

Hospitals				
EMERGENCY PREPAREDNESS WORKSHEET				
1. DATE OF SURVEY				
2. NAME OF FACILITY				
3. PROVIDER NUMBER				
4. SURVEYOR				
5. SURVEYOR ID				
Tag #	Title	Tag Text	MET	NOT MET
0001	Establishment of the Emergency Program (EP)	The hospital must comply with all applicable Federal, State, and local emergency preparedness requirements. The hospital must develop and maintain a comprehensive emergency preparedness program that meets the requirements of this section, utilizing an all-hazards approach.		
0004	Develop and Maintain EP Program	(a) Emergency Plan. The hospital must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually.		
0006	Maintain and Annual EP Updates	[(a) Emergency Plan. The hospital must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do the following: (1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach. (2) <u>Include strategies for addressing emergency events identified by the risk assessment.</u>		
0007	EP Program Patient Population	(3) Address patient/client population, including, but not limited to, persons at-risk; the type of services the hospital has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.		
0009	Process for EP Collaboration	(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 facility's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.		
0013	Development of EP Policies and Procedures	(b) Policies and procedures. Hospitals 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.		
0015	Subsistence needs for staff and patients	(1) The provision of subsistence needs for staff and patients whether they evacuate or shelter in place, include, but are not limited to the following: (i) Food, water, medical and pharmaceutical supplies (ii) Alternate sources of energy to maintain the following: (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) <u>Sewage and waste disposal.</u>		
0018	Procedures for Tracking of Staff and Patients	(2) A system to track the location of on-duty staff and sheltered patients in the hospital's care during an emergency. If on-duty staff and sheltered patients are relocated during the emergency, the hospital must document the specific name and location of the receiving facility or other location.		
0020	Policies and Procedures including Evacuation	Safe evacuation from the hospital, which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s); and primary and alternate means of communication with external sources of assistance.		
0022	Policies and Procedures for Sheltering	(4) A means to shelter in place for patients, staff, and volunteers who remain in the hospital.		
0023	Policies and Procedures for Medical Docs.	(5) A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains availability of records.		
0024	Policies and Procedures for Volunteers	(6) The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency.		
0025	Arrangement with other Facilities	(7) 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.		
0026	Roles under a Waiver Declared by Secretary	At a minimum, the policies and procedures must address the following: (8) The role of the hospital 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.		
0029	Development of Communication Plan	(c) The hospital 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.		
0030	Names and Contact Information	[(c) The communication plan must include all of the following: (1) Names and contact information for the following: (i) Staff. (ii) Entities providing services under arrangement. (iii) Patients' physicians (iv) Other hospitals (v) Volunteers.		
0031	Emergency Officials Contact Information	[(c) The communication plan must include all of the following: (2) Contact information for the following: (i) Federal, State, tribal, regional, and local emergency preparedness staff. (ii) Other sources of assistance.		
0032	Primary/Alternate Means for Communication	[(c) The communication plan must include all of the following: (3) Primary and alternate means for communicating with the following: (i) Hospital staff. (ii) Federal, State, tribal, regional, and local emergency management agencies.		
0033	Methods for Sharing Information	(4) A method for sharing information and medical documentation for patients under the facility's care, as necessary, with other health providers to maintain the continuity of care. (5) A means, in the event of an evacuation, to release patient information as permitted under 45 CFR 164.510(b)(1)(ii). (6) A means of providing information about the general condition and location of patients under the hospital's care as permitted under 45 CFR 164.510(b)(4).		
0034	Sharing Information on Occupancy/Needs	[(c) The communication plan must include all of the following: (7) A means of providing information about the hospital's occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee.		
0036	Emergency Prep Training and Testing	(d) Training and testing. The hospital 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.		

0037	Emergency Prep Training Program	<p>(1) Training program. The hospital must do all of the following:</p> <ul style="list-style-type: none"> (i) 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 role. (ii) Provide emergency preparedness training at least annually. (iii) Maintain documentation of the training. (iv) Demonstrate staff knowledge of emergency procedures. 		
0039	Emergency Prep Testing Requirements	<p>(2) Testing. The hospital must conduct exercises to test the emergency plan at least annually. The hospital must do all of the following:</p> <ul style="list-style-type: none"> (i) Participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based. If the hospital experiences an actual natural or man-made emergency that requires activation of the emergency plan, the hospital is exempt from engaging in a community-based or individual, facility-based full-scale exercise for 1 year following the onset of the actual event. (ii) Conduct an additional exercise that may include, but is not limited to the following: <ul style="list-style-type: none"> (A) A second full-scale exercise that is community-based or individual, facility-based. (B) 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 an emergency plan. (iii) Analyze the hospital's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the hospital's emergency plan, as needed. 		
0041	Hospital CAH and LTC Emergency Power	<p>(e) 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.</p> <ul style="list-style-type: none"> (1) Emergency generator location. The generator must be located in accordance with the location requirements found in the Health Care Facilities Code (NFPA 99), Life Safety Code NFPA 101, and NFPA 110, when a new structure is built or when an existing structure or building is renovated. (2) Emergency generator inspection and testing. The hospital must implement the emergency power system inspection, testing, and maintenance requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code. (3) Emergency generator fuel. Hospitals 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. 		
0042	Integrated Health Systems	<p>(e) [or (f)] Integrated healthcare systems. If a hospital is part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency preparedness program, the hospital may choose to participate in the healthcare system's coordinated emergency preparedness program. If elected, the unified and integrated emergency preparedness program must do all of the following:</p> <ul style="list-style-type: none"> (1) Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program. (2) Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered. (3) 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. (4) Include a unified and integrated emergency plan that meets the requirements of paragraphs (a)(2), (3), and (4) of this section. The unified and integrated emergency plan must also be based on and include the following: <ul style="list-style-type: none"> (i) A documented community-based risk assessment, utilizing an all-hazards approach. (ii) A documented individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach. (5) 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. 		