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§485.625 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 section, utilizing an all-hazards approach specific to its location. The emergency preparedness program must include, but not be limited to, the following elements:	Three essential elements are required in the final rule to maintain access to healthcare services during emergencies: 1. Safeguarding human resources 2. Maintaining business continuity 3. Protecting physical resources	
§485.625(a) Emergency Plan		
The CAH **must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually.** The plan must include, but not be limited to, the following:	Preparedness planning should focus on capacities and capabilities critical to a full spectrum of emergencies or disasters. Examples may include care-related emergencies, equipment and power related failures, communication interruptions- including cybersecurity attacks, loss of all or part of the facility, interruption in essential supplies- including food and water.	
§485.625(a)(1) Be based on and include a documented, **facility-based and community-based risk assessment**, utilizing an **all-hazards** approach.		
§485.625(a)(2) Include strategies for addressing **emergency events identified by the risk assessment.**		
§485.625(a)(3) Address **patient population**, including, but not limited to, persons at risk; the type of services **the CAH has the ability to provide in an emergency; and continuity of operations**, including delegations of authority and succession plans.	**At risk patient populations** may need additional assistance such as those with disabilities, living in an institutionalized setting, from diverse cultures, limited English proficiency, lack transportation, chronic medical disorders or drug dependency. **At risk individuals** means children, pregnant women, hospitalized patients, senior citizens, others with special needs in a public health emergency or based upon unique population and geographical areas. See the Public Health Service Act and the National Response Framework for expanded definitions.	
§485.625(a)(4) 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.		

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§485.625(b) Policies and Procedures		
The CAH must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth **in section (a) Emergency Plan, in section (a)(1) Risk Assessment and section (c) Communication Plan.** The policies and procedures must be reviewed and updated at least **annually.** At a minimum, the policies and procedures must address the following:	CAHs are required to develop and implement policies and procedures that support the successful execution of the emergency plan and risks identified during the risk assessment process.	
§485.625(b)(1) The provision of **subsistence needs for staff and patients**, whether they evacuate or shelter in place, include, but are not limited to the following:	Facilities do not need to store provisions but must have policies and procedures addressing acquisition of subsistence provisions in the event of an emergency.	
§485.625(b)(1)(i) **Food, water, and medical, and pharmaceutical supplies.**		
§485.625(b)(1)(ii) **Alternate sources of energy** to maintain the following: (A) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions. (B) Emergency lighting. (C) Fire detection, extinguishing, and alarm systems. (D) Sewage and waste disposal.	CAHs should confer with local health department, emergency management and HCC to determine the types and duration of energy sources that could be available in an emergency.	A.____________________ B.____________________ C.____________________ D.____________________
§485.625(b)(2) **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 or sheltered patients are relocated during an emergency, the CAH must document the specific name and location of the receiving facility or other location.	
§485.625(b)(3) **Safe evacuation from the CAH**, which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s); and primary and alternate means of communication with external sources of assistance.	State or local emergency management officials would designate such alternate care sites in collaboration with local facilities.	
§485.625(b)(4) A means to **shelter in place for patients, staff, and volunteers** who remain in the facility.	Policies and procedures should address the criteria for selecting patients and staff sheltered in place and a description of how to ensure their safety.	
§485.625(b)(5) A system of **medical documentation that preserves patient information,** protects confidentiality of patient information, and secures and maintains the availability of records.	Policies and procedures must be in compliance with Health Insurance Portability and Accountability Act (HIPAA) Rules at 45 CFR parts 160 and 164.	
§485.625(b)(6) The **use of volunteers in an emergency and other emergency staffing strategies**, including the process and role for integration of State and Federally designated health	Medical and non-medical volunteers.	

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care professionals to address surge needs during an emergency.		
§485.625(b)(7) 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 CAH patients.	If arranged resources are unavailable during an emergency, then the facility should use the available resources in its community by working with their local HCC, health department and local emergency management officials.	
§485.625(b)(8) **The role of the CAH under a waiver declared by the Secretary, in accordance with section 1135 of the Act, in the provision of care and treatment at an alternate care site identified by emergency management officials.**	Section 1135 authorizes the Secretary to waive or modify certain Medicare, Medicaid and CHIP requirements to ensure sufficient healthcare is available in an emergency.	
§485.625(c) Communication Plan		
The CAH must develop and maintain an emergency preparedness communication plan that complies with both Federal, State and local laws and must be reviewed and updated at least **annually**. The communication plan must include all of the following:	Patient care must be well-coordinated within the facility, across healthcare providers, and with state and local public health departments and emergency management agencies and systems to protect patient health and safety in the event of a disaster.	
(§485.625(c)(1) **Names and contact information for the following:**		
(§485.625(c)(1)(i) **Staff.**		
(§485.625(c)(1)(ii) **Entities providing services under arrangement.**		
(§485.625(c)(1)(iii) **Patients' physicians.**		
(§485.625(c)(1)(iv) **Other CAHs and hospitals.**		
(§485.625(c)(1)(v) **Volunteers.**	Medical and non-medical volunteers.	
(§485.625(c)(2) **Contact information for the following:**		
(§485.625(c)(2)(i) **Federal, State, tribal, regional, and local emergency preparedness staff.**		
(§485.625(c)(2)(ii) **Other sources of assistance.**		
(§485.625(c)(3) **Primary and alternate means for communicating** with the following:	Consideration of pagers, internet by non-telephone cable providers, HAM, satellite phones, multiple cell carriers.	
(§485.625(c)(3)(i) **CAH's staff**.		
(§485.625(c)(3)(ii) **Federal, State, tribal, regional, and local emergency management agencies**.		
(§485.625(c)(4) A method for **sharing information and medical documentation for patients under the CAH's care, as**	Relevant patient information includes but not limited to: patient's presence or location in the facility, patient billing and demographics, or the patient's medical condition.	

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necessary, with other health care providers to maintain the continuity of care.		
(§485.625(c)(5) A means, **in the event of an evacuation, to release patient information as permitted under 45 CFR 164.510(b)(1)(ii).**	HIPAA Rule. CAH should establish a communication system to generate timely, accurate information to be disseminated as permitted to family members and others regarding patient's location, general condition or death in compliance with federal and state laws..	
(§485.625(c)(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).**	Uses and disclosures for disaster relief purposes rule. The communication plan should include what types of information is releasable, and who is authorized to release this information during an emergency.	
(§485.625(c)(7) A means of **providing information about the CAH's occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee.**	CAHs are encouraged to engage in their HCC for assistance in broadening awareness and collaboration as well as identifying best practices that can assist them to effectively meet this requirement.	
§485.625(d) Training and Testing		
The CAH must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth **in section (a) Emergency Plan, in section (a)(1) Risk Assessment, section (b) Policies and Procedures and section (c) Communication Plan**. The training and testing program must be reviewed and updated at least **annually.**	The CAH must conduct drills and exercises to test the emergency plan to identify gaps and areas for improvement.	
§485.625(d)(1) Training program. The CAH must do all of the following:		
§485.625(d)(1)(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.**	Initial training in emergency preparedness policies and procedures, including prompt reporting and extinguishing of fires, protection, and where necessary, evacuation of patients, personnel, and guests, fire prevention, and cooperation with firefighting and disaster authorities. **CAHs have an expanded requirement versus hospitals due to the possibility of a more remote location.**	
§485.625(d)(1)(ii) Provide **emergency preparedness training at least annually.**		
§485.625(d)(1)(iii) **Maintain documentation of the training**		
(iv) D**emonstrate staff knowledge of emergency procedures.**		

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§485.625(d)(2) Testing. The CAH must **conduct drills and exercises to test the emergency plan at least annually**. The CAH must do all of the following:		
§485.625(d)(2)(i) **Participate in a full-scale exercise that is community-based or when a community- based exercise is not accessible, an individual, facility-based**.	Include in the planning a process for ensuring cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials and regional HCCs. The CAH should document efforts to contact such officials and, when applicable, its participation in collaborative and cooperative planning efforts.	
§485.625(d)(2)(ii) **Conduct an additional exercise that may include, but is not limited to the following:** (A) A **second full-scale exercise** that is community-based or individual, facility-based. (B) **A tabletop exercise that includes 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.	If the CAH experiences an actual natural or man-made emergency that requires activation of the emergency plan, the CAH is exempt from engaging in a community or individual, facility-based mock disaster drill for 1 year following the onset of the actual event. The CAH must maintain documentation of the emergency event and be able to demonstrate how the emergency plan was put into action.	A.____ B.____
§485.625(d)(2)(iii) Analyze the CAH's response to and **maintain documentation of all drills, tabletop exercises, and emergency events**, and revise the CAH's emergency plan, as needed.		
§485.625(e) **Emergency and standby power systems**		
The CAH must implement emergency and standby power systems based on the emergency plan set forth **in section (a) Emergency Plan.**	**(Different than hospital)**	
§485.625(e)(1) **Emergency generator location.** The generator must be located in accordance with the location requirements found in the Health Care Facilities code, Life Safety Code and NFPA 110 when a new structure is built or when an existing structure or building is renovated.	**National Fire Protection Association** NFPA 99, Healthcare Facilities Code 2012 edition. Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5 and TIA-6. NFPA 101, Life Safety Code 2012 edition. Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3 and TIA 12-4. NFPA 110, Standard for Emergency and Standby Power Systems, 2010 edition, including Tentative Interim Amendments to chapter 7, issued 2009.	
§485.625(e)(2) **Emergency generator inspection and testing.** The CAH must implement emergency power system inspection, testing, and maintenance requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code.		

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§485.625(e)(3) **Emergency generator fuel.** CAHs that maintain an onsite fuel source to power emergency generators must have a plan for how it will keep emergency power systems operational during the emergency, unless it evacuates.		
§485.625(f) **Integrated Health Systems**		
Healthcare systems consisting of multiple separately certified healthcare facilities may elect to have a **unified and integrated emergency preparedness program**. If elected, the unified and integrated the emergency program must do all of the following:	Separately certified CAHs within an integrated healthcare system may elect to be part of the healthcare system's emergency preparedness program.	
§485.625(f)(1) Demonstrate that **each separately certified facility within the system actively participated in the development** of the unified and integrated emergency preparedness program.		
§485.625(f)(2) Be developed and maintained in a manner that **takes into account each separately certified facility's unique circumstances, patient populations and services offered.**		
§485.625(f)(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.**		
§485.625(f)(4) Include a unified and integrated emergency **plan that meets the requirements of paragraphs (a) (2), (3) and (4) of this rule**. The unified and integrated emergency plan must also be based and include:		
§485.625(f)(4)(i) A **documented community-based risk assessment,** utilizing an all-hazards approach.		
§485.625(f)(4)(ii) A **documented individual facility-based risk assessment** for each separately certified facility within the health system, utilizing the all-hazards approach.		
§485.625(f)(5) Include integrated policies and procedures that **meet the requirements set forth in paragraph (b) of this section, a coordinated communication plan and training and testing programs that meet the requirements of paragraphs (c) and (d) of the rule**, respectively.		