

RHC Emergency Preparedness (EP) Checklist

The clinic must have an emergency preparedness program that addresses an emergency on-site, off-site (natural disaster) and disruption of service. This program must comply with all applicable Federal, State and local emergency preparedness requirements.

Developing the RHC EP Plan

The clinic must develop and maintain an emergency preparedness plan that is reviewed and updated annually.

The emergency preparedness plan must contain the following elements:

A documented, clinic-based and community-based risk assessment that utilizes an all hazards approach.

Strategies for addressing emergency events identified by the risk assessment.

Addresses patient population, including, but not limited to, the type of services the clinic has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.

A process for cooperation and collaboration with local, tribal, regional, State and Federal emergency preparedness official's efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the clinic's efforts to contact such officials and when, applicable, of its participation in collaborative and cooperative planning efforts.

Is initially formally adopted by key leadership and then updated, at a minimum, annually.

EP Policy and Procedures

The clinic must develop and implement emergency preparedness policies and procedures that are based on its emergency preparedness plan, risk assessment, and communication plan.

The policies and procedures are initially formally adopted and updated, at a minimum, annually.

The policies and procedures include the following elements:

Safe evacuation from the clinic, which includes appropriate placement of exit signs, staff responsibilities and needs of patients.

A means to shelter in place for patients, staff, and volunteers who remain in the clinic.

A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains the availability of patient health records.

The use of volunteers in an emergency or other staffing strategies, including the process and role for integration of State and Federally

designated health care professionals to address surge needs during an emergency.

How refrigerated/frozen medications such as vaccines, etc. are handled in a power outage.

EP Communication Plan

The clinic develops and maintains an emergency communication plan that complies with Federal, State and Local laws.

The clinic's emergency preparedness communication plan is reviewed and updated, at a minimum, annually.

The clinic's communication plan includes the following elements:

Names and contact information for the following:

Staff

Entities providing services under arrangement

Patient's physicians

Other RHCs

Volunteers

Contact information for the following:

Federal, State, tribal, regional, and local emergency preparedness staff.

Other sources of assistance

Primary and alternate means for communicating with the following:

RHC/FQHCs

Federal, State, tribal, regional, and local emergency management agencies.

A means of providing information about the general condition and location of patients under the facility's care as permitted.

A means of providing information about the clinic's needs, and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee.

An organized process for handling an on-site emergency which addresses the following:

How employees will be notified of emergency

Staff responsible for calling the Fire department

Location of where employees should meet outside the building

An organized process for handling an off-site emergency (e.g. snowstorm, flood, hurricane, etc.)

How employees will be notified of emergency

Staff responsible for notification and triaging of patient services
Contingency plan that includes alternative provider in the event the clinic cannot service its own patients. (This plan may include shutting down the clinic if services cannot be provided short or long-term.)

EP Training and Testing Program

The clinic develops and maintains an emergency preparedness training and testing program that is based on the emergency preparedness plan, risk assessment, policies and procedures and the communication plan.

The training and testing program is initially formally adopted and updated, at a minimum, annually.

Training Elements

The Training Program includes all of the following:

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 roles. Provide emergency preparedness training, at a minimum, annually. Emergency preparedness training of staff, individuals providing services under arrangement and volunteers is documented. This documentation demonstrates knowledge of emergency procedures.

Testing Elements

The Testing Program requires the clinic to conduct exercises that test the emergency preparedness plan, at a minimum annually.

The clinic must do the following:

Participate in a full-scale exercise that is community-based or when a community-based exercise is not assessable, an individual, facility based.
NOTE: If the clinic experiences an actual natural (or man-made emergency) that requires activation of the emergency plan, the clinic 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.

Conduct an additional exercise that may include, but is not limited to the following:

OPTION #1: A second full-scale exercise that is community-based or individual, facility based.

OPTION #2: A table-top 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.

OPTION #3: If a clinic that is part of a healthcare system consisting of multiple separately certified healthcare facilities (having their own CCN numbers) elects to have a unified and integrated emergency preparedness program, the clinic may chose to participate in the healthcare system's coordinated emergency preparedness program.

If the clinic elects to participate in the healthcare system's emergency preparedness plan, the unified and integrated emergency preparedness program must do all of the following:

Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.
IMPORTANT – If even one facility does not fully participate, then the entire system is out of compliance.

Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered.
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.

Include a unified and integrated emergency plan that meets the requirements of 42 CFR 491.12(a)(2), (3), and (4). The unified and integrated emergency plan must also include the all of the following elements:

A documented community-based risk assessment, utilizing an all hazards approach.



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A documented individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach.

Include integrated policies and procedures that meet the requirements at 42 CFR 491.12(b), a coordinated communication plan, and training and testing programs that meet the requirements at 42 CFR 491.12(c) and 42 CFR 491.12(d).

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