***CMS APPENDIX Z EMERGENCY COMMUNICATIONS PLAN REQUIREMENTS***

***(Rev. 204, Issued: 04-16-21; Effective: 04-16-21, Implementation: 04-16-21)***

**§403.748(c), §416.54(c), §418.113(c), §441.184(c), §460.84(c), §482.15(c), §483.73(c), §483.475(c), §484.102(c), §485.68(c), §485.625(c), §485.727(c), §485.920(c), §486.360(c), §491.12(c), §494.62(c).**

**(c) The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least every 2 years *[*annually for LTC *facilities].***

**Interpretive Guidelines applies to: §403.748(c), §416.54(c), §418.113(c), §441.184(c), §460.84(c), §482.15(c), §483.73(c), §483.475(c), §484.102(c), §485.68(c), §485.625(c), §485.727(c), §485.920(c), §486.360(c), §491.12(c), §494.62(c).**

**NOTE: This does not apply to Transplant Programs.**

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. We are allowing facilities flexibility in how they formulate and operationalize the requirements of the communication plan. Although *the requirement for documentation of collaboration with state and local officials was removed (see 84 FR 51817, Sept. 30, 2019), facilities should still continue to collaborate with state and local emergency officials. During the creation process for communication plans, facilities should also consult their applicable state and local emergency and pandemic plans.*

Facilities in rural or remote areas with limited connectivity to communication methodologies such as the Internet, World Wide Web, or cellular capabilities need to ensure their communication plan addresses how they would communicate and comply with this requirement in the absence of these communication methodologies. For example, if a facility is located in a rural area, which has limited or no Internet and phone connectivity during an emergency, it *should* address what alternate means are available to alert local and State emergency officials. Optional communication methods facilities may consider include satellite phones, radios and short wave radios.

**Survey Procedures**

• Verify that the facility has a written communication plan by asking to see the plan.

• Ask to see evidence that the plan has been reviewed (and updated as necessary) *at least every 2 years (annually for LTC facilities).*

• *Ask facility leadership or the designee responsible for the emergency program to verbally explain how they are to collaborate with Federal, State and local officials to ensure their communication plan complies with the Federal, State and local requirements.*

**E-0030**

***(Rev. 204, Issued: 04-16-21; Effective: 04-16-21, Implementation: 04-16-21)***

**§403.748(c)(1), §416.54(c)(1), §418.113(c)(1), §441.184(c)(1), §460.84(c)(1), §482.15(c)(1), §483.73(c)(1), §483.475(c)(1), §484.102(c)(1), §485.68(c)(1), §485.625(c)(1), §485.727(c)(1), §485.920(c)(1), §486.360(c)(1), §491.12(c)(1), §494.62(c)(1).**

**[(c) The [facility must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least every 2 years *[*annually for LTC *facilities]*. The communication plan must include all of the following:]**

**(1) Names and contact information for the following:**

**(i) Staff.**

**(ii) Entities providing services under arrangement.**

**(iii) Patients' physicians**

**(iv) Other [facilities].**

**(v) Volunteers.**

\*[For Hospitals at §482.15(c) and CAHs at §485.625(c)] **The communication plan must include all of the following:**

**(1) Names and contact information for the following:**

**(i) Staff.**

**(ii) Entities providing services under arrangement.**

**(iii) Patients' physicians**

**(iv) Other [hospitals and CAHs].**

**(v) Volunteers.**

\*[For RNHCIs at §403.748(c):] **The communication plan must include all of the following:**

**(1) Names and contact information for the following:**

**(i) Staff.**

**(ii) Entities providing services under arrangement.**

**(iii) Next of kin, guardian, or custodian.**

**(iv) Other RNHCIs.**

**(v) Volunteers.**

\*[For ASCs at §416.45(c):] **The communication plan must include all of the following:**

**(1) Names and contact information for the following:**

**(i) Staff.**

**(ii) Entities providing services under arrangement.**

**(iii) Patients’ physicians.**

**(iv) Volunteers.**

\*[For Hospices at §418.113(c):] **The communication plan must include all of the following:**

**(1) Names and contact information for the following:**

**(i) Hospice employees.**

**(ii) Entities providing services under arrangement.**

**(iii) Patients’ physicians.**

**(iv) Other hospices.**

\*[For HHAs at §484.102(c):] **The communication plan must include all of the following:**

**(1) Names and contact information for the following:**

**(i) Staff.**

**(ii) Entities providing services under arrangement.**

**(iii) Patients’ physicians*.***

**(iv) Volunteers.**

\*[For OPOs at §486.360(c):] **The communication plan must include all of the following:**

**(2) Names and contact information for the following:**

**(i) Staff.**

**(ii) Entities providing services under arrangement.**

**(iii)Volunteers.**

**(iv) Other OPOs.**

**(v) Transplant and donor hospitals in the OPO’s Donation Service Area (DSA).**

**Interpretive Guidelines applies to: §403.748(c)(1), §416.54(c)(1), §418.113(c)(1), §441.184(c)(1), §460.84(c)(1), §482.15(c)(1), §483.73(c)(1), §483.475(c)(1), §484.102(c)(1), §485.68(c)(1), §485.625(c)(1), §485.727(c)(1), §485.920(c)(1), §486.360(c)(1), §491.12(c)(1), §494.62(c)(1).**

**NOTE: This does not apply to Transplant Programs.**

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 provider or supplier to have the contact information for another provider or supplier of the same type as itself. For instance, hospitals should have contact information for other hospitals and CORFs should have contact information for other CORFs, etc. While not required, facilities may also find it prudent to have contact

information for other facilities not of the same type. For instance a hospital 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, *at a minimum, to the individual(s) designated as the emergency preparedness coordinator or person(s) responsible for the facility’s emergency preparedness program and management during an emergency event,* 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 *every 2 years, annually for LTC facilities*. 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.

Transplant *programs* should be included in the development of the hospitals communication plans. In the case of a Medicare-approved transplant *program*, a communication plan needs to be developed and disseminated between the hospitals, OPO, and transplant patients. For example, if the transplant program is planning to transfer patients to another transplant *program* due to an emergency, the communication plan between the hospitals, the OPO, and the patient should include the responsibilities of each of the facility types to ensure continuity of care. During an emergency, should an organ offer become available at the time the patient is at the “transferred hospital,” the OPO’s emergency preparedness communication plan should address how this information will be communicated to both the OPO and the patient of where their care will be continued.

***NOTE****: For Home Health Agencies, contact information should also include patient’s physicians or allowed practitioners. Section 484.60 requires that each patient’s written plan of care specify the care and services necessary to meet the patient specific needs identified in the comprehensive assessment. Accordingly, additional practitioners at HHAs should also be notified to reflect the interdisciplinary, coordinated approach to home health care delivery consistent with the HHA regulations.*

**Survey Procedures**

• Verify that all required contacts are included in the communication plan by asking to see a list of the contacts with their contact information.

• Verify that all contact information has been reviewed and updated at least *every 2 years (annually for LTC facilities****)*** by asking to see evidence of the review.

**E-0031**

***(Rev. 204, Issued: 04-16-21; Effective: 04-16-21, Implementation: 04-16-21)***

**§403.748(c)(2), §416.54(c)(2), §418.113(c)(2), §441.184(c)(2), §460.84(c)(2), §482.15(c)(2), §483.73(c)(2), §483.475(c)(2), §484.102(c)(2), §485.68(c)(2), §485.625(c)(2), §485.727(c)(2), §485.920(c)(2), §486.360(c)(2), §491.12(c)(2), §494.62(c)(2).**

**[(c) The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least every 2 years *[*annually for LTC *facilities].* The communication plan must include all of the following:**

**(2) Contact information for the following:**

**(i) Federal, State, tribal, regional, and local emergency preparedness staff.**

**(ii) Other sources of assistance.**

\*[For LTC Facilities at §483.73(c):] **(2) Contact information for the following:**

**(i) Federal, State, tribal, regional, and local emergency preparedness staff.**

**(ii) The State Licensing and Certification Agency.**

**(iii) The Office of the State Long-Term Care Ombudsman.**

**(iv) Other sources of assistance.**

\*[For ICF/IIDs at §483.475(c):] **(2) Contact information for the following:**

**(i) Federal, State, tribal, regional, and local emergency preparedness staff.**

**(ii) Other sources of assistance.**

**(iii) The State Licensing and Certification Agency.**

**(iv) The State Protection and Advocacy Agency.**

**Interpretive Guidelines applies to: §403.748(c)(2), §416.54(c)(2), §418.113(c)(2), §441.184(c)(2), §460.84(c)(2), §482.15(c)(2), §483.73(c)(2), §483.475(c)(2), §484.102(c)(2), §485.68(c)(2), §485.625(c)(2), §485.727(c)(2), §485.920(c)(2), §486.360(c)(2), §491.12(c)(2), §494.62(c)(2).**

**NOTE: This does not apply to Transplant Programs.**

A facility must have the contact information for those individuals and entities outlined within the standard. *Emergency management officials may include, but are not limited to, emergency management agencies which may be local to the community as well as local officials who support the Incident Command System depending on the nature of the disaster (e.g. fire, police, public health, etc.). Additionally, emergency management officials also include the state public health departments and State Survey Agencies as well as federal emergency preparedness officials (FEMA, ASPR, DHS, CMS, etc.) and tribal emergency officials, as applicable*.

Facilities have discretion in the formatting of this information, however it should be readily available and accessible to leadership during an emergency event. Facilities are encouraged but not required to maintain these contact lists both in electronic format and hard-copy format in the event that network systems to retrieve electronic files are not

accessible. All contact information must be reviewed and updated *at least every 2 years (annually, for LTC facilities).*

**Survey Procedures**

• Verify that all required contacts are included in the communication plan by asking to see a list of the contacts with their contact information.

• *Verify that the facility has contact information for the State Survey Agency and/or public health departments.*

• Verify that all contact information has been reviewed and updated at least *in the past 2 years (annually for LTC facilities****)*** by asking to see evidence of the review.

**NOTE:** *Even though the communications plan must include contact information, it does not specifically require the facility to have an individual contact for emergency management agencies. For instance, a state emergency management agency may have a specific phone line or contact method and not a specific individual person.*

**E-0032**

***(Rev. 204, Issued: 04-16-21; Effective: 04-16-21, Implementation: 04-16-21)***

**§403.748(c)(3), §416.54(c)(3), §418.113(c)(3), §441.184(c)(3), §460.84(c)(3), §482.15(c)(3), §483.73(c)(3), §483.475(c)(3), §484.102(c)(3), §485.68(c)(3), §485.625(c)(3), §485.727(c)(3), §485.920(c)(3), §486.360(c)(3), §491.12(c)(3), §494.62(c)(3).**

**[(c) The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least every 2 years *[*annually for LTC *facilities]*. The communication plan must include all of the following:**

**(3) Primary and alternate means for communicating with the following:**

**(i) [Facility] staff.**

**(ii) Federal, State, tribal, regional, and local emergency management agencies.**

\*[For ICF/IIDs at §483.475(c):] **(3) Primary and alternate means for communicating with the ICF/IID’s staff, Federal, State, tribal, regional, and local emergency management agencies.**

**Interpretive Guidelines applies to: §403.748(c)(3), §416.54(c)(3), §418.113(c)(3), §441.184(c)(3), §460.84(c)(3), §482.15(c)(3), §483.73(c)(3), §483.475(c)(3), §484.102(c)(3), §485.68(c)(3), §485.625(c)(3), §485.727(c)(3), §485.920(c)(3), §486.360(c)(3), §491.12(c)(3), §494.62(c)(3).**

**NOTE: This does not apply to Transplant Programs.**

Facilities are required to have primary and alternate means of communicating with staff, Federal, State, tribal, regional, and local emergency management agencies. Facilities have the discretion to utilize alternate communication systems that best meets their needs. However, it is expected that facilities would consider pagers, cellular telephones, radio transceivers (that is, walkie-talkies), and various other radio devices such as the NOAA Weather Radio and Amateur Radio Operators’ (HAM Radio) systems, as well as satellite telephone communications systems. We recognize that some facilities, especially in remote areas, may have difficulty using some communication systems, such as cellular phones, even in non-emergency situations, which should be outlined within their risk assessment and addressed within the communications plan. It is expected these facilities would address such challenges when establishing and maintaining a well-designed communication system that will function during an emergency.

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. For example, if State X local emergency officials use the SHAred RESources (SHARES) High Frequency (HF) Radio program and facility Y is trying to communicate with RACES, it may be prudent to consider if these two alternate communication systems can communicate on the same frequencies.

*Facilities should identify their primary and alternate means of communication in their emergency preparedness communication plan. For instance, a primary means of communication may be cellular phones, hard wire lines and the facilities intercom system, whereas the facilities alternate means (given interruption of primary means) may be the SHAred RESources.*

Facilities may seek information about the National Communication System (NCS), which offers a wide range of National Security and Emergency Preparedness communications services, the Government Emergency Telecommunications Services (GETS), the Telecommunications Service Priority (TSP) Program, Wireless Priority Service (WPS), and SHARES. Other communication methods could include, but are not limited to, satellite phones, radio, and short wave radio. The Radio Amateur Civil Emergency Services (RACES) is an integral part of emergency management operations.

**Survey Procedures**

• Verify the communication plan includes primary and alternate means for communicating with facility staff, Federal, State, tribal, regional and local emergency management agencies by reviewing the communication plan.

• Ask to see the communications equipment or communication systems listed in the plan.

**E-0033**

***(Rev. 204, Issued: 04-16-21; Effective: 04-16-21, Implementation: 04-16-21)***

**§403.748(c)(4)-(6), §416.54(c)(4)-(6), §418.113(c)(4)-(6), §441.184(c)(4)-(6), §460.84(c)(4)-(6), §441.184(c)(4)-(6), §460.84(c)(4)-(6), §482.15(c)(4)-(6), §483.73(c)(4)-(6), §483.475(c)(4)-(6), §484.102(c)(4)-(5), §485.68(c)(4), §485.625(c)(4)-(6), §485.727(c)(4), §485.920(c)(4)-(6), §491.12(c)(4), §494.62(c)(4)-(6).**

**[(c) The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least every 2 years *[*annually for LTC *facilities]*. The communication plan must include all of the following:**

**(4) A method for sharing information and medical documentation for patients under the [facility's] care, as necessary, with other health providers to maintain the continuity of care.**

**(5) A means, in the event of an evacuation, to release patient information as permitted under 45 CFR 164.510(b)(1)(ii).** [This provision is not required for HHAs under §484.102(c), CORFs under §485.68(c)]

**(6) [(4) or (5)]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).**

\*[For RNHCIs at §403.748(c):] **(4) A method for sharing information and care documentation for patients under the RNHCI’s care, as necessary, with care providers to maintain the continuity of care, based on the written election statement made by the patient or his or her legal representative.**

\*[For RHCs/FQHCs at §491.12(c):] **(4) 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).**

**Interpretive Guidelines applies to: §403.748(c)(4)-(6), §416.54(c)(4)-(6), §418.113(c)(4)-(6), §441.184(c)(4)-(6), §460.84(c)(4)-(6), §482.15(c)(4)-(6), §441.184(c)(4)-(6), §460.84(c)(4)-(6), §483.73(c)(4)-(6), §483.475(c)(4)-(6), §484.102(c)(4)-(5), §485.68(c)(4), §485.625(c)(4)-(6), §485.727(c)(4), §485.920(c)(4)-(6), §491.12(c)(4), §494.62(c)(4)-(6).**

**NOTE: For RHCs/FQHC’s the regulatory language differs under (c)(4). Additionally, a method for sharing information and medical documentation for patients under the RHC/FQHC’s care, as necessary, with other health providers to maintain the continuity of care and a means of providing information about the general condition and location of patients does not apply.**

**NOTE: This does not apply to Transplant Programs.**

Facilities are required to develop a method for sharing information and medical (or for RNHCIs only, care) documentation for patients under the facility's care, as necessary, with other health care providers to maintain continuity of care. Such a system must ensure that information necessary to provide patient care is sent with an evacuated 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.

Facilities (with the exception of HHAs, RHCs/FQHCs, and CORFs) are also required to have a means, in the event of an evacuation, to release patient information as permitted under 45 CFR 164.510 and 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). Thus, facilities must have a communication system in place capable of generating timely, accurate information that could be disseminated, as permitted under 45 CFR 164.510(b)(4), to family members and others. Facilities have the flexibility to develop and maintain their own system in a manner that best meets its needs.

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. Section 164.510 ‘‘Uses and disclosures requiring an opportunity for the individual to agree to or to object,’’ is part of the ‘‘Standards for Privacy of Individually Identifiable Health Information,’’ commonly known as ‘‘The Privacy Rule.’’ HIPAA Privacy Regulations at 45 CFR 164.510(b)(4), ‘‘Use and disclosures for disaster relief purposes,’’ establishes requirements for disclosing patient information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts for purposes of notifying family members, personal representatives, or certain others of the patient’s location or general condition.

**Survey Procedures**

• Verify the communication plan includes a method for sharing information and medical (or for RNHCIs only, care) documentation for patients under the facility's care, as necessary, with other health (or care for RNHCIs) providers to maintain the continuity of care by reviewing the communication plan. o For RNCHIs, verify that the method for sharing patient information is based on a requirement for the written election statement made by the patient or his or her legal representative.

• Verify the facility has developed policies and procedures that address the means the facility will use to release patient information to include the general condition and location of patients, by reviewing the communication plan.

**E-0034**

***(Rev. 204, Issued: 04-16-21; Effective: 04-16-21, Implementation: 04-16-21)***

**§403.748(c)(7), §416.54(c)(7), §418.113(c)(7) §441.184(c)(7), §482.15(c)(7), §460.84(c)(7), §483.73(c)(7), §483.475(c)(7), §484.102(c)(6), §485.68(c)(5), §485.68(c)(5), §485.727(c)(5), §485.625(c)(7), §485.920(c)(7), §491.12(c)(5), §494.62(c)(7).**

**[(c) The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least every 2 years *[*annually for LTC *facilities]*. The communication plan must include all of the following:**

**(7) [(5) or (6)] A means of providing information about the [facility’s] occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee**.

\*[For ASCs at 416.54(c)]: **(7) A means of providing information about the ASC’s needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee.**

\*[For Inpatient Hospice at §418.113(c):] **(7) A means of providing information about the hospice’s inpatient occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee**.

**Interpretive Guidelines applies to: §403.748(c)(7), §416.54(c)(7), §418.113(c)(7), §441.184(c)(7), §460.84(c)(7), §482.15(c)(7), §483.73(c)(7); §483.475(c)(7); §484.102(c)(6); §485.68(c)(5), §485.625(c)(7); §485.727(c)(5); §485.920(c)(7);**

**§491.12 (c)(5), §494.62(c)(7).**

**NOTE: This does not apply to outpatient hospices or Transplant Programs.**

Facilities, except for transplant *programs*, must have a means of providing information about the facility’s needs and its ability to provide assistance to the authority having jurisdiction (local and State emergency management agencies, local and state public health departments, the Incident Command Center, the Emergency Operations Center, or designee).

*Reporting of a Facility’s Needs*

*Generally, in small community emergency disasters, reporting the facility’s needs will be coordinated through developed processes to report directly to local and state emergency officials. Reporting needs may include but are not limited to: shortages in PPE; need to*

*evacuate or transfer patients; requests for assistance in transport; temporarily loss of part or all facility function; and, staffing shortages.*

*In large scale emergency disasters or pandemics, reporting of needs specific to a facility may be altered by local, state and federal public health and emergency management officials due to the potential volume of requests. Some emergency management officials at all levels of governance may require facilities to report specific data or slow reporting to manage volume. It is recommended that facilities verify their reporting requirements with their local Incident Command Structures or State Agencies.*

*Dependent on the emergency event and the anticipated longevity, facilities may need to report select criteria such as in an EID outbreak or the number of patients’ positive or persons under investigation (PUI). The facility’s process should include monitoring by the facility’s emergency management coordinator or designee of reporting requirements issued by CMS or other agencies with jurisdiction. Additional monitoring and reporting may be required by local and state public health agencies due to contact tracing requirements for extended periods of time or for time specific intervals. Facilities should identify local and state policies for reporting and contract tracing to ensure they have appropriate information to address requirements.*

*Facilities should actively engage with their healthcare coalitions, associations, accrediting organizations and other stakeholders during the onset of any wide-spread emergency. As state and federal emergency organizations may become overwhelmed with requests, these stakeholders may be able to reconcile needs-requests for specific providers and suppliers. In situations in which a Presidential Declaration and a Public Health Emergency (PHE) have been declared, and Section 1135 Waivers may be granted, these stakeholders (healthcare coalitions, associations, accrediting organizations and others) may have the ability to request and streamline 1135 waiver requests for their members, dependent on the severity of the emergency.*

*Reporting of a Facility’s Ability to Provide Assistance*

*During widespread disasters, reporting a facility’s ability to provide assistance is critical within a community. Pre-planning and collaborating with emergency officials before an emergency to determine what assistance may be necessary directly supports surge planning within a community. For instance, in preparation for a natural disaster such as a hurricane, pre-planning reporting criteria such as the facility’s response-- e.g. closing the outpatient services in a forecasted natural disaster-- may facilitate the Incident Command as they would be aware of the operating status of the facility. Reporting the ability to provide assistance would also include pre-planning with public health and emergency officials in the local community to make them aware of what capabilities are available within the specific facility, e.g. number of beds, critical care equipment, staffing, etc.*

*During widespread disasters, facilities may be r****(Rev. 204, Issued: 04-16-21; Effective: 04-16-21, Implementation: 04-16-21)***

1. **§403.748(c), §416.54(c), §418.113(c), §441.184(c), §460.84(c), §482.15(c), §483.73(c), §483.475(c), §484.102(c), §485.68(c), §485.625(c), §485.727(c), §485.920(c), §486.360(c), §491.12(c), §494.62(c).**
2. **(c) The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least every 2 years *[*annually for LTC *facilities].***
3. **Interpretive Guidelines applies to: §403.748(c), §416.54(c), §418.113(c), §441.184(c), §460.84(c), §482.15(c), §483.73(c), §483.475(c), §484.102(c), §485.68(c), §485.625(c), §485.727(c), §485.920(c), §486.360(c), §491.12(c), §494.62(c).**
4. **NOTE: This does not apply to Transplant Programs.**
5. 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. We are allowing facilities flexibility in how they formulate and operationalize the requirements of the communication plan. Although *the requirement for documentation of collaboration with state and local officials was removed (see 84 FR 51817, Sept. 30, 2019), facilities should still continue to collaborate with state and local emergency officials. During the creation process for communication plans, facilities should also consult their applicable state and local emergency and pandemic plans.*
6. Facilities in rural or remote areas with limited connectivity to communication methodologies such as the Internet, World Wide Web, or cellular capabilities need to ensure their communication plan addresses how they would communicate and comply with this requirement in the absence of these communication methodologies. For example, if a facility is located in a rural area, which has limited or no Internet and phone connectivity during an emergency, it *should* address what alternate means are available to alert local and State emergency officials. Optional communication methods facilities may consider include satellite phones, radios and short wave radios.
7. **Survey Procedures**
8. • Verify that the facility has a written communication plan by asking to see the plan.
9. • Ask to see evidence that the plan has been reviewed (and updated as necessary) *at least every 2 years (annually for LTC facilities).*
10. • *Ask facility leadership or the designee responsible for the emergency program to verbally explain how they are to collaborate with Federal, State and local officials to ensure their communication plan complies with the Federal, State and local requirements.*
11. **E-0030**
12. ***(Rev. 204, Issued: 04-16-21; Effective: 04-16-21, Implementation: 04-16-21)***
13. **§403.748(c)(1), §416.54(c)(1), §418.113(c)(1), §441.184(c)(1), §460.84(c)(1), §482.15(c)(1), §483.73(c)(1), §483.475(c)(1), §484.102(c)(1), §485.68(c)(1), §485.625(c)(1), §485.727(c)(1), §485.920(c)(1), §486.360(c)(1), §491.12(c)(1), §494.62(c)(1).**
14. **[(c) The [facility must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least every 2 years *[*annually for LTC *facilities]*. The communication plan must include all of the following:]**
15. **(1) Names and contact information for the following:**
16. **(i) Staff.**
17. **(ii) Entities providing services under arrangement.**
18. **(iii) Patients' physicians**
19. **(iv) Other [facilities].**
20. **(v) Volunteers.**
21. \*[For Hospitals at §482.15(c) and CAHs at §485.625(c)] **The communication plan must include all of the following:**
22. **(1) Names and contact information for the following:**
23. **(i) Staff.**
24. **(ii) Entities providing services under arrangement.**
25. **(iii) Patients' physicians**
26. **(iv) Other [hospitals and CAHs].**
27. **(v) Volunteers.**
28. \*[For RNHCIs at §403.748(c):] **The communication plan must include all of the following:**
29. **(1) Names and contact information for the following:**
30. **(i) Staff.**
31. **(ii) Entities providing services under arrangement.**
32. **(iii) Next of kin, guardian, or custodian.**
33. **(iv) Other RNHCIs.**
34. **(v) Volunteers.**
35. \*[For ASCs at §416.45(c):] **The communication plan must include all of the following:**
36. **(1) Names and contact information for the following:**
37. **(i) Staff.**
38. **(ii) Entities providing services under arrangement.**
39. **(iii) Patients’ physicians.**
40. **(iv) Volunteers.**
41. \*[For Hospices at §418.113(c):] **The communication plan must include all of the following:**
42. **(1) Names and contact information for the following:**
43. **(i) Hospice employees.**
44. **(ii) Entities providing services under arrangement.**
45. **(iii) Patients’ physicians.**
46. **(iv) Other hospices.**
47. \*[For HHAs at §484.102(c):] **The communication plan must include all of the following:**
48. **(1) Names and contact information for the following:**
49. **(i) Staff.**
50. **(ii) Entities providing services under arrangement.**
51. **(iii) Patients’ physicians*.***
52. **(iv) Volunteers.**
53. \*[For OPOs at §486.360(c):] **The communication plan must include all of the following:**
54. **(2) Names and contact information for the following:**
55. **(i) Staff.**
56. **(ii) Entities providing services under arrangement.**
57. **(iii)Volunteers.**
58. **(iv) Other OPOs.**
59. **(v) Transplant and donor hospitals in the OPO’s Donation Service Area (DSA).**
60. **Interpretive Guidelines applies to: §403.748(c)(1), §416.54(c)(1), §418.113(c)(1), §441.184(c)(1), §460.84(c)(1), §482.15(c)(1), §483.73(c)(1), §483.475(c)(1), §484.102(c)(1), §485.68(c)(1), §485.625(c)(1), §485.727(c)(1), §485.920(c)(1), §486.360(c)(1), §491.12(c)(1), §494.62(c)(1).**
61. **NOTE: This does not apply to Transplant Programs.**
62. 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 provider or supplier to have the contact information for another provider or supplier of the same type as itself. For instance, hospitals should have contact information for other hospitals and CORFs should have contact information for other CORFs, etc. While not required, facilities may also find it prudent to have contact
63. information for other facilities not of the same type. For instance a hospital 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, *at a minimum, to the individual(s) designated as the emergency preparedness coordinator or person(s) responsible for the facility’s emergency preparedness program and management during an emergency event,* during an emergency event.
64. 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 *every 2 years, annually for LTC facilities*. 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.
65. Transplant *programs* should be included in the development of the hospitals communication plans. In the case of a Medicare-approved transplant *program*, a communication plan needs to be developed and disseminated between the hospitals, OPO, and transplant patients. For example, if the transplant program is planning to transfer patients to another transplant *program* due to an emergency, the communication plan between the hospitals, the OPO, and the patient should include the responsibilities of each of the facility types to ensure continuity of care. During an emergency, should an organ offer become available at the time the patient is at the “transferred hospital,” the OPO’s emergency preparedness communication plan should address how this information will be communicated to both the OPO and the patient of where their care will be continued.
66. ***NOTE****: For Home Health Agencies, contact information should also include patient’s physicians or allowed practitioners. Section 484.60 requires that each patient’s written plan of care specify the care and services necessary to meet the patient specific needs identified in the comprehensive assessment. Accordingly, additional practitioners at HHAs should also be notified to reflect the interdisciplinary, coordinated approach to home health care delivery consistent with the HHA regulations.*
67. **Survey Procedures**
68. • Verify that all required contacts are included in the communication plan by asking to see a list of the contacts with their contact information.
69. • Verify that all contact information has been reviewed and updated at least *every 2 years (annually for LTC facilities****)*** by asking to see evidence of the review.
70. **E-0031**
71. ***(Rev. 204, Issued: 04-16-21; Effective: 04-16-21, Implementation: 04-16-21)***
72. **§403.748(c)(2), §416.54(c)(2), §418.113(c)(2), §441.184(c)(2), §460.84(c)(2), §482.15(c)(2), §483.73(c)(2), §483.475(c)(2), §484.102(c)(2), §485.68(c)(2), §485.625(c)(2), §485.727(c)(2), §485.920(c)(2), §486.360(c)(2), §491.12(c)(2), §494.62(c)(2).**
73. **[(c) The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least every 2 years *[*annually for LTC *facilities].* The communication plan must include all of the following:**
74. **(2) Contact information for the following:**
75. **(i) Federal, State, tribal, regional, and local emergency preparedness staff.**
76. **(ii) Other sources of assistance.**
77. \*[For LTC Facilities at §483.73(c):] **(2) Contact information for the following:**
78. **(i) Federal, State, tribal, regional, and local emergency preparedness staff.**
79. **(ii) The State Licensing and Certification Agency.**
80. **(iii) The Office of the State Long-Term Care Ombudsman.**
81. **(iv) Other sources of assistance.**
82. \*[For ICF/IIDs at §483.475(c):] **(2) Contact information for the following:**
83. **(i) Federal, State, tribal, regional, and local emergency preparedness staff.**
84. **(ii) Other sources of assistance.**
85. **(iii) The State Licensing and Certification Agency.**
86. **(iv) The State Protection and Advocacy Agency.**
87. **Interpretive Guidelines applies to: §403.748(c)(2), §416.54(c)(2), §418.113(c)(2), §441.184(c)(2), §460.84(c)(2), §482.15(c)(2), §483.73(c)(2), §483.475(c)(2), §484.102(c)(2), §485.68(c)(2), §485.625(c)(2), §485.727(c)(2), §485.920(c)(2), §486.360(c)(2), §491.12(c)(2), §494.62(c)(2).**
88. **NOTE: This does not apply to Transplant Programs.**
89. A facility must have the contact information for those individuals and entities outlined within the standard. *Emergency management officials may include, but are not limited to, emergency management agencies which may be local to the community as well as local officials who support the Incident Command System depending on the nature of the disaster (e.g. fire, police, public health, etc.). Additionally, emergency management officials also include the state public health departments and State Survey Agencies as well as federal emergency preparedness officials (FEMA, ASPR, DHS, CMS, etc.) and tribal emergency officials, as applicable*.
90. Facilities have discretion in the formatting of this information, however it should be readily available and accessible to leadership during an emergency event. Facilities are encouraged but not required to maintain these contact lists both in electronic format and hard-copy format in the event that network systems to retrieve electronic files are not
91. accessible. All contact information must be reviewed and updated *at least every 2 years (annually, for LTC facilities).*
92. **Survey Procedures**
93. • Verify that all required contacts are included in the communication plan by asking to see a list of the contacts with their contact information.
94. • *Verify that the facility has contact information for the State Survey Agency and/or public health departments.*
95. • Verify that all contact information has been reviewed and updated at least *in the past 2 years (annually for LTC facilities****)*** by asking to see evidence of the review.
96. **NOTE:** *Even though the communications plan must include contact information, it does not specifically require the facility to have an individual contact for emergency management agencies. For instance, a state emergency management agency may have a specific phone line or contact method and not a specific individual person.*
97. **E-0032**
98. ***(Rev. 204, Issued: 04-16-21; Effective: 04-16-21, Implementation: 04-16-21)***
99. **§403.748(c)(3), §416.54(c)(3), §418.113(c)(3), §441.184(c)(3), §460.84(c)(3), §482.15(c)(3), §483.73(c)(3), §483.475(c)(3), §484.102(c)(3), §485.68(c)(3), §485.625(c)(3), §485.727(c)(3), §485.920(c)(3), §486.360(c)(3), §491.12(c)(3), §494.62(c)(3).**
100. **[(c) The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least every 2 years *[*annually for LTC *facilities]*. The communication plan must include all of the following:**
101. **(3) Primary and alternate means for communicating with the following:**
102. **(i) [Facility] staff.**
103. **(ii) Federal, State, tribal, regional, and local emergency management agencies.**
104. \*[For ICF/IIDs at §483.475(c):] **(3) Primary and alternate means for communicating with the ICF/IID’s staff, Federal, State, tribal, regional, and local emergency management agencies.**
105. **Interpretive Guidelines applies to: §403.748(c)(3), §416.54(c)(3), §418.113(c)(3), §441.184(c)(3), §460.84(c)(3), §482.15(c)(3), §483.73(c)(3), §483.475(c)(3), §484.102(c)(3), §485.68(c)(3), §485.625(c)(3), §485.727(c)(3), §485.920(c)(3), §486.360(c)(3), §491.12(c)(3), §494.62(c)(3).**
106. **NOTE: This does not apply to Transplant Programs.**
107. Facilities are required to have primary and alternate means of communicating with staff, Federal, State, tribal, regional, and local emergency management agencies. Facilities have the discretion to utilize alternate communication systems that best meets their needs. However, it is expected that facilities would consider pagers, cellular telephones, radio transceivers (that is, walkie-talkies), and various other radio devices such as the NOAA Weather Radio and Amateur Radio Operators’ (HAM Radio) systems, as well as satellite telephone communications systems. We recognize that some facilities, especially in remote areas, may have difficulty using some communication systems, such as cellular phones, even in non-emergency situations, which should be outlined within their risk assessment and addressed within the communications plan. It is expected these facilities would address such challenges when establishing and maintaining a well-designed communication system that will function during an emergency.
108. 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. For example, if State X local emergency officials use the SHAred RESources (SHARES) High Frequency (HF) Radio program and facility Y is trying to communicate with RACES, it may be prudent to consider if these two alternate communication systems can communicate on the same frequencies.
109. *Facilities should identify their primary and alternate means of communication in their emergency preparedness communication plan. For instance, a primary means of communication may be cellular phones, hard wire lines and the facilities intercom system, whereas the facilities alternate means (given interruption of primary means) may be the SHAred RESources.*
110. Facilities may seek information about the National Communication System (NCS), which offers a wide range of National Security and Emergency Preparedness communications services, the Government Emergency Telecommunications Services (GETS), the Telecommunications Service Priority (TSP) Program, Wireless Priority Service (WPS), and SHARES. Other communication methods could include, but are not limited to, satellite phones, radio, and short wave radio. The Radio Amateur Civil Emergency Services (RACES) is an integral part of emergency management operations.
111. **Survey Procedures**
112. • Verify the communication plan includes primary and alternate means for communicating with facility staff, Federal, State, tribal, regional and local emergency management agencies by reviewing the communication plan.
113. • Ask to see the communications equipment or communication systems listed in the plan.
114. **E-0033**
115. ***(Rev. 204, Issued: 04-16-21; Effective: 04-16-21, Implementation: 04-16-21)***
116. **§403.748(c)(4)-(6), §416.54(c)(4)-(6), §418.113(c)(4)-(6), §441.184(c)(4)-(6), §460.84(c)(4)-(6), §441.184(c)(4)-(6), §460.84(c)(4)-(6), §482.15(c)(4)-(6), §483.73(c)(4)-(6), §483.475(c)(4)-(6), §484.102(c)(4)-(5), §485.68(c)(4), §485.625(c)(4)-(6), §485.727(c)(4), §485.920(c)(4)-(6), §491.12(c)(4), §494.62(c)(4)-(6).**
117. **[(c) The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least every 2 years *[*annually for LTC *facilities]*. The communication plan must include all of the following:**
118. **(4) A method for sharing information and medical documentation for patients under the [facility's] care, as necessary, with other health providers to maintain the continuity of care.**
119. **(5) A means, in the event of an evacuation, to release patient information as permitted under 45 CFR 164.510(b)(1)(ii).** [This provision is not required for HHAs under §484.102(c), CORFs under §485.68(c)]
120. **(6) [(4) or (5)]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).**
121. \*[For RNHCIs at §403.748(c):] **(4) A method for sharing information and care documentation for patients under the RNHCI’s care, as necessary, with care providers to maintain the continuity of care, based on the written election statement made by the patient or his or her legal representative.**
122. \*[For RHCs/FQHCs at §491.12(c):] **(4) 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).**
123. **Interpretive Guidelines applies to: §403.748(c)(4)-(6), §416.54(c)(4)-(6), §418.113(c)(4)-(6), §441.184(c)(4)-(6), §460.84(c)(4)-(6), §482.15(c)(4)-(6), §441.184(c)(4)-(6), §460.84(c)(4)-(6), §483.73(c)(4)-(6), §483.475(c)(4)-(6), §484.102(c)(4)-(5), §485.68(c)(4), §485.625(c)(4)-(6), §485.727(c)(4), §485.920(c)(4)-(6), §491.12(c)(4), §494.62(c)(4)-(6).**
124. **NOTE: For RHCs/FQHC’s the regulatory language differs under (c)(4). Additionally, a method for sharing information and medical documentation for patients under the RHC/FQHC’s care, as necessary, with other health providers to maintain the continuity of care and a means of providing information about the general condition and location of patients does not apply.**
125. **NOTE: This does not apply to Transplant Programs.**
126. Facilities are required to develop a method for sharing information and medical (or for RNHCIs only, care) documentation for patients under the facility's care, as necessary, with other health care providers to maintain continuity of care. Such a system must ensure that information necessary to provide patient care is sent with an evacuated 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.
127. Facilities (with the exception of HHAs, RHCs/FQHCs, and CORFs) are also required to have a means, in the event of an evacuation, to release patient information as permitted under 45 CFR 164.510 and 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). Thus, facilities must have a communication system in place capable of generating timely, accurate information that could be disseminated, as permitted under 45 CFR 164.510(b)(4), to family members and others. Facilities have the flexibility to develop and maintain their own system in a manner that best meets its needs.
128. 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. Section 164.510 ‘‘Uses and disclosures requiring an opportunity for the individual to agree to or to object,’’ is part of the ‘‘Standards for Privacy of Individually Identifiable Health Information,’’ commonly known as ‘‘The Privacy Rule.’’ HIPAA Privacy Regulations at 45 CFR 164.510(b)(4), ‘‘Use and disclosures for disaster relief purposes,’’ establishes requirements for disclosing patient information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts for purposes of notifying family members, personal representatives, or certain others of the patient’s location or general condition.
129. **Survey Procedures**
130. • Verify the communication plan includes a method for sharing information and medical (or for RNHCIs only, care) documentation for patients under the facility's care, as necessary, with other health (or care for RNHCIs) providers to maintain the continuity of care by reviewing the communication plan. o For RNCHIs, verify that the method for sharing patient information is based on a requirement for the written election statement made by the patient or his or her legal representative.
131. • Verify the facility has developed policies and procedures that address the means the facility will use to release patient information to include the general condition and location of patients, by reviewing the communication plan.
132. **E-0034**
133. ***(Rev. 204, Issued: 04-16-21; Effective: 04-16-21, Implementation: 04-16-21)***
134. **§403.748(c)(7), §416.54(c)(7), §418.113(c)(7) §441.184(c)(7), §482.15(c)(7), §460.84(c)(7), §483.73(c)(7), §483.475(c)(7), §484.102(c)(6), §485.68(c)(5), §485.68(c)(5), §485.727(c)(5), §485.625(c)(7), §485.920(c)(7), §491.12(c)(5), §494.62(c)(7).**
135. **[(c) The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least every 2 years *[*annually for LTC *facilities]*. The communication plan must include all of the following:**
136. **(7) [(5) or (6)] A means of providing information about the [facility’s] occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee**.
137. \*[For ASCs at 416.54(c)]: **(7) A means of providing information about the ASC’s needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee.**
138. \*[For Inpatient Hospice at §418.113(c):] **(7) A means of providing information about the hospice’s inpatient occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee**.
139. **Interpretive Guidelines applies to: §403.748(c)(7), §416.54(c)(7), §418.113(c)(7), §441.184(c)(7), §460.84(c)(7), §482.15(c)(7), §483.73(c)(7); §483.475(c)(7); §484.102(c)(6); §485.68(c)(5), §485.625(c)(7); §485.727(c)(5); §485.920(c)(7);**
140. **§491.12 (c)(5), §494.62(c)(7).**
141. **NOTE: This does not apply to outpatient hospices or Transplant Programs.**
142. Facilities, except for transplant *programs*, must have a means of providing information about the facility’s needs and its ability to provide assistance to the authority having jurisdiction (local and State emergency management agencies, local and state public health departments, the Incident Command Center, the Emergency Operations Center, or designee).
143. *Reporting of a Facility’s Needs*
144. *Generally, in small community emergency disasters, reporting the facility’s needs will be coordinated through developed processes to report directly to local and state emergency officials. Reporting needs may include but are not limited to: shortages in PPE; need to*
145. *evacuate or transfer patients; requests for assistance in transport; temporarily loss of part or all facility function; and, staffing shortages.*
146. *In large scale emergency disasters or pandemics, reporting of needs specific to a facility may be altered by local, state and federal public health and emergency management officials due to the potential volume of requests. Some emergency management officials at all levels of governance may require facilities to report specific data or slow reporting to manage volume. It is recommended that facilities verify their reporting requirements with their local Incident Command Structures or State Agencies.*
147. *Dependent on the emergency event and the anticipated longevity, facilities may need to report select criteria such as in an EID outbreak or the number of patients’ positive or persons under investigation (PUI). The facility’s process should include monitoring by the facility’s emergency management coordinator or designee of reporting requirements issued by CMS or other agencies with jurisdiction. Additional monitoring and reporting may be required by local and state public health agencies due to contact tracing requirements for extended periods of time or for time specific intervals. Facilities should identify local and state policies for reporting and contract tracing to ensure they have appropriate information to address requirements.*
148. *Facilities should actively engage with their healthcare coalitions, associations, accrediting organizations and other stakeholders during the onset of any wide-spread emergency. As state and federal emergency organizations may become overwhelmed with requests, these stakeholders may be able to reconcile needs-requests for specific providers and suppliers. In situations in which a Presidential Declaration and a Public Health Emergency (PHE) have been declared, and Section 1135 Waivers may be granted, these stakeholders (healthcare coalitions, associations, accrediting organizations and others) may have the ability to request and streamline 1135 waiver requests for their members, dependent on the severity of the emergency.*
149. *Reporting of a Facility’s Ability to Provide Assistance*
150. *During widespread disasters, reporting a facility’s ability to provide assistance is critical within a community. Pre-planning and collaborating with emergency officials before an emergency to determine what assistance may be necessary directly supports surge planning within a community. For instance, in preparation for a natural disaster such as a hurricane, pre-planning reporting criteria such as the facility’s response-- e.g. closing the outpatient services in a forecasted natural disaster-- may facilitate the Incident Command as they would be aware of the operating status of the facility. Reporting the ability to provide assistance would also include pre-planning with public health and emergency officials in the local community to make them aware of what capabilities are available within the specific facility, e.g. number of beds, critical care equipment, staffing, etc.*
151. *During widespread disasters, facilities may be required to report the following to local officials:*
152. • *Ability to care for patients requiring transfer from different healthcare settings;*
153. • *Availability of PPE;*
154. • *Availability of staff who may be able to assist in a mass casualty incident;*
155. • *Availability of electricity-dependent medical and assistive equipment, such as ventilators and other oxygen equipment (BiPAP, CPAP, etc.), renal replacement therapy machines (e.g., home and facility-based hemodialysis, peritoneal dialysis, continuous renal replacement therapy and other machines, etc.), and wheelchairs and beds.*
156. *Occupancy Reporting*
157. For hospitals, CAHs, RNHCIs, inpatient hospices, PRTFs, LTC facilities, and ICF/IIDs, they must also have a means for providing information about their occupancy.
158. 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 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.
159. **NOTE:** The authority having jurisdiction varies by local, state and federal emergency management structures as well as the type of disaster. For example, in the event of a multi-state wildfire, the jurisdictional authority who would take over the Incident Command Center or state-wide coordination of the disaster would likely be a fire-related agency.
160. We are not prescribing the means that facilities must use in disseminating the required information. However, facilities should include in its communication plan, a process to communicate the required information.
161. **NOTE:** As defined by the Federal Emergency Management Administration (FEMA), an Incident Command System (ICS) is a management system designed to enable effective and efficient domestic incident management by integrating a combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure. (FEMA, 2016). The industry, as well as providers/suppliers, use various terms to refer to the same function and we have used the term ‘‘Incident Command Center’’ to mean ‘‘Emergency Operations Center’’ or ‘‘Incident Command Post.’’ Local, State, Tribal and Federal emergency preparedness officials, as well as regional healthcare coalitions, can assist facilities in the identification of their Incident Command Centers and reporting requirements dependent on an emergency.
162. **Survey Procedures**
163. • Verify the communication plan includes a means of providing information about the facility’s needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee by reviewing the communication plan.
164. • For hospitals, CAHs, RNHCIs, inpatient hospices, PRTFs, LTC facilities, and ICF/IIDs, also verify if the communication plan includes a means of providing information about their occupancy.
165. **E-0035**
166. ***(Rev. 204, Issued: 04-16-21; Effective: 04-16-21, Implementation: 04-16-21)***
167. **§483.73(c)(8); §483.475(c)(8)**
168. \*[For LTC Facilities at §483.73(c):]
169. **[(c) The LTC facility must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least annually. The communication plan must include all of the following:*]***
170. \*[For ICF/IIDs at §483.475(c):]
171. **[(c) The ICF/IID must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least every 2 years. The communication plan must include all of the following:*]***
172. **(8) A method for sharing information from the emergency plan, that the facility has determined is appropriate, with residents [or clients] and their families or representatives**.
173. **Interpretive Guidelines for §483.73(c)(8) and §483.475(c)(8).**
174. **NOTE: This ONLY applies to LTC Facilities and ICF/IIDs.**
175. LTC facilities and ICF/IIDs are required to share emergency preparedness plans and policies with *their residents/clients*, family members, and resident representatives or client representatives, respectively. Facilities have flexibility in deciding what information from the emergency plan should be shared, as well as the timing and manner in which it should be disseminated. While we are not requiring facilities take specific steps or utilize specific strategies to share this information with residents or clients and their families or representatives, we would recommend that facilities provide a quick “Fact Sheet” or informational brochure to the family members and resident or client representatives which may highlight the major sections of the emergency plan and policies and procedures deemed appropriate by the facility. Other options include providing instructions on how to contact the facility in the event of an emergency on the public website or to include the information as part of the facility’s check-in procedures. The facility may provide this information to the surveyor during the survey to demonstrate compliance with the requirement.
176. **Survey Procedures**
177. • Ask staff to demonstrate the method the facility has developed for sharing the emergency plan with residents or clients and their families or representatives.
178. • Interview residents or clients and their families or representatives and ask them if they have been given information regarding the facility’s emergency plan.
179. • Verify the communication plan includes a method for sharing information from the emergency plan, with residents or clients and their families or representatives by reviewing the plan.

*equired to report the following to local officials:*

• *Ability to care for patients requiring transfer from different healthcare settings;*

• *Availability of PPE;*

• *Availability of staff who may be able to assist in a mass casualty incident;*

• *Availability of electricity-dependent medical and assistive equipment, such as ventilators and other oxygen equipment (BiPAP, CPAP, etc.), renal replacement therapy machines (e.g., home and facility-based hemodialysis, peritoneal dialysis, continuous renal replacement therapy and other machines, etc.), and wheelchairs and beds.*

*Occupancy Reporting*

For hospitals, CAHs, RNHCIs, inpatient hospices, PRTFs, LTC facilities, and ICF/IIDs, they must also have a means for providing information about their occupancy.

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 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.

**NOTE:** The authority having jurisdiction varies by local, state and federal emergency management structures as well as the type of disaster. For example, in the event of a multi-state wildfire, the jurisdictional authority who would take over the Incident Command Center or state-wide coordination of the disaster would likely be a fire-related agency.

We are not prescribing the means that facilities must use in disseminating the required information. However, facilities should include in its communication plan, a process to communicate the required information.

**NOTE:** As defined by the Federal Emergency Management Administration (FEMA), an Incident Command System (ICS) is a management system designed to enable effective and efficient domestic incident management by integrating a combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure. (FEMA, 2016). The industry, as well as providers/suppliers, use various terms to refer to the same function and we have used the term ‘‘Incident Command Center’’ to mean ‘‘Emergency Operations Center’’ or ‘‘Incident Command Post.’’ Local, State, Tribal and Federal emergency preparedness officials, as well as regional healthcare coalitions, can assist facilities in the identification of their Incident Command Centers and reporting requirements dependent on an emergency.

**Survey Procedures**

• Verify the communication plan includes a means of providing information about the facility’s needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee by reviewing the communication plan.

• For hospitals, CAHs, RNHCIs, inpatient hospices, PRTFs, LTC facilities, and ICF/IIDs, also verify if the communication plan includes a means of providing information about their occupancy.

**E-0035**

***(Rev. 204, Issued: 04-16-21; Effective: 04-16-21, Implementation: 04-16-21)***

**§483.73(c)(8); §483.475(c)(8)**

\*[For LTC Facilities at §483.73(c):]

**[(c) The LTC facility must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least annually. The communication plan must include all of the following:*]***

\*[For ICF/IIDs at §483.475(c):]

**[(c) The ICF/IID must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least every 2 years. The communication plan must include all of the following:*]***

**(8) A method for sharing information from the emergency plan, that the facility has determined is appropriate, with residents [or clients] and their families or representatives**.

**Interpretive Guidelines for §483.73(c)(8) and §483.475(c)(8).**

**NOTE: This ONLY applies to LTC Facilities and ICF/IIDs.**

LTC facilities and ICF/IIDs are required to share emergency preparedness plans and policies with *their residents/clients*, family members, and resident representatives or client representatives, respectively. Facilities have flexibility in deciding what information from the emergency plan should be shared, as well as the timing and manner in which it should be disseminated. While we are not requiring facilities take specific steps or utilize specific strategies to share this information with residents or clients and their families or representatives, we would recommend that facilities provide a quick “Fact Sheet” or informational brochure to the family members and resident or client representatives which may highlight the major sections of the emergency plan and policies and procedures deemed appropriate by the facility. Other options include providing instructions on how to contact the facility in the event of an emergency on the public website or to include the information as part of the facility’s check-in procedures. The facility may provide this information to the surveyor during the survey to demonstrate compliance with the requirement.

**Survey Procedures**

• Ask staff to demonstrate the method the facility has developed for sharing the emergency plan with residents or clients and their families or representatives.

• Interview residents or clients and their families or representatives and ask them if they have been given information regarding the facility’s emergency plan.

• Verify the communication plan includes a method for sharing information from the emergency plan, with residents or clients and their families or representatives by reviewing the plan.