Introduction to Chapter 17: Emergency Management

The purpose of the HFAP Emergency Management standards is to establish emergency preparedness requirements to ensure adequate planning for both natural and man-made disasters. CAHs must coordinate compliance with these standards with other regulatory agency requirements that the CAH is required to follow. The Emergency Management standards in this chapter become effective November 16, 2017.

HFAP believes it is important for CAHs to consider mitigation, recovery, and business continuity while planning for emergencies, but the scope and focus of the Emergency Management standards is the continuity of operations during and immediately after the emergency.

The Emergency Management program (also known as the Emergency Preparedness Program) consists of many different plans, components, and programs. Some of these components are required to be shared with the CAH’s community emergency response agency, such as:

- The Hazard Vulnerability Analysis
- The Emergency Operations Plan (EOP)
- The Evacuation Plan

While HFAP understands that some community emergency response agencies may not approve these plans for fear of liability, it is the responsibility of the CAH to document their attempts to cooperate and collaborate with these authorities to ensure the respective plans were shared.


There are three key essential requirements for maintaining access to healthcare services during an emergency:

1. Safeguarding human resources;
2. Maintaining business operations;
3. Protecting physical resources.

There are four core elements that are central to a successful emergency preparedness program:

1. **Risk Assessment and Emergency Planning:**
   HFAP requires all facilities to perform a risk assessment that uses an all-hazards approach prior to establishing an Emergency Operations Plan (EOP). This risk assessment is often referred to as a Hazard Vulnerability Analysis (HVA).

2. **Policies and Procedures:**
   HFAP requires the facility to develop and implement policies and procedures that support the execution of the EOP. These policies and procedures may be part of the EOP, or they may be separate from the EOP. If they are separate from the EOP, they must be referenced in the EOP as to where they may be found.
3. **Communication Plan:**
HFAP requires the facility to develop and maintain an emergency preparedness communication plan. The communication plan may be part of the EOP, or it may be separate from the EOP. If the communication plan is separate from the EOP, it must be referenced in the EOP as to where this may be found.

4. **Training and Testing:**
HFAP requires the facility to develop and maintain an emergency preparedness training and testing program. All staff must be trained as to their role in the event of an emergency, and this training must be conducted annually and documented. The facility must conduct drills or exercises to test the EOP to identify gaps and areas for improvement.

**Clarifications and Definitions:**

**Emergency (or disaster):**
An event that can affect the facility internally as well as the overall target population or the community at large. Emergencies can be internal, man-made, or natural events, and can be small or large events.

**All-hazards Approach:**
An all-hazards approach is an integrated approach to emergency preparedness planning that focuses on capacities and capabilities that are critical to preparedness for a full spectrum of emergencies or disasters. An all-hazards approach to emergency planning does not exclude or limit a response to any specific type of an emergency event.

**Risk Assessment:**
The risk assessment is conducted prior to the establishment of the EOP and identifies the essential components to be integrated into the EOP. This approach is specific to the location of the provider and considers the particular type of hazard most likely to occur in their areas. These may include, but are not limited to, care-related emergencies; equipment and power failures; interruptions in communications, including cyber-attacks; loss of a portion or all of a facility; and, interruptions in the normal supply of essentials, such as water and food. This ‘all-hazards’ approach to a risk assessment is often referred to as a Hazard Vulnerability Analysis.

**Emergency Preparedness Program:**
The emergency preparedness program is the over-all program of emergency management. Whether it is called emergency preparedness or emergency management, it encompasses all activities to provide a successful program for emergency preparedness.

**Emergency Operations Plan (EOP):**
Whether it is called the Emergency Operations Plan, the Emergency Response Plan, the Emergency Management Plan, or simply the Plan, it must include key elements of emergency planning. The plan is part of the overall emergency preparedness program, and is required to be based on the top risks determined by the risk
EMERGENCY MANAGEMENT

<table>
<thead>
<tr>
<th>STANDARD / ELEMENT</th>
<th>EXPLANATION</th>
<th>SCORING PROCEDURE</th>
<th>SCORE</th>
</tr>
</thead>
</table>

assessment (i.e. HVA), and updated annually.

At-Risk Persons:
At-risk individuals are people with access and functional limitations that may interfere with their ability to access or receive medical care before, during, or after a disaster or emergency. The 2013 Pandemic and All-Hazards Preparedness Reauthorization Act defines at-risk individuals as children, older adults, pregnant women, and individuals who may need additional response assistance. Examples of these populations may include but are not limited to individuals with disabilities, individuals from diverse cultures, individuals who have limited English proficiency or are non-English speaking, individuals who are transportation disadvantaged, individuals who have chronic medical disorders, and individuals who have pharmacological dependency.

Staff:
The term ‘staff’ includes employees, individuals providing services under arrangement (contract), volunteers, students, chaplains, and physicians. Guests, visitors, sales representatives, and service contractors who are supervised are not considered ‘staff’.

Application:
The requirements established by this chapter apply to all facilities owned, rented, leased or used by the CAH that provides patient care and treatment services. This applies regardless of the NFPA “occupancy” designation of the facility. A CAH may have off-site facilities that are only used as physician exam offices, but all the requirements of this chapter must apply. For the purpose of clarification, the most common NFPA occupancies used in healthcare are explained:

Definition of Healthcare Occupancy:
An occupancy used to provide medical or other treatment or care simultaneously to one (1) or more patients on an inpatient basis, where such patients are mostly incapable of self-preservation due to age, physical or mental disability, or because of security measures not under the occupants’ control.

Examples of Healthcare Occupancies:
- CAHs
- Hospitals
- Psychiatric Hospitals
- Specialty Hospitals
EMERGENCY MANAGEMENT

<table>
<thead>
<tr>
<th>STANDARD / ELEMENT</th>
<th>EXPLANATION</th>
<th>SCORING PROCEDURE</th>
<th>SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Inpatient hospices
- Nursing homes
- Skilled nursing facilities
- Long term care facilities
- Inpatient substance abuse facilities

**Definition of Ambulatory Health Care Occupancy:**

An occupancy used to provide services or treatment simultaneously to one (1) or more patients that provides, on an outpatient basis, one or more of the following:

1. Treatment for patients that renders the patient incapable of taking action for self-preservation under emergency conditions without the assistance of others;
2. Anesthesia that renders the patient incapable of taking action for self-preservation under emergency conditions without the assistance of others;
3. Emergency or urgent care for patients who, due to the nature of their injury or illness, are incapable of taking action for self-preservation under emergency conditions without the assistance of others.

Examples of Ambulatory Health Care Occupancies include:
- Physical rehab outpatient centers
- Ambulatory surgical centers
- Diagnostic centers

**Definition of Business Occupancy:**

An occupancy used for the transaction of business other than mercantile.

Examples of Business Occupancies include:
- Administrative offices
- Physician’s offices
- Support service centers (i.e. maintenance, laundry, sterile processing, boiler rooms, etc.)

For simplification purposes, this chapter will use the term ‘CAH’ and refer to all occupancies that are included within the facility that houses the healthcare occupancy, or at off-site locations.
Table of Contents of Chapter 17: Emergency Management

**Planning**
- Condition of Participation: Emergency Preparedness .................................................. 17.00.01
- Hazard Vulnerability Analysis ..................................................................................... 17.00.02
- Emergency Operations Plan ....................................................................................... 17.00.03
- Patient Population ...................................................................................................... 17.00.04
- Services ..................................................................................................................... 17.00.05
- Continuity of Operations ......................................................................................... 17.00.06
- Collaboration ............................................................................................................ 17.00.07

**Procedures**
- Policies & Procedures ............................................................................................... 17.01.01
- Nutritional Services ................................................................................................. 17.01.02
- Supplies .................................................................................................................... 17.01.03
- Utilities ..................................................................................................................... 17.01.04
- Patient & Staff Tracking ......................................................................................... 17.01.05
- Evacuation ............................................................................................................... 17.01.06
- Shelter in Place ........................................................................................................ 17.01.07
- Medical Documentation ........................................................................................... 17.01.08
- Volunteers ................................................................................................................ 17.01.09
- Continuity of Services ............................................................................................ 17.01.10
- Invoking the 1135 Waiver ...................................................................................... 17.01.11
- Security .................................................................................................................... 17.01.12
- Decontamination ..................................................................................................... 17.01.13
- Incident Command Center ...................................................................................... 17.01.14
<table>
<thead>
<tr>
<th>STANDARD / ELEMENT</th>
<th>EXPLANATION</th>
<th>SCORING PROCEDURE</th>
<th>SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication Plan</td>
<td></td>
<td>17.02.01</td>
<td></td>
</tr>
<tr>
<td>Contact Information</td>
<td></td>
<td>17.02.02</td>
<td></td>
</tr>
<tr>
<td>Primary &amp; Alternate Means of Communication</td>
<td></td>
<td>17.02.03</td>
<td></td>
</tr>
<tr>
<td>Information Sharing</td>
<td></td>
<td>17.02.04</td>
<td></td>
</tr>
<tr>
<td>Release of Information</td>
<td></td>
<td>17.02.05</td>
<td></td>
</tr>
<tr>
<td>CAH Information</td>
<td></td>
<td>17.02.06</td>
<td></td>
</tr>
<tr>
<td>Training and Testing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Training</td>
<td></td>
<td>17.03.01</td>
<td></td>
</tr>
<tr>
<td>Emergency Exercises</td>
<td></td>
<td>17.03.02</td>
<td></td>
</tr>
<tr>
<td>Operational Requirements</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Power</td>
<td></td>
<td>17.04.01</td>
<td></td>
</tr>
<tr>
<td>Integrated Healthcare Systems</td>
<td></td>
<td>17.04.02</td>
<td></td>
</tr>
</tbody>
</table>
EMERGENCY MANAGEMENT

<table>
<thead>
<tr>
<th>STANDARD / ELEMENT</th>
<th>EXPLANATION</th>
<th>SCORING PROCEDURE</th>
<th>SCORE</th>
</tr>
</thead>
</table>

**Planning:**

17.00.01 Condition of Participation: Emergency Preparedness.

The CAH must comply with all applicable Federal, State, and local emergency preparedness requirements.

The CAH must develop and maintain a comprehensive emergency preparedness program that meets the requirements of this chapter, utilizing an all-hazards approach.

§485.625

The CAH must have an emergency preparedness program that includes:

- Planning
- Procedures
- Communication
- Training & Testing

Emergency preparedness requirements focus on continuity of operations, not recovery of operations, hazard mitigation, or business continuity. Facilities may choose to include planning for recovery of operations, hazard mitigation, and business continuity in their emergency preparedness plan, but these items are not a requirement.

The emergency preparedness program must describe a facility’s comprehensive approach to meeting the health, safety, and security needs of the staff and patient population during an emergency situation. The program must also address how the facility will coordinate with other healthcare facilities, as well as the whole community during an emergency situation.

The emergency preparedness program must be reviewed annually.

**DOCUMENT REVIEW AND INTERVIEW**

- Ask to see the written emergency preparedness program. Does the CAH have an emergency preparedness program that includes the four (4) key elements described?
- Ensure the emergency preparedness program is reviewed annually.
- Interview the facility leadership and ask them to describe the facility’s emergency preparedness program.
- Verify the emergency program was developed based on an all-hazards approach by asking leadership how the facility used an all-hazards approach when developing its program.

**17.00.02 Hazard Vulnerability Analysis (HVA):**

Prior to establishing an Emergency Operations Plan, the CAH must perform a risk assessment (i.e. Hazard Vulnerability Assessment) based on using an all-hazards approach. All-hazards planning does not

**DOCUMENT REVIEW AND INTERVIEW**

- Verify that the Hazard Vulnerability Analysis (HVA) is reviewed by the organization and updated annually by the emergency

1 = Compliant
2 = Not Compliant

COMMENTS:
ascertain conceivable threats and disasters that could affect the ability to operate the facilities of the organization, or to provide services to their patients, and the probability of those events occurring.

The CAH’s Hazard Vulnerability Analysis (HVA) must be shared with the community’s emergency response agencies. The CAH must identify likely hazards for their community service area (e.g., natural disaster, bioterrorism threats, disruption of utilities such as water, sewer, electrical communications, fuel, nuclear accidents, industrial accidents, and other likely mass casualties, etc.) and develop appropriate responses that will assure that safety and wellbeing of patients.

The Hazard Vulnerability Analysis (HVA) is documented and reviewed by the oversight committee on emergency management for relevancy and accuracy on an annual basis.

§485.625(a)  §485.625(a)(1)

specifically address every possible threat but ensures CAHs will have the capacity and capability to address a broad range of related emergencies.

The CAH may choose to create a single Hazard Vulnerability Analysis (HVA) that applies to all of the sites of the CAH, or an individual Hazard Vulnerability Analysis (HVA) for each of their locations.

The CAH may rely on a community-based assessment (i.e. HVA) developed by other entities, such as their public health agencies, emergency management agencies, and regional healthcare coalitions or in conjunction with conducting its own facility-based assessment. It is expected that the CAH will have a copy of this risk assessment and to work with that entity that developed it to ensure that the CAH emergency plan is in alignment.

All facilities where patient care and treatment is provided are required to have an assessment conducted for hazards, including facilities which the CAH may not own but where they provide treatment for their patients. Some remote locations may have different hazards and therefore a separate Hazard Vulnerability Analysis (HVA) would be appropriate.

CAHs must prioritize the potential hazards to their organization, and these priorities are documented in the Hazard Vulnerability Analysis (HVA). The CAH shares their HVA with their community partners to help set priorities with the Hazard Vulnerability Analysis (HVA).  

management oversight committee.

- Confirm that the CAH has shared or attempted to share their HVA with one or more community partners.

COMMENTS:
Community partners may include:
- The department of public health
- The department of public safety
- The department of public works
- Local municipality representatives
- Other government agencies
- Community organizations
- Vendors
- Other health care organizations

The all-hazards risk assessment (HVA) must be consistent with the concepts outlined in the National Preparedness Systems, published by the US Department of Homeland Security, as well as guidance by the Agency for Healthcare Research and Quality (AHRQ).

When meeting the requirements for the all-hazards risk assessment (HVA), CAHs must consider the following:
1. Identification of all business functions essential to the CAHs’ operations that should be considered during an emergency;
2. Identification of all risks or emergencies that the CAH may reasonably expect to confront;
3. Identification of all contingencies for which the CAH should plan;
4. Consideration of the CAH’s location, including all locations where the CAH delivers patient care or
services, or has business operations;

5. Assessment of the extent to which natural or man-made emergencies may cause the CAH to cease or limit operations;

6. Determination of what arrangements with other CAHs, other healthcare providers or suppliers, or other entities might be needed to ensure that essential services could be provided during an emergency.

**17.00.03 Emergency Operations Plan.**
A written Emergency Operations Plan (EOP) is developed, maintained, and available to the staff for crisis preparedness and response.

_The Emergency Operations Plan must be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach._

The EOP is based on the priorities established in the annual Hazard Vulnerability Analysis (HVA). The EOP is reviewed with the community’s emergency response agencies to synchronize responses to common emergency events.

Emergency preparedness is necessary to ready the CAH for possible and probable emergency events that may affect the patient care processes and normal CAH operations.

There shall be a written Emergency Operations Plan (EOP) and associated procedures for possible situations to be followed by each department and/or service within the CAH and for each building utilized for patient treatment and/or housing. The organization may choose to have one EOP that is inclusive for all their facilities where patients are treated and housed, or they may choose to have individual EOPs for each location.

_The CAH uses its annual Hazard Vulnerability Analysis (HVA) as a foundation for the Emergency Operations Plan to determine the strategies and activities designed to reduce the risk associated with emergency events._—The CAH shares the details of the EOP with the community’s emergency response agencies. The CAH

- Review the Emergency Operations Plan to determine its applicability with the potential emergencies identified in the Hazard Vulnerability Analysis (HVA).

- Was the EOP reviewed with local authorities?

- Does the CAH share their plans and abilities with the local authority in community emergency preparedness during the planning phase as well as the implementation phase?

Verify:
- Emergency Management is integrated into the facility-wide QAPI Plan.

- Emergency Management related data is collected and utilized to improve the quality of patient care and patient safety.

Improvements are monitored to insure

<table>
<thead>
<tr>
<th>STANDARD / ELEMENT</th>
<th>EXPLANATION</th>
<th>SCORING PROCEDURE</th>
<th>SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>17.00.03 Emergency Operations Plan</td>
<td>A written Emergency Operations Plan (EOP) is developed, maintained, and available to the staff for crisis preparedness and response.</td>
<td><strong>DOCUMENT REVIEW AND INTERVIEW</strong></td>
<td></td>
</tr>
</tbody>
</table>
The EOP is reviewed on an annual basis by the emergency management oversight committee to ensure relevancy and accuracy. Adjustments are documented and changes made based on lessons learned during actual emergency events and during planned exercises.

The CAH uses its annual Hazard Vulnerability Analysis (HVA) as a foundation for the Emergency Operations Plan to determine the strategies and activities designed to reduce the risk associated with emergency events.

§485.625(a); §485.625(a)(1); §485.625(a)(2)

assesses the community’s abilities to meet the needs of the CAH during an emergency event. This involvement with the community and the assessment of the community’s abilities is documented.

The Emergency Operations Plan must be integrated into the facility-wide Quality Assurance Performance Improvement (QAPI) plan.

An emergency plan is one part of a facility’s emergency preparedness program. The plan provides the framework, which includes conducting facility-based and community-based risk assessments that will assist a facility in addressing the needs of their patient populations, along with identifying the continuity of business operations which will provide support during an actual emergency. In addition, the emergency plan supports, guides, and ensures a facility’s ability to collaborate with local emergency preparedness officials. This approach is specific to the location of the facility and considers particular hazards most likely to occur in the surrounding area. These include, but are not limited to:

- Natural disasters
- Man-made disasters,
- Facility-based disasters that include but are not limited to:
  - Equipment and utility failures, including but not limited to power, water, gas, etc.;
  - Interruptions in communication, including cyber-attacks;
  - Loss of all or portion of a facility; and

improvement in outcomes / results.

- Review documentation to ensure the EOP was shared with local authorities and reviewed with the community emergency preparedness and response plan.

- Ask facility leadership to identify the hazards (e.g. natural, man-made, facility, geographic, etc.) that were identified in the facility’s risk assessment and how the risk assessment was conducted.

- Verify that the plan is reviewed and updated annually by looking for documentation of the date of the review and updates that were made to the plan based on the review.
<table>
<thead>
<tr>
<th>STANDARD / ELEMENT</th>
<th>EXPLANATION</th>
<th>SCORING PROCEDURE</th>
<th>SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interruptions to the normal supply of essential resources, such as water, food, fuel (heating, cooking, and generators), and in some cases, medications and medical supplies (including medical gases, if applicable).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refer to NFPA 99 (2012 edition), Health Care Facilities Code, Chapter 12 for guidance on the development of the EOP, development of the committee with oversight on emergency management, including setting up an incident command system and designation of incident commander in an all-hazards approach.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>17.00.04  Patient Population.</strong> The Emergency Operations Plan (EOP) must address patient population, including but not limited to persons at-risk. §485.625(a)(3)</td>
<td>When creating the EOP, emergency response considerations should be given to at-risk populations within the CAH, which include individuals with disabilities, are from diverse cultures, have limited English proficiency or are non-English speaking, lack transportation, have chronic medical disorders, or have pharmacological dependency. ‘At-risk’ individuals also mean children, pregnant women, senior-citizens, and other individuals who have special needs in the event of an emergency. Mobility is an important part in effective and timely evacuations, and therefore facilities are expected to properly plan to identify patients who would require additional assistance, ensure that means for transport are accessible and available and that those involved in transport, as well as the patients and residents are</td>
<td>DOCUMENT REVIEW AND INTERVIEW</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Review the Emergency Operations Plan to determine its applicability with the patient population.</td>
<td>□ 1 = Compliant</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Does the EOP identify the at-risk patients that the CAH has?</td>
<td>□ 2 = Not Compliant</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Does the EOP provide for the influx of patients during an emergency?</td>
<td>COMMENTS:</td>
<td></td>
</tr>
</tbody>
</table>
made aware of the procedures to evacuate. For outpatient facilities, the emergency plan is required to ensure that patients with limited mobility are addressed within the plan.

The EOP includes a plan for the influx or a surge of patients, and must be reviewed by the community’s emergency response agency.

17.00.05 Services. The Emergency Operations Plan (EOP) must address the type of services the CAH has the ability to provide in an emergency.

§485.625(a)(3) When creating the EOP, the type of services that the CAH has the ability to provide during an emergency must be identified and addressed.

The emergency plan must identify which staff would assume specific roles in another’s absence through succession planning and delegations of authority. Succession planning is a process for identifying and developing internal people with the potential to fill key business leadership positions in the company. Succession planning increases the availability of experienced and capable employees that are prepared to assume these roles as they become available. During times of emergency, facilities must have employees who are capable of assuming various critical roles in the event that current staff and leadership are not available. At a minimum, there should be a qualified person who “is authorized in writing to act in the absence of the administrator or person legally responsible for the operations of the facility.”

DOCUMENT REVIEW AND INTERVIEW
- Review the Emergency Operations Plan to determine it identifies the type of services that the CAH has the ability to provide during an emergency.
- Does the EOP address how the CAH plans to continue to provide these services during an emergency?

COMMENTS:
The EOP includes a plan for the continuation of these services during the facility’s response to the emergency event.

### 17.00.06 Continuity of Operations

The Emergency Operations Plan (EOP) must address the continuity of operations, including delegations of authority and succession plans.

§485.625(a)(3)

When creating the EOP, considerations should be provided on:
- how the CAH will continue to operate the facility during the emergency event,
- who is delegated as the authority during the emergency event,
- how the succession of that authority is provided.

Continuity of operations planning generally considers elements such as: essential personnel, essential functions, critical resources, vital records and IT data protection, alternate facility identification and location, and financial resources. Facilities are encouraged to refer to and utilize resources from various agencies such as FEMA and Assistant Secretary for Preparedness and Response (ASPR) when developing strategies for ensuring continuity of operations.

An Incident Command System (ICS) as described by the US Department of Homeland Security, Federal Emergency Management Agency (FEMA) is an effective means to provide for the continuity of operations.

The Incident Command System (ICS) is a management
system designed to enable effective and efficient incident management by integrating a combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure across multiple entities.

**17.00.07 Collaboration.**
The Emergency Operations Plan (EOP) must 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 CAH’s efforts to contact such officials and, when applicable, its participation in collaborative and cooperative planning efforts.

§485.625(a)(4)

When creating the EOP, considerations should be provided on how the CAH will cooperate with the authorities during the planning process regarding emergency management, in order to maintain an integrated response during the emergency.

While the responsibility for ensuring a coordinated disaster preparedness response lies upon the state and local emergency planning authorities, the facility must document its efforts to contact these officials to engage in collaborative planning for an integrated emergency response. The facility must include this integrated response process in its emergency plan. Facilities are encouraged to participate in a healthcare coalition as it may provide assistance in planning and addressing broader community needs that may also be supported by local health department and emergency management resources.

The EOP must provide a process on how the CAH will document all efforts to communicate with the authorities they are required to collaborate with during the planning process.

Planning with officials in advance of an emergency to determine how such collaborative and cooperative
<table>
<thead>
<tr>
<th>STANDARD / ELEMENT</th>
<th>EXPLANATION</th>
<th>SCORING PROCEDURE</th>
<th>SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>efforts would achieve and foster a smoother, more effective, and more efficient response in the event of a disaster.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAHs must document efforts made by the facility to cooperate and collaborate with emergency preparedness officials.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Procedures:

#### 17.01.01 Policies & Procedures.

The CAH must develop and implement emergency preparedness policies and procedures. These policies and procedures must be based on the Emergency Operations Plan (EOP), the Hazard Vulnerability Analysis, and the Communication plan.

These Policies & Procedures must be reviewed and updated annually by the Emergency Management oversight committee.

§485.625(b)

The format of the EOP and the Policies & Procedures that a facility uses are at their discretion. HFAP does not prescribe or specify how these documents appear or whether the EOP includes the content of the Policies & Procedures, or they are separate documents. However, the facility must include all of the requirements for the EOP and all of the requirements for the Policies & Procedures.

If the Policies & Procedures are not included in the EOP, then they must be referenced in the EOP as to where they may be located.

#### 17.01.02 Nutritional Services.

The Policy & Procedure for food, water and nutritional services must address the provision of subsistence needs for staff and patients whether they evacuate or shelter in place.

These Policies & Procedures must be reviewed and updated annually by the Emergency Management oversight committee.

§485.625(b)(1)(i)

The Policy & Procedure for Nutritional Services describes the strategies for ensuring nutritional needs are met during situations in which CAH services or utilities are disrupted.

Facilities must be able to provide for adequate subsistence for all patients and staff for the duration of an emergency or until all its patients have been evacuated and its operations cease.

The Policy & Procedure outlines methods for meeting the nutritional needs of patients, visitors, and staff while sheltered in place, or evacuated to other locations. During an emergency event, the facility may

---

**DOCUMENT REVIEW AND INTERVIEW**

- Verify that the facility includes the requisite Policies & Procedures as described in standards 09.01.02 through 09.01.14. The content of each Policy & Procedure must meet the requirements of the respective standard.

- The Policies & Procedures may be included in the Emergency Operations Plan, or they may be separate from the EOP. If separate, they must be referenced in the EOP.

- Review Policies & Procedures to ensure they have been reviewed and updated annually.

---

2017 v2 Healthcare Facilities Accreditation Program (HFAP) Accreditation Requirements for Critical Access Hospitals 17-17
Experience a disruption in one or multiple services, such as:

1. Loss of water, gas, fuel, or electricity;
2. Equipment failure, e.g., dishwashing machines, pumps, refrigeration, cooking appliances;
3. Disruption with the delivery and grocery and food preparation items.

The Policy & Procedure for Nutritional Services anticipates the possible disruptions and prepares strategies, in advance, for ensuring continuity of services, including:

1. Alternative methods for heating foods and water used for cooking.
2. A disruption with delivery of food products.

The CAH has written agreements with food suppliers for priority grocery delivery. The written agreements are updated on an annual basis.

The CAH calculates the volume of food, drinking water, paper products, and utensils needed to feed the patients, staff, and visitors for at least three (3) days. The CAH stores a 3-day inventory of:

1. Fresh and frozen foods
2. Dairy products
3. Drinking water
4. Paper products
5. Special dietary requirements, e.g., diabetic, Kosher, and vegetarian diets

- Review Policies & Procedures to ensure they have been reviewed and updated annually.
### 17.01.03 Supplies.
The Policy & Procedure for medical supplies, pharmaceutical supplies, and general equipment must address the provision of subsistence needs for staff and patients that are sheltered in place.

The Policy & Procedure provides for how the CAH will replenish the supplies and equipment after the emergency event begins.

All medical supplies, pharmaceutical supplies, and general equipment designated for emergency response are inventoried, documented, and reviewed and updated semi-annually.

These Policies & Procedures must be reviewed and updated annually by the Emergency Management oversight committee.

§485.625(b)(1)(i)

During an emergency event, the availability of medical supplies, pharmaceutical supplies, and general equipment needed at the beginning of the event is critical for an effective response.

Provisions include, but are not limited to pharmaceuticals and medical supplies. Provisions should be stored in an area which is less likely to be affected by disaster, such as storing these resources above ground-level to protect from possible flooding. Additionally, CAHs are expected to consider the possibility that volunteers, visitors, and individuals from the community may arrive at the facility to offer assistance or seek shelter.

The CAH’s Policy & Procedure for medical supplies, pharmaceutical supplies, and general equipment must meet the needs of staff and patients while sheltered in place.

The Office of the Assistant Secretary for Preparedness and Response (ASPR) states that organizations should be prepared to “stand on their own” for at least 72 hours before an organized Federal response can effectively relieve the situation. That benchmark must be considered when identifying the medical supplies, pharmaceutical supplies, or general equipment that are required whether sheltered in place or evacuated to other locations.

The amount and type of emergency supplies and equipment is left to the individual facility to determine but must be based on the reality of their EOP.

#### DOCUMENT REVIEW AND INTERVIEW

- Interview the person in charge of Emergency Management and determine if there are medical supplies, pharmaceutical supplies and general equipment inventoried and stored for the immediate response of an emergency.
- Determine if the organization has reviewed and updated the inventory of emergency response supplies on a semi-annual basis.
- Review the Policy & Procedures to ensure it provides for the supplies and equipment needed in the initial phase of an emergency event.
- Has the CAH made adequate provisions to ensure the availability of those supplies and equipment when needed?
- Review Policies & Procedures to ensure they have been reviewed and updated annually.

#### SCORING PROCEDURE

<table>
<thead>
<tr>
<th>SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = Compliant</td>
</tr>
<tr>
<td>2 = Not Compliant</td>
</tr>
</tbody>
</table>

#### COMMENTS:
Emergency supplies and equipment must be maintained to ensure an acceptable response at the beginning of an event. This would require the supplies and equipment are stored in such a manner to ensure their safety (protection against theft or damage, contamination, or deterioration) and availability when needed.

The CAH identifies in writing the medical supplies, pharmaceutical supplies, and general equipment it will need to potentially meet the needs of patients in an emergency situation.

The CAH makes provisions to ensure the availability of those supplies when needed.

The CAH must have a plan to protect these limited emergency supplies and must have a plan for prioritizing their use until replacement supplies are available. The plan must also address the events of a disruption in the supply chain for these emergency utilities, such as a disaster involving the entire surrounding community.

Once patients have been evacuated to other facilities, it would be the responsibility of the receiving facility to provide for the patient’s subsistence needs. This standard does not require the facility to be responsible for subsistence needs of individuals in the community. The provision of subsistence needs only applies to staff and patients.
### EMERGENCY MANAGEMENT

<table>
<thead>
<tr>
<th>STANDARD / ELEMENT</th>
<th>EXPLANATION</th>
<th>SCORING PROCEDURE</th>
<th>SCORE</th>
</tr>
</thead>
</table>
| 17.01.04 Utilities. | The CAH must ensure the continuation of operation of strategic utilities during an emergency event, including:  
- emergency power;  
- fuel for generators and boilers;  
- medical air, gas and vacuum;  
- sewage and waste disposal. | • Verify written policies and procedures are in place regarding the provision for alternate sources of emergency to maintain temperature; emergency lighting; fire detection; fire extinguishing; fire alarm systems; and sewage and waste disposal. | ![ ] 1 = Compliant ![ ] 2 = Not Compliant |

Alternate sources of energy depend on the resources available to a facility, such as battery-operated lights, or heating and cooling, in order to meet the needs of a facility during an emergency. Facilities are not required to upgrade their electrical systems, but after review of their risk assessment, facilities may find it prudent to make any necessary adjustments to ensure that occupants health and safety needs are met, and that facilities maintain safe and sanitary storage areas for provisions.

The CAH needs to document what areas of the facility are served by emergency power, and what areas are not. This standard does not specify what HVAC units (if any) are to be connected to emergency power generators; however, emergency power generators must maintain temperatures to protect patient health and safety, and to protect the safe storage of provisions. The CAH’s policies and procedures need to address how the CAH determined which HVAC units (if any) are connected to emergency power.

Facilities must establish policies and procedures that determine how required heating and cooling of their facility will be maintained during an emergency.

**DOCUMENT REVIEW AND INTERVIEW**

- Verify written policies and procedures are in place regarding the provision for alternate sources of emergency to maintain temperature; emergency lighting; fire detection; fire extinguishing; fire alarm systems; and sewage and waste disposal.
- Verify that the utility supplies for emergency power, fuel, medical air, gas and vacuum, and non-potable water is appropriate for the size of the CAH operations, the services provided and the number of staff and inpatients.
- Verify the written agreements to replenish the supplies for the emergency utilities are updated annually.
- Review the CAH’s risk assessment of the facilities sewage and wastewater disposal systems and their plans to maintain the necessary services during an emergency.
- Review Policies & Procedures to ensure they have been reviewed and updated annually.

**COMMENTS:**

These Policies & Procedures must be reviewed and updated annually by the Emergency Management oversight committee.

§485.625(b)(1)(ii)(A)
situation, as necessary, if there were a loss of the primary power source.

The CAH must have written agreements which are updated annually with vendors, suppliers, or others to provide for the following utilities during an emergency event:

- Service and repairs for the generators
- Replenishment of fuel for generators and boilers
- Portable cylinders of medical air and medical gas
- Portable vacuum
- Non-potable water for processing

The CAH shall determine the quantity of fuel supply to have on hand for the emergency generators and boilers. This quantity is based on the circumstances of the CAH and the availability of replacement fuel.

At a minimum, the quantity of fuel maintained for the emergency generators must be at least a 26-hour supply, as required by NFPA 72 (2010), for the fire alarm system. For installations in seismic areas, compliance for maintenance of fuel supply for generators must comply with NFPA 110 (2010 edition).

Whatever quantity of fuel is maintained, consideration must be given to its capability to replenish the fuel supply before it is exhausted. The CAH shall maintain documentation of its fuel supply needs and its procedures for fuel replenishment in times of emergency. If the CAH uses the same fuel supply for
<table>
<thead>
<tr>
<th>STANDARD / ELEMENT</th>
<th>EXPLANATION</th>
<th>SCORING PROCEDURE</th>
<th>SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>17.01.05 Patient &amp; Staff Tracking</td>
<td>The Policies &amp; Procedures must address a system to track the location of on-duty staff and sheltered patients in the CAH's care during an emergency. If on-duty staff and sheltered patients are relocated during an emergency, the CAH must document the specific name and location of the receiving facility or other location. These Policies &amp; Procedures must be reviewed and updated annually by the</td>
<td>• Verify written policies and procedures are in place regarding the tracking of on-duty staff and sheltered patients in the CAH’s care during an emergency.</td>
<td></td>
</tr>
</tbody>
</table>
Emergency Management oversight committee.

Tracking patients after an emergency is not a requirement of this standard.

§485.625(b)(2)

<table>
<thead>
<tr>
<th>STANDARD / ELEMENT</th>
<th>EXPLANATION</th>
<th>SCORING PROCEDURE</th>
<th>SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>17.01.06 Evacuation</td>
<td>The Policies &amp; Procedures must address the 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. The Policies &amp; Procedures provide for a written Emergency Evacuation Plan which identifies when and how the patients will be evacuated from the facility. The Emergency Evacuation Plan is reviewed by the community emergency response agency. These Policies &amp; Procedures must be reviewed and updated annually by the Emergency Management oversight committee. The evacuation plan may be part of the Emergency Operations Plan (EOP) or it may be separate. If separate, the EOP must reference where to find the evacuation plan. Facilities must have policies and procedures which address the needs of evacuees. The policies and procedures must address staff responsibilities during evacuations. Facilities must consider the patient population needs as well as their care and treatment. For example, if an evacuation is in progress and the facility must evacuate, leadership should consider the needs for critically ill patients to be evacuated and accompanied by staff who could provide care and treatment enroute to the designated relocation site, in the event trained medical professionals are unavailable by the transportation services. Facilities policies and procedures must outline primary and alternate means for communication with external sources for assistance. For instance, primarily methods may be considered via regular telephone services to contact transportation companies for evacuation or reporting evacuation needs to emergency officials;</td>
<td>DOCUMENT REVIEW AND INTERVIEW</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Review the Policies &amp; Procedures to determine if it provides for the Emergency Evacuation Plan. Review documentation from the local authorities to determine if the Emergency Evacuation Plan was reviewed by the local community emergency response agency. Verify that the Policies &amp; Procedures considered multiple transportation options for patient evacuation needs. Review Policies &amp; Procedures to ensure they have been reviewed and updated annually.</td>
<td>1 = Compliant</td>
<td>2 = Not Compliant</td>
</tr>
</tbody>
</table>
$485.615(b)(3)$ whereas alternate means account for loss of power or telephone services in the local area. In this event, alternate means may include satellite phones for contacting evacuation assistance.

CAHs must consider multiple transportation options for patient evacuation, and collaborate with healthcare coalitions to better inform and assist in planning activities for the efficient and effective use of limited resources.

A written Emergency Evacuation Plan must be created which identifies when and how the CAH will evacuate patients from the CAH when it is no longer safe to provide patient care and treatment services at the facility. The written Emergency Evacuation Plan must be reviewed with the local community emergency response agency.

Additional evacuation procedures for specialty patient care units must be developed and incorporated into the Emergency Evacuation Plan.

17.01.07 Shelter in Place.

_The Policies & Procedures must address the means to shelter in place for patients, staff, and volunteers who remain in the facility during an emergency event._

_These Policies & Procedures must be reviewed and updated annually by the_ The CAH must have Policies & Procedures in place that addresses a means to shelter in place for patients, staff and volunteers who remain in the facility during an emergency event.

Facilities are expected to include in their policies and procedures the criteria for determining which patients and staff that would be sheltered in place. When

**DOCUMENT REVIEW AND INTERVIEW**
- Review the Policies & Procedures to verify that they address a means to provide shelter for patients, staff and volunteers who remain in the facility during an emergency.
- Review Policies & Procedures to ensure they have been reviewed and updated annually.
<table>
<thead>
<tr>
<th>STANDARD / ELEMENT</th>
<th>EXPLANATION</th>
<th>SCORING PROCEDURE</th>
<th>SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Management oversight committee.</td>
<td>developing policies and procedures for sheltering in place, facilities should consider the ability of their building(s) to survive a disaster and what proactive steps they could take prior to an emergency to facilitate sheltering in place or transferring of patients to alternate settings if their facilities were affected by the emergency. For example, if it is dangerous to evacuate or the emergency affects available sites for transfer or discharge, then the patients would remain in the facility until it was safe to effectuate transfers or discharges. The plan should take into account the appropriate facilities in the community to which patients could be transferred in the event of an emergency. Facilities must determine their policies based on the type of emergency and the types of patients, staff, volunteers and visitors that may be present during an emergency. Based on its emergency plan, a facility could decide to have various approaches to sheltering some or all of its patients and staff. The policy must include criteria for selecting patients and staff that would be sheltered in place and a description of how they would ensure their safety. CAHs must make plans to shelter all patients in the event that an evacuation cannot be executed.</td>
<td></td>
<td>201</td>
</tr>
</tbody>
</table>
## EMERGENCY MANAGEMENT

<table>
<thead>
<tr>
<th>STANDARD / ELEMENT</th>
<th>EXPLANATION</th>
<th>SCORING PROCEDURE</th>
<th>SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>17.01.08</strong> Medical Documentation.</td>
<td>The Policies &amp; Procedures must address a system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains the availability of records. CAHs must have Policies &amp; Procedures in place that requires:</td>
<td>• Review the Policies &amp; Procedures to verify that they address a system of medical documentation to be used in the event of an emergency.</td>
<td>□ 1 = Compliant □ 2 = Not Compliant</td>
</tr>
</tbody>
</table>

These Policies & Procedures must be reviewed and updated annually by the Emergency Management oversight committee. §485.625(b)(5) | | | |
| **17.01.09** Volunteers. | The Policies & Procedures must address the use of volunteers in an emergency, and must address other emergency staffing strategies, including the process and role for integration of State and Federally designated healthcare professionals to address surge needs during an emergency. The Policies & Procedures provide for a volunteer management plan that assigns and supervises volunteers during an emergency event. | • Review the Policies & Procedures to determine if it includes a volunteer management program. | □ 1 = Compliant □ 2 = Not Compliant |

The volunteer management plan may be part of the Emergency Operations Plan (EOP) or it may be separate. If separate, the EOP must reference where to find the volunteer management plan. The facility must have a plan to verify each volunteer’s identity, license, credentials, certifications, malpractice insurance, and CAH privileges, within 72 hours of activating the Incident Command Center, when possible. The volunteer’s identity and evidence of state professional license will be verified prior to providing patient care. | • Review Policies & Procedures to ensure they have been reviewed and updated annually. | COMMENTS: | |
### EMERGENCY MANAGEMENT

<table>
<thead>
<tr>
<th>STANDARD / ELEMENT</th>
<th>EXPLANATION</th>
<th>SCORING PROCEDURE</th>
<th>SCORE</th>
</tr>
</thead>
</table>
| These Policies & Procedures must be reviewed and updated annually by the Emergency Management oversight committee. | Federal, local or state-based systems shall be utilized to verify the identity and credentials of health professionals, when possible. | **DOCUMENT REVIEW AND INTERVIEW**  
- Review the Policies & Procedures to determine if it identifies the local CAHs with whom they have transfer agreements.  
- Verify that the transfer agreements are completed and signed by representatives from each organization.  
- Review Policies & Procedures to ensure they have been reviewed and updated annually. | 1 = Compliant  
2 = Not Compliant |
| §485.625(b)(6) | Any special issues, such as spontaneous non-medical volunteers, stress management for volunteers, and legal issues, such as workers’ compensation, insurance, and safety are addressed in advance and included in the policy & procedure. | COMMENTS: | |
| **17.01.10 Continuity of Services.**  
The Policies & Procedures must address the development of arrangements with other CAHs and other providers to receive patients in the event of limitations or cessation of operations to maintain the continuity of services to patients. | A transfer agreement must be signed with other CAHs in the region whereby patients may be expected to evacuate to or from.  
The purpose of these transfer agreements is:  
- to assist physicians and facilities in the treatment of trauma patients;  
- to facilitate the timely transfer of patients and information necessary in the care and treatment of patients;  
- the continuity of the care and treatment appropriate to the needs of the trauma patients; and  
- the utilization of knowledge and other resources of both facilities in a coordinated manner to improve the professional health care of trauma patients. | | |
| §485.625(b)(7) | These Policies & Procedures must be reviewed and updated annually by the Emergency Management oversight committee. | | |
**EMERGENCY MANAGEMENT**

<table>
<thead>
<tr>
<th>STANDARD / ELEMENT</th>
<th>EXPLANATION</th>
<th>SCORING PROCEDURE</th>
<th>SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>17.01.11 Invoking the 1135 Waiver. The Policies &amp; Procedures must address the role of the CAH under a waiver declared by the Secretary of Health and Human Services, in accordance with section 1135 of the Social Security Act, in the provision of care and treatment at an alternate care site identified by emergency management officials. These Policies &amp; Procedures must be reviewed and updated annually by the Emergency Management oversight committee. §485.625(b)(8)</td>
<td>Facilities must develop and implement policies and procedures that describe its role in providing care at alternate care sites during emergencies. It is expected that state or local emergency management officials might designate such alternate sites, and would plan jointly with local facilities on issues related to staffing, equipment and supplies at such alternate sites. This requirement encourages providers to collaborate with their local emergency officials in such proactive planning to allow an organized and systematic response to assure continuity of care even when services at their facilities have been severely disrupted. When the President of the United States declares a disaster and the HHS Secretary declares a public health emergency, the Secretary is authorized under section 1135 to take certain actions to waive or modify certain Medicare, Medicaid, or Children’s Health Insurance Program requirements to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the Social Security Act programs in the emergency areas. This will allow CAHs who provide such services in good faith to be reimbursed and exempted from sanctions (absent any determination of fraud or abuse). Once an 1135 Waiver is authorized, health care providers can submit requests to operate under that authority or for other relief that may be possible outside the authority, to the CMS Regional Office with a copy to HFAP.</td>
<td>- Review the Policies &amp; Procedures to determine if it includes the role the CAH has under an 1135 Waiver. - Verify that the Policies &amp; Procedures identify the alternate care site identified by the state or local emergency management officials. - Review Policies &amp; Procedures to ensure they have been reviewed and updated annually.</td>
<td>1 = Compliant 2 = Not Compliant</td>
</tr>
</tbody>
</table>

**COMMENTS:**
CMS has stated that they expect the state or local emergency management officials would designate alternate care sites, and would plan jointly with local facilities on issues related to staffing, equipment and supplies at such alternate sites.

This requirement encourages providers to collaborate with their local emergency officials in proactive planning to allow an organized and systematic response to assure continuity of care even when services at their facilities have been severely disrupted.

**17.01.12 Security.**
The Policies & Procedures must address a comprehensive process to provide for the security of the patients, staff and visitors during an emergency event.

*These Policies & Procedures must be reviewed and updated annually* by the Emergency Management oversight committee.

During an emergency event, patients, visitors and staff must be protected from threats concerning security. Policies, procedures and systems must be developed to monitor and reduce adverse outcomes. The organization identifies and implements a process on how supplemental security resources are obtained in the event of a disaster.

The Policies & Procedures must address the following:
1. The differing needs of each location where the CAH operates;
2. The special needs of patient populations treated at the CAH (e.g., patients with psychiatric diagnoses, patients on special diets, newborns, etc.);
3. Security of patients and walk-in patients;

**DOCUMENT REVIEW AND INTERVIEW**
- Review the Policies & Procedures to verify that the CAH has developed and implemented a comprehensive plan to ensure that the security and wellbeing of patients are assured during emergency situations.
- Review policies to determine how supplemental security forces are obtained in the event of a disaster.
- Determine if policies, procedures and systems are in place to provide emergency security services.
- Review Policies & Procedures to ensure they have been reviewed and updated annually.
4. Security of supplies from misappropriation;

5. Identification of personnel that are needed to implement and carry out the CAH’s emergency plans.

17.01.13 Decontamination. The Policies & Procedures must address how the CAH arranges for the chemical, biological and radioactive decontamination.

These Policies & Procedures must be reviewed and updated annually by the Emergency Management oversight committee.

Decontamination procedures must be in place for internal and external accidents. The CAH designates teams to respond to emergency events and initiate the decontamination procedures. A plan describing the decontamination procedures can be integrated into a single plan or multiple plans.

During an emergency, aspects of the physical environment must contain, neutralize, or destroy potentially harmful materials and wastes.

The procedures for the cleanup of spills and accidents must include the notification of the appropriate authorities based on the size and severity of the spill and CAH resources available.

17.01.14 Incident Command Center. The Policies & Procedures must address the identification where the CAH’s incident command center will be located.

The policies ensure essential equipment and support is intact and maintained for use in directing and controlling response and recovery operations.

There is a reference in the Policies & Procedures to the location of the command center for directing and controlling CAH emergency response functions.

The Policies & Procedures also include or reference:
- a list of facility equipment (e.g., telephones, displays, fax machines, computers), to be used in the Incident Command Center;
- a layout diagram identifying where the equipment is to be set up in the Incident Command Center

**DOCUMENT REVIEW AND INTERVIEW**
- Review the Policies & Procedures to ensure decontamination activities are addressed.
- Review Policies & Procedures to ensure they have been reviewed and updated annually.

**COMMENTS:**
EMERGENCY MANAGEMENT

<table>
<thead>
<tr>
<th>STANDARD / ELEMENT</th>
<th>EXPLANATION</th>
<th>SCORING PROCEDURE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The policy provides for a process for activation of the incident command center, and how it is operated.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>* the locations of emergency power that is available in the Incident Command Center.</td>
<td>* Determine if a list of facility equipment and supplies meets the anticipated needs during an emergency.</td>
</tr>
<tr>
<td></td>
<td>* Review Policies &amp; Procedures to ensure they have been reviewed and updated annually.</td>
<td>* Review Policies &amp; Procedures to ensure they have been reviewed and updated annually.</td>
</tr>
</tbody>
</table>

These Policies & Procedures must be reviewed and updated annually by the Emergency Management oversight committee.
Communication:

**17.02.01 Communication Plan.**
The CAH must develop and maintain an emergency communication plan that complies with Federal, State, and local laws, and must be reviewed and updated annually.

The communication plan must include a tiered rapid process for alert and notification of staff in an emergency. This includes staff mobilization and communications call-back processes used at the beginning of an emergency event.

The communication plan provides for the dispensing of information by CAH designated spokespersons to the media.

§485.625(c)

Facilities must have a written emergency communication plan that contains how the facility coordinates patient care within the facility, across healthcare providers, and with state and local public health departments. The communication plan should include how the facility interacts and coordinates with emergency management agencies and systems to protect patient health and safety in the event of a disaster. The development of a communication plan will support the coordination of care. The plan must be reviewed annually and updated as necessary.

The communication plan may be part of the EOP or it may be separate. If separate, the EOP must reference where to find the communication plan.

All CAH units and departments must have a process in place to initiate the call back of staff on each unit. Staff must be able to make external notifications and demonstrate the capability to share information with the incident commander and necessary external partners.

The communication plan must include a process for the notification of key personnel who are either at the CAH or away from the CAH whenever the Incident Command System is activated.

The staff call-back roster is dated and is updated at least semi-annually. NOTE: Real-time electronic tracking systems of current and former staff members are deemed to meet the requirement for semi-annual

**SCORING PROCEDURE**

**DOCUMENT REVIEW AND INTERVIEW**
- Determine if the staff call-back roster has been updated semi-annually.
- Verify that the communication plan has been reviewed and updated on an annual basis.

**SCORE**

1 = Compliant
2 = Not Compliant

**COMMENTS:**
The communication plan identifies the location where the media will be briefed.

### 17.02.02 Contact Information

The communication plan must include the names and contact information for:

- **Staff**
- **Entities providing services under arrangement**
- **Patient’s physicians**
- **Other CAHs and CAH hospitals**
- **Volunteers**
- **Federal, State, tribal, regional, and local emergency preparedness staff**
- **Other sources of assistance.**

§485.625(c)(1)(i)

A facility must have the contact information for those individuals and entities outlined within the standard. The requirement to have contact information for “other facilities” requires a CAH to have the contact information for another CAH of the same type as itself. While not required, facilities may also find it prudent to have contact information for other facilities not of the same type. For instance a CAH may find it appropriate to have the contact information of LTC facilities within a reasonable geographic area, which could assist in facilitating patient transfers.

Facilities have discretion in the formatting of this information, however it should be readily available and accessible to leadership and staff during an emergency event. Facilities which utilize electronic data storage should be able to provide evidence of data back-up with hard copies or demonstrate capability to reproduce contact lists or access this data during emergencies. All contact information must be reviewed and updated as necessary at least annually.

#### DOCUMENT REVIEW AND INTERVIEW

- Review the emergency communications plan to verify it contains the names and contact information of the individuals noted.

| 1 = Compliant | 2 = Not Compliant |

COMMENTS:
Contact information contained in the communication plan must be accurate and current. Facilities must update contact information for incoming new staff and departing staff throughout the year and any other changes to information for those individuals and entities on the contact list.

Reliable communication must be maintained by the CAH during an emergency event. The communication plan should include procedures regarding when and how alternate communication methods are used, and who uses them. In addition the facility should ensure that its selected alternative means of communication is compatible with communication systems of other facilities, agencies and state and local officials it plans to communicate with during emergencies.

Backup technology must be considered and utilized with the consideration that traditional methods of communication may not be available. Alternative methods must be explored and planned for in the written procedure.

Primary and alternate means of communication include:
- Land-line telephones

**DOCUMENT REVIEW AND INTERVIEW**

- Review the emergency communications plan and determine that it meets the requirement for primary and alternate communication means with staff and outside agencies.
### Standard/Element: 17.02.04 Information Sharing

The communication plan must include a method for sharing information and medical documentation for patients under the CAH’s care, as necessary, with other health care providers to maintain the continuity of care.

§485.625(c)(4)

<table>
<thead>
<tr>
<th>Communication Devices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pagers</td>
</tr>
<tr>
<td>Internet provided by satellite or non-telephone cable systems</td>
</tr>
<tr>
<td>Cellular telephones</td>
</tr>
<tr>
<td>Radio transceivers (walkie-talkies)</td>
</tr>
<tr>
<td>Various other radio devices, such as NOAA weather radio and amateur radio (HAM)</td>
</tr>
<tr>
<td>Satellite telephone communication systems</td>
</tr>
</tbody>
</table>

The communication plan provides for written procedures and methods on how the CAH communicates with staff and outside agencies that have a functional role with the CAH’s response and recovery phases during an emergency event.

### Scoring Procedure

1 = Compliant  2 = Not Compliant

### Document Review and Interview

- Review the emergency communications plan to determine it addresses the CAH’s plan on sharing patient information with other healthcare providers.

**Comments:**

---

2017 v2  Healthcare Facilities Accreditation Program (HFAP)
Accreditation Requirements for Critical Access Hospitals  17-36
EMERGENCY MANAGEMENT

<table>
<thead>
<tr>
<th>STANDARD / ELEMENT</th>
<th>EXPLANATION</th>
</tr>
</thead>
</table>
| patient to the next care provider and would also be readily available for patients being sheltered in place. While the regulation does not specify timelines for delivering patient care information, facilities are expected to provide patient care information to receiving facilities during an evacuation, within a timeframe that allows for effective patient treatment and continuity of care. Facilities should not delay patient transfers during an emergency to assemble all patient reports, tests, etc. to send with the patient. Facilities should send all necessary patient information that is readily available and should include at least, patient name, age, DOB, allergies, current medications, medical diagnoses, current reason for admission (if inpatient), blood type, advance directives and next of kin/emergency contacts. There is no specified means (such as paper or electronic) for how facilities are to share the required information.

17.02.05 Release of Information.
The communication plan must include a means, in the event of an evacuation, to release patient information as permitted under 45 CFR 164.510(b)(1)(ii).

The communication plan must include a means of providing information about the general condition and location of patients under the facility’s care as permitted under 45 CFR

A covered entity may use or disclose protected health information to notify, or assist in the notification of (including identifying or locating), a family member, a personal representative of the individual, or another person responsible for the care of the individual of the individual’s location, general condition, or death. Any such use or disclosure of protected health information for such notification purposes must be in accordance with paragraphs (b)(2), (b)(3), (b)(4), or (b)(5) of section 45 CFR 164.510, as applicable.

A covered entity may use or disclose protected health

**DOCUMENT REVIEW AND INTERVIEW**
- Review the emergency communications plan to verify it includes the necessary means to provide patient information to family members, personal representative, or other individuals responsible for the care of the patient.

COMMENTS:
## EMERGENCY MANAGEMENT

<table>
<thead>
<tr>
<th>STANDARD / ELEMENT</th>
<th>EXPLANATION</th>
<th>SCORING PROCEDURE</th>
<th>SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>164.510(b)(4).</td>
<td>Information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordinating with such entities the uses or disclosures permitted by paragraph (b)(1)(ii) of section 45 CFR 164.510. The requirements in paragraphs (b)(2), (b)(3), or (b)(5) of section 45 CFR 164.510 apply to such uses and disclosures to the extent that the covered entity, in the exercise of professional judgment, determines that the requirements do not interfere with the ability to respond to the emergency circumstances.</td>
<td>DOCUMENT REVIEW AND INTERVIEW</td>
<td>1 = Compliant 2 = Not Compliant</td>
</tr>
<tr>
<td>§485.625(c)(5)</td>
<td>HIPAA requirements are not suspended during a national or public health emergency. However, the HIPAA Privacy Rule specifically permits certain uses and disclosures of protected health information in emergency circumstances and for disaster relief purposes.</td>
<td>COMMENTS:</td>
<td></td>
</tr>
<tr>
<td>§485.625(c)(6)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.02.06 CAH Information.</td>
<td>Communicating critical information to the authorities having jurisdiction regarding the CAH during an emergency is vital to a well-organized response to an emergency.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The communication plan must include a means of providing information about the CAH's occupancy, needs, and its ability to provide assistance, to the authorities having jurisdiction, the Incident Command Center, or designee.</td>
<td>Occupancy reporting is considered, but not limited to, reporting the number of patients currently at the facility receiving treatment and care or the facility’s occupancy percentage. The facility should consider how its occupancy affects its ability to provide assistance. For example, if the facility’s occupancy is close to 100% the facility may not be able to accept patients from nearby facilities. The types of “needs” a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>STANDARD / ELEMENT</td>
<td>EXPLANATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>facility may have during an emergency and should communicate to the appropriate authority would include but is not limited to, shortage of provisions such as food, water, medical supplies, assistance with evacuation and transfers, etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>The CAH may have multiple authorities having jurisdiction they need to communicate their capabilities with during an emergency: Local, regional, tribal, and or State authorities.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Training and Testing:

17.03.01 Emergency Training

The CAH must develop and maintain a training program that is based on the Emergency Operations Plan (EOP), the Hazard Vulnerability Assessment (HVA), the Policies & Procedures, and the communication plan.

The CAH must do all of the following:
- Provide initial training in emergency management policies and procedures to all new and existing staff, individuals providing on-site services under arrangement, and volunteers, consistent with their expected role;
- Provide emergency management training at least annually;
- Maintain documentation of all emergency management training;
- Demonstrate staff knowledge of emergency procedures.

The training program must be reviewed and updated annually.

§485.625(d)

A well organized, effective training program must include initial training for new and existing staff in emergency preparedness policies and procedures as well as annual refresher trainings.

The facility must offer annual emergency preparedness training in which staff can demonstrate knowledge of emergency procedures. Facilities are expected to delineate responsibilities for all of their facility’s workers in their EOP and to determine the appropriate level of training for each professional role.

The training program may be part of the EOP or it may be separate. If separate, the EOP must reference where to find the training program.

The CAH must provide initial training in emergency preparedness policies and procedures to all new and existing staff, including individuals providing services under arrangement, volunteers, and physicians, consistent with their expected role.

The CAH must provide emergency preparedness training to all staff at least annually. The CAH must maintain documentation of the training. The CAH must be able to demonstrate staff knowledge of emergency procedures.

While facilities are required to provide annual training to all staff, it is up to the facility to decide what level of

**DOCUMENT REVIEW AND INTERVIEW**
- Review the training program to ensure all staff are educated on the emergency preparedness program.
- Are staff being trained on an annual basis?
- Can the CAH demonstrate that all staff (including contract workers and physicians) have received training on emergency preparedness on an annual basis?

**COMMENTS:**
17.03.02 Emergency Exercises. The CAH must develop and maintain a testing program (exercises) that is based on the Emergency Operations Plan (EOP), the Hazard Vulnerability Assessment (HVA), the Policies & Procedures, and the communication plan.

The testing program must be reviewed and updated annually.

CAHs and free-standing ambulatory health care occupancy facilities that are part of the CAH system must participate in two (2) emergency exercises to test the EOP per calendar year.

Each exercise (disaster drill) is to be planned by the oversight committee on emergency management and implemented to build competencies in staff.

The CAH must conduct two exercises. The purpose of the emergency exercises is to demonstrate the effectiveness of the CAH’s emergency plan and to use the results of the exercises to improve the CAH’s EOP.

For the purposes of this requirement, a full scale exercise is defined and accepted as any operations-based exercise (drill, functional, or full-scale exercise) that assesses a facility’s functional capabilities by simulating a response to an emergency that would impact the facility’s operations and their given community. A full-scale exercise is also an operations-based exercise that typically involves multiple agencies, jurisdictions, and disciplines performing functional or operational elements.

The testing program may be part of the EOP or it may be separate. If separate, the EOP must reference where to find the testing program.

CAHs and free-standing ambulatory health care occupancy facilities that are part of the CAH system must participate in two (2) emergency exercises to test the EOP per calendar year:
1. The first must be a full-scale exercise that is community-based or when a community-based

<table>
<thead>
<tr>
<th>STANDARD / ELEMENT</th>
<th>EXPLANATION</th>
<th>SCORING PROCEDURE</th>
<th>SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>§485.625(d)(1)(i)</td>
<td>training each staff member will be required to complete each year based on an individual's involvement or expected role during an emergency. There may be core topics that apply to all staff, while certain staff may require additional topics.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>§485.625(d)(1)(ii)</td>
<td>The purpose of the emergency exercises is to demonstrate the effectiveness of the CAH’s emergency plan and to use the results of the exercises to improve the CAH’s EOP.</td>
<td>DOCUMENT REVIEW AND INTERVIEW</td>
<td>□ 1 = Compliant □ 2 = Not Compliant</td>
</tr>
<tr>
<td>§485.625(d)(1)(iii)</td>
<td>For the purposes of this requirement, a full scale exercise is defined and accepted as any operations-based exercise (drill, functional, or full-scale exercise) that assesses a facility’s functional capabilities by simulating a response to an emergency that would impact the facility’s operations and their given community. A full-scale exercise is also an operations-based exercise that typically involves multiple agencies, jurisdictions, and disciplines performing functional or operational elements.</td>
<td>• Review the evaluation records of the emergency exercises. • Ensure that each exercise is based on one of the identified Hazard Vulnerability Analysis (HVA) hazards.</td>
<td></td>
</tr>
<tr>
<td>§485.625(d)(1)(iv)</td>
<td>The testing program may be part of the EOP or it may be separate. If separate, the EOP must reference where to find the testing program.</td>
<td>• Ensure that buildings classified as healthcare occupancy or ambulatory healthcare occupancy each receives at least two (2) emergency exercises within the past calendar year.</td>
<td></td>
</tr>
</tbody>
</table>

2017 v2 Healthcare Facilities Accreditation Program (HFAP) Accreditation Requirements for Critical Access Hospitals 17-41
<table>
<thead>
<tr>
<th>Standard / Element</th>
<th>Explanation</th>
<th>Scoring Procedure</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>per year, to test the emergency plan:</strong></td>
<td>exercise is not available, an individual facility-based full-scale exercise. 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 one community-based or individual facility-based full-scale exercise for 1 year following the onset of the actual event.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. The CAH must participate in a full-scale exercise that is community-based, or when a community-based exercise is not accessible, an individual facility-based exercise. 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-based or individual facility-based full-scale exercise for 1 year following the onset of the actual event.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. The CAH must participate in a second full-scale exercise that is community-based or individual facility-based.</td>
<td>The second must be a full-scale exercise that is a facility-based full-scale exercise. Table-top drills, while useful in the planning phase, are not an acceptable substitute for these exercises.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CAH must analyze the CAH’s response to and maintain documentation of all drills, and emergency events, and revise the CAH’s emergency plan, as needed.</td>
<td>Each implementation (either an actual emergency or an exercise) shall be analyzed and evaluated and all documentation of the analysis and evaluations (after-action report / critique) must be maintained. The emergency management committee uses this information to improve the CAH’s capability to respond to emergencies, and to make improvements to the Emergency Operations Plan. The emergency committee submits reports to CAH leadership, and as appropriate, state and Federal entities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>§§485.625(d)</td>
<td>Buildings classified as “business occupancies” and provide patient care activities are required to perform one (1) emergency exercise per calendar year.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>§§485.625(d)(2)(i)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>§§485.625(d)(2)(ii)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>§§485.625(d)(2)(iii)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Operational Requirements:

17.04.01 Emergency Power. The CAH must implement emergency power systems based on the Emergency Operations Plan (EOP) in the ‘Planning’ section (see standard 09.00.01), and the Policies & Procedures in the ‘Procedures’ section (see standard 17.01.01 09.01.01).

The emergency power generator must be located to minimize the damage from flooding in accordance with the location requirements found in NFPA 99-2012 Health Care Facilities Code (and TIAs 12-2 to 12-6), NFPA 101-2012 Life Safety Code (and TIAs 12-1 to 12-4), and NFPA 110-2010 Standard for Emergency and Standby Power Systems, when a new structure is built or when an existing structure or building is renovated.

NFPA 99 contains emergency power requirements for emergency lighting, fire detection systems, extinguishing systems, and alarm systems. But, NFPA 99 does not specify emergency power requirements for maintaining supplies, and facility temperature.

DOCUMENT REVIEW AND INTERVIEW

- NOTE: Generator inspection and testing requirements are scored in the Life Safety chapter.
- Review the CAH’s plan on how it will keep the generator operational during the emergency.
- Verify that newly installed generators (since July 5, 2016) have been located in an area to minimize the damage from flooding.
<table>
<thead>
<tr>
<th>STANDARD / ELEMENT</th>
<th>EXPLANATION</th>
<th>SCORING PROCEDURE</th>
<th>SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>(and TIAs 12-2 to 12-6), NFPA 101-2012 Life Safety Code (and TIAs 12-1 to 12-4), and NFPA 110-2010 Standard for Emergency and Standby Power Systems, when a new structure is built or when an existing structure or building is renovated</td>
<td>requirements are limited to heating equipment for operating, delivery, labor, recovery, intensive care, coronary care, nurseries, infection/isolation rooms, emergency treatment spaces, and general patient/resident rooms. In addition, NFPA 99 does not require heating in general patient rooms during the disruption of normal power where the outside design temperature is higher than 20 degrees Fahrenheit or where a selected room(s) is provided for the needs of all patients (where patients would be internally relocated), then only that room(s) needs to be heated. Therefore, EES in CAHs should include consideration for design to accommodate any additional electrical loads the facility determines to be necessary to meet all subsistence needs required by emergency preparedness plans, policies and procedures, unless the facility’s emergency plans, policies and procedures determine that the CAH will relocate patients internally or evacuate in the event of an emergency.</td>
<td>§485.625(e)(1) §485.625(e)(2) §485.625(e)(3)</td>
<td></td>
</tr>
<tr>
<td>The CAH must implement the emergency power inspection, testing, and maintenance requirements found in NFPA 99-2012, NFPA 101-2012, and NFPA 110-2010.</td>
<td>The CAH must implement the emergency power inspection, testing, and maintenance requirements found in NFPA 99-2012, NFPA 101-2012, and NFPA 110-2010.</td>
<td>§485.625(e)(1) §485.625(e)(2) §485.625(e)(3)</td>
<td></td>
</tr>
<tr>
<td>The CAH must maintain an onsite fuel source to power emergency generators and must have a plan on how it will keep emergency power systems operational during the emergency, unless the CAH decides to evacuate.</td>
<td>Additional load testing of the generator, other than what is required by NFPA 110-2010 is not required by</td>
<td></td>
<td></td>
</tr>
<tr>
<td>STANDARD / ELEMENT</td>
<td>EXPLANATION</td>
<td>SCORING PROCEDURE</td>
<td>SCORE</td>
</tr>
<tr>
<td>-------------------</td>
<td>-------------</td>
<td>-------------------</td>
<td>-------</td>
</tr>
<tr>
<td>17.04.02 Integrated Healthcare Systems.</td>
<td>This standard.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If a CAH 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 CAH may choose to participate in the healthcare system’s coordinated emergency preparedness program.</td>
<td>Large health systems may develop an integrated emergency preparedness program for all of their facilities, which would include an integrated training program. Therefore, to offset some of the financial burden, facilities that are part of a large health system may opt to participate in their health system’s universal training program.</td>
<td><strong>DOCUMENT REVIEW AND INTERVIEW</strong>&lt;br&gt;• If elected, review the CAH’s plan on how it will provide a unified and integrated approach to emergency preparedness to all separately certified healthcare facilities.</td>
<td></td>
</tr>
<tr>
<td><strong>If elected, the unified and integrated emergency preparedness program must:</strong></td>
<td></td>
<td></td>
<td>1 = Compliant&lt;br&gt;2 = Not Compliant&lt;br&gt;N/A</td>
</tr>
<tr>
<td>1. Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.</td>
<td>If elected, the unified and integrated emergency preparedness program must:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Be developed and maintained in a manner that takes into account each separately certified facility’s unique circumstances, patient populations, and services offered.</td>
<td>1. Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td>2. Be developed and maintained in a manner that takes into account each separately certified facility’s unique circumstances, patient populations, and services offered.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Include a unified and integrated Emergency Operations Plan that meets the requirements of the Planning section of this chapter. The unified and integrated EOP must also be based on and include the following:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. A documented community-based risk</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
EMERGENCY MANAGEMENT

<table>
<thead>
<tr>
<th>STANDARD / ELEMENT</th>
<th>EXPLANATION</th>
<th>SCORING PROCEDURE</th>
<th>SCORE</th>
</tr>
</thead>
</table>

| preparedness program and is in compliance with the program. | assessment, utilizing an all-hazards approach; | | |

4. Include a unified and integrated Emergency Operations Plan that meets the requirements of the Planning section of this chapter. The unified and integrated EOP must also be based on and include the following:
   a. A documented community-based risk assessment, utilizing an all-hazards approach;
   b. 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 the Procedures section of this chapter; a coordinated communication plan that meets the requirements set forth in the Communication section of this chapter; and a training and testing program that meets the requirements set forth on the Testing & Training section of this chapter.

---

Healthcare Facilities Accreditation Program (HFAP)
Accreditation Requirements for Critical Access Hospitals 17-46
<table>
<thead>
<tr>
<th>STANDARD / ELEMENT</th>
<th>EXPLANATION</th>
<th>SCORING PROCEDURE</th>
<th>SCORE</th>
</tr>
</thead>
</table>

*Testing & Training section of this chapter.*

§485.625(f)(1)
§485.625(f)(2)
§485.625(f)(3)
§485.625(f)(4)
§485.625(f)(4)(i)
§485.625(f)(4)(ii)
§485.625(f)(5)
### CMS Resources:  [§482.15(h)]

The standards incorporated by reference in this chapter are approved for incorporation by reference by the Director of the Office of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. You may obtain the material from the sources listed below. You may inspect a copy at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA).

For information on the availability of this material at NARA, call 202-741-6030, or go to: [http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html](http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html)

If any changes in this edition of the Code are incorporated by reference, CMS will publish a document in the Federal Register to announce the changes.

1. National Fire Protection Association  
   1 Batterymarch Park  
   Quincy, MA 02169  
   617-770-3000  
   [www.nfpa.org](http://www.nfpa.org)

2. [Reserved]