

**AMBULATORY SURGICAL CENTER (ASC)
EMERGENCY PREPAREDNESS WORKSHEET**

1. DATE OF SURVEY
2. NAME OF FACILITY
3. CCN
4. SURVEYOR
5. SURVEYOR ID

TAG #	TITLE	MET	NOT MET
E - 0001	Establishment of the Emergency Program (EP)		
Reg Text: The ASC must comply with all applicable Federal, State and local EP requirements. The ASC must establish and maintain an EP program that meets the requirements of this section. The EP program must include, but not be limited to, the following elements:			
E - 0004	Develop and Maintain EP Program		
Reg Text: (a) Emergency Plan. The ASC must develop and maintain an EP plan that must be reviewed, and updated at least annually.			
E - 0006	Maintain and Annual EP Updates		
Reg Text: (a)(1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach. (2) Include strategies for addressing emergency events identified by the risk assessment.			
E - 0007	EP Program Patient Population		
Reg Text: (a)(3) Address patient population, including, but not limited to, the type of services the ASC has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.			
E - 0009	Process for EP Collaboration		
Reg Text: (a)(4) Include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the ASC's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.			
E - 0013	Development of EP Policies and Procedures		
Reg Text: (b) Policies and procedures. The ASC must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least annually.			
E - 0018	Procedures for Tracking of Staff and Patients		
Reg Text: (b)(1) A system to track the location of on-duty staff and sheltered patients in the ASC's care during an emergency. If on-duty staff and sheltered patients are relocated during the emergency, the ASC must document the specific name and location of the receiving facility or other location..			
E - 0020	Policies and Procedures including Evacuation		
Reg Text: (b)(2) Safe evacuation from the ASC which includes the following: (i) Consideration of care needs of evacuees. (ii) Staff responsibilities. (iii) Transportation. (iv) Identification of evacuation location(s). (v) Primary and alternate means of communication with external sources of assistance.			
E - 0022	Policies and Procedures for Sheltering		
Reg Text: (3) A means to shelter in place for patients, staff, and volunteers who remain in the ASC.			
E - 0023	Policies and Procedures for Medical Docs.		
Reg Text: (4) A system of medical documentation that does the following: preserves patient information, protects confidentiality of patient information, and secures and maintains availability of records.			
E - 0024	Policies and Procedures for Volunteers		
Reg Text: (5) The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency.			
E - 0026	Roles under a Waiver Declared by Secretary		
Reg Text: (6) The role of the ASC under a waiver declared by the Secretary, in accordance with section 1135 of the Act, in the provision of care and treatment at an alternate care site identified by emergency management officials.			
E - 0029	Development of Communication Plan		
Reg Text: (c) <i>Communication plan</i> . The ASC must develop and maintain an EP communication plan that complies with Federal, State and local laws and must be reviewed and updated at least annually.			
E - 0030	Names and Contact Information		

TAG #	TITLE	MET	NOT MET
E - 0031	Emergency Officials Contact Information		
Reg Text: (c)(2) Contact information for the following: (i) Federal, State, tribal, regional, and local emergency preparedness staff. (ii) Other sources of assistance.			
TAG #	TITLE	MET	NOT MET
E - 0032	Primary/Alternate Means for Communication		
Reg Text: (c)(3) Primary and alternate means for communicating with the following: (i) ASC staff. (ii) Federal, State, tribal, regional, and local emergency management agencies.			
TAG #	TITLE	MET	NOT MET
E - 0033	Methods for Sharing Information		
Reg Text: (c)(4) A method for sharing information and medical documentation for patients under the ASC's care, as necessary, with other health care providers to maintain the continuity of care. (5) A means, in the event of an evacuation, to release patient information as permitted under 45 CFR 164.510(b)(1)(ii). (6) A means of providing information about the general condition and location of patients under the facility's care as permitted under 45 CFR 164.510(b)(4).			
TAG #	TITLE	MET	NOT MET
E - 0034	Sharing Information on Occupancy/Needs		
Reg Text: (c)(7) A means of providing information about the ASC's needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee.			
TAG #	TITLE	MET	NOT MET
E - 0036	Emergency Prep Training and Testing		
Reg Text: (d) <i>Training and testing</i> . The ASC must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least annually.			
TAG #	TITLE	MET	NOT MET
E - 0037	Emergency Prep Training Program		
Reg Text: (d)(1) <i>Training program</i> . The ASC must do all of the following: (i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected role. (ii) Provide emergency preparedness training at least annually. (iii) Maintain documentation of all emergency preparedness training. (iv) Demonstrate staff knowledge of emergency procedures.			
TAG #	TITLE	MET	NOT MET
E - 0039	Emergency Prep Testing Requirements		
Reg Text: (d)(2) <i>Testing</i> . The ASC must conduct exercises to test the emergency plan at least annually. The ASC must do all of the following: (i) Participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, individual, facility-based. If the ASC experiences an actual natural or man-made emergency that requires activation of the emergency plan, the ASC is exempt from engaging in a community-based or individual, facility-based full-scale exercise for 1 year following the onset of the actual event: (ii) Conduct an additional exercise that may include, but is not limited to the following: (A) A second full-scale exercise that is individual, facility-based. (B) A tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (iii) Analyze the ASC's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the ASC's emergency plan, as needed.			
TAG #	TITLE	MET	NOT MET
E - 0042	Integrated Health Systems		
Reg Text: (e) <i>Integrated healthcare systems</i> . If a ASC facility is part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency preparedness program, the ASC facility may choose to participate in the healthcare system's coordinated emergency preparedness program. If elected, the unified and integrated EP program must- (1) Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated EP program. (2) Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered. (3) Demonstrate that each separately certified facility is capable of actively using the unified and integrated EP program and is in compliance. (4) Include a unified and integrated emergency plan that meets the requirements of paragraphs (a)(2), (3), and (4) of this section. The unified and integrated emergency plan must also be based on and include the following: (i) A documented community-based risk assessment, utilizing an all-hazards approach. (ii) A documented individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach. (5) Include integrated policies and procedures that meet the requirements set forth in paragraph (b) of this section, a coordinated communication plan, and training and testing programs that meet the requirements of paragraphs (c) and (d) of this section, respectively.			

Reg Text: (c)The communication plan must include all of the following:

(1) Names and contact information for the following:

(i) Staff.

(ii) Entities providing services under arrangement.

(iii) Patients' physicians.

(iv) Volunteers.