The power is out. The emergency generator is running. The storm is forecasted to last several hours. We live in North Dakota. The power outage could be due to a thunderstorm, blizzard, ice storm, flooding, tornadoes, or excessive winds causing downed power lines. Whatever the reason, is your facility prepared to continue to meet the needs of your patients?

You need to relocate your patients to a safe facility elsewhere in North Dakota. Your facility utilizes only electronic medical records (EMR). How will you communicate/inform the receiving facility of each patient’s individualized needs; specifically, medications, allergies and plan of care? It is recommended for facilities that utilize EMRs to have a “hard” copy of each patient’s current list of medications, care plan and physician orders available to send to the receiving facility or to use at their own facility if they are unable to access the patients EMRs.

As facilities move towards implementation of EMRs, it is important to implement plans to ensure the continuity of patient care in the event of a short or prolonged power outage.
actions if state emergency response authorities
determine that they must deploy surveyors to
administer vaccinations and the state has
determined no alternative strategies are
available.

- **S&C 10-04** Waiver To Allow Hospitals To
  Use the National Fire Protection Association
  This memorandum permits hospitals to apply
  the NFPA six-year testing interval for fire and
  smoke dampers in hospital heating and
  ventilating systems, as long as the hospital’s
  testing system conforms to the testing
  requirements under the 2007 edition of NFPA
  80 and NFPA 105.

- **S&C 10-05** EMTALA Regulation Changes
  and H1N1 Pandemic Flu and EMTALA
  Waivers. Oct. 6, 2009
  The Fiscal Year 2010 Inpatient
  Prospective Payment System final rule included
  technical revisions concerning the non-
  applicability of EMTALA sanctions under
  Section 1135(b)(3) of the Social Security Act.
  During a public health emergency, waivers
  under section 1135(b)(3) can provide
  exceptions to penalty for the otherwise
  impermissible redirection or relocation of
  individuals for a medical screening
  examination and for inappropriate transfers.

- **S&C 10-06** Presidential Emergency
  Declaration and HHS Section 1135 Waiver
  Authorization. Nov. 6, 2009
  Secretary Sebelius exercised her waiver
  authority under section 1135 of the Social
  Security Act, effective Oct. 23, 2009. The
  Secretary has delegated to CMS the
determination for a waiver for each case
justified by necessity and extent (other than
for the Health Insurance Portability and
Accountability Act [HIPAA] waivers permitted
under section 1135).

- **S&C 10-09** Revised Hospital Anesthesia
  Services Interpretive Guidelines State Operations
  Manual Appendix A. Dec. 11, 2009
  CMS is clarifying the interpretive guidelines
  concerning the provision of anesthesia services in
  a hospital.

- **S&C 10-10** Critical Access Hospital (CAH)
  Regulatory Changes. Dec. 31, 2009
  On July 31, 2009, CMS issued the final fiscal year
  2010 Inpatient Prospective Payment System rule,
  effective Oct. 1, 2009. The final rule included two
  changes affecting CAHs.

- **S&C 10-14** Guidance to Surveyors Regarding the
  STERIS SYSTEM 1 Sterile Processing System
  (SS1). Apr. 2, 2010
  On Dec. 3, 2009, the FDA issued a Notice and
  Recommendations regarding the SS1. In this notice,
  the FDA reported that modifications by the
  manufacturer to the SS1 system have not been
  approved or cleared. For that reason, the FDA has
  not determined whether the SS1 is safe or effective
  for its labeled claims. The FDA has urged health-
care facilities to find acceptable alternatives to the
  SS1 to meet their sterilization and disinfection needs.

- **S&C 10-18** Revision of SC-04-41, Corridor Widths
  and Corridor Mounted Computer Touch Screens in
  Facilities. May 14, 2010
  This memorandum updates and revises information
  first conveyed in Survey and Certification letter
  04-41, issued on Aug. 12, 2004 by CMS that
  provided guidance on corridor-width requirements
  associated with the installation of wall-mounted
  computer touch screens in health-care facilities.