

This checklist may help hospital facility professionals prepare for survey evaluations regarding emergency preparedness requirements from the Centers for Medicare & Medicaid Services (CMS). Similar to the K-Tags CMS uses for life safety, the new series of E-Tags developed by CMS provide interpretive guidance for emergency preparedness requirements. The final emergency preparedness rule was issued on September 16, 2016, with an effective date of November 15, 2016. Facilities need to be in full compliance with these requirements no later than November 15, 2017, when surveyors will implement the use of the E Tags.

E-Tag	Brief Description	Survey Readiness Practices	NFPA 99	TJC Standard	ASHE Resources
0001	Emergency preparedness program (EPP)	In addition to complying with all federal, state and local requirements: Leadership must be able to describe the facility's emergency plan (EP), and how it was created using an all hazards approach Present written plan and documentation of the EP	12.2.2 12.4	EM.01.01.01 EP1	ASHE On Demand Emergency Preparedness Recordings
0004	Develop and maintain EPP	 □ Provide written EP plan, and illustrate that plan has all required elements. Prove that plan is evaluated annually by presenting written documentation □ Leadership must be able to explain how the risk assessment was conducted to identify hazards 	12.2.2 12.4 12.5 12.5.3.3.5	EM.01.01.01 EM.02.01.01	ASHE Emergency Preparedness Rule Page
0006	Develop and maintain an emergency plan (EP) and annually update it	 □ Present written documentation of the facility's risk assessments (that were based on an all-hazards approach) and the strategies used to confront identified risks □ Leadership should be able to explain which hazards are addressed and why they were included 	12.5.3.1	EM.01.01.01 EP2	ASHE Emergency Preparedness HVA Tools
0007	EP patient population	Leadership must be able to describe: ☐ Facility's patient population that would be at-risk during an emergency and the strategies used to address the needs of atrisk patient populations ☐ Facility's plans to continue operations ☐ Delegations of authority and succession plans	12.5.3.1.3 (2), 12.5.3.3.6.4	EM.02.02.11 EP4	

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E-Tag	Brief Description	Survey Readiness Practices	NFPA 99	TJC Standard	ASHE Resources
0009	Process for EP collaboration	 □ Leadership must be able describe the process for an integrated response and ensuring cooperation and collaboration with local, tribal, regional, state, and federal emergency preparedness officials' efforts □ Provide documentation of efforts to contact these officials, and notes on the collaborative plans 	12.4.2, 12.5.3.3.6.1(2)&(6), 12.5.3.4.6, 12.5.3.4.7, 12.5.3.4.10	EM.01.01.01 EP3 EM.01.01.01 EP4 EM.01.01.01 EP7 EM.02.02.01 EP22	
0013	Policies and procedures (P&Ps)	 ☐ Illustrate that policies and procedures are based on a hazard vulnerability assessment and communication plan ☐ Demonstrate that P&Ps are updated annually 	12.5.3.1	EM.02.01.01 EP16	
0015	Subsistence needs for staff and patients	Ensure P&Ps address: ☐ Subsistence needs including food, water and pharma supplies for patients and staff ☐ Temperature regulation to ensure patient safety and sanitary storage of provisions ☐ Emergency lighting, Fire detection, extinguishing, and alarm systems ☐ Disposal of sewage and waste	12.5.3.3.5 12.5.3.3.6.2 12.5.3.3.6.5	EM.02.02.07 EP5 EM.02.02.11	
0018	System for tracking staff and patients	☐ Staff must be able to describe and/or demonstrate the tracking system used to document locations of patients and staff ☐ Verify that the tracking system is documented as part of the EPs P&Ps	12.5.3.3.6.4 (9)	EM.02.02.11 EP8 EM.02.02.11 EP12	
0020	Safe evacuation	☐ Illustrate that plans include safe evacuation as part of the P&Ps	12.5.3.3.6.8 (4) (c) 12.5.3.4.7	EM.02.01.01 EP2	
0022	Shelter in place	☐ Illustrate that the EP contains P&Ps for sheltering in place aligned with the facility's EP and risk assessment	12.5.3.3.3 12.5.3.3.6.8 (4) (a)	EM.02.01.01 EP15	

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E-Tag	Brief Description	Survey Readiness Practices	NFPA 99	TJC Standard	ASHE Resources
0023	Medical documentation	☐ Illustrate that the facility has P&Ps to protect patients confidentiality and patient information, while making the records available to medical staff	12.5.3.3.6.1 (3) 12.5.3.3.6.1 (4)	EM.02.02.01 EP11 EM.02.02.01 EP12 EM.02.02.01 EP21	
0024	Volunteers	☐ Illustrate that the EP has P&Ps for the use of volunteers and other staffing strategies	12.5.3.4.5	EM.02.02.13 EM.02.02.15	
0025	Arrangements with other facilities	 □ Present copies of official agreements with other facilities to receive patients in an emergency □ Leadership must be able to explain how patients will be transported 	B.12.3.4 12.5.3.3.6.4 (7)	EM.02.02.01 EP20 EM.02.02.03 EP9	
0026	Role under waiver declared by secretary	☐ Present P&Ps describing the facility's role in providing care and treatment at alternate care sites under an 1135 waiver	12.5.3.3.6.8 (5)	EM.02.01.01 EP14	
0029	Emergency communication plan	 □ Present written communication plan □ Present evidence that the plan is reviewed and updated annually 	12.5.3.3.6.1 12.5.3.6	EM.02.02.01	
0030	Names and contact information	 □ Provide list of contacts with staff, entities providing services under arrangement, patients' physicians, other facilities, and volunteers' information. □ Demonstrate all required contacts are included in plan, and updated annually 	12.5.3.3.6.1 (6) (a)	EM.02.02.01 EP20	
0031	Emergency officials contact information	 □ Provide list of contacts for the federal, state, tribal, regional, and local emergency preparedness staff as well as other sources of assistance □ Demonstrate all required contacts are in plan, and updated annually 	12.5.3.3.6.1 (6) (a)	EM.02.02.01 EP20	
0032	Primary/alternate means of communication	 □ Verify primary and alternate means of communication for all emergency officials and staff □ Must be able to present the communications equipment or communication systems 	12.5.3.3.6.1 (5)	EM.02.02.01 EM.02.02.01 EP14	



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0033	Methods for sharing information	☐ Present a communication plan that outlines a way to share medical information for patients during an emergency, including those patients that must be evacuated ☐ Present the P&Ps that address how the facility will release patient information, including the general condition and location of patients	12.5.3.3.6.1 12.5.3.3.6.4 (8)	EM.02.02.01 EP21	
0034	Sharing information on occupancy/needs	☐ Present communication plan that details information about the facility's needs, and its ability to provide assistance (including information of occupancy for hospitals)	12.5.3.3.6.1	EM.02.02.01	
0036	Training and testing	☐ Present proof of a written training and testing program; that this program has been reviewed and updated at least annually	12.5.3.3.7	EM.02.02.07 EP13	
0037	Training program	 □ Provide facility's initial EP training and annual EP offerings □ Staff must be able to demonstrate knowledge of emergency procedures □ Must be ready to show staff training files to verify that staff have received initial and annual EP training 	12.5.3.3.7 12.5.3.3.7.2 12.5.3.3.7.4 12.5.3.3.7.5 12.5.3.3.7.6	EM.03.01.01 EM.03.01.03	
0039	Testing requirements	☐ Provide documentation of the completion of an annual table top exercise and a full scale exercise (including exercise plan, after action report, and any additional supporting documentation) ☐ In the absence of a full-scale community exercise, provide documentation of facility's efforts to participate in a full-scale community based exercise ☐ Provide facility's written analysis and response detailing how they updated the EP based on these analyses	12.5.3.3.9	EM.03.01.03	

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E-Tag	Brief Description	Survey Readiness Practices	NFPA 99	TJC Standard	ASHE Resources
0041	Emergency and standby power systems	 ☐ Illustrate that facility has required emergency and standby systems to meet requirements of the EPP ☐ Illustrate that facility has an emergency power plan for "shelter in place" and evacuation operations ☐ Illustrate proper placement of EPSS in new construction or alteration/renovation of existing EPSS ☐ Demonstrate that on site fuel source meets NFPA 110 	12.5.3.3.6.5 12.5.3.3.6.6	EM.02.02.09 EP2	Roadmap to Resiliency
0042	Integrated health systems	☐ Illustrate that the health care system has elected a unified and integrated emergency preparedness system ☐ Provide documentation that individual facility was actively involved in development of EPP ☐ Provide documentation that individual facility was actively involved in annual review of EPP ☐ Provide documentation of entire integrated and unified EPP ☐ Leadership must be able to describe how integrated and unified EPP is updated based on changes within the health care system		EM.04.01.01	

The ASHE advocacy team works to monitor and unify the many overlapping codes and standards regulating the health care physical environment allowing health care facilities to optimize their physical environment and focus more of their valuable resources on patient care.

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