Healthcare Emergency Preparedness: The Complete Professional Guide (2026)

THE DIRECT ANSWER

Hospital emergency preparedness for facility managers starts with CMS's four-part program under 42 CFR 482.15: a documented all-hazards risk assessment and emergency plan, supporting policies and procedures, a communication plan, and a training and testing program. Tie the plan to incident command, evacuation, utility continuity, surge, and infection-control realities in the building, then prove it with exercises, after-action work, and survey-ready documentation aligned to your CMS and Joint Commission pathway.

WHY EMERGENCY PREPAREDNESS SITS IN FACILITY MANAGEMENT

- When the pager goes off, leadership owns command decisions. Facility management owns whether the building, utilities, and egress still support those decisions. Surveyors treat emergency preparedness as a crosswalk problem: the emergency plan must match what staff can actually do in corridors.

CMS EMERGENCY PREPAREDNESS RULE: THE FOUR PROGRAM ELEMENTS

- For hospitals, the Conditions of Participation at 42 CFR 482.15 require a comprehensive emergency preparedness program using an all-hazards approach. CMS publishes interpretive guidance in the State Operations Manual Appendix Z; use it when you translate regulatory language into facility checklists.

FIELD QUESTION

What are the four CMS emergency preparedness program elements for hospitals?

Under 42 CFR 482.15, hospitals must maintain (1) an emergency plan based on a documented all-hazards risk assessment, (2) policies and procedures that implement the plan, (3) a communication plan for internal and external coordination, and (4) a training and testing program. Each component must be reviewed and updated at least every two years unless changes require sooner revision.

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.