

NIAHO Chapter: PE.6 EMERGENCY MANAGEMENT SYSTEM <input checked="" type="checkbox"/> DT <input checked="" type="checkbox"/> CC	Chapter Owner(s): Emergency Management		
The organization must comply with all applicable Federal, State and local emergency preparedness requirements. The organization must establish and maintain a comprehensive emergency preparedness program that meets the requirements of 42 CFR Section 482.15. The organization must use an all- hazards approach to develop and maintain a comprehensive emergency preparedness program.	Observed	At Risk/NC	Action
SR.1 The organization must provide a comprehensive Emergency Management System to respond to emergencies in the organization or within the community and region that may impact the organization’s ability to provide services.	<input checked="" type="checkbox"/>		<i>EOC E-01, DIS C-00 MCN Policy Management System, DDP A-59 outlines Inpatient Dialysis, and DDP A-129 outlines Pediatric Dialysis, Also, Emergency Management is represented on the Environment of</i>
SR.2 The organization shall meet the requirements set forth in NFPA 99 (2012), Chapter 12, Emergency Management, and the requirements of PE.6, SR.3-5.	<input checked="" type="checkbox"/>		<i>See NFPA 99 matrix</i>
SR.3 The organization must develop and implement emergency preparedness policies and procedures based on the organization’s emergency plan as required by 42 CFR Section 482.15(a), a risk assessment as required by 42CFR Section 482.15(a)(1), and the organization’s communication plan as required by 42 CFR Section 482.15(c). The policies and procedures must be reviewed and updated at least annually. At a minimum, the policies and procedures must address the following:	<input checked="" type="checkbox"/>		<i>EOP, DIS M-46, DIS J-00</i>
SR.3a 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, including documentation of the hospital’s efforts to contact such officials and, when applicable, its participation in collaborative and cooperative planning efforts	<input checked="" type="checkbox"/>		<i>DIS M-81, DIS C-00, and DIS J-00. Letter of support from Onondaga County, HEPC MOU</i>
SR.3b A system to track the location of on-duty staff and sheltered patients in the organization’s care during an emergency. If on-duty staff and sheltered patients are relocated during the emergency, the organization must document the specific name and location of the receiving facility or other location	<input checked="" type="checkbox"/>		<i>eFinds HCS system in DIS M-40 Page 36, Use integrated IC in DIS M-81 and Use Kronos for staff</i>
SR.3c Decision criteria for the determination of protection in place or evacuation of patients in the event of a disaster	<input checked="" type="checkbox"/>		<i>DIS M-82, and DIS M-40</i>
SR.3d A means to shelter in place for patients, staff, and volunteers who remain in the facility.	<input checked="" type="checkbox"/>		<i>DIS M-82</i>
SR.3e Safe evacuation 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.	<input checked="" type="checkbox"/>		<i>DIS M 40, and DDP A-59, DDP A-129, DIS J-00</i>

SR.3f A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains the availability of records.	☑		<i>Manager uses EPIC per DDP A-59 and ddp a-129 , DIS M-40 Page 2, and DIS M-17 for continuity</i>
SR.3g 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 care professionals to address surge needs during an emergency.	☑		<i>DIS M-25, DIS G-02, and Medical Reserve Corps</i>
SR.3h The role of the organization under a waiver declared by the Secretary, 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.	☑		<i>DIS M-79, DIS C-00</i>
SR.3i The development and maintenance of an emergency preparedness communication plan that complies with Federal, State, and local laws. The communication plan must include all of the requirements of NFPA 99 (2012), Chapter 12, Emergency Management and must also include:	☑		<i>DIS J-00</i>
SR.3i(1) Names and contact information for the following: (i) Staff, (ii) Entities providing services under arrangement, (iii) Patients' physicians, (iv) Other hospitals, (v) Volunteers, (vi) Federal, State, tribal, regional, and local emergency preparedness staff, and (vii) Other sources of assistance	☑		<i>DIS J-00 Page 28, everbridge, kronos, HEPC,</i>
SR.3i(2) Primary and alternate means for communicating with the following: i (i) Organization staff. i (ii) Federal, State, tribal, regional, and local emergency management agencies.	☑		<i>DIS J-00 Page 11, and DIS M-17 Continuity Plan</i>
SR.3j A means, in the event of an evacuation, to release patient information as permitted under 45 CFR Section 164.510(b)(1)(ii),	☑		<i>Use eFinds and EPIC to transfers records. DIS M-40 Page 36, and DIS J-00, DIS C-00, and DIS M-81 to communicate patient need, DIS M-17</i>
SR.3k A means of providing information about the general condition and location of patients under the facility's care as permitted under 45 CFR Section 164.510(b)(4).	☑		<i>DIS J-00, DDPs, and NYSDOH HERDS Survey via HCS system, DIS J-20</i>
SR.4 The organization must comply with the conditions of participation set forth in 42 CFR Section 482.15(d)(2)(i) regarding exercises to test the emergency plan:	☑		<i>Annual exercises, DIS M-83, and AARs</i>
SR.4a Participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based. If the hospital experiences an actual natural or man-made emergency that requires activation of the emergency plan, the hospital is exempt from engaging in a community-based or individual, facility-based full-scale exercise for 1 year following the onset of the actual event.	☑		<i>AARs, Exercises developed from HVA outlined in DIS M-46</i>

SR.4b Analyze the hospital's response to and maintain documentation of all drills, table top exercises, and emergency events, and revise the hospital's emergency plan, as needed.	<input checked="" type="checkbox"/>		<i>AAR improvement plan. Sent through EM committee for approval, and to environment of care for follow up</i>
SR.5 The organization must comply with the conditions of participation set forth in 42 CFR Section 482.15(e) regarding the implementation of emergency and standby power systems based on the organization's emergency plan:	<input checked="" type="checkbox"/>		<i>PLNT U-06, and DIS M-17</i>
SR.5a The emergency generator must be located in accordance with the location requirements found in the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5, and TIA 12-6), Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4), and NFPA 110, when a new structure is built or when an existing structure or building is renovated.	<input checked="" type="checkbox"/>		<i>PLNT U-06, DIS M-70, DIS M-17 Annex c</i>
SR.5b The organization must implement the emergency power system inspection, testing, and maintenance requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code.	<input checked="" type="checkbox"/>		<i>Physical Plant handles maintenance, inspection records</i>
SR.5c Organizations 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.	<input checked="" type="checkbox"/>		<i>Physical Plant maintains onsite fuel, and DIS M-17 Page 44</i>
SR.6 If an organization 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 organization may choose to participate in the healthcare system's coordinated emergency preparedness program. If elected, the unified and integrated emergency preparedness program must do all of the following:	<input checked="" type="checkbox"/>		<i>EOP, DIS C-00, DIS M-81</i>
SR.6a Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.	<input checked="" type="checkbox"/>		<i>Each facility has its own DDP. Facility managers are part of the EM committee that approve and review policies</i>
SR.6b Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered.	<input checked="" type="checkbox"/>		<i>Each separately certified facility manager is represented on the EM committee that has involvement in HVA. Also, each facility has a department disaster plan that outlines specific operations for specific</i>
SR.6c 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.	<input checked="" type="checkbox"/>		<i>DIS C-00, and DIS M-81, outpatient mini tabletops, AARs, sign in sheets</i>
SR.6d Include a unified and integrated emergency plan that meets the requirements of PE.1 and 42 CFR Section 482.15(a)(2), (3), and (4). The unified and integrated emergency plan must also be based on and include the following:	<input checked="" type="checkbox"/>		<i>DIS C-00, and DIS M-81</i>
SR.6d(i) A documented community-based risk assessment, utilizing an all-hazards approach.	<input checked="" type="checkbox"/>		<i>DIS M-46</i>

SR.6d(ii) A documented individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach.	☑		<i>DIS M-46. Each campus completes its own HVA through the emergency management committee. Outpatient facilities complete a separate HVA through the ambulatory safety committee that</i>
SR.6e Include integrated policies and procedures that meet the requirements set forth in 42 CFE Section 462.625(b) and a coordinated communication plan, and training and testing programs that meet the requirements of 42 CFR Section 482.15(c) and (d) (see PE.6 SR.1-3).	☑		<i>EOP, DIS C-00, DIS J-00, DIS M-83, and M-04,AARs</i>
SR.7 If an organization has one or more transplant centers (as defined in 42 CFR Section 482.70):	☑		Yes
SR.7a A representative from each transplant center must be included in the development and maintenance of the organization's emergency preparedness program; and,	☑		<i>The Manager of the unit is involved in the development of the unified and integrated EOP, as well as departmental emergency plan. DDP A-066</i>
SR.7b The organization must develop and maintain mutually agreed upon protocols that address the duties and responsibilities of the hospital, each transplant center, and the OPO for the DSA where the hospital is situated, unless the hospital has been granted a waiver to work with another OPO. during an emergency.	☑		<i>DDP A-066, DIS M-81</i>
Interpretive Guidelines:			
<p><i>Assuring the safety and wellbeing of patients would include developing and implementing appropriate emergency preparedness plans and capabilities in accordance with NFPA 99, 2012. The organization must develop and implement a comprehensive plan to ensure that the safety and wellbeing of patients are assured during emergency situations.</i></p> <p><i>The organization must coordinate with Federal, State, regional, and local emergency preparedness and health authorities to identify likely risks for their area (e.g., natural disasters, bioterrorism threats, disruption of utilities such as water, sewer, electrical communications, fuel; nuclear accidents, industrial accidents, and other likely mass casualties, etc.) and to develop appropriate responses that will assure the safety and wellbeing of patients. In addition to or in alignment with the text in NFPA 99, 2012 Chapter 12, the following issues should be considered when developing the comprehensive emergency plans(s):</i></p>	☑		<i>See NFPA 99 MATRIX</i>
<p><i>The hospitals must comply with the applicable provisions of the Life Safety Code ®, National Fire Protection Amendments (NFPA) 101, 2012 Edition and applicable references, such as, NFPA-99, 2012: Health Care Facilities, Chapter 12, Emergency Management</i></p>	☑		<i>EHS, See NFPA 99 Matrix</i>
<p><i>In order to prepare for such an emergency, the hospital must conduct a hazard vulnerability analysis to identify potential emergencies or other circumstances that may impact the hospital and the community. The hospital must maintain documentation that this analysis has been conducted and that the hospital has prioritized activities to address and prepare for these vulnerabilities</i></p>	☑		<i>DIS M-46, and Past experience through AARs</i>

<i>Emergency management exercises shall be based upon the most probable emergencies or other circumstances that may impact the hospital and the community.</i>	<input checked="" type="checkbox"/>	<i>DIS M-46, and Past experience through AAR, DIS M-83</i>
<i>The organization's emergency management plan shall be revised based upon the identified opportunities for improvement.</i>	<input checked="" type="checkbox"/>	<i>DIS M-46, and Past experience through AAR, DIS M-83, Debrief meetings, and improvement plans</i>
Applicable Policies and Procedures up to date in MCN?	<input checked="" type="checkbox"/>	<i>We have a spreadsheet for this</i>

Required Regulatory Reports within Chapter

Report Title	Reporting Committee	Oversight Committee