

(ii) Entities providing services under arrangement.

(iii) Patients' physicians.

(iv) Other hospitals

(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) Hospital'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 hospital'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 hospital's occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee.

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

(1) *Training program.* The hospital 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 role.

(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 hospital must conduct drills and exercises to test the emergency plan. The hospital must do all of 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 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 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 hospital's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the hospital's emergency plan, as needed.

(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)(2)(i) and (ii) of this section.

(1) *Emergency generator location.* (i) The generator must be located in accordance with the location requirements found in NFPA 99, NFPA 101, and NFPA 110.

(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 482.41(b)), the hospital must:

(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 hospital 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.

■ 17. Add § 482.78 to subpart E to read as follows:

§ 482.78 Condition of participation: Emergency preparedness for transplant centers.

A transplant center must have policies and procedures that address emergency preparedness.

(a) *Standard: Agreement with at least one Medicare approved transplant center.* A transplant center or the hospital in which it operates must have an agreement with at least one other

Medicare-approved transplant center to provide transplantation services and related care for its patients during an emergency. The agreement must address the following, at a minimum:

(1) Circumstances under which the agreement will be activated.

(2) Types of services that will be provided during an emergency.

(b) *Standard: Agreement with the Organ Procurement Organization (OPO) designated by the Secretary.* The transplant center must ensure that the written agreement required under § 482.100 addresses the duties and responsibilities of the hospital and the OPO during an emergency.

PART 483—REQUIREMENTS FOR STATES AND LONG TERM CARE FACILITIES

■ 18. The authority citation for part 483 continues to read as follows:

Authority: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh).

■ 19. Add § 483.73 to subpart B to read as follows:

§ 483.73 Emergency preparedness.

The LTC facility must comply with all applicable Federal and State emergency preparedness requirements. The LTC facility 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 LTC facility 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, including missing residents;

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

(3) Address resident population, including, but not limited to, persons at-risk; the type of services the LTC facility 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, or Federal emergency preparedness officials' efforts to ensure an integrated response during a disaster or emergency situation, including documentation of the LTC facility's efforts to contact such officials and, when applicable, of its

participation in collaborative and cooperative planning efforts.

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

(1) The provision of subsistence needs for staff and residents, 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 resident 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 residents in the LTC facility's care both during and after the emergency.

(3) Safe evacuation from the LTC 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.

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

(5) A system of medical documentation that preserves resident information, protects confidentiality of resident 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 LTC facilities and other providers to receive residents in the event of limitations or cessation of operations to ensure the continuity of services to LTC residents.

(8) The role of the LTC facility 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 LTC facility 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) Residents' physicians.

(iv) Other LTC facilities.

(v) Volunteers.

(2) Contact information for the following:

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

(ii) The State Licensing and Certification Agency.

(iii) The Office of the State Long-Term Care Ombudsman.

(iv) Other sources of assistance.

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

(i) LTC facility's staff.

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

(4) A method for sharing information and medical documentation for residents under the LTC facility'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 resident information as permitted under 45 CFR 164.510.

(6) A means of providing information about the general condition and location of residents under the facility's care as permitted under 45 CFR 164.510(b)(4).

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

(8) A method for sharing information from the emergency plan that the facility has determined is appropriate with residents and their families or representatives.

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

(1) *Training program.* The LTC facility 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) Ensure that staff can demonstrate knowledge of emergency procedures.

(2) *Testing.* The LTC facility must conduct drills and exercises to test the emergency plan, including unannounced staff drills using the emergency procedures. The LTC facility 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 LTC facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the LTC facility 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 LTC facility's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the LTC facility's emergency plan, as needed.

(e) *Emergency and standby power systems.* The LTC facility 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 under paragraph (a) of this section, the LTC facility must do 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 LTC facility 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.* LTC facilities 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.

§ 483.75 [Amended]

■ 20. Amend § 483.75 by removing and reserving paragraph (m).

§ 483.470 [Amended]

■ 21. Amend § 483.470 by —

■ A. Removing paragraph (h);

■ B. Redesignating paragraphs (i) through (l) as paragraphs (h) through (k), respectively;

■ C. Newly redesignated paragraph (h)(3) is amended by removing the reference “paragraphs (i)(1) and (2)” and adding in its place the reference “paragraphs (h)(1) and (2)”.

■ 22. Add § 483.475 to subpart I to read as follows:

§ 483.475 Condition of participation: Emergency preparedness.

The Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) must comply with all applicable Federal and State emergency preparedness requirements. The ICF/IID 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 ICF/IID 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, including missing clients;

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

(3) Address the special needs of its client population, including, but not limited to, persons at risk; the type of services the ICF/IID 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 ICF/IID efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.

(b) *Policies and procedures.* The ICF/IID 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 residents, whether they evacuate or shelter in place, include, but are not limited to the following:

(i) Food, water, and medical supplies;

(ii) Alternate sources of energy to maintain the following:

(A) Temperatures to protect resident 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.

(2) A system to track the location of staff and residents in the ICF/IID's care both during and after the emergency.

(3) Safe evacuation from the ICF/IID, 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 clients, staff, and volunteers who remain in the facility.

(5) A system of medical documentation that preserves client information, protects confidentiality of client 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 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.

(8) 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.

(c) *Communication plan.* The ICF/IID 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 the following:

(1) Names and contact information for the following:

(i) Staff;

(ii) Entities providing services under arrangement;

(iii) Clients' physicians;

(iv) Other ICF/IIDs;

(v) Volunteers.

(2) Contact information for the following:

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

(ii) Other sources of assistance;

(iii) The State Licensing and Certification Agency;

(iv) The State Protection and Advocacy Agency;

(3) Primary and alternate means for communicating with the ICF/IID's staff, Federal, State, tribal, regional, and local emergency management agencies;

(4) A method for sharing information and medical documentation for clients under the ICF/IID'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 client information as permitted under 45 CFR 164.510;

(6) 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);

(7) 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;

(8) A method for sharing information from the emergency plan that the facility has determined is appropriate with clients and their families or representatives;

(d) *Training and testing.* The ICF/IID must develop and maintain an emergency preparedness training and testing program that must be reviewed and updated at least annually. The ICF/IID must meet the requirements for evacuation drills and training at § 483.470(h).

(1) *Training program.* The ICF/IID must do all 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.