CMS Emergency Preparedness Rule: Resources at Your Fingertips

Published October 18, 2016
Updated February 3, 2017

Introduction

The Centers for Medicare & Medicaid Services (CMS) issued the Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers Final Rule to establish consistent emergency preparedness requirements for healthcare providers participating in Medicare and Medicaid, increase patient safety during emergencies, and establish a more coordinated response to natural and human-caused disasters. The U.S. Department of Health and Human Services Office of the Assistant Secretary for Preparedness and Response (ASPR) worked closely with CMS in the development of the rule. This document provides links to numerous related resources applicable to a variety of providers and suppliers.

The rule was **published on September 16, 2016** and is **effective as of November 15, 2016**. The regulations must be **implemented by affected entities by November 15, 2017**.

This rule applies to 17 provider and supplier types as a condition of participation for CMS. The providers/suppliers are required to meet **four core elements** (with specific requirements adjusted based on the individual characteristics of each provider and supplier):

1. Emergency plan—Develop an emergency plan based on a risk assessment and using an "all-hazards" approach, which will provide an integrated system for emergency planning that focuses on capacities and capabilities.
2. Policies and procedures—Develop and implement policies and procedures based on the emergency plan and risk assessment that are reviewed and updated at least annually. For hospitals, Critical Access Hospitals (CAHs), and Long-Term Care (LTC) facilities, the policies and procedures must address the provision of subsistence needs, such as food, water and medical supplies, for staff and residents, whether they evacuate or shelter in place.
3. Communication plan—Develop and maintain an emergency preparedness communication plan that complies with federal, state and local laws. Patient care must be coordinated within the facility, across healthcare providers, and with state and local public health departments and emergency management systems to protect patient health and safety in the event of a disaster.
4. A training and testing program—Develop and maintain training and testing programs, including initial training in policies and procedures. Facility staff will have to demonstrate knowledge of emergency procedures and provide training at least annually. Facilities must

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HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY

conduct drills and exercises to test the emergency plan or participate in an actual incident that tests the plan.

A quick reference chart was developed by CMS that highlights the requirements by provider type. Please note: This quick reference chart is not meant to be an exhaustive list of requirements nor should it serve as a substitute for the regulatory text. The 17 provider and supplier types are listed below and categorized based on whether they are inpatient or outpatient, as outpatient providers are not required to provide subsistence needs.

Table 1. Affected Provider and Supplier Types

Inpatient		Outpatient	
Facility Type	**Final Rule Reference**	**Facility Type**	**Final Rule Reference**
Critical Access Hospitals (CAHs)	Section II. N	Ambulatory Surgical Centers (ASCs)	Section II. E
Hospices	Section II. F	Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services	Section II. O
Hospitals	Section II. C	Community Mental Health Centers (CMHCs)	Section II. P
Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)	Section II. D	Comprehensive Outpatient Rehabilitation Facilities (CORFs)	Section II. M
Long Term Care (LTC)	Section II. J	End-Stage Renal Disease (ESRD) Facilities	Section II. S
Psychiatric Residential Treatment Facilities (PRTFs)	Section II. G	Home Health Agencies (HHAs)	Section II. L
Religious Nonmedical Healthcare Institutions (RNHCIs)	Section II. D	Hospices	Section II. F
Transplant Centers	Section II. I	Organ Procurement Organizations (OPOs)	Section II. Q
		Programs of All Inclusive Care for the Elderly (PACE)	Section II. H
		Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)	Section II. R

New February 3, 2017: The Yale New Haven Center for Emergency Preparedness and Disaster Response Emergency Preparedness has developed and published a CMS Conditions of Participation & Accreditation Organizations Crosswalk in collaboration with a number of national subject matter experts. Emergency and disaster related program, policy, communication, training and exercise elements of regulatory and accreditation standards were mapped to the CMS Emergency Preparedness Conditions of Participation. Every effort was made to ensure that the mapped regulations and accreditation standards matched as closely as possible. However, this document should be used only as a resource for reviewing and updating healthcare emergency preparedness plans and does not replace existing federal, local, or association guidance. Feedback and recommendations related to the crosswalk should be sent to center@ynhh.org.

General Information

The CMS Emergency Preparedness Survey and Certification Page has information on training and technical assistance available from CMS and includes a number of templates and checklists for emergency preparedness.

The ASPR Technical Resources, Assistance Center, and Information Exchange (TRACIE) dedicated CMS Rule page contains information and resources on developing plans, policies and procedures, and training and exercises.

Informational Webinars

CMS held a Medicare Learning Network National Call on Wednesday, October 5 to discuss the new rule. ASPR staff participated in the call with CMS to answer questions. The slides, audio recording, and transcript are all available for download on the MLN Emergency Preparedness National Call website.

Frequently Asked Questions (updated February 3, 2017)

CMS has published four rounds of EP Rule Frequently Asked Questions and has published these, along with other technical resource material to the CMS Survey and Certification Emergency Preparedness website.

The interpretive guidance and State Operations Manual is expected to be released by CMS in the spring of 2017.

Healthcare Coalition Information (updated November 2, 2016)

This section has been updated to reflect the relationship between affected provider and supplier types and the Hospital Preparedness Program (HPP) grantees.

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INFORMATION GATEWAY

Although healthcare coalitions (HCCs) (updated January 5, 2017) themselves are not included in the 17 provider and supplier types covered under the CMS Emergency Preparedness (EP) Rule, the rule offers HCCs and newly engaged providers a tremendous opportunity to achieve greater organizational and community effectiveness and sustainability.

HCCs should be an accessible source of preparedness and response best practices for newly engaged provider types as they adapt to the new requirements. They should also play a role in assisting members with closing planning gaps, as well as assuring integration with core coalition partners. HCCs have an opportunity to enhance their financial sustainability and revenue by providing contracted technical assistance to HCC members to meet the CMS conditions of participation (CoPs).

HPP grantees and their sub-recipients may provide funding to individual hospitals or other health care entities, as long as the funding is used for activities to advance regional, HCC, or health care system-wide priorities, and are in line with ASPR's four health care preparedness and response capabilities. However, though coalitions should support other preparedness efforts, funding to individual health care entities is **not** permitted to be used to meet CMS CoPs, including for the CMS EP Rule.

HCCs should expect covered health care entities to contact them asking for assistance, including the following examples:

- Obtaining copies of the coalition or regionally conducted hazard vulnerability analysis or risk assessments (or to be included in future assessments).

- Identifying examples of plans, policies, and procedures that are frequently used or accepted by other entities within those coalitions.

- Engaging in training and exercises conducted by coalitions or coalition members.

- Exploring participation in or leveraging of shared services, such as communications systems, patient tracking systems, and other jointly used equipment and supplies.

- Providing basic information on emergency preparedness and healthcare system preparedness.

- Providing technical assistance support to help meet conditions of the CMS EP Rule. Though HPP funding may not be provided to individual health care entities to meet these requirements, HCCs can provide technical assistance such as:

  o Developing emergency plans. HCCs are permitted to use HPP funding to develop the staffing capacity and technical expertise to assist their members with this

requirement. An alternative would be to contract or use membership fees from the covered entities to support this capacity and expertise.

- o Developing standard policies and procedures. HCCs are permitted to use HPP funding for the staffing capacity and technical expertise to assist their members with this requirement so long as the HCC can do so and still fulfill the cooperative agreement capabilities.

- o Developing a communication plan that integrates with the HCC's communications policies and procedures. HCCs are permitted to use HPP funding for costs associated with adding new providers and suppliers to their HCC who are seeking to join coalitions to coordinate patient care across providers, public health departments, and emergency systems (e.g., hiring additional staff to coordinate with the new members, providing communications equipment and platforms to new members, conducting communications exercises, securing meeting spaces, etc.). The HCC should carefully consider whether equipment costs directly support the cooperative agreement capabilities and coordination of patient care. Coalitions should carefully weigh the costs and benefits of including new members in communications systems, as well as the sustainability of these commitments. Information sharing systems used for covered partners that do not provide acute/ emergency care may be different than those used with core partners.

- o Plan for and conduct education, trainings, and exercises at the regional or HCC level, but not facility level.

The new CMS EP Rule should prompt HCCs to proactively engage the new provider types and offer assistance. HCCs are encouraged to engage in community activities and provide support to the community response framework. They can serve as a key resource for newly covered providers. However, due to the breadth of the new provider types, coalitions must be deliberate about defining the boundaries of this support under the cooperative agreement. They should also explore opportunities for investment in the coalition by collaborating and working with the newly covered providers (e.g., new membership fees, developing contract agreements for training or exercises).

Emergency Managers and Public Health Preparedness Professionals (Updated January 5, 2017)

Like HCCs, Health Department Preparedness Offices and Emergency Management Agencies are not covered entities under this rule, but should play a role in supporting covered entities.

T R A C I E
HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY

Emergency Managers should be an accessible source of preparedness and response best practices for newly engaged provider types as they adapt to the new requirements. They should also play a role in assisting facilities with closing planning gaps, accessing training, participating in planned community exercises, as well as assuring integration with other community partners.

Emergency Managers should expect covered health care entities to contact them asking for assistance, including the following examples:

- Obtaining copies of the jurisdiction or regional hazard vulnerability analysis or risk assessments (or to be included in future assessments).

- Identifying examples of plans, policies, and procedures that are frequently used or accepted by other entities within the jurisdiction.

- Engaging in training and exercises conducted by the jurisdiction.

- Exploring participation in or leveraging of shared services, such as communications systems, patient tracking systems, and other jointly used equipment and supplies by partners within the jurisdiction.

- Providing basic information on emergency preparedness and healthcare system preparedness.

ASPR TRACIE Resources

ASPR TRACIE has developed a number of general healthcare emergency preparedness and facility-specific resources that can help facilitate compliance with the rule. These resources, along with any new or updated resources, are available on the ASPR TRACIE-dedicated CMS Emergency Preparedness Rule page located at asprtracie.hhs.gov/cmsrule.

General Emergency Management Resources (listed alphabetically)

- Access and Functional Needs Topic Collection
- ASPR TRACIE Evaluation of Hazard Vulnerability Assessment Tools
- CMS Emergency Preparedness Rule General Briefing Slides (updated January 5, 2017)
- Communication Systems Topic Collection
- Continuity of Operations (COOP)/Failure Plan Topic Collection
- Crisis Standards of Care Topic Collection
- Emergency Operations Plans/Emergency Management Program Topic Collection
- Exercise Program Topic Collection
- Hazard Vulnerability/Risk Assessment Topic Collection

- Healthcare Coalition Models and Functions Topic Collection
- Information Sharing Topic Collection
- Incident Management Topic Collection
- Recovery Planning Topic Collection

Provider- and Supplier-Specific Resources

- Ambulatory Care and Federally Qualified Health Centers Topic Collection
- Dialysis Centers Topic Collection
- Homecare Topic Collection
- Long-Term Care Facilities Topic Collection

Hospital-Specific Resources
- Healthcare Facility Evaluation/Sheltering Topic Collection
- Hospital Surge Capacity and Immediate Bed Availability Topic Collection
- Hospital Victim Decontamination Topic Collection

ASPR TRACIE Technical Assistance Requests (updated February 3, 2017)

Since the rule was released on September 8, 2016, ASPR TRACIE has received more than 190 requests for technical assistance on CMS-related issues. Most of the questions asked have been addressed in this document, but Appendix A includes specific TA responses related to preparedness for Federally Qualified Health Centers and Ambulatory Surgical Centers that may be of benefit to ASPR TRACIE stakeholders. The chart below provides a summary of additional TA requests that are available in the ASPR TRACIE Information Exchange (requires a free registration).

Sample #	Summary of Request	Summary of Response
1	Requestor is seeking sample emergency operations plans and policies for a Federally Qualified Health Centers (FQHC). *Included in this document.*	The ASPR TRACIE Team provided resources specific to FQHCs in the following categories: Plans, Tools, and Templates; and Guidance Resources. Related Topic Collections: Emergency Operations Plans/ Emergency Management Program and Ambulatory Care and Federally-Qualified Health Centers.

T R A C I E
HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY

Sample #	Summary of Request	Summary of Response
2	Requestor asked for Ambulatory Surgical Center (ASC) templates to help her organization develop or update their plans. *Included in this document.*	The ASPR TRACIE Team provided resources specific to ASCs in the following categories: Plans, Tools, and Templates; and Guidance Resources. Related Topic Collections: Emergency Operations Plans/ Emergency Management Program and Ambulatory Care and Federally-Qualified Health Centers.
3	Requestor asked for plans, templates, models, and other resources for multiple, separately certified facilities integrated under a unified emergency preparedness program. *Available on the Information Exchange.*	The ASPR TRACIE Team researched resources related to integrated health systems, including those in the Emergency Operations Plans/ Emergency Management Program Topic Collection. The ASPR TRACIE Team also reached out to several ASPR TRACIE Subject Matter Expert (SME) Cadre members for resources and feedback.
4	Requestor asked for communication plan templates to help her organization begin working on the new CMS EP Rule requirements. *Available on the Information Exchange.*	The ASPR TRACIE Team researched several emergency planning resources related to communications, including the Communication Systems Topic Collection. The resources are categorized as follows: Plans, Tools, and Templates; Guidance Resources; and Other Resources.
5	Requestor is seeking communication plans for hospice organizations, and what is the rule when it comes to HIPAA (Health Insurance Portability and Accountability Act) protection during a disaster. *Available on the Information Exchange.*	The ASPR TRACIE Team researched several emergency planning resources related to communications, as well as homecare/ hospice-specific planning resources. In addition, the ASPR TRACIE Team researched materials related to HIPAA. Additional resources related to these topics can be found in the following Topic Collections: Communication Systems , Emergency Operations Plans/ Emergency Management Program, and the Homecare and Hospice.

TRACIE
HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY

Sample #	Summary of Request	Summary of Response
6	Requestor asked for clarification on the difference between a HVA, BIA, and a COOP Plan in response to meeting the new CMS EP Rule requirements (Note: Several questions were asked in this TA). *Available on the Information Exchange.*	ASPR TRACIE provided definitions and clarification on the various terms, and followed up with CMS for a response.
7	Requestor asked for templates and other developed outreach materials, referencing the new CMS EP rule, to encourage new healthcare providers to join their HCC, as well as expand the involvement of current members. *Available on the Information Exchange.*	The ASPR TRACIE Team reached out to several ASPR TRACIE SME Cadre members for feedback and resources on HCC outreach/ recruitment materials.
8	Requestor is seeking Memoranda of Understanding (MOU) templates for various CMS requirements (e.g., alternate treatment sites, child care, elder care, pet care, food supply delivery, alternate sheltering of employees). *Available on the Information Exchange.*	The ASPR TRACIE Team researched and provided several resources for MOUs on various emergency preparedness topics.
9	Requestor is seeking agreement letters, Memoranda of Understanding (MOUs), and other resources for vendors in response to the new CMS EP Rule requirements. *Available on the Information Exchange.*	ASPR TRACIE researched several resources for agreement letters, MOUs, and other templates between vendors and healthcare facilities. We also reached out to CMS for a response.

T R A C I E
HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY

Quick Links

These links provide the most critical information related to the CMS Emergency Preparedness Rule:

- Federal Register Notice CMS Final Rule
- CMS Survey and Certification Group Emergency Preparedness Program
- ASPR TRACIE CMS Resources
- CMS Emergency Preparedness Rule General Briefing Slides (Updated January 5, 2017)
- CMS At A Glance Chart with High Level Requirements by Provider Type
- 17 Provider and Supplier Type Descriptions
- CMS Frequently Asked Questions – Round 1 (updated November 2, 2016)
- CMS Frequently Asked Questions – Round 2 (updated January 5, 2017)
- CMS Frequently Asked Questions – Round 3 (updated January 5, 2017)
- CMS Frequently Asked Questions – Round 4 (updated February 3, 2017)
- CMS Frequently Asked Questions – Round 4 Definitions (updated February 3, 2017)
- Yale New Haven CMS EP Rule Accreditation Crosswalk (updated February 3, 2017)

NOTICE: ASPR TRACIE developed this Resources at Your Fingertips document to provide easy to understand information and quick references for those affected by the CMS Emergency Preparedness Rule. This document is not meant to be an exhaustive list of requirements nor should it serve as a substitute for the regulatory text, the interpretive guidance, the State Operations Manual, or consultation with State Survey Agencies and CMS.

This document will be updated regularly as new information and resources are developed.

T R A C I E
HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY

Appendix A: Sample Technical Assistance (TA) Responses for ASCs and FQHCs

ASPR TRACIE Technical Assistance Sample 1

Request:

Requestor is seeking sample emergency operations plans and policies for a Federally Qualified Health Centers (FQHC).

Response:

The ASPR TRACIE Team researched several emergency planning resources related to FQHCs. These materials are provided in the sections below and are categorized as follows: Plans, Tools, and Templates; and Guidance Resources.

The ASPR TRACIE Team also reviewed several completed and in-progress Topic Collections, including the Emergency Operations Plans/ Emergency Management Program Topic Collection and the Ambulatory Care and Federally-Qualified Health Centers Topic Collection. A list of comprehensively developed Topic Collections can be found here: https://asprtracie.hhs.gov/technical-resources/topic-collection.

I.   Plans, Tools, and Templates

California EMS Authority and California Primary Care Association. (2004). Community Clinic and Health Center Emergency Operations Plan. California Clinic Emergency Preparedness Project.

Healthcare emergency planners can use this template to develop or maintain an existing emergency management program. The template includes the language, procedures, policies, and forms needed to create a comprehensive plan. Note: This resource is older than 10 years old, but may still be helpful.

Columbia University School of Nursing, Center for Health Policy, and New York Consortium for Emergency Preparedness Continuing Education. (2007). Emergency Preparedness Toolkit for Community Health Centers & Community Practice Sites. Arizona Alliance for Community Health Centers.

This toolkit is intended to be used by leadership of community practice sites (including community health centers, group practices, and specialty care practices) to assess vulnerability; create an emergency preparedness plan; train staff to the plan; and evaluate the staff's readiness through participation in drill and exercises. It also provides guidance and tools for connecting with local emergency management planners to better

understand how a community practice site's resources and expertise can be used during an emergency response.

Lee County, Florida, Emergency Management. (2014). CEMP Criteria for Ambulatory Surgery Centers.

This checklist contains the required elements for a comprehensive emergency management plan, as well as guidance on the plan format, for ambulatory surgery centers in Florida. It may be used as a reference by other facilities to help develop their plans.

National Healthcare for the Homeless Council. (n.d.). Community Health Center Emergency Planning Guidelines. (Accessed 9/2/2016.)

Emergency management staff can use this template (available in Microsoft Word) to develop community health center plans.

Palm Beach County, Florida. (2014). Cross-Reference for Comprehensive Emergency Plan Ambulatory Surgical Centers.

This checklist was designed to help ambulatory surgical centers confirm that they have all required elements in their emergency operations plans to receive certification by their local emergency management agency. It may be used as a reference by other facilities to help develop their plans.

U.S. Department of Health and Human Services, Health Resources & Services Administration. (2016). Form 10: Emergency Preparedness Report.

This form, which is also part of the Health Resources & Services Administration's Health Center Program Site Visit Guide, can be used by health centers when preparing their annual emergency preparedness and management reports. The form can also serve as a short checklist of emergency preparedness activities a health center should undertake.

II.   Guidance Resources

Bureau of Primary Health Care. (2016). Draft Health Center Program Compliance Manual. Health Resources and Services Administration.

This draft "Compliance Manual" can help health centers understand and demonstrate compliance with Health Center Program requirements.

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INFORMATION GATEWAY

Centers for Medicare & Medicaid Services. (2015). Effective Health Care Provider Emergency Planning.

    This toolkit provides a variety of information and numerous links to resources that can assist healthcare centers in the emergency planning process. Guidance on the Centers for Medicare and Medicaid Survey and Certification Process is also provided (note: new regulations released in 2016).

Mid-Atlantic Association of Community Health Centers. (2014). Health Center Guide to Emergency Preparedness.

    This website provides an overview of, and links to resources specific to, emergency preparedness for health centers. The site also includes a "Preparedness Toolbox," which contains links to helpful resources.

National Association of Community Health Centers. (2007). Emergencies Happen: An In-Depth Guide to Emergency Management for Health Centers.

    This guide provides health centers with information and resources to assist health centers in developing and implementing an all-hazards-focused emergency management component to their established risk management program.

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INFORMATION GATEWAY

ASPR TRACIE Technical Assistance Sample 2

Request:

Requestor asked for Ambulatory Surgical Center (ASC) templates to help her organization develop or update their plans.

Response:

The ASPR TRACIE Team researched several emergency planning resources related to ASC. These materials are provided in the sections below and are categorized as follows: Plans, Tools, and Templates; and Guidance Resources.

The ASPR TRACIE Team also reviewed several completed and in-progress Topic Collections, including the Emergency Operations Plans/ Emergency Management Program Topic Collection and the Ambulatory Care and Federally-Qualified Health Centers Topic Collection. A list of comprehensively developed Topic Collections can be found here: https://asprtracie.hhs.gov/technical-resources/topic-collection. https://asprtracie.hhs.gov/technical-resources/topic-collection.

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Healthcare emergency planners can use this template to develop or maintain an existing emergency management program. The template includes the language, procedures, policies, and forms needed to create a comprehensive plan. Note: This resource is older than 10 years old, but may still be helpful.

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TRACIE
HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY

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> This website provides an overview of, and links to resources specific to, emergency preparedness for health centers. The site also includes a "Preparedness Toolbox," which contains links to helpful resources.

National Association of Community Health Centers. (2007). Emergencies Happen: An In-Depth Guide to Emergency Management for Health Centers.

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INFORMATION GATEWAY