Continuity Hub • Survey-Ready Working Pack ($7)

Section 1: CMS Emergency Operations Plan (EOP) Readiness Checklist

Current version — Oct 31, 2026
Update history: continuityhub.org/healthcare-continuity-compliance-cms-joint-commission-hipaa/

Facility Name:	CMS Provider #:	Date of Audit:
.....	.....	.....

CMS CONDITIONS OF PARTICIPATION (42 CFR §§ 482, 483, 460, 486) • CORE EOP AUDIT

CONDITION-LEVEL GUARD

CMS Core Dimension	Regulatory Requirement & Evidence Expectation	Status	Audit Notes / Ref
1. Governance & EP Committee	Senior leadership oversight established; committee includes clinical, operational, IT, and administrative representatives; external public health integration; periodic reviews documented.	☐ Met ☐ Partial ☐ Unmet	.....
2. All-Hazards EOP Scope	Written comprehensive plan addressing all-hazards scenarios (natural disasters, technological hazards, cyber/ransomware, epidemics, infrastructure failure) impacting facility operations.	☐ Met ☐ Partial ☐ Unmet	.....
3. Incident Command Structure	Formal incident command system with unambiguous lines of authority, emergency leadership succession, designated Incident Commander, and defined operational roles for staff.	☐ Met ☐ Partial ☐ Unmet	.....
4. Continuity of Operations (COOP)	Documented procedures ensuring continuous delivery of essential patient care services during emergencies, preservation of patient life-support systems, and clinical triage rules.	☐ Met ☐ Partial ☐ Unmet	.....
5. Staffing & Critical Supplies	Protocols for sustaining clinical staffing during prolonged emergencies (staff recall, shifts, sleeping quarters) and stockpiles/vendor contracts for pharmaceuticals, food, and water.	☐ Met ☐ Partial ☐ Unmet	.....
6. Utility Failures & Redundancy	Procedures for sudden and extended loss of essential utilities: electrical power, potable water, medical gases, sewage/waste disposal, and telecommunications.	☐ Met ☐ Partial ☐ Unmet	.....
7. Patient Evacuation Protocol	Detailed, orderly evacuation procedures if facility becomes untenable: transport arrangements, tracking patients, transferring clinical records/medications, and destination MOUs.	☐ Met ☐ Partial ☐ Unmet	.....
8. Cybersecurity & Ransomware	Specific IT recovery plans supporting clinical care; verified offline/immutable data backups; ransomware containment procedures; manual clinical documentation workflows.	☐ Met ☐ Partial ☐ Unmet	.....
9. Communication Plan Integration	Comprehensive plan covering staff emergency notification, patient/family updates, media coordination, public health authority reporting, and redundant communication hardware.	☐ Met ☐ Partial ☐ Unmet	.....
10. Survey Readiness Verification	Written EOP is current (annual review signature within 12 months); evidence of committee meetings on file; training/drill records bound and ready for surveyor inspection.	☐ Met ☐ Partial ☐ Unmet	.....

Auditor Attestation: I have verified that all policies, contracts, and procedure binders referenced above are physically located in the Emergency Preparedness Command Archive and comply with CMS CoP requirements.

Lead Auditor Signature:	Title:	Date:
.....	.....	.....

Continuity Hub • Survey-Ready Working Pack ($7)

Section 2: Joint Commission (TJC) Renumbered EM Standards Checklist

Current version — Oct 31, 2026
Update history: continuityhub.org/healthcare-continuity-compliance-cms-joint-commission-hipaa/

Accredited Entity: ..... **TJC Organization ID:** ..... **Review Date:** .....

JOINT COMMISSION EMERGENCY MANAGEMENT CHAPTER (EM.09 – EM.17) CROSSWALK

ACCREDITATION AUDIT

Standard & Topic	Specific Joint Commission Accreditation Requirement	Compliance	Documentation Ref
EM.09.01.01 EM Program	The organization establishes and maintains a comprehensive emergency management program designed to manage the consequences of natural, technological, and human-caused disasters.	☐ Compliant ☐ Gap Identified	.....
EM.10.01.01 Leadership & ICS	Qualified individual designated to lead EM program; Incident Command System (ICS) established with clear lines of authority, defined command roles, and staff awareness of command structure.	☐ Compliant ☐ Gap Identified	.....
EM.11.01.01 Hazard Vulnerability	Hazard Vulnerability Analysis (HVA) conducted; comprehensive all-hazards scope assessing natural, technological, human-caused, and pandemic/biological threat probabilities and impacts.	☐ Compliant ☐ Gap Identified	.....
EM.12.01.01 Emergency Plan	Written EOP reviewed at least annually and after actual emergency events; includes operational procedures under CMS Section 1135 waivers during declared public health emergencies.	☐ Compliant ☐ Gap Identified	.....
EM.12.02.01 Communications	Redundant emergency communication systems; staff notification and rapid recall procedures; protocols for communicating with external agencies, healthcare coalitions, and media.	☐ Compliant ☐ Gap Identified	.....
EM.12.02.03 Staff & Volunteers	Management of clinical staffing during emergencies, volunteer management protocols, and expedited disaster privileging mechanisms for licensed independent practitioners.	☐ Compliant ☐ Gap Identified	.....
EM.13.01.01 Continuity of Ops	Continuity of Operations Plan (COOP) addressing order of succession, delegation of emergency authority, alternate care sites, and vital record protection.	☐ Compliant ☐ Gap Identified	.....
EM.15.01.01 Staff Education	Initial emergency preparedness training during new-hire orientation; annual refresher training for all personnel covering assigned emergency roles and infection control.	☐ Compliant ☐ Gap Identified	.....
EM.16.01.01 EOP Testing	Mandatory 2 exercises per year: one community-based or facility-based functional exercise, plus one additional exercise; targeted departmental drills addressing specific clinical areas.	☐ Compliant ☐ Gap Identified	.....
EM.17.01.01 Program Evaluation	Evaluation of program effectiveness; formal After-Action Reports (AAR) and Improvement Plans (IP) documented following all drills and real emergencies; annual review of EOP.	☐ Compliant ☐ Gap Identified	.....
Utility Systems Emergency Power	Emergency generator systems with capacity to support all critical operations; regular maintenance, testing, and inspection logs; adequate fuel reserves and vendor fuel agreements.	☐ Compliant ☐ Gap Identified	.....

TJC Renumbering Note: The standards above reflect The Joint Commission renumbered EM Chapter structure (EM.09 – EM.17). A compliance crosswalk based on legacy numbers (EM.01 – EM.03) will fail modern TJC surveyor audits. Keep the updated citations aligned with your existing program substance.

Continuity Hub • Survey-Ready Working Pack ($7)

Section 3: HIPAA Security Rule 45 CFR §164.308(a)(7) Contingency Checklist

Current version — Oct 31, 2026
Update history: continuityhub.org/healthcare-continuity-compliance-cms-joint-commission-hipaa/

Covered Entity / Dept:	HIPAA Security Officer:	Audit Date:
.....	.....	.....

HIPAA CONTINGENCY PLANNING STANDARDS (§164.308(A)(7)) • EPHI PROTECTION & RECOVERY

HHS OCR ENFORCED

Contingency Standard	Implementation Specification & Audit Requirement	Audit Status	Evidence Binder
1. Data Backup Plan §164.308(a)(7)(ii)(A) *Required*	Automated daily (or more frequent) backups of all electronic protected health information (ePHI) and critical systems; backup data stored separately from primary systems to protect against facility disaster; secure offsite storage with access control and encryption.	☐ Met ☐ Gap ☐ N/A	.....
2. Backup Testing & Restore §164.308(a)(7)(ii)(A)	Regular test restorations conducted to verify that backup data files are complete, uncorrupted, and can be successfully restored within acceptable clinical recovery timeframes.	☐ Met ☐ Gap ☐ N/A	.....
3. Disaster Recovery Plan §164.308(a)(7)(ii)(B) *Required*	Documented procedures for recovering critical IT systems and clinical data following a disaster; prioritization of system recovery based on clinical criticality; disaster recovery procedures tested at least annually.	☐ Met ☐ Gap ☐ N/A	.....
4. Emergency Mode Operations §164.308(a)(7)(ii)(C) *Required*	Procedures ensuring that operations continue while in emergency mode; security of ePHI is maintained while primary clinical systems and network processing facilities are impaired or offline.	☐ Met ☐ Gap ☐ N/A	.....
5. Emergency Access Procedures §164.308(a)(7)(ii)(E) *Addressable*	Procedures enabling authorized staff to obtain emergency access to ePHI during system failures; manual paper documentation workflows; strict audit trail logging of all emergency overrides; formal termination of emergency access once normal state is restored.	☐ Met ☐ Gap ☐ N/A	.....
6. Testing & Evaluation §164.308(a)(7)(ii)(D) *Addressable*	Annual testing of the overall contingency plan; written documentation of test results including all identified failures, latency bottlenecks, and deficiencies; mandatory remediation before plan is certified adequate; annual plan updates.	☐ Met ☐ Gap ☐ N/A	.....
7. Business Associate Agreements §164.308(b)(1) & §164.314	All vendors/service providers handling ePHI have signed BAAs requiring equivalent contingency planning, regular testing with results supplied upon request, mandatory security incident notification, and secure return/destruction of ePHI at contract termination.	☐ Met ☐ Gap ☐ N/A	.....

Enforcement Warning (HHS OCR): HIPAA Security Rule failures are investigated by the Department of Health and Human Services Office for Civil Rights. Penalties include tiered Civil Monetary Penalties (subject to statutory annual caps and inflation adjustments), criminal prosecution for willful neglect, and multi-year federal Corrective Action Plans with active monitoring.

Annual HIPAA Contingency Certification:
I confirm that the technical and physical safeguards specified in 45 CFR §164.308(a)(7) have been audited, backups verified, and DR testing completed within the trailing 12 months.

HIPAA Security Officer:	Signature:	Date:
.....	.....	.....

Continuity Hub • Survey-Ready Working Pack ($7)

Section 4: Mandatory 2-Exercises-Per-Year Drill & Training Log

Current version — Oct 31, 2026
Update history: continuityhub.org/healthcare-continuity-compliance-cms-joint-commission-hipaa/

Facility:	**Calendar Year:**	**Safety / EP Officer:**
.....	.....	.....

MANDATORY 2-EXERCISES-PER-YEAR COMPLIANCE LOG (CMS & TJC EM.16.01.01)

ANNUAL MANDATE

EXERCISE 1: Community-Based or Facility-Based Functional Exercise

MANDATORY RUN 1

Scheduled Date / Time:	.....	**Exercise Format:**	☐ Community ☐ Facility Functional
Participating Agencies:	..... (Local OEM, Public Health, EMS, Fire, Mutual Aid Facilities)		
Simulated Hazard Scenario:	..... (e.g., Mass Surge, Severe Storm, Evacuation, Infrastructure Loss)		
Departments Activated:	..... (ED, ICU, Admin, Facilities, IT, Nursing, Logistics, Security)		
After-Action Report (AAR):	☐ Completed & Filed Date:	**Improvement Plan (IP):**	☐ Remediations Tracked

EXERCISE 2: Second Mandatory Annual Exercise

MANDATORY RUN 2

Scheduled Date / Time:	.....	**Exercise Format:**	☐ Full-Scale ☐ Functional ☐ Tabletop
Hazard Focus:	..... (Must differ from Exercise 1: e.g., Cyber Attack, Utility Outage, Hazmat)		
Incident Command Tested:	☐ Command Post Activated ☐ Succession Tested ☐ Comms Redundancy Verified		
AAR & Remediation Plan:	☐ AAR Bound & Signed Date:	**EP Committee Review:**	☐ Minutes on File

Targeted Departmental / Unit-Level Drills (Quarterly / Semi-Annual Best Practice)

CMS / TJC Recommendation

Date	Department / Clinical Unit	Scenario Tested	Staff Present	Log Signed
.....	.....	.....	.....	☐
.....	.....	.....	.....	☐
.....	.....	.....	.....	☐

Mandatory Staff Emergency Training Verification Cadence

TRAINING MANDATE

CMS Requirement: Emergency preparedness training at initial hire and at least every 2 years.
Joint Commission EM.15.01.01: Training during new-hire orientation and annual refresher training for all personnel.

☐ **100% Orientation Training:** Documented in HR files for all new hires.

☐ **Refresher Training Rosters:** Signed attendance logs bound for surveyor review.

Facility:	PIO / Comms Officer:	Plan Approval Date:

EMERGENCY COMMUNICATION FRAMEWORK (CMS & TJC EM.12.02.01)

OPERATIONAL PROTOCOL

1. Internal Staff Alert & Emergency Recall System

Primary & Secondary Alert Mechanisms

Primary Alert System:	(e.g., Automated Mass Notification, SMS, App)	**Target Notification Time:**	mins
Backup Alert Method:	(e.g., Phone tree, satellite paging, runners)	**Roster Update Cadence:**	☐ Monthly ☐ Quarterly
Staff Recall Authorization:	(Incident Commander / Chief Medical Officer / Administrator on Call)		

2. External Stakeholders & Public Authorities Directory

Required Coordination Points

Stakeholder Group	Designated Contact / Agency	Primary & Backup Contact Info	Notification Lead
Local Emergency Mgmt (OEM)			Liaison Officer
State Health Department			Compliance Officer
Regional Healthcare Coalition			Incident Commander
Patients & Family Inquiries	(Toll-free hotline / web)		Patient Relations
News Media / Public Info	(Designated spokesperson)		Public Info Officer (PIO)

3. Redundant / Backup Communications Inventory

TJC EM.12.02.01

Hardware / Modality	Location / Unit	Monthly Test Date	Operability Status
Satellite Phones	Incident Command Center		☐ Operational ☐ Impaired
Two-Way UHF/VHF Radios	Nursing Stations / Security		☐ Operational ☐ Impaired
Amateur Radio (HAM) Station	EOC Comm Room		☐ Operational ☐ Impaired
Secondary Cellular Carrier	Command Staff Devices		☐ Operational ☐ Impaired

Continuity Hub • Survey-Ready Working Pack ($7)

Section 6: Utility Systems & IT Recovery Quick-Reference Sheet

Current version — Oct 31, 2026
Update history: continuityhub.org/healthcare-continuity-compliance-cms-joint-commission-hipaa/

Facility:	Facilities Director:	IT Director:
.....	.....	.....

EMERGENCY POWER, UTILITY SAFEGUARDS & IT CONTINGENCY LOG

SURVEY CRITICAL

1. Emergency Generator Maintenance & Fuel Reserves Log

CMS / TJC Power Standard

Generator ID / Capacity:	..... kW / kVA	**Automatic Transfer Switch (ATS):**	☐ Verified (<10 sec)
Weekly Inspection Date:	.....	**Monthly Load Test (30% load):**	..... (Duration: 30+ min)
On-Site Fuel Storage:	..... Gallons (..... hrs run time)	**Emergency Fuel Contract:**	..... (Active Vendor Agreement)

2. HIPAA ePHI Data Backup & Restore Verification Record

HIPAA §164.308

System / Database	Backup Frequency & Storage	Last Test Restore Date	Restore Integrity Result
EHR / Clinical Database	Daily automated / Encrypted Offsite	.....	☐ 100% Verified ☐ Failed
Pharmacy / Medication Dispensing	Daily automated / Separate location	.....	☐ 100% Verified ☐ Failed
PACS / Diagnostic Imaging	Continuous replication / Cloud	.....	☐ 100% Verified ☐ Failed
Active Directory / Credentials	Daily snapshot / Offsite secure	.....	☐ 100% Verified ☐ Failed

3. Healthcare Ransomware Rapid Incident Response Checklist

CMS CYBER REQUIREMENT

Step 1: Immediate Network Isolation

☐ Sever physical Ethernet cables & disable wireless for impacted medical segments.
☐ Do NOT power down affected endpoints (preserves volatile memory for forensics).
☐ Isolate medical device VLANs (infusion pumps, monitors, ventilators).

Step 2: Emergency Clinical Downtime

☐ Activate manual paper chart workflows across all clinical wards.
☐ Deploy printed medication administration records (MAR) from safe backups.
☐ Implement emergency access procedure under HIPAA §164.308(a)(7)(ii)(E).

Step 3: Clean Offline Restoration

☐ Verify backup immutability & confirm snapshots are free of malware infection.
☐ Rebuild domain controllers and clean clinical staging environments first.
☐ Restore ePHI databases in clinical priority order under leadership direction.

Step 4: Mandatory Legal Notifications

☐ Notify HHS OCR per HIPAA Breach Notification Rule.
☐ Coordinate with state health department & local FBI/CISA field office.
☐ Convene executive committee for public communications and patient notices.