HEALTHCARE FACILITY HUB · FIELD SHEET (UPGRADED)

Healthcare Facilities: Preparing for Emergency Disruptions and Outages

Updated: November 16, 2026 · Prep/reference guidance only — confirm state licensing rules, fuel runtime mandates, and clinical diversion thresholds with your AHJ and HICS leadership.

Answers First: Under **CMS 42 CFR 482.15** and **Joint Commission EM standards**, hospital outage readiness requires four integrated elements: an all-hazards risk assessment (HVA), written utility/downtime policies, redundant communications, and **two annual exercises** (with biennial program review).

1. CMS 42 CFR 482.15 & Joint Commission EM Compliance Matrix

Program Element	CMS CoP (42 CFR 482.15)	Joint Commission EM	Survey Evidence Required
Risk Assessment & EOP	All-hazards facility & community HVA; reviewed at least every 2 years.	EM.11.01.01 (HVA covering natural, tech, utility, IT hazards).	Dated HVA scoring table + biennial review minutes.
Policies & Utilities	Subsistence, alternate energy (temps, lighting, fire/alarm, sewage), clinical continuity.	EM.12.02.11 (written essential utilities plan & backup sources).	Load-shed list, water plan, med-gas & generator logs.
Communication Plan	Staff/external contact lists, primary & alternate comms, patient-tracking coordination.	EM.12.02.01 (primary + secondary/downtime comms).	Radio/runner SOP, contact trees, paper MAR/order packs.
Training & Testing	Initial + biennial staff training; 2 exercises/yr (1 full-scale/functional + 1 drill/tabletop).	EM testing & After-Action Review (AAR/IP) cycle.	Attendance rosters + AAR/IPs (or real-event activation log).

2. Disruption-Class Readiness Checklist

Disruption Class	First-Hour Stabilize Action	Pre-Staged Continuity Requirement
Power Outage	Verify NFPA 110 Type 10 ATS transfer (<= 10s); confirm fuel burn rate & load-shed status.	96+ hr fuel target (practice/HVA); monthly 30-min >= 30% load test logs.
Water Interruption	Isolate affected risers; protect chillers, sterile processing, and dialysis RO feeds.	Potable & clinical water contingency; Legionella/backflow check before return to service.
HVAC / Thermal Loss	Verify AII (-0.01 in. w.g.) & OR pressure; protect IDF/MDF server closets.	Clinical closure/diversion triggers; portable spot-cooling & HEPA plan.
Medical Gas Loss	Check master/area alarms; switch to reserve manifold; notify OR/ICU immediately.	Emergency vendor delivery SLA; zone-valve shutoff maps & portable O2 cylinders.
IT / Comms Blackout	Declare EHR/comms downtime; switch to UHF/VHF radios, runners, and paper kits.	Printed 48-hr unit Downtime Kits + offline MAR viewer (ONC SAFER).

3. Exercises That Catch Real Gaps (Tabletop vs. Functional)

Tabletop exercises verify decision trees cheaply, while **functional exercises** (actually transferring to generator power or running paper MAR/orders on a live unit) expose missing forms, dead radio batteries, and un-UPS'd switches:

[ ] **Annual Test 1 (Full-Scale / Functional):** Community-based full-scale exercise, or facility-based functional exercise if community exercise is inaccessible (42 CFR 482.15(d)(2)).

[ ] **Annual Test 2 (Drill / Tabletop / Second Functional):** Facilitated tabletop or unit-level downtime drill testing paper-to-EHR reconciliation and utility load-shed.

[ ] **Actual-Emergency Exemption:** If the EOP is activated for a real outage/emergency, document the activation and AAR/IP to claim the 42 CFR 482.15(d)(2) exemption for the next full-scale exercise.

4. Joint Outage Readiness: Connecting Utility Prep to Clinical Downtime

Most hospital outages do not stay inside one department. A utility event that drops IDF cooling or PoE switches becomes an EHR downtime within minutes. Pair this utility readiness plan with:

- **Joint Clinical & Facility Downtime Playbook** (`/joint-clinical-facility-downtime-playbook/`): 0–15 min, 15–60 min, and 1–8+ hr role split between Plant Ops and Clinical Ops.
- **Healthcare Downtime Kit & Paper Fallback Pack** (`/healthcare-downtime-kit-paper-fallback-pack/`): Printable unit binder checklist, patient-tracking boards, contact trees, and shutoff maps.

Clinical & Regulatory Spot-Check Caveat: Fuel-duration mandates (e.g., 96-hour planning benchmarks), state-specific hospital licensing rules, and clinical diversion criteria vary by jurisdiction. Confirm exact thresholds with your state AHJ and Emergency Management Committee.