



July 2024

DIAL committed to emergency preparedness for hospitals.

DIAL is committed to providing education to hospitals to enhance their emergency preparedness and response capabilities while maintaining the quality and continuity of care during emergencies or disasters. Severe weather, tornado, hail, and severe thunderstorms can often cause a variety of adverse effects for hospitals, such as flooding, care-related emergencies, equipment and power failures, and transportation challenges. The factors noted in this newsletter are to serve as guides and are not intended to be comprehensive plans or replace the "Emergency Preparedness Requirements for Medicare Participating Providers" regulations.

Surge Planning

A solid foundation of surge planning aims to address a large influx of patients. Surge planning focuses on hospitals addressing the following:

- Capacity and capability assessment.
- Continuity of care.
- Staffing strategies.
- Communication and coordination.
- Collaboration with external partners.

Know the four core elements of emergency preparedness.

The four core elements of emergency preparedness outlined are applicable to all hospitals, with a degree of variation based on inpatient versus outpatient.

- Risk Assessment and Emergency Planning (Include but not limited to):
 - Hazards likely in geographic area.
 - Care-related emergencies.
 - Equipment and power failures.
 - Interruption in communications, including cyber attacks.
 - Loss of all/portion of facility.
 - Loss of all/portion of supplies.
 - Plan is to be reviewed and updated at least annually.
- Communication Plan:
 - Complies with federal and state laws.
 - Addresses a system to contact staff, including patients' physicians and other necessary persons.
 - Well coordinated within the facility, across health care providers, and with state and local public health departments and emergency management agencies.
- Policies and Procedures:
 - Complies with federal and state laws.
- Training and Testing:
 - Complies with federal and state laws.

- Maintain, and at a minimum, update annually.

Emergency plan should include mitigation.

The emergency plan should include mitigation processes for both patient and staff. Mitigation details should address care for the facility patients, and how the hospital will educate staff in protecting themselves in the likelihood of an emergency. Comprehensive hazard mitigation efforts, including staff education, will aid in reducing staff's vulnerability to potential hazards. These activities precede any imminent or post-impact timeframe, and are considered part of the response.

- **Hazard Identification:** Health care providers should make every effort to include any potential hazards that could affect the facility directly and indirectly considering its location. Indirect hazards could affect the community but not the provider, and as a result they could interrupt necessary utilities, supplies or staffing.
- **Hazard Mitigation:** Steps taken to eliminate or reduce the probability of the event, or reduce its severity or consequences, either prior to or following a disaster or emergency.
- **Preparedness:** Includes developing a plan to address how the provider will meet the needs of patients if essential services break down as a result of a disaster. The plan will be the product of a review of the basic hospital information, the hazard analysis, and an analysis of the provider's ability to continue providing care and services during an emergency. The plan also includes training staff on their role in the emergency plan, testing the plan, and revising the plan as needed.
- **Response:** Activities immediately before (for an impending threat), during and after a hazard impact to address the immediate and short-term effects of the emergency.
- **Recovery:** Activities and programs implemented during and after response that are designed to return the hospital to its usual state or a "new normal."

Resources:

[Emergency Preparedness Regulation Guidance](#)

Emergency Preparedness Rules: The condition of participation for hospitals outlined in §482.15; and condition of participation for critical access hospitals (CAHs) is outlined in §485.625. [Appendix Z \(updated as of 2/1/2019\)](#). The red italics show the changes made with this revision.

[Health Care Provider Guidance](#)

[Severe Weather](#)

[Flooding](#)

[Effective Health Care Provider Emergency Planning](#)

[Fact Sheet-CMS Release Updated Emergency Preparedness Guidance](#)

[Facility Transfer Agreement Example](#)

[Frequently Asked Questions - Round Four Definitions](#)

Mark your calendar for next lunch and learn

DIAL's next lunch and learn session will be held Aug. 21 from 11:30 a.m. to 12:30 p.m. The topic will be announced soon.

