integrated Healthcare Systems</b>  | <b>Integrated Healthcare Systems</b>                             |             |           |
| 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<br>12.2.3.2<br>12.4.1<br>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<br>12.4.1.2<br>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<br>5.1.3<br>5.1.4<br>5.2.1 | 12.5.2<br>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<br>6.6.2                   | 12.5.3.2<br>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<br>12.5.3.1.3(1)<br>12.5.3.2.3(11)<br>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<br>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)   |                                  |  |
| <b>Policies and Procedures</b>  | <b>Policies and Procedures</b>                                   |                                  |  |
| 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<br>12.5.3.3.6.1<br>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)<br>12.5.3.3.6.2(7)<br>12.5.3.3.6.4(1)(6)(7)(8)(9)<br>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<br>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       |
| <b>Communication Plan</b>  | 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   |
|---|--|----------------|-----------|
| <b>Training and Testing</b>   | 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<br>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  |
| <b>Integrated Healthcare Systems</b>  | 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<br><a href="http://www.hfap.org">www.hfap.org</a>        | DNV GL - Healthcare<br><a href="http://www.dnvglhealthcare.com">www.dnvglhealthcare.com</a> | The Joint Commission Standards<br><a href="http://www.jointcommission.org">www.jointcommission.org</a> | 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<br>12.2.3.2<br>12.4.1<br>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<br>EM.03.01.01 (EP 2) Evaluation                                      |                                  | 12.2.3.3<br>12.4.1.2<br>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.<br>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<br>EM.03.01.01 (EP 1)          | 4.4.2<br>5.1.3<br>5.1.4<br>5.2.1 | 12.5.2<br>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<br>6.6.2                   | 12.5.3.2<br>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.<br>17.01.08 Incident Command Center.  |   | EM.02.01.01 (EP 3, 7, 8) Communications  | 5.2.2.2                          | 12.2.2.3<br>12.5.3.1.3(1)<br>12.5.3.2.3(11)<br>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<br>EM.02.02.01 (EP 4)- Communications                       |                                  | 12.2.3.3<br>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<br><a href="http://www.hfap.org">www.hfap.org</a>  | DNV GL - Healthcare<br><a href="http://www.dnvglhealthcare.com">www.dnvglhealthcare.com</a> | The Joint Commission Standards<br><a href="http://www.jointcommission.org">www.jointcommission.org</a>     | NFPA 1600 | NFPA 99  |
|---|--|---|---|--|-----------|--|
| <b>Policies and Procedures</b>  | <b>Policies and Procedures</b>                                   |   |   |  |           |  |
| 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<br>12.5.3.3.6.1<br>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.<br>17.01.01 Emergency Safety & Security.<br>17.01.02 Emergency Supplies. 17.01.03<br>Emergency Utilities.<br>17.01.06 Emergency Nutritional Services. | PE.6 SR. 2 EMERGENCY MANAGEMENT   | EM.02.02.07 (EP 5)- Staff<br>EM.02.02.09 (EP 2, 3, 4, 5, 7)- Utilities<br>EC 02.05.03 (EP 1, 3)- Utilities |           | 12.5.3.3.6.2<br>12.5.3.3.6.4(7)(8)<br>12.5.3.3.6.5<br>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<br>12.5.3.3.6.4(7)(8)<br>12.5.3.3.6.5<br>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<br>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.<br>17.01.10 Emergency Evacuation.   | PE.6 SR. 1 EMERGENCY MANAGEMENT SYSTEM  | EM 02.02.03 (EP 9) - Resources and Assets<br>EM.02.02.11 (EP 3) - Patients                                 |           | 12.5.3.3.6.1(3)(4)<br>12.5.3.3.6.2(7)<br>12.5.3.3.6.4(1)(6)(7)(8)(9)<br>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<br>EM.02.02.11 (EP 3) -Patients                                |           | 12.5.3.3.3<br>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<br>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<br><a href="http://www.hfap.org">www.hfap.org</a>  | DNV GL - Healthcare<br><a href="http://www.dnvglhealthcare.com">www.dnvglhealthcare.com</a> | The Joint Commission Standards<br><a href="http://www.jointcommission.org">www.jointcommission.org</a>            | 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.<br>17.01.11 Volunteer Management.  | PE. 6 SR.4 EMERGENCY MANAGEMENT<br>MS.13 SR.4 TEMPORARY CLINICAL PRIVILEGES                 | EM.02.02.07 (EP 9)- Staff<br>EM.02.02.13 (All EPs)- Volunteers<br>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<br><a href="http://www.hfap.org">www.hfap.org</a> | DNV GL - Healthcare<br><a href="http://www.dnvglhealthcare.com">www.dnvglhealthcare.com</a> | The Joint Commission Standards<br><a href="http://www.jointcommission.org">www.jointcommission.org</a> | NFPA 1600 | NFPA 99            |
|---|--|--|---|--|-----------|--------------------|
| <b>Communication Plan</b>   | <b>Communication Plan</b>  |  |   |  |           |                    |
| 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.<br>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.<br>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) |
| <b>Training and Testing</b>   | <b>Training and Testing</b>                                      |  |   |  |           |                    |
| 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<br>EM 02.02.07 (EP 7) - Staff<br>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<br><a href="http://www.hfap.org">www.hfap.org</a> | DNV GL - Healthcare<br><a href="http://www.dnvglhealthcare.com">www.dnvglhealthcare.com</a> | The Joint Commission Standards<br><a href="http://www.jointcommission.org">www.jointcommission.org</a> | 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<br>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<br>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<br><a href="http://www.hfap.org">www.hfap.org</a> | DNV GL - Healthcare<br><a href="http://www.dnvglhealthcare.com">www.dnvglhealthcare.com</a> | The Joint Commission Standards<br><a href="http://www.jointcommission.org">www.jointcommission.org</a> | NFPA 1600 | NFPA 99 |
|---|--|--|---|--|-----------|---------|
| <b>Emergency and Standby Power Systems</b>  | <b>Emergency and Standby Power Systems</b>                       |  |   |  |           |         |
| 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<br>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<br>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<br><a href="http://www.hfap.org">www.hfap.org</a> | DNV GL - Healthcare<br><a href="http://www.dnvglhealthcare.com">www.dnvglhealthcare.com</a> | The Joint Commission Standards<br><a href="http://www.jointcommission.org">www.jointcommission.org</a> | NFPA 1600 | NFPA 99 |
|---|--|--|---|--|-----------|---------|
| <b>Integrated Healthcare Systems</b>  | <b>Integrated Healthcare Systems</b>                             |  |   |  |           |         |
| 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<br>12.2.3.2<br>12.4.1<br>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<br>12.4.1.2<br>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<br>12.4.1.2<br>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<br>5.1.3<br>5.1.4<br>5.2.1 | 12.5.2<br>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<br>6.6.2                   | 12.5.3.2<br>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<br>12.5.3.1.3(1)<br>12.5.3.2.3(11)<br>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<br>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  |
|--|--|-----------|--|
| <b>Policies and Procedures</b>   | <b>Policies and Procedures</b>                                   |           |  |
| 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<br>12.5.3.3.6.1<br>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<br>12.5.3.3.6.4(7)(8)<br>12.5.3.3.6.5<br>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)<br>12.5.3.3.6.2(7)<br>12.5.3.3.6.4(1)(6)(7)(8)(9)<br>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<br>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            |
|--|--|-----------|--------------------|
| <b>Communication Plan</b>  | <b>Communication Plan</b>  |           |                    |
| 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) |
| <b>Training and Testing</b>  | <b>Training and Testing</b>                                      |           |                    |
| 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   |           |          |
| <b>Integrated Healthcare System</b>  | <b>Integrated Healthcare System</b>                              |           |          |
| 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<br><a href="http://www.achc.org">www.achc.org</a> | Community Health Accreditation Program (CHAP)<br><a href="http://www.chapinc.org">www.chapinc.org</a> | The Joint Commission Standards<br><a href="http://www.jointcommission.org">www.jointcommission.org</a> | 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<br>12.2.3.2<br>12.4.1<br>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<br>12.4.1.2<br>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<br>5.1.3<br>5.1.4<br>5.2.1 | 12.5.2<br>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<br>6.6.2                   | 12.5.3.2<br>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<br>12.5.3.1.3(1)<br>12.5.3.2.3(11)<br>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<br>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<br><a href="http://www.achc.org">www.achc.org</a> | Community Health Accreditation Program (CHAP)<br><a href="http://www.chapinc.org">www.chapinc.org</a>       | The Joint Commission Standards<br><a href="http://www.jointcommission.org">www.jointcommission.org</a>  | NFPA 1600 | NFPA 99                                  |
|--|--|--|---|---|-----------|--|
| <b>Policies and Procedures</b>   | <b>Policies and Procedures</b>                                   |  |   |   |           |  |
| 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<br>Standard: CI.5c10<br>Standard: HH1.5b9<br>Standard: HHI.2e5                              | EM.02.01.01 (EP 2)- General Requirements<br>LD.01.03.01- Governance Accountabilitites   |           | 12.5.3.3.5<br>12.5.3.3.6.1<br>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<br>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<br>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<br>Standard: CII.5a  | IM.01.01.03 - Planning for Information Management<br>IM.02.01.01 -Protecting the Privacy of Health Information<br>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.<br>Note-does not includeintegration of state/federal professionals.<br>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<br><a href="http://www.achc.org">www.achc.org</a> | Community Health Accreditation Program (CHAP)<br><a href="http://www.chapinc.org">www.chapinc.org</a> | The Joint Commission Standards<br><a href="http://www.jointcommission.org">www.jointcommission.org</a> | NFPA 1600 | NFPA 99      |
|--|--|--|---|--|-----------|--------------|
| <b>Communication Plan</b>  | <b>Communication Plan</b>  |  |   |  |           |              |
| 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     |              |

Home Health Agency

| CMS Emergency Preparedness Conditions of Participation Language   | CMS Emergency Preparedness Conditions of Participation Reference | Accreditation Commission for Health Care<br><a href="http://www.achc.org">www.achc.org</a> | Community Health Accreditation Program (CHAP)<br><a href="http://www.chapinc.org">www.chapinc.org</a> | The Joint Commission Standards<br><a href="http://www.jointcommission.org">www.jointcommission.org</a>  | 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<br>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<br>IM.02.02.03 (EP 3) -Protecting the Privacy of Health Information<br>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<br>EM.02.02.11 (EP 1) - Patients<br>IM.01.01.03 - Planning for Management of Information<br>IM.02.01.01- Protecting the Privacy of Health Information<br>IM.02.01.03- Protecting the Privacy of Health Information<br>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<br><a href="http://www.achc.org">www.achc.org</a> | Community Health Accreditation Program (CHAP)<br><a href="http://www.chapinc.org">www.chapinc.org</a> | The Joint Commission Standards<br><a href="http://www.jointcommission.org">www.jointcommission.org</a> | NFPA 1600 | NFPA 99   |
|--|--|--|---|--|-----------|-----------|
| <b>Testing and Training</b>  | <b>Testing and Training</b>                                      |  |   |  |           |           |
| 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<br><a href="http://www.achc.org">www.achc.org</a> | Community Health Accreditation Program (CHAP)<br><a href="http://www.chapinc.org">www.chapinc.org</a> | The Joint Commission Standards<br><a href="http://www.jointcommission.org">www.jointcommission.org</a> | 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<br>Standard HH7-3A.01   | Standard HHIII.1c4j   | EM.02.02.07- Staff<br>HR.01.05.01- Training and Education<br>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<br>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<br><a href="http://www.achc.org">www.achc.org</a> | Community Health Accreditation Program (CHAP)<br><a href="http://www.chapinc.org">www.chapinc.org</a> | The Joint Commission Standards<br><a href="http://www.jointcommission.org">www.jointcommission.org</a> | NFPA 1600 | NFPA 99 |
|---|--|--|---|--|-----------|---------|
| <b>Integrated Healthcare Systems</b>  | <b>Integrated Healthcare Systems</b>                             |  |   |  |           |         |
| 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)<br><a href="http://www.achc.org">www.achc.org</a> | Community Health Accreditation Program (CHAP)<br><a href="http://www.chapinc.org">www.chapinc.org</a> | The Joint Commission Resources Standards<br><a href="http://www.jointcommission.org">www.jointcommission.org</a>  | 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<br>Standard HSP7-4A.01: Standard HSP5-5A (Community) |   | EM.02.01.01 - General Requirements  |                                  | 12.2.2.3<br>12.2.3.2<br>12.4.1<br>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<br>12.4.1.2<br>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<br>EM.02.01.01- General Requirements   | 4.4.2<br>5.1.3<br>5.1.4<br>5.2.1 | 12.5.2<br>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<br>EM.02.01.01 (EP 2)- General Requirements<br>EM.02.02.09 (EP 1)- Utilities<br>EC.02.05.07- Utilities | 5.1.5<br>6.6.2                   | 12.5.3.2<br>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<br>12.5.3.1.3(1)<br>12.5.3.2.3(11)<br>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<br>EM.02.02.01(EP14)- Communications   |                                  | 12.2.3.3<br>12.5.3.3.6.1(2)(6)                              |

Hospice

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|---|--|---|---|--|-----------|--|
| <b>Policies and Procedures</b>  | <b>Policies and Procedures</b>                                   |   |   |  |           |  |
| 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<br>LD.01.03.01- Governance Accountabilities  |           | 12.5.3.3.5<br>12.5.3.3.6.1<br>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<br>Standard: CII.3b<br>Standard: HII.8r1a(inpatient)   | EM.02.02.01- General Requirements<br>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<br>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<br>Standard: HII.8h3d<br>Standard: HII.8h3e<br>Standard: HII.8h6   | EM.02.02.09 (EM 1, 9) - Utilities<br>EM.02.02.03 - Resources and Assets<br>EC.02.05.01 (EP 15, 19) - Utilities<br>LS.01.01.01 - Statement of Conditions<br>LS.02.01.10 - General Building Requirements<br>EC.02.03.05 - Fire Safety<br>EC.02.05.03 - Utilities |           | 12.5.3.3.6.2<br>12.5.3.3.6.4(7)(8)<br>12.5.3.3.6.5<br>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<br>Standard: HII.8r1c  | EM.02.02.11 (EP 3) - Patients  |           | 12.5.3.3.6.1(3)(4)<br>12.5.3.3.6.2(7)<br>12.5.3.3.6.4(1)(6)(7)(8)(9)<br>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<br>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<br>Standard: CII.5a  | IM.01.01.03 - Planning for Management of Information<br>IM.02.01.01 - Protecting the Privacy of Health Information<br>IM.02.01.03 - Protecting the Privacy of Health Information<br>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<br>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   |  |



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|--|--|---|---|--|-----------|--------------------|
| 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   |   |   |  |           |                    |
| <b>Communication Plan</b>  | <b>Communication Plan</b>  |   |   |  |           |                    |
| 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<br>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<br>LD.03.04.01- Communication<br>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<br>Standard: CII.5a<br>Standard: HII.8r1e  | IM.01.01.03 - Planning for Management of Information<br>IM.02.01.01 - Protecting the Privacy of Health Information<br>IM.02.01.03 - Protecting the Privacy of Health Information<br>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<br>EM.02.02.11 (EP 1)- Patients<br>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) |
| <b>Testing and Training</b>  | <b>Testing and Training</b>                                      |   |   |  |           |                    |
| 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)<br>Standard: HII.11c  | EM.03.01.03 - Evaluation   | 7.1       | 12.3.3.10          |

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|--|--|---|---|--|----------------|-----------|
| Provide initial training in emergency preparedness policies 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<br>Standard: HSP4-6B   | Standard: HIII.1d2i<br>Standard: HIII.1n9   | EM.02.02.07 -Staff<br>HR.01.05.03 (EP 2)- Training and Education<br>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<br>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   |                |           |
| <b>Integrated Healthcare Systems</b>   |  |   |   |  |                |           |
| 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   |   |   |  |                |           |

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| CMS Emergency Preparedness Conditions of Participation Language  | CMS Emergency Preparedness Conditions of Participation Reference | Accreditation Commission for Health Care, Inc. (ACHC)<br><a href="http://www.achc.org">www.achc.org</a> | Community Health Accreditation Program (CHAP)<br><a href="http://www.chapinc.org">www.chapinc.org</a> | The Joint Commission Resources Standards<br><a href="http://www.jointcommission.org">www.jointcommission.org</a> | 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<br><a href="http://www.dnvglhealthcare.com">www.dnvglhealthcare.com</a> | The Joint Commission Standards<br><a href="http://www.jointcommission.org">www.jointcommission.org</a>  | 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<br>12.2.3.2<br>12.4.1<br>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<br>EM.03.01.01 (EP 2) Evaluation   |                                  | 12.2.3.3<br>12.4.1.2<br>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<br>EM.03.01.01 (EP 1)   | 4.4.2<br>5.1.3<br>5.1.4<br>5.2.1 | 12.5.2<br>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<br>6.6.2                   | 12.5.3.2<br>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<br>LD.01.04.01 (EP 11) Chief Executive Responsibilities   | 5.2.2.2                          | 12.2.2.3<br>12.5.3.1.3(1)<br>12.5.3.2.3(11)<br>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<br>EM.02.02.01 (EP 4)- Communications   |                                  | 12.2.3.3<br>12.5.3.3.6.1(2)(6)   |
| <b>Policies and Procedures</b>  | <b>Policies and Procedures</b>                                   |  |   |                                  |  |
| 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<br>12.5.3.3.6.1<br>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<br>EM.02.02.09 (EP 2, 3, 4, 5, 7)- Utilities<br>EC 02.05.03 (EP 1, 3)- Utilities<br>EC.02.06.01 Other Physical Environment Requirements |                                  | 12.5.3.3.6.2<br>12.5.3.3.6.4(7)(8)<br>12.5.3.3.6.5<br>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<br>IC.02.02.01 (EP3) Medical Equipment, Devices and Supplies   |                                  | 12.5.3.3.6.2<br>12.5.3.3.6.4(7)(8)<br>12.5.3.3.6.5<br>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<br>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<br>EM.02.02.11 (EP 3) - Patients  |                                  | 12.5.3.3.6.1(3)(4)<br>12.5.3.3.6.2(7)<br>12.5.3.3.6.4(1)(6)(7)(8)(9)<br>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<br>12.5.3.3.6   |

| CMS Emergency Preparedness Conditions of Participation Language   | CMS Emergency Preparedness Conditions of Participation Reference | DNV- GL Healthcare<br><a href="http://www.dnvglhealthcare.com">www.dnvglhealthcare.com</a> | The Joint Commission Standards<br><a href="http://www.jointcommission.org">www.jointcommission.org</a>   | 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<br>EM.02.02.11 - Patients EP 3, 8<br>IM.01.01.03 Planning and Management of Information<br>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<br>MS.13 SR.4 TEMPORARY CLINICAL PRIVILEGES .              | EM.02.02.07 (EP 9)- Staff<br>EM.02.02.13 (All EPs)- Volunteer Practitioners<br>EM.02.02.15 (All EPs) - Volunteer Practitioners<br>MS.01.01.01 (EP 14) - Medical Staff Bylaws<br>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   |                  |                    |
| <b>Communication Plan</b>   | <b>Communication Plan</b>  |  |  |                  |                    |
| 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) |
| <b>Training and Testing</b>   | <b>Training and Testing</b>                                      |  |  |                  |                    |
| 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<br>EM 02.02.07 (EP 7) - Staff<br>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<br>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<br>8.5.1   | 12.3.3.10          |

| CMS Emergency Preparedness Conditions of Participation Language   | CMS Emergency Preparedness Conditions of Participation Reference | DNV- GL Healthcare<br><a href="http://www.dnvglhealthcare.com">www.dnvglhealthcare.com</a> | The Joint Commission Standards<br><a href="http://www.jointcommission.org">www.jointcommission.org</a>                                       | 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    |
| <b>Emergency and Standby Power Systems</b>  | <b>Emergency and Standby Power Systems</b>                       |  |  |                  |             |
| 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)<br>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<br>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<br>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<br><a href="http://www.dnvglhealthcare.com">www.dnvglhealthcare.com</a> | The Joint Commission Standards<br><a href="http://www.jointcommission.org">www.jointcommission.org</a> | NFPA 1600 (2016) | NFPA 99 |
|---|--|--|--|------------------|---------|
| <b>Integrated Healthcare Systems</b>  | <b>Integrated Healthcare Systems</b>                             |  |  |                  |         |
| 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<br>12.2.3.2<br>12.4.1<br>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<br>12.4.1.2<br>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<br>5.1.3<br>5.1.4<br>5.2.1 | 12.5.2<br>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<br>6.6.2                   | 12.5.3.2<br>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<br>12.5.3.1.3(1)<br>12.5.3.2.3(11)<br>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<br>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  |
|--|--|-----------|--|
| <b>Policies and Procedures</b>   | <b>Policies and Procedures</b>                                   |           |  |
| 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<br>12.5.3.3.6.4(7)(8)<br>12.5.3.3.6.5<br>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)<br>12.5.3.3.6.2(7)<br>12.5.3.3.6.4(1)(6)(7)(8)(9)<br>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<br>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  |           |  |
| <b>Communication Plan</b>  | <b>Communication Plan</b>  |           |  |
| 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   |
|--|--|----------------|-----------|
| <b>Training and Testing</b>  | <b>Training and Testing</b>                                      |                |           |
| 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<br>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<br>12.2.3.2<br>12.4.1<br>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<br>12.4.1.2<br>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<br>5.1.3<br>5.1.4<br>5.2.1 | 12.5.2<br>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<br>6.6.2                   | 12.5.3.2<br>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<br>12.5.3.1.3(1)<br>12.5.3.2.3(11)<br>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<br>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  |
|---|--|-----------|--|
| <b>Policies and Procedures</b>  | <b>Policies and Procedures</b>                                   |           |  |
| 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<br>12.5.3.3.6.1<br>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<br>12.5.3.3.6.4(7)(8)<br>12.5.3.3.6.5<br>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)<br>12.5.3.3.6.2(7)<br>12.5.3.3.6.4(1)(6)(7)(8)(9)<br>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<br>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            |
|--|--|-----------|--------------------|
| <b>Communication Plan</b>  | <b>Communication Plan</b>  |           |                    |
| 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  |           |                    |

| CMS Emergency Preparedness Conditions of Participation Language   | CMS Emergency Preparedness Conditions of Participation Reference | NFPA 1600      | NFPA 99   |
|---|--|----------------|-----------|
| <b>Training and Testing</b>   | <b>Training and Testing</b>                                      |                |           |
| 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<br>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  |
| <b>Additional Requirements</b>  | <b>Additional Requirements</b>                                   |                |           |
| 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 |
|---|--|-----------|---------|
| <b>Integrated Healthcare Systems</b>  | <b>Integrated Healthcare Systems</b>                             |           |         |
| 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<br>12.2.3.2<br>12.4.1<br>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<br>12.4.1.2<br>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<br>5.1.3<br>5.1.4<br>5.2.1 | 12.5.2<br>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<br>6.6.2                   | 12.5.3.2<br>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<br>12.5.3.1.3(1)<br>12.5.3.2.3(11)<br>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<br>12.5.3.3.6.1(2)(6)                              |
| <b>Policies and Procedures</b>   | <b>Policies and Procedures</b>                                   |                                  |   |
| 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<br>12.5.3.3.6.1<br>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)   |
| <b>Communication Plan</b>  | <b>Communication Plan</b>  |                                  |   |
| 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 |
| <b>Training and Testing</b>   | <b>Training and Testing</b>                                      |                |              |
| 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<br>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 |
|---|--|-----------|---------|
| <b>Additional Requirements</b>  | <b>Additional Requirements</b>                                   |           |         |
| 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 |
|---|--|-----------|---------|
| <b>Integrated Healthcare Systems</b>  | <b>Integrated Healthcare Systems</b>                             |           |         |
| 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<br>12.2.3.2<br>12.4.1<br>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<br>12.4.1.2<br>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<br>5.1.3<br>5.1.4<br>5.2.1 | 12.5.2<br>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<br>6.6.2                   | 12.5.3.2<br>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<br>12.5.3.1.3(1)<br>12.5.3.2.3(11)<br>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<br>12.5.3.3.6.1(2)(6)   |
| <b>Policies and Procedures</b>  | <b>Policies and Procedures</b>                                   |                                  |  |
| 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<br>12.5.3.3.6.1<br>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<br>12.5.3.3.6.4(7)(8)<br>12.5.3.3.6.5<br>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)<br>12.5.3.3.6.2(7)<br>12.5.3.3.6.4(1)(6)(7)(8)(9)<br>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<br>12.5.3.3.6   |

| CMS Emergency Preparedness Conditions of Participation Language  | CMS Emergency Preparedness Conditions of Participation Reference | NFPA 1600      | NFPA 99            |
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| 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)   |                |                    |
| <b>Communication Plan</b>  | <b>Communication Plan</b>  |                |                    |
| 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) |
| <b>Training and Testing</b>  | <b>Training and Testing</b>                                      |                |                    |
| 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<br>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 |
| <b>Integrated Healthcare Systems</b>  | <b>Integrated Healthcare Systems</b>                             |           |           |
| 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<br><a href="http://www.jointcommission.org">www.jointcommission.org</a> | 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<br>EM.03.01.01 Evaluation  |                                  | 12.2.2.3<br>12.2.3.2<br>12.4.1<br>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<br>EM.03.01.01 Evaluation  |                                  | 12.2.3.3<br>12.4.1.2<br>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<br>EM.03.01.01 Evaluation                              | 4.4.2<br>5.1.3<br>5.1.4<br>5.2.1 | 12.5.2<br>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<br>6.6.2                   | 12.5.3.2<br>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<br>12.5.3.1.3(1)<br>12.5.3.2.3(11)<br>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<br>EM.02.02.01 Communications  |                                  | 12.2.3.3<br>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<br><a href="http://www.jointcommission.org">www.jointcommission.org</a>   | NFPA 1600 | NFPA 99  |
|--|--|---|-----------|--|
| <b>Policies and Procedures</b>   | <b>Policies and Procedures</b>                                   |   |           |  |
| 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<br>12.5.3.3.6.1<br>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<br>IC.02.02.01 Medical Equipment, Devices and Supplies  |           | 12.5.3.3.6.2<br>12.5.3.3.6.4(7)(8)<br>12.5.3.3.6.5<br>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)<br>12.5.3.3.6.2(7)<br>12.5.3.3.6.4(1)(6)(7)(8)(9)<br>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<br>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<br>EM.02.02.13 Volunteers<br>EM.02.02.15 (All EPs) - Volunteer Practitioners<br>MS.01.01.01 Medical Staff Bylaws<br>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<br>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<br><a href="http://www.jointcommission.org">www.jointcommission.org</a> | NFPA 1600 | NFPA 99            |
|---|--|---|-----------|--------------------|
| <b>Communication Plan</b>   | <b>Communication Plan</b>  |   |           |                    |
| 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) |
| <b>Training and Testing</b>   | <b>Training and Testing</b>                                      |   |           |                    |
| 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<br>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<br><a href="http://www.jointcommission.org">www.jointcommission.org</a> | 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<br>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  |
| <b>Integrated Healthcare Systems</b>  | <b>Integrated Healthcare Systems</b>                             |   |                |           |
| 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<br>12.2.3.2<br>12.4.1<br>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<br>12.4.1.2<br>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<br>5.1.3<br>5.1.4<br>5.2.1 | 12.5.2<br>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<br>6.6.2                   | 12.5.3.2<br>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<br>12.5.3.1.3(1)<br>12.5.3.2.3(11)<br>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<br>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  |
|---|--|-----------|--|
| <b>Policies and Procedures</b>  | <b>Policies and Procedures</b>                                   |           |  |
| 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<br>12.5.3.3.6.1<br>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<br>12.5.3.3.6.4(7)(8)<br>12.5.3.3.6.5<br>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<br>12.5.3.3.6.4(7)(8)<br>12.5.3.3.6.5<br>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)<br>12.5.3.3.6.2(7)<br>12.5.3.3.6.4(1)(6)(7)(8)(9)<br>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<br>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)  |           |                    |
| <b>Communication Plan</b>   | <b>Communication Plan</b>  |           |                    |
| 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) |
| <b>Training and Testing</b>   | <b>Training and Testing</b>                                      |           |                    |
| 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<br>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)<br><a href="http://www.aaaasf.org">www.aaaasf.org</a>   | The Compliance Team<br><a href="http://www.thecomplianceteam.org">www.thecomplianceteam.org</a> | 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)<br>400.020.050 (power failure)<br>400.020.055 (plan for emergency evacuation of facility)<br>400.050.020 (hallways are wide)<br>200.080.010 (emergency power source for min. 2 hours)<br>200.080.015 (emergency power source)<br>200.080.020 (emergency power equipment) | REG 2.D   |                                  | 12.2.2.3<br>12.2.3.2<br>12.4.1<br>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)<br>400.020.050 (power failure)<br>400.020.055 (plan for emergency evacuation of facility)<br>400.050.020 (hallways are wide)<br>200.080.010 (emergency power source for min. 2 hours)<br>200.080.015 (emergency power source)<br>200.080.020 (emergency power equipment) |   |                                  | 12.2.3.3<br>12.4.1.2<br>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<br>5.1.3<br>5.1.4<br>5.2.1 | 12.5.2<br>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<br>6.6.2                   | 12.5.3.2<br>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<br>12.5.3.1.3(1)<br>12.5.3.2.3(11)<br>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<br>12.5.3.3.6.1(2)(6)                              |
| <b>Policies and Procedures</b>  |  |   |   |                                  |   |
| 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<br>12.5.3.3.6.1<br>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)<br>400.020.050 (power failure)<br>400.020.055 (plan for emergency evacuation of facility)<br>400.050.020 (hallways are wide)   | REG 2.D   |                                  | 12.5.3.3.3<br>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)<br><a href="http://www.aaaasf.org">www.aaaasf.org</a> | The Compliance Team<br><a href="http://www.thecomplianceteam.org">www.thecomplianceteam.org</a> | NFPA 1600 | NFPA 99            |
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| Have a system of medical documentation that preserve patient information, protects the confidentiality of patient information and secures and maintains availability of records.   | 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   |                    |
| <b>Communication Plan</b>  | <b>Communication Plan</b>  |   |   |           |                    |
| 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) |

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| <b>Training and Testing</b>  |  |   |   |                |           |
| 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<br>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  |

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| <b>Integrated Healthcare Systems</b>  | <b>Integrated Healthcare Systems</b>                             |   |   |           |         |
| 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)   |           |              |