

(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