

§ 485.623 [Amended]

■ 28. Amend § 485.623 by removing paragraph (c) and redesignating paragraph (d) as paragraph (c).

■ 29. Add § 485.625 to subpart F to read as follows:

§ 485.625 Condition of participation: Emergency preparedness.

The Critical Access Hospital (CAH) must comply with all applicable Federal and State emergency preparedness requirements. The CAH must develop and maintain a comprehensive emergency preparedness program, utilizing an all-hazards approach. The emergency preparedness plan must include, but not be limited to, the following elements:

(a) *Emergency plan.* The CAH must develop and maintain an emergency preparedness plan that must be reviewed and updated at least annually. The plan must:

(1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach;

(2) Include strategies for addressing emergency events identified by the risk assessment;

(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.

(4) Include a process for ensuring cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to ensure an integrated response during a disaster or emergency situation, including documentation of the CAH's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.

(b) *Policies and procedures.* The CAH 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. 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:

(i) Food, water, and medical 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; and

(D) Sewage and waste disposal.

(2) A system to track the location of staff and patients in the CAH's care both during and after the emergency.

(3) Safe evacuation from the CAH, 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.

(4) A means to shelter in place for patients, staff, and volunteers who remain in the facility.

(5) A system of medical documentation that preserves patient information, protects confidentiality of patient information, and ensures records are secure and readily available.

(6) 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.

(7) The development of arrangements with other CAHs or other providers to receive patients in the event of limitations or cessation of operations to ensure the continuity of services to CAH patients.

(8) The role of the CAH 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.

(c) *Communication plan.* The CAH must develop and maintain an emergency preparedness communication plan that complies with both Federal and State law and must be reviewed and updated at least annually. 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 CAHs.

(v) Volunteers.

(2) Contact information for the following:

(i) Federal, State, tribal, regional, and local emergency preparedness staff.

(ii) Other sources of assistance.

(3) Primary and alternate means for communicating with the following:

(i) CAH's staff.

(ii) Federal, State, tribal, regional, and local emergency management agencies.

(4) A method for sharing information and medical documentation for patients under the CAH's care, as necessary, with other health care providers to ensure continuity of care.

(5) A means, in the event of an evacuation, to release patient information as permitted under 45 CFR 164.510.

(6) 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).

(7) A means of providing information about the CAH's occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee.

(d) *Training and testing.* The CAH must develop and maintain an emergency preparedness training and testing program that must be reviewed and updated at least annually.

(1) *Training program.* The CAH must do all of the following:

(i) 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 fire fighting and disaster authorities, to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles.

(ii) Provide emergency preparedness training at least annually.

(iii) Maintain documentation of the training.

(iv) Ensure that staff can demonstrate knowledge of emergency procedures.

(2) *Testing.* The CAH must conduct exercises to test the emergency plan. The CAH must do the following:

(i) 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.

(ii) If the CAH experiences an actual natural or man-made emergency that requires activation of the emergency plan, the CAH is exempt from engaging in a community or individual, facility-based mock disaster drill for 1 year following the onset of the actual event.

(iii) 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.

(iv) Analyze the CAH's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the CAH's emergency plan, as needed.

(e) *Emergency and standby power systems.* The CAH must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section.

(1) *Emergency generator location.* (i) The generator must be located in accordance with the location requirements found in NFPA 99 and NFPA 100.

(2) *Emergency generator inspection and testing.* In addition to the emergency power system inspection and testing requirements found in NFPA 99—Health Care Facilities and NFPA 110—Standard for Emergency and Standby Power Systems, as referenced by NFPA 101—Life Safety Code (as required by 42 CFR 485.623(d)), the CAH must do all of the following:

(i) At least once every 12 months test each emergency generator for a minimum of 4 continuous hours. The emergency generator test load must be 100 percent of the load the CAH anticipates it will require during an emergency.

(ii) Maintain a written record, which is available upon request, of generator inspections, tests, exercising, operation, and repairs.

(3) *Emergency generator fuel.* Hospitals that maintain an onsite fuel source to power emergency generators must maintain a quantity of fuel capable of sustaining emergency power for the duration of the emergency or until likely resupply.

■ 30. Revise § 485.727 to read as follows:

§ 485.727 Condition of participation: Emergency preparedness.

~~The Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services (“Organizations”) must comply with all applicable Federal and State emergency preparedness requirements. The Organizations must establish and maintain an emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not be limited to, the following elements:~~

~~(a) *Emergency plan.* The Organizations must develop and maintain an emergency preparedness plan that must be reviewed and updated~~

~~at least annually. The plan must do all of the following:~~

~~(1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all hazards approach.~~

~~(2) Include strategies for addressing emergency events identified by the risk assessment.~~

~~(3) Address patient population, including, but not limited to, the type of services the Organizations have the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.~~

~~(4) Address the location and use of alarm systems and signals; and methods of containing fire.~~

~~(5) Include a process for ensuring cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to ensure an integrated response during a disaster or emergency situation.~~

~~(6) Be developed and maintained with assistance from fire, safety, and other appropriate experts.~~

~~(b) *Policies and procedures.* The Organizations 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. At a minimum, the policies and procedures must address the following:~~

~~(1) Safe evacuation from the Organizations, which includes staff responsibilities, and needs of the patients.~~

~~(2) A means to shelter in place for patients, staff, and volunteers who remain in the facility.~~

~~(3) A system of medical documentation that preserves patient information, protects confidentiality of patient information, and ensures records are secure and readily available.~~

~~(4) 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.~~

~~(c) *Communication plan.* The Organizations must develop and maintain an emergency preparedness communication plan that complies with both Federal and State law and must be reviewed and updated at least annually. 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 Organizations.~~

~~(v) Volunteers.~~

~~(2) Contact information for the following:~~

~~(i) Federal, state, tribal, regional and local emergency preparedness staff.~~

~~(ii) Other sources of assistance.~~

~~(3) Primary and alternate means for communicating with the following:~~

~~(i) Organizations' staff.~~

~~(ii) Federal, state, tribal, regional, and local emergency management agencies.~~

~~(4) A method for sharing information and medical documentation for patients under the Organizations' care, as necessary, with other health care providers to ensure continuity of care.~~

~~(5) A means of providing information about the Organizations' needs, and their ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee.~~

~~(d) *Training and testing.* The Organizations must develop and maintain an emergency preparedness training and testing program that must be reviewed and updated at least annually.~~

~~(1) *Training program.* The Organizations must do all of the following:~~

~~(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 roles.~~

~~(ii) Provide emergency preparedness training at least annually.~~

~~(iii) Maintain documentation of the training.~~

~~(iv) The Organizations must ensure that staff can demonstrate knowledge of emergency procedures.~~

~~(2) *Testing.* The Organizations must conduct drills and exercises to test the emergency plan. The Organizations must do the following:~~

~~(i) 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.~~

~~(ii) If the Organizations experience an actual natural or man-made emergency that requires activation of the emergency plan, they are exempt from engaging in a community or individual, facility-based mock disaster drill for 1 year following the onset of the actual event.~~

~~(iii) Conduct a paper-based, tabletop exercise at least annually. A tabletop~~