NIAHO CHAPTER: **PE.6 EMERGENCY MANAGEMENT SYSTEM x DT x CC**	Chapter Owners: Emergency Management		
The organization shall comply with all applicable Federal, State and local emergency preparedness requirements. The organization shall establish and maintain a comprehensive emergency preparedness program that meets the requirements of 42 CFR Section 482.15. The organization shall use an all hazards approach to develop and maintain a comprehensive emergency preparedness program.	**Observed**	**At Risk/NC**	**Action**
SR. 1 The organization shall provide a comprehensive Emergency Management System to respond to emergencies in the organization or within the community and region that may impact the organizations ability to provide services.			EOC E-01, DIS C-00, CNY Healthcare Coalition member and leader, Onondaga County Preparedness Committee Member. 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 Care Committee, Infection Prevention Committee, while also maintaining the Emergency Management Committee
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			See NFPA 99 Matrix
SR. 3 The organization shall 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 shall be reviewed and updated at least annually. At a minimum, the policies and procedures shall address the following:			EOP, DIS M-46, DIS J-00
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 organization's efforts to contact such officials and, when applicable, its participation in collaborative and cooperative planning efforts.			DIS M-81, DIS C-00, and DIS J-00. Letter of support from Onondaga County, HEPC MOU

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 shall document the specific name and location of the receiving facility or other location.			Alertus, Everbridge, EPIC, eFinds, HCS system in DIS M-40 Page 36, integrated IC in DIS M-81 and use Kronos for staff
SR. 3c Decision criteria for the determination of protection in place or evacuation of patients in the event of a disaster.			DIS M-40, DIS M 82
SR. 3d A means to shelter in place for patients, staff, and volunteers who remain in the facility.			DIS M 82
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.			DIS M 40, and DDP A-059 (Adult Dialysis), DDP A-129 (Pediatric Dialysis), and DIS J-00
SR. 3f A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains the availability of records.			Manager uses EPIC per DDP A-59 and DDP A-129 , DIS M-40 Page 2, and DIS M-17 for Continuity
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.			DIS M-25, DIS G-02, and Medical Reserve Corps
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.			DIS M-79, DIS C-00
SR. 3i The development and maintenance of an emergency preparedness communication plan that complies with Federal, State, and local laws. The communication plan shall include all of the requirements of NFPA 99 (2012), Chapter 12, Emergency Management and shall also			DIS J-00
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			HR, Everbridge, DIS J-00 Page 28, Kronos, CNYHEPC
SR. 3i (2) Primary and alternate means for communicating with the following: (i)Organization staff. (ii)Federal, State, tribal, regional, and local emergency management agencies.			DIS J-00 Page 11, and DIS M-17 Continuity Plan

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),			Use eFinds and EPIC to transfer records. DIS M-40 Page 36, and DIS J-00, DIS C-00, and DIS M-81 to communicate patient need, DIS M-17 Continuity
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).			DIS J-00, DDPs, and NYSDOH HERDS Survey via HCS system, DIS J-20
SR. 3l If the emergency preparedness policies and procedures are significantly updated, the organization shall conduct training on the updated policies and procedures.			MYTEP DIS M-83 Training Plan
SR. 4 The organization shall comply with the conditions of participation set forth in 42 CFR Section 482.15(d)(2)(i) regarding exercises to test the emergency plan:			Annual Exercises, DIS M-83, and AARs
SR. 4a Participate in an annual full scale exercise that is community based or when a community based exercise is not accessible, conduct an annual individual, facility based functional exercise; or, 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 its next required full-scale community based or individual, facility based functional exercise following the onset of the actual event			AARs, Exercises developed from HVA outlined in DIS M-46
SR. 4b Conduct an additional annual exercise that may include, but is not limited to the following:			AAR improvement plan. Sent through EM committee for approval, and to environment of care for follow up
SR. 4b (1) A second full-scale exercise that is community- based or an individual, facility based functional exercise; or,			MYTEP DIS M-83 Training Plan, AARs, and AAR Improvement Plan
SR. 4b (2) A mock disaster drill; or,			MYTEP DIS M-83 Training Plan, AARs, and AAR Improvement Plan
SR. 4b (3) A tabletop exercise or workshop is that includes a group discussion led by a facilitator, and includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.			MYTEP DIS M-83 Training Plan, AARs, and AAR Improvement Plan
SR. 4c Analyze the organization's response to and maintain documentation of all drills, table top exercises, and emergency events, and revise the hospital's emergency plan, as needed.			MYTEP DIS M-83 Training Plan, AARs, and AAR Improvement Plan

SR. 5 The organization shall 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:			PLNT U-06, and DIS M-17
SR. 5a The emergency generator shall 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.			PLNT U-06,DIS M-70, DIS M-17 Annex C
SR. 5b The organization shall implement the emergency power system in spection, testing, and maintenance requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code.			Physical Plant handles maintenance, inspection records
SR. 5c Organizations that maintain an onsite fuel source to power emergency generators shall have a plan for how it will keep emergency power systems operational during the emergency, unless it evacuates.			Physical Plant maintains onsite fuel, and DIS M-17 Page 44
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 shall do all of the following:			EOP, DIS C-00, DIS M-81, DDPs
SR. 6a Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.			Each facility has its own DDP. Facility managers are part of the EM committee that approve and review policies
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.			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 departments.
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.			DIS C-00, and DIS M-81, outpatient mini tabletops, AARs, sign in sheets

SR. 6d Include a unified and integrated emergency plan that meets the requirements of PE.1 and 42 CFR Section 482.1 5(a)(2), (3), and (4). The unified and integrated emergency plan shall also be based on and include the following:			DIS C-00, and DIS M-81
SR. 6d (1) A documented community based risk assessment, utilizing an all hazards approach.			DIS M-46
SR. 6d (2) A documented individual facility based risk assessment for each separately certified facility within the health system, utilizing an all hazards approach.			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 reviews and approves
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			EOP, DIS C-00, DIS J-00, DIS M-83, and M-04,AARs
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 shall be included in the development and maintenance of the organization's emergency preparedness program; and,			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, See EM committee roster
SR. 7b The organization shall 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			DDP A-066, DIS M-81, and see transplant procedures
Interpretive Guidance:			
All-Hazards Approach: An all-hazards approach is an integrated approach to emergency preparedness that focuses on identifying hazards and developing emergency preparedness capacities and capabilities that can address those as well as a wide spectrum of emergencies or disasters. This approach includes preparedness for natural, man-made, and or facility emergencies that may include but is 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. Planning for using an all-hazards approach should also include emerging infectious			DIS M-46 HVA, DIS M-48, DIS M-17

disease (EID) threats. Examples of EIDs include Influenza, Ebola, Zika Virus and others. All facilities must develop an all-hazards emergency preparedness program and plan.			
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 shall develop and implement a comprehensive plan to ensure that the safety and wellbeing of patients are assured during emergency situations. The organization shall 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):			See NFPA 99 MATRIX
The organization shall provide for a comprehensive Emergency Management System in order to respond to emergencies in the organization or that occur in the community that impact the hospital's ability to provide services.			EOP on MCN Management System, Two FT staff members, and one grant funded RTC position
The hospitals shall 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, and Chapter 12 Emergency Management.			EHS, See NFPA 99 MATRIX
In order to prepare for such an emergency, the organization shall conduct a hazard vulnerability analysis to identify potential emergencies or other circumstances that may impact the hospital and the community. The organization shall maintain documentation that this analysis has been conducted and that the organization has prioritized activities to address and prepare for these vulnerabilities.			DIS M-46, and Past experience through AARs
Emergency management exercises shall be based upon the most probable emergencies or other circumstances that may impact the hospital and the community.			DIS M-46, and Past experience through AAR, DIS M-83

The organization’s emergency management plan shall be revised based upon the identified opportunities for improvement.			DIS M-46, and past experience through AAR, DIS M-83, post incident debrief meetings, and improvement plans
Applicable Policies and procedures Up-to-Date in MCN			Yes, department policy tracking sheet on shared drive
Required Regulatory Reports within Chapter			