What are the CMS emergency preparedness rule requirements for hospitals?

THE DIRECT ANSWER

The CMS Emergency Preparedness Rule (final rule 81 FR 63860, September 2016; amended by the 2019 Burden Reduction Rule) requires hospitals at 42 CFR 482.15 to maintain four program elements: a facility- and community-based emergency plan , policies and procedures , a communication plan , and a training and testing program . It's a Condition of Participation — non-compliance threatens Medicare payment, not just a citation.

THE FOUR ELEMENTS

- Emergency plan. Based on documented facility-based and community-based risk assessments using an all-hazards approach. Addresses the patient population (including at-risk individuals), services the facility can provide in an emergency, continuity of operations (delegations of authority, succession plans), and collaboration with local, tribal.
- Policies and procedures. Based on the plan, risk assessment, and communication plan. Reviewed and updated at least every 2 years. For hospitals, must address subsistence needs (food, water, medical supplies) for staff and patients whether evacuating or sheltering in place, plus emergency.
- Communication plan. Complies with federal, state, and local laws. Coordinates patient care within the facility, across providers, and with public health and emergency management. Includes contact information for staff, entities, and authorities.
- Training and testing. Initial and annual training so staff can demonstrate knowledge of emergency procedures. Two exercises per year : one full-scale community-based or facility-based functional exercise, and one additional exercise (which may be a tabletop).

WHAT SURVEYORS CHECK

- The risk assessment must be documented and current — a plan without a risk assessment behind it fails. Exercises need after-action reports with corrective actions tracked to completion.

FIELD QUESTION

How often must hospitals conduct emergency preparedness exercises?

Two per year: one full-scale (community-based or facility-based functional) and one additional exercise such as a tabletop. A real emergency that tests the plan can count.

From Healthcare Facility Hub - free, like everything on the site. The full article is at the link below.

Caution: codes, editions, and targets vary by facility and authority having jurisdiction (AHJ). Figures marked as common practice are facility targets, not code requirements. Confirm against your AHJ and the current code text before acting.