

2016 Final CMS Rules vs. Joint Commission Requirements

Final CMS Rules	Current CMS Rules	Joint Commission Requirements
Emergency Plan (a)		
<p>Emergency Plan: The hospital must develop and maintain an emergency preparedness plan that must be reviewed and updated at least annually. The plan must do the following:</p>	<p>§482.41 The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community.</p>	<p>EM.02.01.01: The hospital has an Emergency Operations Plan. Note: The hospital's Emergency Operations Plan (EOP) is designed to coordinate its communications, resources and assets, safety and security, staff responsibilities, utilities, and patient clinical and support activities during an emergency (refer to Standards EM.02.02.01, EM.02.02.03, EM.02.02.05, EM.02.02.07, EM.02.02.09, and EM.02.02.11).</p>
<p>(1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.</p>		<p>EM.01.01.01: The hospital engages in planning activities prior to developing its written Emergency Operations Plan.</p> <p>EM.01.01.01: 2 The hospital conducts a hazard vulnerability analysis (HVA) to identify potential emergencies that could affect demand for the hospital's services or its ability to provide those services, the likelihood of those events occurring, and the consequences of those events. The findings of this analysis are documented. (See also EM.03.01.01, EP 1; IC.01.06.01, EP 4)</p> <p>EM.01.01.01: 3 The hospital, together with its community partners, prioritizes the potential emergencies identified in its hazard vulnerability analysis (HVA) and documents these priorities.</p> <p>EM.03.01.01 1 The hospital conducts an annual review of its risks, hazards, and potential emergencies as defined in its hazard vulnerability analysis (HVA). The findings of this review are documented. (See also EM.01.01.01, EPs 2 and 4)</p>

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(2) Include strategies for addressing emergency events identified by the risk assessment.		<p>EM.01.01.01: 5 The hospital uses its hazard vulnerability analysis as a basis for defining mitigation activities (that is, activities designed to reduce the risk of and potential damage from an emergency).</p> <p>EM.01.01.01: 6 The hospital uses its hazard vulnerability analysis as a basis for defining the preparedness activities that will organize and mobilize essential resources. (See also IM.01.01.03, EPs 1-4)</p>
(3) Address patient population, including, but not limited to, persons at risk; the type of services the hospital has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.		<p>EM.02.01.01: 2 The hospital develops and maintains a written Emergency Operations Plan that describes the response procedures to follow when emergencies occur. (See also EM.03.01.03, EP 5)</p> <p>Note: The response procedures address the prioritized emergencies but can also be adapted to other emergencies that the hospital may experience. Response procedures could include the following:</p> <ul style="list-style-type: none"> - Maintaining or expanding services - Conserving resources - Curtailing services - Supplementing resources from outside the local community - Closing the hospital to new patients - Staged evacuation - Total evacuation
(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 hospital's efforts to contact such officials and, when applicable, its participation in collaborative and cooperative planning efforts.		<p>EM.01.01.01: 4 The hospital communicates its needs and vulnerabilities to community emergency response agencies and identifies the community's capability to meet its needs. This communication and identification occur at the time of the hospital's annual review of its Emergency Operations Plan and whenever its needs or vulnerabilities change. (See also EM.03.01.01, EP 1)</p> <p>EM.01.01.01: 7 The hospital's incident command structure is integrated into and consistent with its community's command structure.</p>

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Policies and Procedures (b)		
The hospital 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. At minimum, the policies and procedures must address the following:		
(1) The provision of subsistence needs for staff and patients, whether they evacuate or shelter in place, include, but are not limited to the following:		<p>EM.02.01.01: 3 The Emergency Operations Plan identifies the hospital's capabilities and establishes response procedures for when the hospital cannot be supported by the local community in the hospital's efforts to provide communications, resources and assets, security and safety, staff, utilities, or patient care for at least 96 hours.</p> <p>Note: Hospitals are not required to stockpile supplies to last for 96 hours of operation.</p>
(i) Food, water, medical and pharmaceutical supplies.		<p>EM.02.02.03: 1 The Emergency Operations Plan describes the following: How the hospital will obtain and replenish medications and related supplies that will be required throughout the response and recovery phases of an emergency, including access to and distribution of caches that may be stockpiled by the hospital, its affiliates, or local, state, or federal sources.</p> <p>EM.02.02.03: 2 The Emergency Operations Plan describes the following: How the hospital will obtain and replenish medical supplies that will be required throughout the response and recovery phases of an emergency, including personal protective equipment where required.</p> <p>EM.02.02.07 5 The Emergency Operations Plan describes how the hospital will manage staff support needs (for example, housing, transportation, incident stress debriefing).</p> <p>EM.02.02.09 3 As part of its Emergency Operations Plan, the hospital identifies alternative means of providing the following: Water needed for consumption and essential care activities. 4 As part of its Emergency Operations Plan, the hospital identifies alternative means of providing the following: Water needed for equipment and sanitary purposes.</p> <p>EM.02.02.11 The Emergency Operations Plan describes the following: How the hospital will manage the personal hygiene and sanitation needs of its patients.</p>

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(ii) Alternate sources of energy to maintain the following:		
(A) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions.	<p>§482.41 There must be proper ventilation, light, and temperature controls in pharmaceutical, food preparation, and other appropriate areas.</p> <p>§482.41 Facilities, supplies, and equipment must be maintained to ensure an acceptable level of safety and quality.</p> <p>§482.42 The hospital must provide a sanitary environment to avoid sources and transmission of infections and communicable diseases.</p>	<p>EM.02.02.09: 2 As part of its Emergency Operations Plan, the hospital identifies alternative means of providing the following: Electricity.</p> <p>EM.02.02.09: 7 As part of its Emergency Operations Plan, the hospital identifies alternative means of providing the following: Utility systems that the hospital defines as essential (for example, vertical and horizontal transport, heating and cooling systems, and steam for sterilization).</p>
(B) Emergency lighting.	<p>§482.41 There must be emergency power and lighting in at least the operating, recovery, intensive care, and emergency rooms, and stairwells. In all other areas not serviced by the emergency supply source, battery lamps and flashlights must be available.</p>	<p>EM.02.02.09: 7 As part of its Emergency Operations Plan, the hospital identifies alternative means of providing the following: Utility systems that the hospital defines as essential (for example, vertical and horizontal transport, heating and cooling systems, and steam for sterilization).</p>
(C) Fire detection, extinguishing, and alarm systems.	<p>§482.41 The hospital must meet the applicable provisions and must proceed in accordance with the Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4.) Outpatient surgical departments must meet the provisions applicable to Ambulatory Health Care Occupancies, regardless of the number of patients served.</p>	<p>EC.02.05.03 1 The hospital provides emergency power for the following: Alarm systems, as required by the Life Safety Code.</p> <p>Note: For guidance in establishing a reliable emergency power system (that is, an essential electrical distribution system), see NFPA 99, 1999 edition (Section 12-3.3).</p> <p>EC.02.05.03 3</p> <p>The hospital provides emergency power for the following: Emergency communication systems, as required by the Life Safety Code. Note: For guidance in establishing a reliable emergency power system (that is, an essential electrical distribution system), see NFPA 99, 1999 edition (Section 12-3.3).</p>

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(D) Sewage and waste disposal.		EM.02.02.05: 4 The Emergency Operations Plan describes the following: How the hospital will manage hazardous materials and waste.
(2) A system to track the location of on-duty staff and patients in the hospital's care both during and after the emergency. If on-duty staff and sheltered patients are relocated during the emergency, the hospital must document the specific name and location of the receiving facility or other location.		EM.02.02.03: 9 The Emergency Operations Plan describes the following: The hospital's arrangements for transporting some or all patients, their medications, supplies, equipment, and staff to an alternative care site(s) when the environment cannot support care, treatment, and services (See also EM.02.02.11, EP 3).
(3) Safe evacuation from the hospital, which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s); and primary and alternate means of communication with external sources of assistance.	§482.41 The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community	EM.02.02.03 9 The Emergency Operations Plan describes the following: The hospital's arrangements for transporting some or all patients, their medications, supplies, equipment, and staff to an alternative care site(s) when the environment cannot support care, treatment, and services. (See also EM.02.02.11, EP 3) EM.02.02.11: 3 The Emergency Operations Plan describes the following: How the hospital will evacuate (from one section or floor to another within the building, or, completely outside the building) when the environment cannot support care, treatment, and services. (See also EM.02.02.03, EPs 9 and 10)
(4) A means to shelter in place for patients, staff, and volunteers who remain in the facility.		
(5) A system of medical documentation that preserves patient information, protects confidentiality of patient information, and ensures records are secure and readily available.		EM.02.02.03: 10 The Emergency Operations Plan describes the following: The hospital's arrangements for transferring pertinent information, including essential clinical and medication-related information, with patients moving to alternative care sites. (See also EM.02.02.11, EP 3)

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<p>(6) The use of volunteers in an emergency and other emergency staffing strategies, including the process and role for integration of state- and federally-designated healthcare professionals to address surge needs during an emergency.</p>		<p>EM.02.02.07: 9 The Emergency Operations Plan describes how the hospital will identify licensed independent practitioners, staff, and authorized volunteers during emergencies. (See also EM.02.02.13, EP 3; EM.02.02.15, EP 3) Note: This identification could include identification cards, wristbands, vests, hats, or badges. EM.02.02.15: During disasters, the hospital may assign disaster responsibilities to volunteer practitioners who are not licensed independent practitioners, but who are required by law and regulation to have a license, certification, or registration. EM.02.02.13: During disasters, the hospital may grant disaster privileges to volunteer licensed independent practitioners.</p>
<p>(7) The development of arrangements with other hospitals and other providers to receive patients in the event of limitations or cessation of operations to ensure the continuity of services to hospital patients.</p>		<p>EM.02.02.11: 3 The Emergency Operations Plan describes the following: How the hospital will evacuate (from one section or floor to another within the building, or, completely outside the building) when the environment cannot support care, treatment, and services. (See also EM.02.02.03, EPs 9 and 10)</p>
<p>(8) The role of the hospital 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.</p>		

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Communication Plan (c)		
(c) Communication plan. The hospital must develop and maintain an emergency preparedness communication plan that complies with federal, state and local law, and must be reviewed and updated at least annually. The communication plan must include all of the following:		EM.02.02.01: As part of its Emergency Operations Plan, the hospital prepares for how it will communicate during emergencies.
(1) Names and contact information for the following:		
(i) Staff.		EM.02.02.01: 1 The Emergency Operations Plan describes the following: How staff will be notified that emergency response procedures have been initiated.
(ii) Entities providing services under arrangement.		EM.02.02.01: 7 The Emergency Operations Plan describes the following: How the hospital will communicate with suppliers of essential services, equipment, and supplies during an emergency.
(iii) Patients' physicians.		EM.02.02.01: 2 The Emergency Operations Plan describes the following: How the hospital will communicate information and instructions to its staff and licensed independent practitioners during an emergency.

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(iv) Other hospitals and CAHs		<p>EM.02.02.01: 8 The Emergency Operations Plan describes the following: How the hospital will communicate with other healthcare organizations in its contiguous geographic area regarding the essential elements of their respective command structures, including the names and roles of individuals in their command structures and their command center telephone numbers.</p> <p>EM.02.02.01: 9 The Emergency Operations Plan describes the following: How the hospital will communicate with other healthcare organizations in its contiguous geographic area regarding the essential elements of their respective command centers for emergency response.</p> <p>EM.02.02.01: 10 The Emergency Operations Plan describes the following: How the hospital will communicate with other healthcare organizations in its contiguous geographic area regarding the resources and assets that could be shared in an emergency response.</p>
(v) Volunteers.		<p>EM.02.02.13 5 Before a volunteer practitioner is considered eligible to function as a volunteer licensed independent practitioner, the hospital obtains his or her valid government-issued photo identification (for example, a driver's license or passport) and at least one of the following:</p> <ul style="list-style-type: none"> - A current picture identification card from a healthcare organization that clearly identifies professional designation - A current license to practice - Primary source verification of licensure - Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT), the Medical Reserve Corps (MRC), the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), or other recognized state or federal response organization or group - Identification indicating that the individual has been granted authority by a government entity to provide patient care, treatment, or services in disaster circumstances - Confirmation by a licensed independent practitioner currently privileged by the hospital or by a staff member with personal knowledge of the volunteer practitioner's ability to act as a licensed independent practitioner during a disaster

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(2) Contact information for the following:		
(i) Federal, State, tribal, regional, and local emergency preparedness staff.		EM.02.02.01: 3 The Emergency Operations Plan describes the following: How the hospital will notify external authorities that emergency response measures have been initiated. EM.02.02.01: 4 The Emergency Operations Plan describes the following: How the hospital will communicate with external authorities during an emergency.
(ii) Other sources of assistance.		
(3) Primary and alternate means for communicating with the following:		
(i) Hospital's staff.		EM.02.02.01: 14 The hospital establishes backup systems and technologies for the communication activities identified in EM.02.02.01, EPs 1-13.
(ii) Federal, State, tribal, regional, and local emergency management agencies.		EM.02.02.01: 14 The hospital establishes backup systems and technologies for the communication activities identified in EM.02.02.01, EPs 1-13.
(4) A method for sharing information and medical documentation for patients under the hospital's care, as necessary, with other healthcare providers to ensure continuity of care.		EM.02.02.01: 11 The Emergency Operations Plan describes the following: How and under what circumstances the hospital will communicate the names of patients and the deceased with other healthcare organizations in its contiguous geographic area. EM.02.02.01: 12 The Emergency Operations Plan describes the following: How, and under what circumstances, the hospital will communicate information about patients to third parties (such as other healthcare organizations, the state health department, police, and the Federal Bureau of Investigation [FBI]).
(5) A means, in the event of an evacuation, to release patient information as permitted under 45 CFR 164.510(b)(1)(ii).		EM.02.02.01: 11 The Emergency Operations Plan describes the following: How and under what circumstances the hospital will communicate the names of patients and the deceased with other healthcare organizations in its contiguous geographic area. EM.02.02.01: 12 The Emergency Operations Plan describes the following: How, and under what circumstances, the hospital will communicate information about patients to third parties (such as other healthcare organizations, the state health department, police, and the Federal Bureau of Investigation [FBI]).

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(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).		EM.02.02.01: 5 The Emergency Operations Plan describes the following: How the hospital will communicate with patients and their families, including how it will notify families when patients are relocated to alternative care sites.
(7) A means of providing information about the hospital's occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee.		<p>EM.02.02.01: 3 The Emergency Operations Plan describes the following: How the hospital will notify external authorities that emergency response measures have been initiated.</p> <p>EM.02.02.01: 4 The Emergency Operations Plan describes the following: How the hospital will communicate with external authorities during an emergency.</p> <p>EM.02.02.01: 8 The Emergency Operations Plan describes the following: How the hospital will communicate with other healthcare organizations in its contiguous geographic area regarding the essential elements of their respective command structures, including the names and roles of individuals in their command structures and their command center telephone numbers.</p> <p>EM.02.02.01: 9 The Emergency Operations Plan describes the following: How the hospital will communicate with other healthcare organizations in its contiguous geographic area regarding the essential elements of their respective command centers for emergency response</p> <p>EM.02.02.01: 10 The Emergency Operations Plan describes the following: How the hospital will communicate with other healthcare organizations in its contiguous geographic area regarding the resources and assets that could be shared in an emergency response.</p>

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Training and Testing (d)		
The hospital 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.		
(1) Training program. The hospital 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.		EM.02.02.07: 7 The hospital trains staff for their assigned emergency response roles.
(ii) Provide emergency preparedness training at least annually.		
(iii) Maintain documentation of the training.		
(iv) Demonstrate staff knowledge of emergency procedures.		
(2) Testing		
The hospital must conduct exercises to test the emergency plan at least annually. The hospital must do all of the following:		EM.03.01.03: The organization conducts exercises to assess the Emergency Operations Plan’s appropriateness; adequacy; and the effectiveness of logistics, human resources, training, policies, procedures, and protocols. Exercises should stress the limits of the plan to support assessment of the organization’s preparedness and performance. The design of the exercise should reflect likely disasters but should test the organization’s ability to respond to the effects of emergencies on its capabilities to provide care, treatment, and services.

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<p>(i) Participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based exercise. If the hospital experiences an actual natural or man-made emergency that requires activation of the emergency plan, the hospital is exempt from engaging in a community-based or individual, facility-based full-scale exercise for one year following the onset of the actual event.</p>		<p>EM.03.01.03: 1 As an emergency response exercise, the hospital activates its Emergency Operations Plan twice a year at each site included in the plan. Note 1: If the hospital activates its Emergency Operations Plan in response to one or more actual emergencies, these emergencies can serve in place of emergency response exercises.</p>
<p>(ii) Conduct an additional exercise that may include, but are not limited to the following:</p> <p>(A) A second full-scale exercise that is community-based or individual, facility-based.</p> <p>(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.</p>		<p>EM.03.01.03: 4 For each site of the hospital with a defined role in its community's response plan, at least one of the two emergency response exercises includes participation in a community-wide exercise.</p> <p>EM.03.01.03: 5 Emergency response exercises incorporate likely disaster scenarios that allow the hospital to evaluate its handling of communications, resources and assets, security, staff, utilities, and patients. (See also EM.02.01.01, EP 2)</p>

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<p>(iii) Analyze the hospital's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the hospital's emergency plan, as needed.</p>		<p>EM.03.01.03: 6 The hospital designates an individual(s) whose sole responsibility during emergency response exercises is to monitor performance and document opportunities for improvement.</p> <p>EM.03.01.03: 7 During emergency response exercises, the hospital monitors the effectiveness of internal communication and the effectiveness of communication with outside entities such as local government leadership, police, fire, public health officials, and other healthcare organizations.</p> <p>EM.03.01.03: 16 The hospital modifies its Emergency Operations Plan based on its evaluation of emergency response exercises and responses to actual emergencies.</p>

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Emergency and standby power systems (e)		
<p>The hospital must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section and in the policies and procedures plan set forth in paragraphs (b)(1)(i) and (ii) of this section.</p>		<p>EM.02.02.09: As part of its Emergency Operations Plan, the hospital prepares for how it will manage utilities during an emergency.</p> <p>EM.02.02.09: 2 As part of its Emergency Operations Plan, the hospital identifies alternative means of providing the following: Electricity.</p> <p>EM.02.02.09: 6 As part of its Emergency Operations Plan, the hospital identifies alternative means of providing the following: Medical gas/vacuum systems.</p> <p>EM.02.02.09: 7 As part of its Emergency Operations Plan, the hospital identifies alternative means of providing the following: Utility systems that the hospital defines as essential (for example, vertical and horizontal transport, heating and cooling systems, and steam for sterilization).</p> <p>EM.02.02.09: 8 The hospital implements the components of its Emergency Operations Plan that require advance preparation to provide for utilities during an emergency.</p>
<p>(1) The generator must be located in accordance with the location requirements found in the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5, and TIA 12-6), Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4), and NFPA 110, when a new structure is built or when an existing structure or building is renovated.</p>		

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<p>(2) The hospital must implement the emergency power system inspection, testing, and maintenance requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code.</p>		<p>EC.02.05.07: 5 The monthly tests for diesel-powered emergency generators are conducted with a dynamic load that is at least 30% of the nameplate rating of the generator or meets the manufacturer’s recommended prime movers’ exhaust gas temperature. If the hospital does not meet either the 30% of nameplate rating or the recommended exhaust gas temperature during any test in EC.02.05.07, EP 4, then it must test the emergency generator once every 12 months using supplemental (dynamic or static) loads of 25% of nameplate rating for 30 minutes, followed by 50% of nameplate rating for 30 minutes, followed by 75% of nameplate rating for 60 minutes, for a total of two continuous hours. Note: Tests for non–diesel-powered generators need only be conducted with available load.</p> <p>EC.02.05.07: 7 At least once every 36 months, hospitals with a generator providing emergency power for the services listed in EC.02.05.03, EPs 5 and 6, test each emergency generator for a minimum of four continuous hours. The completion date of the tests is documented. Note: For additional guidance, see NFPA 110, 2005 edition, Standard for Emergency & Standby Power Systems.</p> <p>EC.02.05.07:8 The 36-month diesel-powered emergency generator test uses a dynamic or static load that is at least 30% of the nameplate rating of the generator or meets the manufacturer’s recommended prime movers' exhaust gas temperature. Note: Tests for non–diesel-powered generators need only be conducted with available load.</p>
<p>(3) Hospitals that maintain an onsite fuel source to power emergency generators must have a plan for how it will keep emergency power systems operational during the emergency, unless it evacuates.</p>	<p>§482.41 (2) There must be facilities for emergency gas and water supply.</p>	<p>EM.02.02.09: 5 As part of its Emergency Operations Plan, the hospital identifies alternative means of providing the following: Fuel required for building operations, generators, and essential transport services that the hospital would typically provide.</p>

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Integrated Healthcare Systems (f)		
If a hospital 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 hospital may choose to participate in the healthcare system’s coordinated emergency preparedness program. If elected, the unified and integrated emergency preparedness program must:		
(1) Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness 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 emergency preparedness program and is in compliance with the program.		
(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.		

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(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.		

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Transplant Hospitals (g)		
If a hospital has one or more transplant centers (as defined in § 482.70)		
(1) A representative from each transplant center must be included in the development and maintenance of the hospital's emergency preparedness program		
(2) The hospital must develop and maintain mutually agreed upon protocols that address the duties and responsibilities of the hospital, each transplant center, and the OPO for the DSA where the hospital is situated, unless the hospital has been granted a waiver to work with another OPO, during an emergency.		