

Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness Requirements by Provider Type

Inpatient					
Provider Type	Emergency Plan	Policies and Procedures	Communication Plan	Training and Testing	Additional Requirements
<b>Hospital</b>	Develop a plan based on a risk assessment using an “all hazards” approach, which is an integrated approach focusing on capacities and capabilities critical to preparedness for a full spectrum of emergencies and disasters. The plan must be updated annually.	Develop and implement policies and procedures based on the emergency plan, risk assessment, and communication plan which must be reviewed and updated at least annually. System to track on-duty staff & sheltered patients during the emergency.	Develop and maintain an emergency preparedness communication plan that complies with both federal and state laws. Patient care must be well-coordinated within the facility, across health care providers and with state and local public health departments and emergency systems. The plan must include contact information for other hospitals and CAHs; method for sharing information and medical documentation for patients.	Develop and maintain training and testing programs, including initial training in policies and procedures and demonstrate knowledge of emergency procedures and provide training at least annually.  Also annually participate in: <ul style="list-style-type: none"> <li>• A full-scale exercise that is community- or facility-based;</li> <li>• An additional exercise of the facility’s choice.</li> </ul>	Generators—Develop policies and procedures that address the provision of alternate sources of energy to maintain: <ol style="list-style-type: none"> <li>(1) temperatures to protect patient health and safety and for the safe and sanitary storage of provisions;</li> <li>(2) emergency lighting; and</li> <li>(3) fire detection, extinguishing, and alarm systems.</li> </ol>
<b>Critical Access Hospital</b>	*	*	*	*	Generators
<b>Long Term Care Facility</b>	Must account for missing residents (existing requirement).	Tracking during and <b>after</b> the emergency applies to on-duty staff and sheltered residents.	In the event of an evacuation, method to release patient information consistent with the HIPAA Privacy Rule.	*	Generators  Share with resident/family/ representative appropriate information from emergency plan.
<b>PRTF</b>	*	Tracking during and <b>after</b> the emergency applies to on-duty staff and sheltered residents.	*	*	

\*Indicates that the requirements are the same as those for hospitals. Exceptions are noted for individual provider/suppliers.

**NOTE:** This table is an overview of the regulation with key differences summarized. This is not meant to be an exhaustive list of the requirements nor should it serve as substitute for the regulatory text.

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ICF/IID	Must account for missing residents (existing requirement).	Tracking during and after the emergency applies to on-duty staff and sheltered clients.		*(current requirement)	Share with client/family/representative appropriate information from emergency plan.
RNHCI	*	*	Does not include the requirement to coordinate with state or federally designated healthcare professionals.	No requirement to conduct drills.	
Transplant Center	*	*	*	*	Maintain agreement with transplant center & OPO.

Outpatient Providers					
Outpatient providers are not required to provide subsistence needs for staff and patients.					
Provider Type	Emergency Plan	Policies and Procedures	Communication Plan	Training and Testing	Additional Requirements
Hospice	*	In home services—inform officials of patients in need of evacuation (additional requirement). Home-based hospices not required to track staff and patients.	In home services—will not need to provide occupancy information.	*	
Ambulatory Surgical Center	*	*	Will not need to provide occupancy information. Not required to develop arrangements with other ASCs and other providers to receive patients in the event of limitations or cessation of operations. Not required to include the names and contact information for "other ASCs" in the communication plan.	Community-based drill not required.	

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<b>PACE</b>	*	Inform officials of patients in need of evacuation (additional requirement). Tracking during and <b>after</b> the emergency applies to on-duty staff and sheltered participants.	*	*	
<b>Home Health Agency</b>	*	Will not require shelter in place, provision of care at alternate care sites Inform officials of patients in need of evacuation.  HHAs not required to track staff and patients.	Will not need to provide occupancy information.  Not required to include the names and contact information for other HHAs in the communication plan. Not required to develop arrangements with other HHAs.	*	HHAs must have policies in place for following up with patients to determine services that are still needed. In addition, they must inform State and local officials of any on-duty staff or patients that they are unable to contact.
<b>CORF</b>	Must develop emergency plan with assistance from fire, safety experts (existing requirement)	Will not need to provide transportation to evacuation locations, or have arrangements with other CORFs to receive patients, and not required to track staff and patients.	Will not need to provide occupancy information.	*	
<b>CMHC</b>	*	Tracking during and <b>after</b> the emergency applies to on-duty staff and sheltered clients.	*	*	

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<b>Provider Type</b>	<b>Emergency Plan</b>	<b>Policies and Procedures</b>	<b>Communication Plan</b>	<b>Training and Testing</b>	<b>Additional Requirements</b>
<b>OPO</b>	Address type of hospitals OPO has agreement (additional requirement).	Needs to have system to track staff during & after emergency and maintain medical documentation (additional requirement).	Does not need to provide occupancy info, method of sharing pt. info, providing info on general condition & location of patients.	Only tabletop exercise	Must maintain agreement with other OPOs & hospitals.
<b>Clinics, Rehabilitation, and Therapy</b>	Must develop emergency plan with assistance from fire, safety experts. Address location, use of alarm systems and signals & methods of containing fire (existing requirements).	*Not required to track staff and patients.	Does not need to provide occupancy information.	*	
<b>RHC/FQHC</b>	*	Does not have to track staff and patients, or have arrangements with other RHCs to receive patients or have alternate care sites.	Does not need to provide occupancy information.	*	

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ESRD	Must contact local emergency preparedness agency annually to ensure dialysis facility's needs in an emergency (existing requirement).	Policies and procedures must include emergencies regarding fire equipment, power failures, care related emergencies, water supply interruption & natural disasters (existing requirement).  Tracking during and <b>after</b> the emergency applies to on-duty staff and sheltered patients.	Does not need to provide occupancy information.	Ensure staff demonstrate knowledge of emergency procedures, informing patients what to do, where to go, whom to contact if emergency occurs while patient is not in facility (alternate emergency phone number), how to disconnect themselves from dialysis machine. Staff maintain current CPR certification, nursing staff trained in use of emergency equipment & emergency drugs, patient orientation (existing requirements).	

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## **HAZARD VULNERABILITY ASSESSMENT**

The Joint Commission defines hazard vulnerability analysis as “the identification of hazards and the direct and indirect effect these hazards may have on the hospital.” Hazard vulnerability analysis is often based on an all hazards approach, which begins with a list of all possible disasters, regardless of their likelihood, geographic impact, or potential outcome.

We have included a blank hazard vulnerability analysis tool as a resource and a starting point for your organization to evaluate vulnerability to specific hazards. You may modify or change it in any way that is appropriate for your individual facility use.

This particular tool uses a quantitative method to evaluate vulnerability, which is also not required. You may find a qualitative method equally as effective. Using this tool, each potential hazard is evaluated as described above and scored as appropriate in the areas of probability, risk, and preparedness. The factors are then multiplied to give an overall total score for each hazard. Note that a hazard with no probability of occurrence for a given organization is scored as zero, and therefore will automatically result in a zero for the total score.

Listing the hazards in descending order of the total scores will prioritize the hazards in need of the facility’s attention and resources for emergency planning. It is recommended that your organization evaluate this final prioritization and determine a score below which no action is necessary. The focus will then be on the hazards of higher priority. Establishing a cutoff value, however, does introduce risk to your organization for those hazards falling below. Your facility has determined that there is some probability and risk of the event occurring, and has chosen to exclude it from the planning process. It must be noted that the acceptance of all risk is at the discretion of your organization.

### ***Instructions***

Evaluate every potential event in each of the three categories of probability, risk, and preparedness. Add additional events as necessary.

Issues to consider for probability include, but are not limited to:

1. Known risk
2. Historical data
3. Manufacturer/vendor statistics



Issues to consider for risk include, but are not limited to:

1. Threat to life and/or health
2. Disruption of services
3. Damage/failure possibilities
4. Loss of community trust
5. Financial impact
6. Legal issues

Issues to consider for preparedness include, but are not limited to:

1. Status of current plans
2. Training status
3. Insurance
4. Availability of backup systems
5. Community resources

Add the ratings for each event in the area of probability, risk and preparedness. The total values, in descending order, will represent the events most in need of organization focus and resources for emergency planning. Determine a value below which no action is necessary. Acceptance of risk is at the discretion of the organization.

#### **HVA SCALE KEY**

- 0-3 Insignificant
- 4-7 Minor
- 8-9 Moderate
- 10-13 Severe
- 14-18 Significant

HAZARD VULNERABILITY ANALYSIS: YOUR AGENCY NAME													
EVENT	PROBABILITY				RISK					PREPAREDNESS			TOTAL
	H I G H	M E D I U M	L O W	N O N E	LIFE THREAT	HEALTH/ SAFETY	HIGH DISRUP- TION	MOD DISRUP- TION	LOW DISRUP- TION	P O O R	F A I R	G O O D	
SCORE	3	2	1	0	5	4	3	2	1	3	2	1	
<b>NATURAL EVENTS</b>													
Hurricane													
Tornado													
Severe Thunderstorm													
Snow fall													
Blizzard													
Ice Storm													
Earthquake													
Tidal Wave													
Temperature Extremes													
Drought													
Flood, External													
Wild Fire													
Landslide													
Volcano													
Epidemic													



HAZARD VULNERABILITY ANALYSIS: COMPLETED EXAMPLE													
EVENT	PROBABILITY				RISK					PREPAREDNESS			TOTAL
	<i>HIGH</i>	<i>MED</i>	<i>LOW</i>	<i>NEGL</i>	LIFE THREAT	HEALTH/ SAFETY	HIGH DISRUPTION	MOD DISRUPTION	LOW DISRUPTION	<i>PORR</i>	<i>FARR</i>	<i>GORR</i>	
<i>SCORE</i>	3	2	1	0	5	4	3	2	1	3	2	1	
<b>TECHNOLOGICAL EVENTS</b>													
Electrical Failure													
Transportation Failure													
Fuel Shortage													
Natural Gas Failure													
Water Failure													
Sewer Failure													
Communications Failure													
Fire Alarm Failure													
Information Systems Failure													
Fire, Internal													
Flood, Internal													
HVAC Failure													
Hazmat Exposure, Internal													

HAZARD VULNERABILITY ANALYSIS: COMPLETED EXAMPLE													
EVENT	PROBABILITY				RISK					PREPAREDNESS			TOTAL
	<i>H I G H</i>	<i>M E D I U M</i>	<i>L O W</i>	<i>N O N E</i>	LIFE THREAT	HEALTH/ SAFETY	HIGH DISRUP- TION	MOD DISRUP- TION	LOW DISRUP- TION	<i>P O O R</i>	<i>F A I R</i>	<i>G O O D</i>	
<i>SCORE</i>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>2</b>	<b>1</b>	
Unavailability of Supplies													
Structural Damage													
<b>HUMAN EVENTS</b>													
Mass Casualty Incident (trauma)													
Mass Casualty Incident (medical)													
Mass Casualty incident (hazmat)													
Hazmat Exposure, External													
Terrorism, Chemical													
Terrorism, Biological													
VIP Situation													
Infant Abduction													
Hostage Situation													

