Healthcare Facilities Prepare for Emergency Disruptions and Outages

THE DIRECT ANSWER

Healthcare facilities prepare for disruptions through all-hazards emergency planning : a written Emergency Operations Plan covering power loss, water disruption, HVAC failure , IT outages, and supply chain breaks — each with redundant systems (emergency generators, medical gas reserves, water storage), defined downtime procedures for clinical operations, and regular exercises testing the plan. CMS requires this under the Emergency Preparedness Rule (42 CFR 482.15): a risk assessment, policies and procedures, a communication plan, and training/testing — reviewed at least every two years.

THE PREPARATION LAYERS

- Power: emergency generators tested monthly under load, fuel for 96+ hours, prioritized circuits for life safety, critical, and equipment branches.
- Water: storage or contingency supply for potable and clinical needs; dialysis and sterile processing have their own continuity plans.
- Medical gases: reserve manifolds and vendor emergency delivery agreements.
- IT/downtime: paper downtime procedures for orders, MAR, and documentation — rehearsed, not just written.
- Staffing: call-back rosters, ride-out teams for storms, fatigue management for extended events.

EXERCISES THAT ACTUALLY TEACH

- Tabletop exercises find plan gaps cheaply; functional exercises (actually switching to generator power, running downtime procedures on a unit) find the gaps tabletops miss. After every exercise and every real event: a formal after-action review with assigned corrective actions and deadlines.

FIELD QUESTION

What does CMS require for emergency preparedness?

A risk assessment, policies and procedures, a communication plan, and training/testing — reviewed at least every two years, with two exercises annually.

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.