

## Helping You Meet Your CMS EMERGENCY PREPAREDNESS CONDITIONS OF PARTICIPATION

The Northwest Healthcare Response Network (The Network) serves a vital role in our community by leading healthcare organizations in a regional, collaborative effort to prepare for, respond to and recover from emergencies and disasters. The Network offers numerous resources to help ensure the resiliency of the King, Pierce and Kitsap county healthcare communities, and many of these resources contribute toward organizations meeting healthcare CMS requirements and accreditation standards.

The following table outlines the CMS Emergency Preparedness Conditions of Participation by healthcare sector and what the Network offers to assist organizations in fulfilling their requirements. *This table should not replace an organization's own review of the new standards and how they apply for their organization.*

### About the new CMS Conditions of Participation

The Centers for Medicare & Medicaid Services (CMS) issued the Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers Final Rule to establish consistent emergency preparedness requirements for healthcare providers participating in Medicare and Medicaid, increase patient safety during emergencies, and establish a more coordinated response to natural and human-caused disasters.

**The CMS Emergency Preparedness rule went into effect November 15, 2016; the regulations must be implemented by November 15, 2017. This rule applies to these provider and supplier types:**

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

**These providers/suppliers are required to meet four core elements, with specific requirements adjusted based on the individual characteristics of each provider and supplier:**

1) Emergency Plan, 2) Policies and Procedures, 3) Communications Plan, and 4) Training and Testing Program

**Adapted from:**

ASPR Tracie, *CMS Emergency Preparedness Rule: Resources at your Fingertips* (<https://asprtracie.hhs.gov/documents/cms-ep-rule-resources-at-your-fingertips.pdf>)

Yale New Haven Center for Emergency Preparedness and Disaster Response *Emergency Preparedness, CMS Conditions of Participation & Accreditation Organizations Crosswalk*. (<http://files.constantcontact.com/d901e299001/51f80a78-4ff1-4585-8270-f2aea6d39172.pdf>)

Emergency Plan		Ambulatory surgery Center	Clinics, Rehab and Therapy	Comm. Mental Health Center	Comp. Outpatient Rehab	Critical Access Hospital	End-stage Renal Disease	Home Health Agency	Hospice	Hospital	Imm. Care - Intell. Disability	Long-Term Care	Organ Procurement Org	All-inclusive Care for Elderly	Psych. Res. Treatment Facility	Religious Non-Medical	Rural Health - FQHC	Transplant Centers
CMS Emergency Preparedness Conditions of Participation Language	What the Network offers to assist organizations in fulfilling CMS requirements																	
1) Require both an emergency preparedness program and an emergency preparedness plan	<p>Activities that facilitate networking and best practice sharing to support preparedness programs and plan.</p> <p>A regional healthcare system emergency response plan outlines how healthcare working together with emergency management, public health, EMS, and other local, state and federal partners in a response. The plan provides the framework for individual facilities to plug into, procedures for requesting assistance, and incorporating into regional response at a regional level.</p> <p>Tools and templates to help organizations develop their emergency operations and business continuity plans. <b>Resources:</b> Multiple resources available</p>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Include in hospital plan
2) Comply with all applicable Federal, State and local emergency preparedness requirements. The emergency plan must be reviewed and updated at least annually.	Regional plans that comply with Federal, State and local preparedness requirements and best practices, are updated regularly and can complement organizational planning. <b>Resources:</b> Multiple resources available	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
3) The emergency plan must be based on and include a documented facility based and community based risk assessment utilizing an all hazards approach	An assessment, based on regional hazard likelihood and impacts to the healthcare system, which can be used to inform organizational plans to address prioritized hazards. <b>Resources:</b> Regional Healthcare Hazard Vulnerability Assessment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
4) The emergency plan includes strategies for addressing emergency events identified by the risk assessment.	Plans that can be used to inform organizational risk assessments and planning. <b>Resources:</b> Regional Healthcare System Emergency Response Plan, Regional Healthcare Hazard Vulnerability Assessment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
5) Address the location and use of alarm systems and signals; and methods of containing fire			✓															

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6)	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	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
7)	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.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
8)	The emergency plan must be developed and maintained with assistance from fire, safety and other appropriate experts		✓		✓													

Policies and Procedures		Ambulatory surgery Center	Clinics, Rehab and Therapy	Comm. Mental Health Center	Comp. Outpatient Rehab	Critical Access Hospital	End-stage Renal Disease	Home Health Agency	Hospice	Hospital	Imm. Care - Intell. Disability	Long-Term Care	Organ Procurement Org	All-inclusive Care for Elderly	Psych. Res. Treatment Facility	Religious Non-Medical	Rural Health - FQHC	Transplant Centers
<b>9)</b>	<p><b>CMS Emergency Preparedness Conditions of Participation Language</b></p> <p>Develop and implement emergency preparedness policies and procedures based on the emergency plan set forth in (a) and (a) (1) and the communications plan section 4 (C). The policies and procedures must be reviewed and updated at least annually.</p>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Include in hospital plan
<b>10)</b>	<p>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.</p>					✓												
<b>11)</b>	<p>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</p> <p>Regional plans/policies/procedures are maintained that address evacuations, infectious disease, patient tracking, medical surge, and alternate care systems that can inform organizational plans.</p> <p>Forums are convened to coordinate regional supply chain planning and maintain connections to critical infrastructure partners.</p> <p>A Core Disaster Formulary has been developed, which is comprised of general clinical equipment and supplies to stock in case of emergency.</p>					✓		Inpatient only	✓		✓		✓	✓	✓			

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<b>CMS Emergency Preparedness Conditions of Participation Language</b>	<b>What the Network offers to assist organizations in fulfilling CMS requirements</b>																	
and alarm systems; sewage and waste disposal	<b>Resources:</b> Multiple resources available, including a Core Disaster Formulary																	
12) 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.	Coordination of regional patient tracking to manage location and movement of patients throughout the region during a mass casualty incident or facility evacuation. Regional procedures can inform organizational procedures for internal tracking of patients. <b>Resources:</b> Regional Patient Tracking Concept of Operations	✓	✓	✓	✓	✓	✓		Inpatient only	✓		✓	✓	✓	✓	✓		
13) The plans for home health 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.								✓										
14) The procedures to inform State and local emergency preparedness officials about home health 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.	A 24/7 duty officer and HECC to receive information regarding patient locations and needs. The HECC coordinates with local, State, or Federal organizations to connect healthcare organizations to the broader response operations for patient movement. <b>Resources:</b> Regional Healthcare System Emergency Response Plan							✓						✓				
15) 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 unable to contact.	A 24/7 duty officer and HECC to receive information regarding organizational impacts, situational awareness, and requests. <b>Resources:</b> Regional Healthcare System Emergency Response Plan, Regional Healthcare Situational Awareness Procedure, Regional Resource Requesting Framework							✓	✓									

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16)	<p>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.</p> <p>Plans that create a framework for evacuation response amongst regional partners, with a standard approach to transportation, evacuation locations, identification of facilities with similar care, etc. These plans can help inform facility-specific evacuation plans and procedures.</p> <p><b>Resources:</b> Regional Hospital Evacuation Plan, King &amp; Pierce County Long-term Care Mutual Aid Plan for Evacuation and Resource Sharing, Mutual Aid Plan for Healthcare Resource Sharing, Hospital Evacuation and Response Mutual Aid Agreement</p>	✓	✓	✓	✓	✓	✓		Inpatient only	✓		✓		✓	✓	✓	✓	
17)	<p>Have a means to shelter in place for patients, staff and volunteers who remain in the facility</p>	✓	✓	✓	✓	✓	✓		Inpatient only	✓	✓	✓		✓	✓	✓	✓	
18)	<p>Have a system of medical documentation that preserve patient information, protects the confidentiality of patient information and secures and maintains availability of records.</p>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
19)	<p>Have policies and procedures in place to address the use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State or Federally designated health care professionals to address surge needs during an emergency.</p> <p>In conjunction with our public health partner, activation of Medical Reserve Corp volunteers to support operations for medical and non-medical needs of healthcare organizations. Volunteers are pre-screened, background checked, and licensure checked.</p>	✓	✓	✓	✓	✓	✓			✓	✓	✓		✓	✓	✓	✓	

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20)	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.							✓	✓									
21)	The development of arrangements with other facilities and other providers to receive patients in the event of limitations or cessation of operations to maintain the continuity of services to patients.			✓		✓	✓		✓	✓	✓	✓		✓	✓	✓		
22)	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.	✓		✓	✓	✓	✓		✓	✓	✓	✓		✓	✓	✓		Include in hospital plan
23)	How emergency medical system assistance can be obtained when needed.						✓											

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24)	(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.													✓				
25)	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.					✓												



Communication Plan		Ambulatory surgery Center	Clinics, Rehab and Therapy	Comm. Mental Health Center	Comp. Outpatient Rehab	Critical Access Hospital	End-stage Renal Disease	Home Health Agency	Hospice	Hospital	Imm. Care - Intell. Disability	Long-Term Care	Organ Procurement Org	All-inclusive Care for Elderly	Psych. Res. Treatment Facility	Religious Non-Medical	Rural Health - FQHC	Transplant Centers
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26) 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.	Communications procedures, a 24/7 duty officer, redundant communications (phone, fax, email, radio, satellite phone, etc.), and coordinated communications with local, State, and Federal partners to support organizational communications plans. <b>Resources:</b> Regional Healthcare System Emergency Response Plan, NWHRN Duty Officer and HECC Contact Info	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
27) As part of its communication plan include in its plan, names and contact information for staff; entities providing services under arrangement; patients' physicians, other like facilities, and volunteers.	Contact information and coordination of processes within mutual aid plans and policies is maintained to support and facilitate organization's connection to local, State, Federal, and like healthcare partners. <b>Resources:</b> Regional Hospital Evacuation Plan, King & Pierce County Long-term Care Mutual Aid Plan for Evacuation and Resource Sharing, Mutual Aid Plan for Healthcare Resource Sharing, Hospital Evacuation and Response Mutual Aid Agreement	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
28) Require contact information for Federal, State, tribal, regional, or local emergency preparedness staff and other sources of assistance.	Contact information and coordination with all appropriate local, regional, tribal, State, and Federal partners.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
29) Include primary and alternate means for communicating with staff and Federal, State, tribal, regional, and local emergency management agencies	A 24/7 duty officer and redundant communications (phone, fax, email, radio, satellite phone, etc.) to coordinate with healthcare and local, regional, tribal, State and Federal partners. <b>Resources:</b> Regional Healthcare System Emergency Response Plan, NWHRN Duty Officer and HECC Contact Info	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
30) 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.	Standard documentation forms are provided as part of Hospital and Long-Term Care evacuation plans to support the sharing of information for continuity of care. Coordinates patient tracking for the region. <b>Resources:</b> Regional Hospital Evacuation Plan, King & Pierce County Long-term Care Mutual Aid Plan for Evacuation and Resource Sharing, Regional Patient Tracking Concept of Operations	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
31) 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.	Coordinated patient tracking for the region to support providing general location of patients in the region during an evacuation or mass casualty incident to support family reunification. <b>Resources:</b> Regional Hospital Evacuation Plan, King & Pierce County Long-term Care Mutual Aid Plan for Evacuation and Resource Sharing, Regional Patient Tracking Concept of Operations	✓		✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	

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32) 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.	Coordinated patient tracking for the region to support providing general location of patients in the region during an evacuation or mass casualty incident to support family reunification. <b>Resources:</b> Regional Hospital Evacuation Plan, King & Pierce County Long-term Care Mutual Aid Plan for Evacuation and Resource Sharing, Regional Patient Tracking Concept of Operations	✓		✓		✓	✓		✓	✓	✓	✓		✓	✓	✓	✓	
33) 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.	A framework and tools for gathering, analyzing, and disseminating healthcare situational awareness among healthcare organizations in the region, in addition to providing information to all local, regional, State and Federal partners as appropriate. <b>Resources:</b> Regional Healthcare Situational Awareness Procedure	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
34) A method for sharing information from the emergency plan that the facility has determined is appropriate with residents and their families or representatives.												✓						

Training and Testing		Ambulatory surgery Center	Clinics, Rehab and Therapy	Comm. Mental Health Center	Comp. Outpatient Rehab	Critical Access Hospital	End-stage Renal Disease	Home Health Agency	Hospice	Hospital	Imm. Care - Intell. Disability	Long-Term Care	Organ Procurement Org	All-inclusive Care for Elderly	Psych. Res. Treatment Facility	Religious Non-Medical	Rural Health - FQHC	Transplant Centers
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35)	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.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
36)	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.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	

Training and Testing		Ambulatory surgery Center	Clinics, Rehab and Therapy	Comm. Mental Health Center	Comp. Outpatient Rehab	Critical Access Hospital	End-stage Renal Disease	Home Health Agency	Hospice	Hospital	Imm. Care - Intell. Disability	Long-Term Care	Organ Procurement Org	All-inclusive Care for Elderly	Psych. Res. Treatment Facility	Religious Non-Medical	Rural Health - FQHC	Transplant Centers	
<b>37)</b>	<p>CMS Emergency Preparedness Conditions of Participation Language</p> <p>What the Network offers to assist organizations in fulfilling CMS requirements</p> <p>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.</p>					✓													
<b>38)</b>	<p>Training must indicate that at minimum, its patient care staff maintains current CPR certification</p>					✓													
<b>39)</b>	<p>Conduct exercises to test the emergency plan at least annually</p> <p>An annual exercise to facilitate meeting the organization’s requirements to participate in a community-based exercise (projected 2017-2018).</p>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓			
<b>40)</b>	<p>Participate in a full scale exercise that is community based or when community based exercise is not accessible, individual, facility-based.</p> <p>An annual exercise to facilitate meeting the organization’s requirements to participate in a community-based exercise (projected 2017-2018).</p>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓		
<b>41)</b>	<p>Properly training its nursing staff in the use of emergency equipment and emergency drugs</p>						✓												

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42)	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	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Paper okay	✓	✓		Paper okay	
43)	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	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓		✓	
44)	Analyze the response to and maintain documentation of all drills, tabletop exercises and emergency events and revise the facility emergency plan as needed	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
45)	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)						✓											

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46)	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.												✓					

Emergency and Standby Power Systems		Ambulatory surgery Center	Clinics, Rehab and Therapy	Comm. Mental Health Center	Comp. Outpatient Rehab	Critical Access Hospital	End-stage Renal Disease	Home Health Agency	Hospice	Hospital	Imm. Care - Intell. Disability	Long-Term Care	Organ Procurement Org	All-inclusive Care for Elderly	Psych. Res. Treatment Facility	Religious Non-Medical	Rural Health - FQHC	Transplant Centers
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47) Emergency and standby power systems- The facility 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										✓		✓						
48) 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.					✓					✓		✓						
49) 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.																		
50) 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.	Through the HECC, acts as the primary location for healthcare resource requests and facilitates the connection to local, State, and Federal partners to support resource needs during a response. <b>Resources:</b> Regional Healthcare System Emergency Response Plan					✓				✓		✓						

Integrated Healthcare Systems		Ambulatory surgery Center	Clinics, Rehab and Therapy	Comm. Mental Health Center	Comp. Outpatient Rehab	Critical Access Hospital	End-stage Renal Disease	Home Health Agency	Hospice	Hospital	Imm. Care - Intell. Disability	Long-Term Care	Organ Procurement Org	All-inclusive Care for Elderly	Psych. Res. Treatment Facility	Religious Non-Medical	Rural Health - FQHC	Transplant Centers
<b>51)</b>	<p><b>CMS Emergency Preparedness Conditions of Participation Language</b></p> <p>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</p> <p><b>What the Network offers to assist organizations in fulfilling CMS requirements</b></p> <p>Support for individual facilities and integrated healthcare system planning and response through regional plans, policies, and response operations (as identified above). <b>Resources:</b> Multiple resources available</p>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>52)</b>	<p>Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program</p>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>53)</b>	<p>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.</p>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>54)</b>	<p>Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance with the program.</p>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>55)</b>	<p>Include a unified and integrated emergency plan that meets all standards of paragraphs (a) (2), (3), and (4) of this section.</p> <p>See Planning Section above</p>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓



Integrated Healthcare Systems		Ambulatory surgery Center	Clinics, Rehab and Therapy	Comm. Mental Health Center	Comp. Outpatient Rehab	Critical Access Hospital	End-stage Renal Disease	Home Health Agency	Hospice	Hospital	Imm. Care - Intell. Disability	Long-Term Care	Organ Procurement Org	All-inclusive Care for Elderly	Psych. Res. Treatment Facility	Religious Non-Medical	Rural Health - FQHC	Transplant Centers
CMS Emergency Preparedness Conditions of Participation Language	What the Network offers to assist organizations in fulfilling CMS requirements																	
56)	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	✓	✓	✓	✓	✓	✓		✓	✓		✓		✓	✓			
57)	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	✓	✓	✓	✓		✓	✓	✓			✓		✓	✓		✓	