

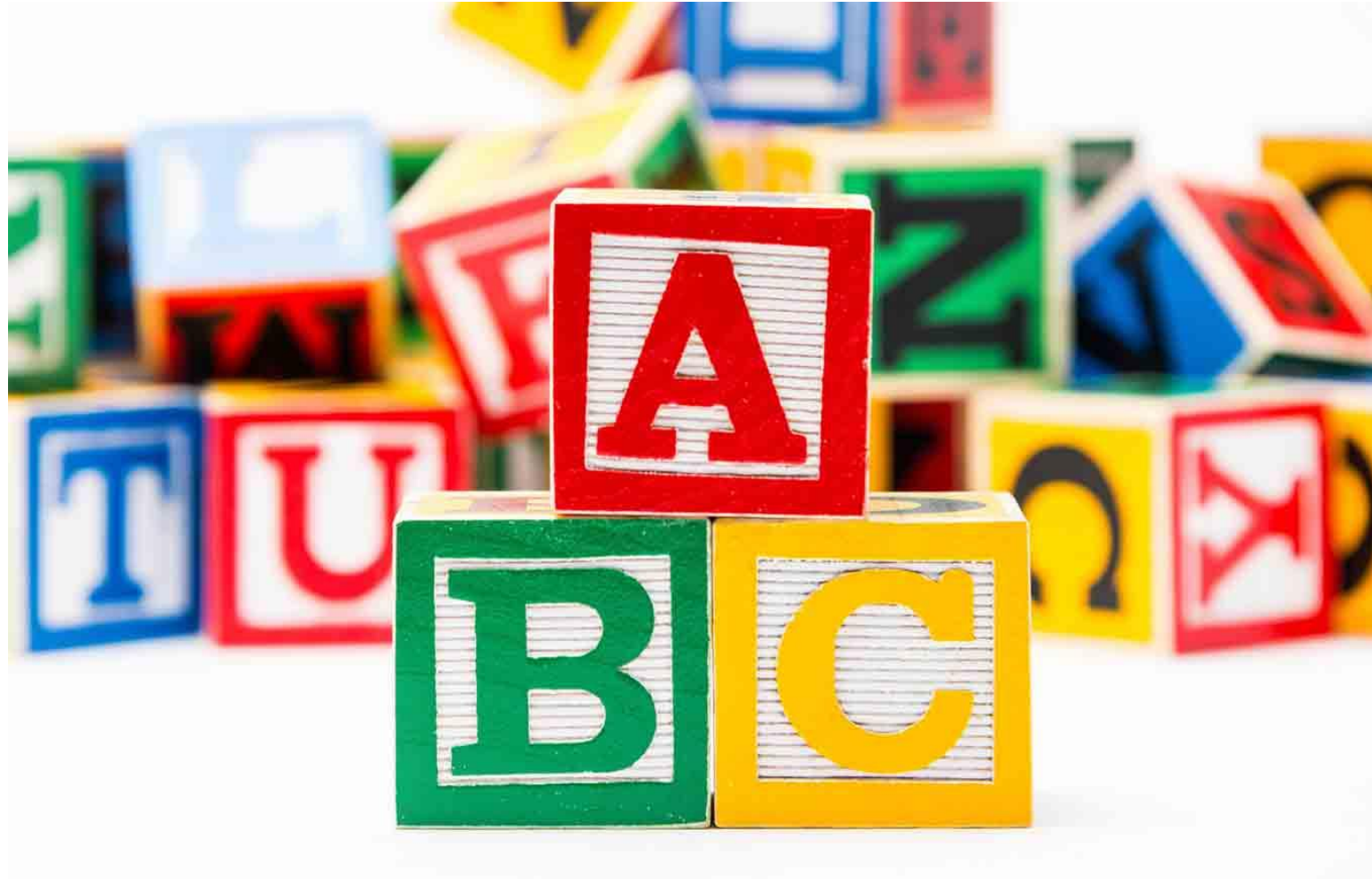
EMERGENCY PREPAREDNESS FOR RHCs

RHC Update Seminar

December 12, 2018



Back to the Basics – How we got Here



Why do we have these new Emergency Preparedness Rules?

The difference between an Emergency and a Disaster is often Preparation. Katrina is cited as an example.

Our Disaster Recovery Plan Goes Something Like This...



The New Emergency Preparedness Plans Began being Enforced on 11/15/2017



Compliance Deadlines for RHCs

Facilities were expected to be in compliance with the requirements as of 11/15/2017.

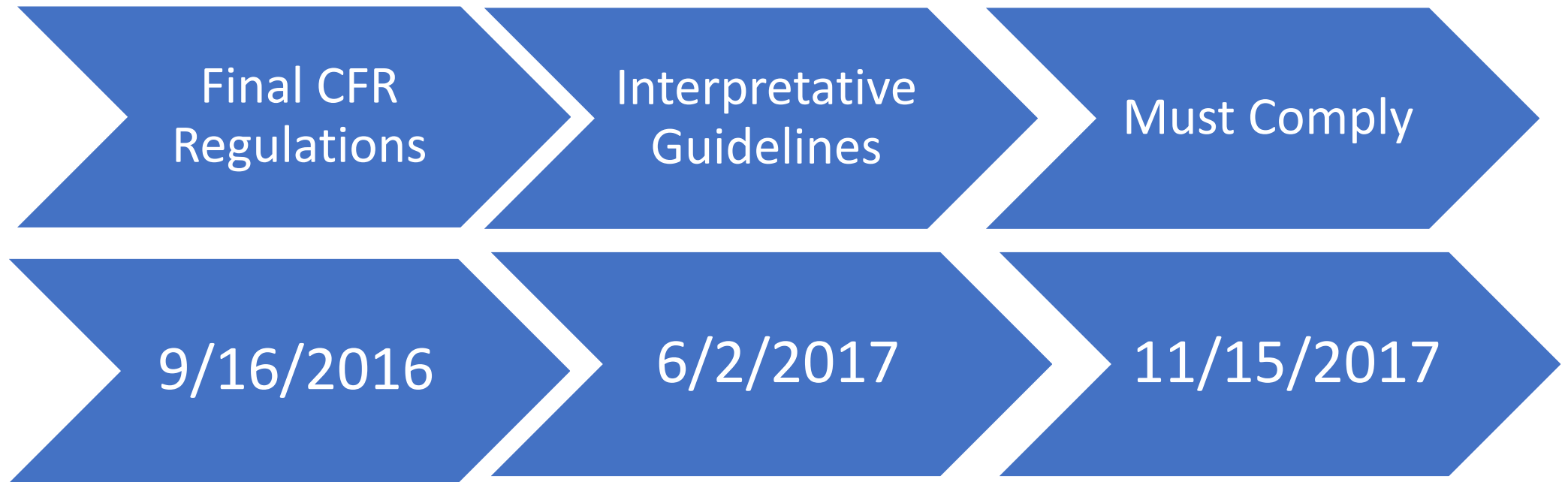
In the event facilities are non-compliant, the same general enforcement procedures will occur as is currently in place for any other conditions or requirements cited for non-compliance.

Source: CMS MLM Webinar

CMS will follow the normal inspection schedule for RHCs. There will not be special inspections for Emergency Preparedness.



Emergency Preparedness Timeline



Final EP Regulation (186 PDF) <https://www.gpo.gov/fdsys/pkg/FR-2016-09-16/pdf/2016-21404.pdf>

17 Provider Types and 72,000 providers are affected by these regulations

- If you have a CCN Number you must comply.
- RHCs must comply.
- Physician offices do not.

The CMS Rules Apply to...

Inpatient	Outpatient
<ul style="list-style-type: none">• Hospitals• Critical Access Hospitals• Religious Nonmedical Health Care Institutions (RNHCIs)• Psychiatric Residential Treatment Facilities (PRTFs)• Long-Term Care (LTC) / Skilled Nursing Facilities• Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)	<ul style="list-style-type: none">• Ambulatory Surgical Centers• Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services• Community Mental Health Centers (CMHCs)• Comprehensive Outpatient Rehabilitation Facilities (CORFs)• End-Stage Renal Disease (ESRD) Facilities• Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)• Home Health Agencies (HHAs)• Hospice• Organ Procurement Organizations (OPOs)• Programs of All-Inclusive Care for the Elderly (PACE)• Transplant Centers



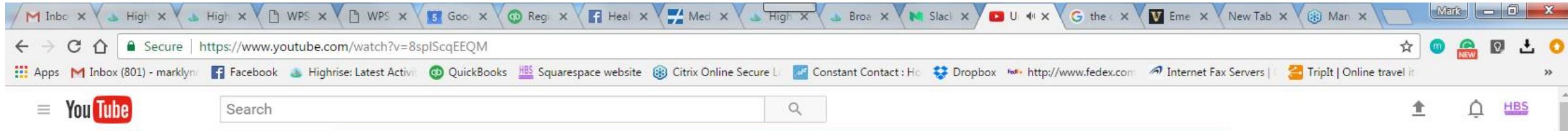
Why is Emergency Preparedness important?

Adds a Condition of
Participation

Is a Condition Level
Deficiency. (You can be
terminated – Lose
Medicare Certification)

Is time consuming
and costly to
implement.

What are the Goals and Objectives of EP



Goals



Address systemic gaps.



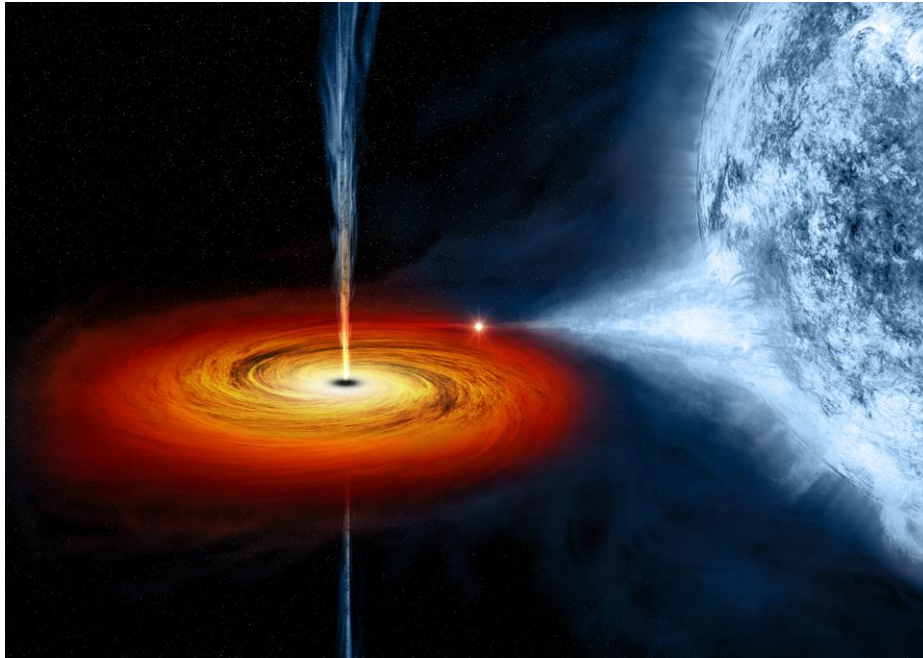
Provide a regulatory framework to ensure a coordinated emergency preparedness process.



Encourage coordination within communities and states as well as across state lines



Emergency Preparedness (EP) will be Time Consuming and Costly



Emergency Preparedness (EP) Regulations Website

<https://www.cms.gov/medicare/provider-enrollment-and-certification/surveycertemergprep/emergency-prep-rule.html>

The screenshot shows the CMS.gov website page for the Emergency Preparedness Rule. The header includes navigation links (Home, About CMS, Newsroom, FAQs, Archive, Share, Help, Print) and a search bar. A secondary navigation bar contains categories like Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Private Insurance, Innovation Center, Regulations & Guidance, Research, Statistics, Data & Systems, and Outreach & Education. The breadcrumb trail reads: Home > Medicare > Survey & Certification - Emergency Preparedness > Emergency Preparedness Rule. The left sidebar lists various links under 'Survey & Certification - Emergency Preparedness', with 'Emergency Preparedness Rule' highlighted. The main content area is titled 'Emergency Preparedness Rule' and contains the following text:

Emergency Preparedness Rule

Survey & Certification- Emergency Preparedness Regulation Guidance

Guidance for Surveyors, Providers and Suppliers Regarding the New Emergency Preparedness (EP) Rule

On September 8, 2016 the Federal Register posted the final rule *Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers*. The regulation goes into effect on November 16, 2016. Health care providers and suppliers affected by this rule must comply and implement all regulations one year after the effective date, on November 16, 2017.

Purpose: To establish national emergency preparedness requirements to ensure adequate planning for both natural and man-made disasters, and coordination with federal, state, tribal, regional and local emergency preparedness systems. The following information will apply upon publication of the final rule:

- Requirements will apply to all 17 provider and supplier types.
- Each provider and supplier will have its own set of Emergency Preparedness regulations incorporated into its set of conditions or requirements for certification.
- Must be in compliance with Emergency Preparedness regulations to participate in the Medicare or Medicaid program. The below downloadable sections will provide additional information, such as the background and overview of the final rule and related resources.

Additional information has been provided on the left side hyperlinks categorized by information from the EP Rule, such as the Emergency Preparedness Plan, Communication Plan, Policies and Procedures and Testing.

Note: For Medicaid-only facilities (other than ICF-IIDs and PRTFs), please contact your State Medicaid Agency to determine whether you are required to meet the Emergency Preparedness requirements under the Final Rule.

If you have questions as to whether your healthcare facility is required to comply with the final rule, please refer to the downloads section below and the attachment labeled 17 Facility- Provider Supplier Types Impacted. Additionally, please contact your specific facility CFO, CEO, Human Resource Staff, etc. to determine what Medicare certified provider number you are associated/certified under, which will determine which requirements you need to comply with.

The below downloadable sections will provide additional information, such as the background and overview of the final

START HERE



Emergency Preparedness Videos



Date	Title	Link
10/5/2016	Emergency Preparedness Requirements MLN Connects [®] Call 10/5/16	https://www.youtube.com/watch?v=GcPdvw4nZuU
3/10/2014	Understanding the Proposed Rule on Emergency Preparedness	https://www.youtube.com/watch?v=8splScqEEQM&t=1151s
3/7/2017	CMS Emergency Preparedness: Local Community Guidelines	https://www.youtube.com/watch?v=laMkR8d_BY
10/6/2016	10 Keys to Healthcare Emergency Planning	https://www.youtube.com/watch?v=ip-mTeGqaql

Emergency Preparedness
Interpretative Guidelines
June 2, 2017
Appendix Z



Appendix Z Interpretative Guidelines

<p>On June 2, 2017, CMS released Appendix Z Which is the Interpretative Guidelines for Emergency Preparedness. (All 17 provider types are included)</p>	<p>https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-17-29.pdf (74 page PDF)</p>
<p>Surveyor Tool Microsoft Excel which lists surveyor procedures for all 17 provider types.</p>	<p>https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/Surveyor-Tool-EP-Tags.xlsx</p>

The Compliance Team Issues EP Standards in July, 2017



<https://www.dropbox.com/s/16lp7y2d2abib2e/2017%20Emergency%20Preparedness%20The%20Compliance%20Team%20Standards%20Appendix%20Z.docx?dl=0>

(14 page PDF)

<http://www.thecomplianceteam.org/>

AAAASF Updated Accreditation Standards Updated in 2017

AAAASF updated their Standards to include Emergency Preparedness in 2017. See Page 42 through 47 for the new standards.

[https://www.aaaasf.org/docs/default-source/accreditation/standards/standards-manual-and-checklist-v2-2-\(rhc\).pdf](https://www.aaaasf.org/docs/default-source/accreditation/standards/standards-manual-and-checklist-v2-2-(rhc).pdf)

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_g_rhc.pdf

EP Basic Surveyor Training Course

The screenshot shows a web browser window with the URL https://surveyortraining.cms.hhs.gov/pubs/EPlayer.aspx?cid=0CMSEmPrep_ONL&sid=fc58599e-ce51-e711-9524-0e63451df8f4&sv=1&pid=6#5. The browser's address bar shows the URL, and the page content displays a slide titled "Emergency Preparedness for Every Emergency". The slide features a collage of four images: a world map with hazard icons, two healthcare professionals in scrubs, a healthcare professional in a lab coat, and a hand holding a clipboard with an "EMERGENCY PREPAREDNESS CHECKLIST". The checklist includes items like "Water Containers", "First Aid Kit", "Torch", "Battery Operated Radio", "Batteries", "Tinned Food", "Car Op", and "Dis". The slide is part of a 3-page presentation, as indicated by the "1 of 3" indicator and a "FORWARD" button. The browser's taskbar shows several open applications, including WebEx, PDF files, and various office software. The system tray at the bottom right shows the time as 6:58 PM on 9/12/2017.

https://surveyortraining.cms.hhs.gov/pubs/ClassInformation.aspx?cid=0CMSEmPrep_ONL

- Introduction
- Lesson 1
- Lesson 2
- Introduction
- Lesson 2, Topic 1
- > Lesson 2, Topic 2
- Module Summary

Knowledge Check

Which of the following contain resources specific to developing emergency plans and responses that meet the requirements of the emergency preparedness rule? Select all that apply.

- A. Survey & Certification Group (SCG) Emergency Preparedness Website
- B. Office of the Assistant Secretary for Preparedness and Response (ASPR) Technical Resources, Assistance Center, & Information Exchange (TRACIE)
- C. Disaster Relief and Emergency Assistance Center
- D. National Disaster Risk Reduction Center
- E. Appendix Z of the State Operations Manual (SOM)

Correct. The SCG Emergency Preparedness Website, ASPR TRACIE, and Appendix Z contain resources specific to developing emergency plans and responses that meet the requirements of the emergency preparedness rule.

Submit

18 of 22

Definitions of Key Terms



Source

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/FAQ-Round-Four-Definitions.pdf>

Emergency Preparedness

- Emergency Preparedness Program: The Emergency Preparedness Program is a facility's comprehensive approach to meeting the health and safety needs of their patient population and provides facilities with guidance on how to respond to emergency situations that could impact the operation of the facility, such as natural or man-made disasters. It includes **(1) all-hazards risk assessment and emergency planning, (2) development and implementation of policies and procedures, (3) a communication plan, and (4) training and testing.** The program as a whole consists of the Emergency Plan, which is based on the four core elements.

Effective Nov. 15, 2017:

The Rural Health Clinic/Federally Qualified Health Center (RHC/FQHC) must comply with all applicable Federal, State, and local emergency preparedness requirements. The RHC/FQHC must establish and maintain an emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not be limited to, the following elements:



Four Mandated Components



Emergency Plan

- Based on a risk assessment
- Using an all-hazards approach
- Update plan annually

Policies & Procedures

- Based on risk assessment and emergency plan
- Must address: subsistence of staff and patients, evacuation, sheltering in place, tracking patients and staff

Communications Plan

- Complies with Federal and State laws
- Coordinate patient care within facility, across providers, and with state and local public health and emergency management

Training & Exercise Program

- Develop training program, including initial training on policies & procedures
- Conduct drills and exercises

Step One – Complete a Hazards Vulnerability Assessment

Pandemic/Epidemic Biological Chemical

6 Types of Preparedness Planning

Nuclear Fire/Power/etc. Natural

Hazard Vulnerability Assessments (HVAs)

Hazard Vulnerability Assessments (HVAs) are systematic approaches to identifying hazards or risks that are most likely to have an impact on a healthcare facility and the surrounding community. The HVA describes the process by which a provider or supplier will assess and identify potential gaps in its emergency plan(s). **Potential loss scenarios should be identified first during the risk assessment.** Once a risk assessment has been conducted and an facility has identified the potential hazards/risks they may face, the organization can use those hazards/risks to conduct a Business Impact Analysis.

Tools from <http://www.ruralhealthclinic.com/emergency-preparedness>

[Kaiser Risk Assessment Tools](#)

[Kaiser Risk Assessment Instructions from Tabletop Exercise](#)

[CMS All Hazards FAQ \(42 pages\)](#)

Kaiser Permanente has developed a revised [Hazard Vulnerability Analysis tool](#) and [instruction sheet](#)..

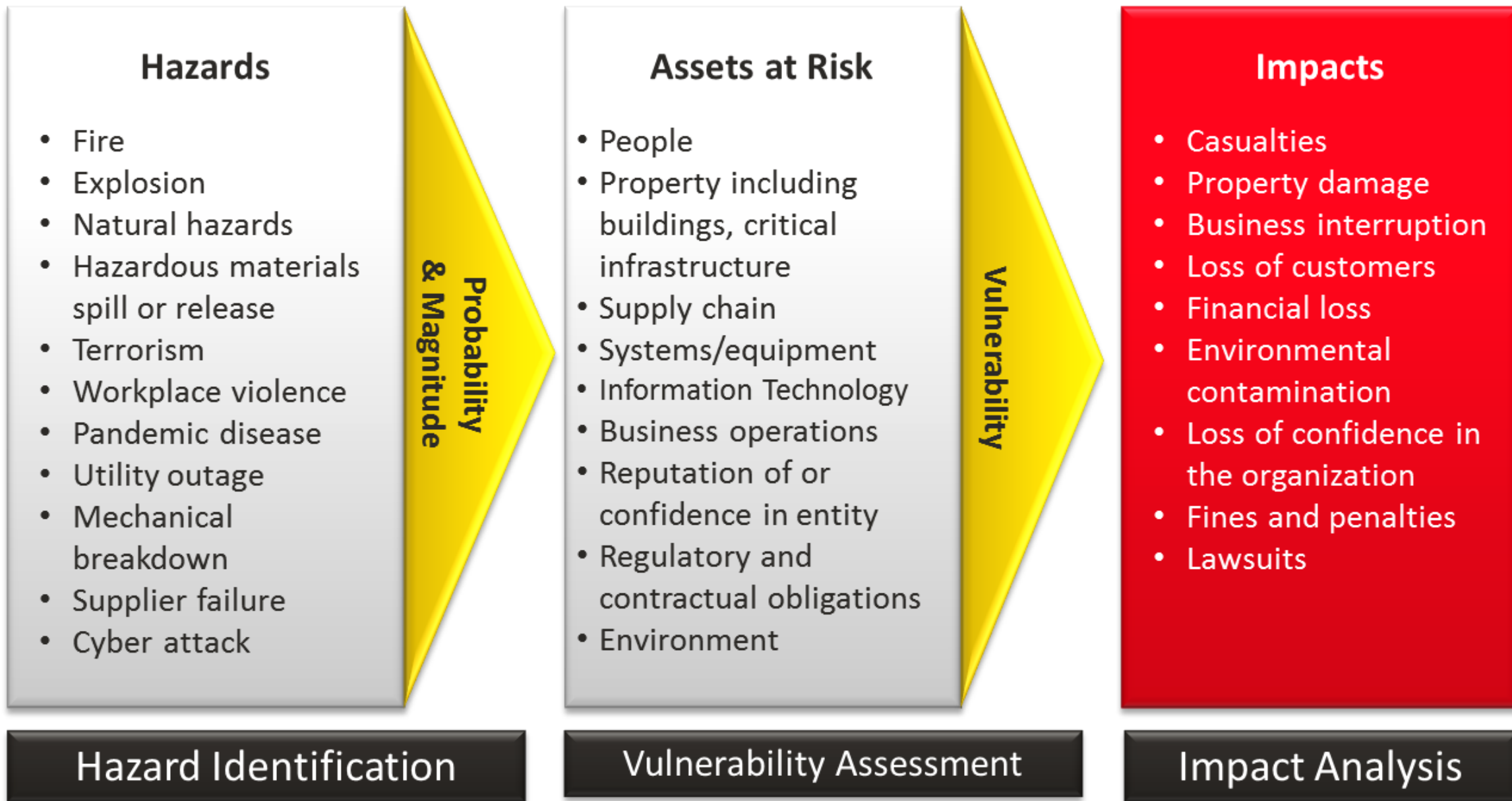
Four Core Elements of Emergency Preparedness

1. Risk Assessment and Emergency Plan

Identify the Following:

- Hazards likely in geographic area (an all hazards approach)
- Care-related emergencies
- Equipment and Power failures (one emergency leads to another)
- Interruption in Communications, including cyber attacks
 - Back up communication plans if primary plan fails.
- Loss of all/portion of facility
 - Test your generator for 4 hours at full 100% power annually.
(not required for RHCs)
- Loss of all/portion of supplies
- Plan is to be reviewed and updated at least annually
- Risk Assessment may already be done by local agencies if the RHCs reasoning for using it is included in the EP Policies.

What is an All Hazards Risk Assessment



Stafford Act – Risk Mitigation

The **Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act)**^[1] is a [United States federal law](#) designed to bring an orderly and systemic means of federal natural disaster assistance for state and local governments in carrying out their responsibilities to aid citizens. Congress's intention was to encourage states and localities to develop comprehensive disaster preparedness plans, prepare for better intergovernmental coordination in the face of a disaster, encourage the use of insurance coverage, and provide federal assistance programs for losses due to a disaster.



Local communities and jurisdictions are required to have a Risk Mitigation plan updated every five years. Search for those plans to aid in our planning.

Morgan County – Risk Mitigation

Table 5-2. Comparison of Identified Morgan County Hazards to 2013 State Plan

Hazards Identified in 2013 Alabama State Plan	Equivalent 2014 Morgan County Identified Hazards	Differences
Floods (storm surge, riverine, flash floods, etc.)	Floods	No storm surge or coastal floods in Morgan County due to its inland location.
High Winds (hurricanes, tornadoes and windstorms)	Tornadoes – High Winds Severe Storms – High Winds Hurricanes – High Winds	High winds included as components of tornadoes, severe storms, and hurricanes in Morgan County plan.
Winter/Ice Storms	Winter Storms/Freezes	Morgan County plan identifies extreme cold as an associated hazard.
Landslides	Landslides	Morgan County plan identifies mudslides as an associated natural hazard.
Sinkholes and Land Subsidence	Sinkholes (Land Subsidence)	No difference.
Earthquakes	Earthquakes	Morgan County plan identifies landslides as an associated natural hazard.

[Back to results](#)

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- (256) 905-0340
- Closed.** Opens at 8:30 AM
- Claim this business
- Suggest an edit
- Add a label

Add missing information

Add website



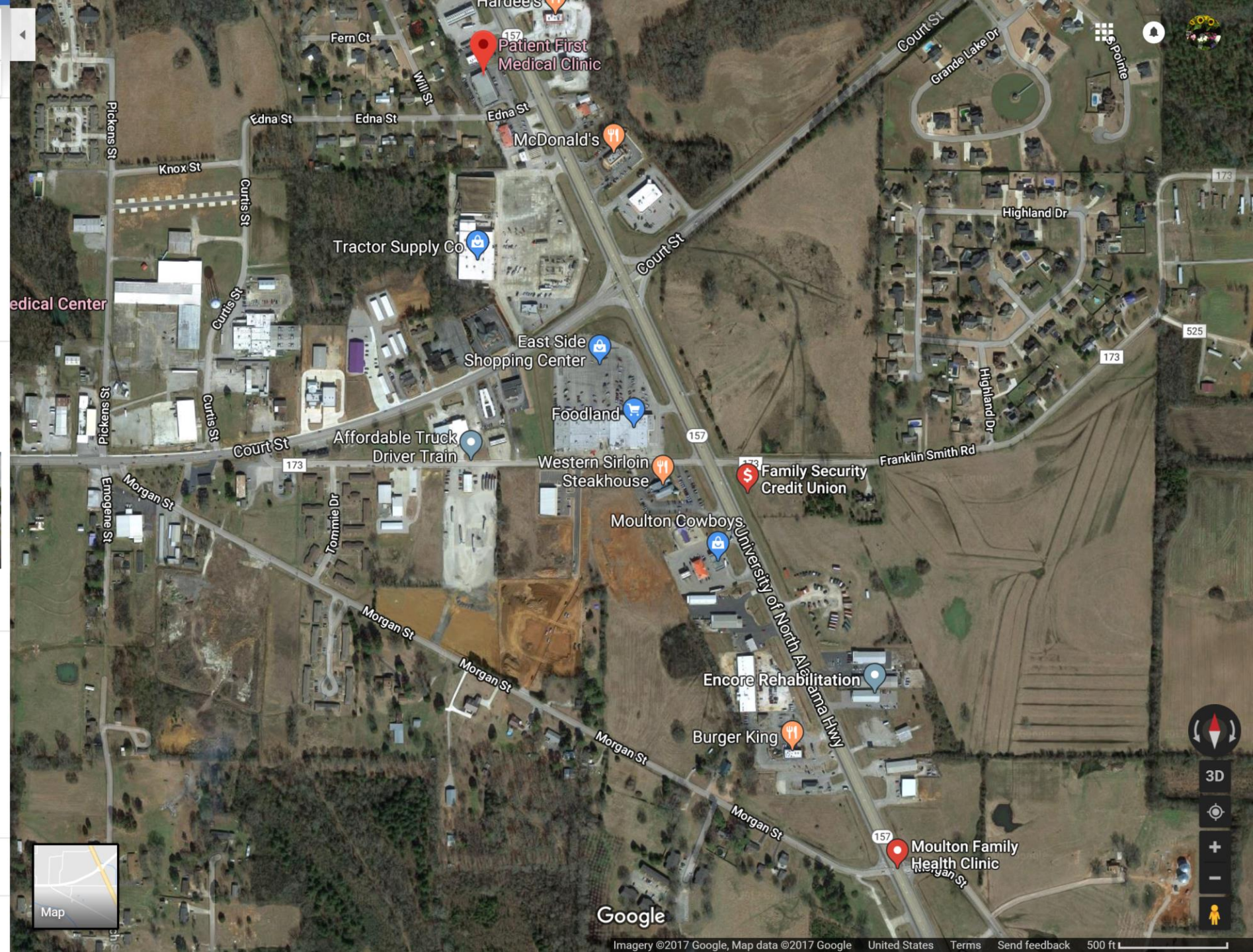
Add a photo

Review summary



[WRITE A REVIEW](#)

People also search for [View more](#)



All Hazards Risk Assessment

Event	PROBABILITY Likelihood this will occur	ALERTS	ACTIVATIONS	SEVERITY = (MAGNITUDE - MITIGATION)						RISK * Relative threat
				HUMAN IMPACT Possibility of death or injury	PROPERTY IMPACT Physical losses and damages	BUSINESS IMPACT Interruption of services	PREPARED-NESS Preplanning	INTERNAL RESPONSE Time, effectiveness, resources	EXTERNAL RESPONSE Community/Mutual Aid staff and supplies	
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	Number of Alerts	Number of Activations	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low	0 = N/A 1 = High 2 = Moderate 3 = Low	0 = N/A 1 =High 2 = Moderate 3 = Low	0 - 100%
Generator Failure	1	0	0	1	1	1	1	1	1	7%
Hazmat Incident	1	0	0	1	1	1	1	1	1	7%
Hazmat Incident with Mass Casualties	1	0	0	1	1	1	1	1	1	7%
Hostage Situation	1	0	0	2	1	1	1	1	1	8%
Hurricane	0	0	0	0	0	0	1	1	1	0%
HVAC Failure	1	0	0	1	1	1	1	1	1	7%
Inclement Weather	3	0	0	1	1	1	1	1	1	20%
Infectious Disease Outbreak	1	0	0	1	1	1	1	1	1	7%
Internal Fire	2	0	0	2	3	3	1	1	1	24%
Internal Flood	2	0	0	1	1	1	1	1	1	13%
IT System Outage	2	0	0	1	1	1	1	1	1	13%
Landslide	1	0	0	1	1	1	1	1	1	7%
Large Internal Spill	1	0	0	1	1	1	1	1	1	7%
Mass Casualty Incident	1	0	0	1	1	1	1	1	1	7%
Natural Gas Disruption	1	0	0	1	1	1	1	1	1	7%
Natural Gas Failure	1	0	0	1	1	1	1	1	1	7%
Other	1	0	0	1	1	1	1	1	1	7%
Other Utility Failure	1	0	0	1	1	1	1	1	1	7%
Pandemic	1	0	0	3	1	1	1	1	1	9%
Patient Surge	1	0	0	1	1	1	1	1	1	7%
Picketing	1	0	0	1	1	1	1	1	1	7%
Planned Power Outages	1	0	0	1	1	2	1	1	1	8%
Power Outage	2	0	0	1	1	2	1	1	1	16%
Radiation Exposure	1	0	0	1	1	1	1	1	1	7%
Seasonal Influenza	2	0	0	2	1	1	1	1	1	16%
Sewer Failure	1	0	0	1	1	1	1	1	1	7%

Risk Assessment

- Tornado was listed as 1st on the Risk Assessment.

2018

TOP 10 HVA	RANK	OCCURRENCE
Tornado	1	0
Earthquake	2	0
Fire	3	0
Internal Fire	4	0
Active Shooter	5	0
Explosion	6	0
Inclement Weather	7	0
Chemical Exposure, External	8	0
Communication / Telephony Failure	9	0
Power Outage	10	0

Poll Question 3 – Community Hazards

Which natural hazards pose the largest threat to the clinic based upon your assessment?

- A. Flood
- B. Fire
- C. Storms
- D. Tornado
- E. Other



Healthcare Business Specialists has provided some sample Emergency Preparedness policies and procedures for RHCs:

- [Emergency Preparedness Sample Policies and Procedures 8-Tab Index \(Word\)](#)
- [Emergency Preparedness Sample Policies and Procedures for RHCs](#)

Four Core Elements of Emergency Preparedness – 2. Policies & Procedures

Policies and procedures. The RHC 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 a minimum, the policies and procedures must address the following:

- (1) Safe evacuation from the RHC, which includes appropriate placement of exit signs; staff responsibilities and patient needs.
- (2) A means to shelter in place for patients, staff, and volunteers who remain in the facility. (Not required to maintain food, water, etc.)

EP – 2. Policies & Procedures (continued)

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

(4) The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency.

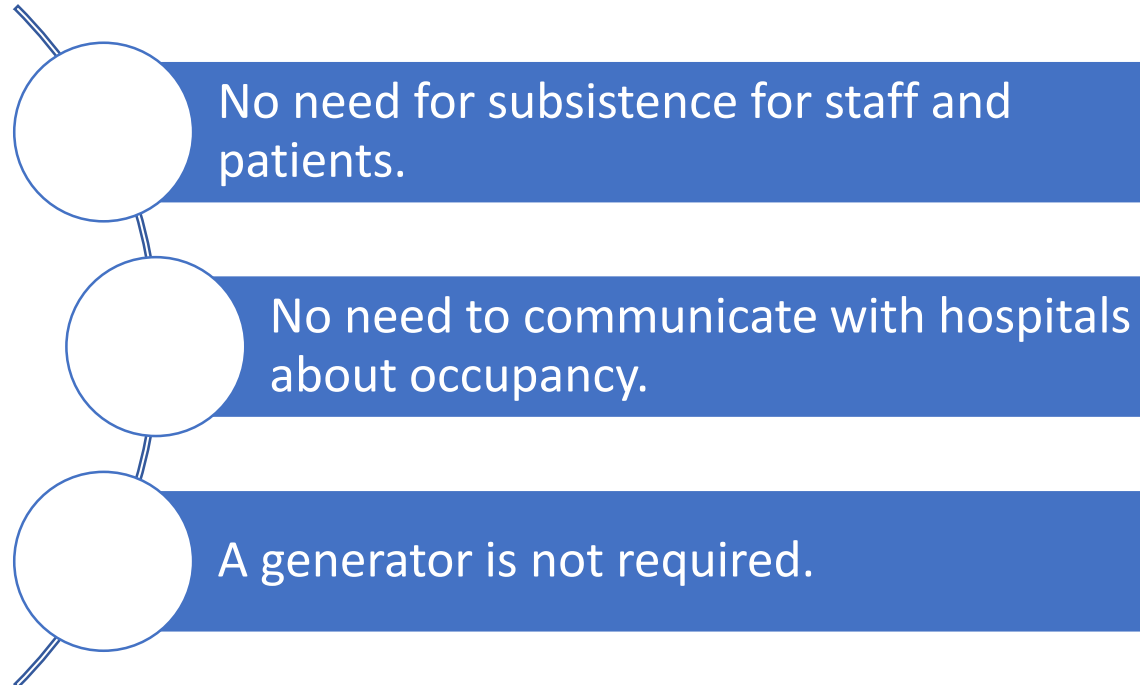
Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness Requirements by Provider Type

Inpatient					
Provider Type	Emergency Plan	Policies and Procedures	Communication Plan	Training and Testing	Additional Requirements
Hospital	Develop a plan based on a risk assessment using an “all hazards” approach, which is an integrated approach focusing on capacities and capabilities critical to preparedness for a full spectrum of emergencies and disasters. The plan must be updated annually.	Develop and implement policies and procedures based on the emergency plan, risk assessment, and communication plan which must be reviewed and updated at least annually. System to track on-duty staff & sheltered patients during the emergency.	Develop and maintain an emergency preparedness communication plan that complies with both federal and state laws. Patient care must be well-coordinated within the facility, across health care providers and with state and local public health departments and emergency systems. The plan must include contact information for other hospitals and CAHs; method for sharing information and medical documentation for patients.	Develop and maintain training and testing programs, including initial training in policies and procedures and demonstrate knowledge of emergency procedures and provide training at least annually. Also annually participate in: <ul style="list-style-type: none"> • A full-scale exercise that is community- or facility-based; • An additional exercise of the facility’s choice. 	Generators—Develop policies and procedures that address the provision of alternate sources of energy to maintain: <ol style="list-style-type: none"> (1) temperatures to protect patient health and safety and for the safe and sanitary storage of provisions; (2) emergency lighting; and (3) fire detection, extinguishing, and alarm systems.
Critical Access Hospital	*	*	*	*	Generators

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/EP-Rule-Table-Provider-Type.pdf>

The Regulations are not one size fits all

Outpatient Providers					
Outpatient providers are not required to provide subsistence needs for staff and patients.					
Provider Type	Emergency Plan	Policies and Procedures	Communication Plan	Training and Testing	Additional Requirements
RHC/FQHC	*	Does not have to track staff and patients, or have arrangements with other RHCs to receive patients or have alternate care sites.	Does not need to provide occupancy information.	*	



Four Core Elements of Emergency Preparedness – 3. Communication Plan

2. Communication Plan

(c) *Communication plan.* The RHC must develop and maintain an emergency preparedness communication plan that complies with Federal, State, and local laws and must be reviewed and updated at least annually. The communication plan must include all of the following:

(1) Names and contact information for the following:

(i) Staff.

(ii) Entities providing services under arrangement.

(iii) Patients' physicians.

(iv) Other RHCs.

(v) Volunteers.

Communication Plan - Continued

- (2) Contact information for the following:
 - (i) Federal, State, tribal, regional, and local emergency preparedness staff.
 - (ii) Other sources of assistance.
- (3) Primary and alternate means for communicating with the following:
 - (i) RHC staff.
 - (ii) Federal, State, tribal, regional, and local emergency management agencies...

Four Core Elements of Emergency Preparedness

4. Training & Testing

(1) Training program. The RHC 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 roles,
- (ii) Provide emergency preparedness training at least annually.
- (iii) Maintain documentation of the training.
- (iv) Demonstrate staff knowledge of emergency procedures.

Four Core Elements of Emergency Preparedness

4. Training & Testing (2)

(1)Testing. The RHC/FQHC must conduct exercises to test the emergency plan at least annually. The RHC must do the following:

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

Training & Testing (3)

- (i) Conduct an additional exercise that may include, but is not limited to following:
 - (A) A second full-scale exercise that is community-based or individual, facility based.
 - (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.

Employee Training – Initial Testing

We have developed a 10 question test for all Employees with an answer key and a place to obtain communication plan information. See Handouts.

ADVANCED FAMILY MEDICAL CLINIC Emergency Preparedness - Initial Training Testing

Please answer each question related to Emergency Preparedness, sign, and turn in for Grading. Each person must score 80% or higher.

1. _____ True or False? RHCs must develop and maintain an emergency preparedness plan that is reviewed and updated annually?
2. _____ Emergency plans must be based on and include a documented, _____ risk assessment utilizing an all-hazards approach.
 - a. Facility-based
 - b. Community-based
 - c. Contingency-based
 - d. Facility-based and Contingency-based
 - e. Facility-based and Community-based
3. _____ True or False? Health Insurance Portability and Accountability Act (HIPAA) Privacy requirements are often suspended during emergencies.
4. _____ True or False? When assessing compliance with emergency training and testing requirements, the surveyor should review personnel or training records to verify that all staff completed initial and annual training.
5. _____ Which of the following exercises must facilities perform annually to test their emergency preparedness program?
 - a. One full-scale exercise
 - b. One Tabletop Exercise
 - c. One full-scale exercise and one Tabletop Exercise
 - d. One full-scale exercise and one additional exercise, either a full-scale or Tabletop Exercise
6. _____ True or False? When a local area community disaster drill is not available, an RHC may substitute an individual facility-based disaster drill to meet the requirement for a full-scale community-based exercise.
7. _____ True or False? RHCs are required to develop and maintain an emergency preparedness training and testing program based on the standards set forth by state and local emergency management agencies.
8. _____ True or False? RHCs are required to develop a communication plan to support coordination of patient care within the facility, across health care providers, with state and local public health departments and emergency management agencies, and with systems to protect patient health and safety in the event of a disaster.
9. How often must an RHC review and update their communication plan contact information?
 - a. Monthly
 - b. Biannually
 - c. Annually
 - d. Only when there are staff changes
10. _____ True or False? RHCs are not required to develop policies and procedures for patients and staff to shelter in place during and emergency.

Employee Name: _____ Date: _____ Score _____

Full-Scale & Facility-Based Exercises



Lessons Learned: If you are having a drill ensure that all authorities and participants are informed ahead of time.

TESTING THE PLAN

- Participate in a full scale exercise (FSX) that is community-based (annually)
 - If not available, conduct a facility-based exercise
- Conduct a second formal exercise (can be a TTX) at least annually, involving a narrated, clinically relevant emergency scenario, with questions/problems to challenge the plan
- Analyze response to exercise using an After Action Report
 - Use as your action-item list for training priorities over the next year



Table-Top Exercise

Type	Abbrev.	Minimum Involvement	Boots on the Ground	Planning	Expense for RHC
Full-Scale Exercise	FSE	Multi-agency, Multi-Jurisdictional	Yes	Extensive (1 to 2 years)	minimal
Functional Exercise	FE	Multi-Agency	No	Moderate	minimal
Operations Based Drill	None	RHC	No	Minimal	More
Tabletop Exercise	TTX	RHC	No	Depends	Most expensive

Types of Drills

- **Tabletop Exercise (TTX):** A tabletop exercise involves key personnel discussing simulated scenarios in an informal setting. TTXs can be used to assess plans, policies, and procedures.
- **Operations-based Exercises** validate plans, policies, agreements and procedures, clarify roles and responsibilities, and identify resource gaps in an operational environment. Types of operations-based Exercises include:
 - **Drill:** A drill is a coordinated, supervised activity usually employed to test a single, specific operation or function within a single entity (e.g., a fire department conducts a decontamination drill).
- **Functional Exercise (FE):** A functional exercise examines and/or validates the coordination, command, and control between various multi-agency coordination centers (e.g., emergency operation center, joint field office, etc.). A functional exercise does not involve any “boots on the ground” (i.e., first responders or emergency officials responding to an incident in real time).
- **Full-Scale Exercises (FSE):** A full-scale exercise is a multi-agency, multi-jurisdictional, multi-discipline exercise involving functional (e.g., joint field office, emergency operation centers, etc.) and “boots on the ground” response (e.g., firefighters decontaminating mock victims).

Full-Scale & Facility-Based Exercises

- Full-Scale Exercise: A full scale exercise is a multi-agency, multijurisdictional, multi-discipline exercise involving functional (for example, joint field office, emergency operation centers, etc.) and “boots on the ground” response (for example, firefighters decontaminating mock victims).
- Facility-Based: When discussing the terms “all-hazards approach” and facility-based risk assessments, we consider the term “facility-based” to mean that the emergency preparedness program is specific to the facility. Facility-based includes, but is not limited to, hazards specific to a facility based on the geographic location; Patient/Resident/Client population; facility type and potential surrounding community assets (i.e. rural area versus a large metropolitan area).

Table-Top Exercise

- Table-top Exercise (TTX): A table-top exercise is a group discussion led by a facilitator, using narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. It involves key personnel discussing simulated scenarios, including computer-simulated exercises, in an informal setting. TTXs can be used to assess plans, policies, and procedures.





Homeland Security Exercise and Evaluation Program


Navigation

Search

Languages

- Multimedia (Photos, Video, and Audio)
- Multimedia Collections
- Documents and Resources
- Document Collections
- Photo, Video Use Guidelines

The Homeland Security Exercise and Evaluation Program (HSEEP) provides a set of guiding principles for exercise programs, as well as a common approach to exercise program management, design and development, conduct, evaluation, and improvement planning. HSEEP exercise and evaluation doctrine is flexible, adaptable, and is for use by stakeholders across the whole community and is applicable for exercises across all mission areas – prevention, protection, mitigation, response, and recovery.

	Size	Publication Date
 Homeland Security Exercise and Evaluation Program	0.72M	April 1, 2013

Resource Type: Document / Report | Last Updated: June 17, 2016

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 Official website of the Department of Homeland Security

https://www.fema.gov/media-library-data/20130726-1914-25045-8890/hseep_apr13_.pdf

Falkville Medical Clinic Emergency Preparedness Three Year EP Drill/ Exercise Plan

<u>Drill/Year</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>
Full Scale Community Exercise	Skakeout.org Earthquake Drill		
Scheduled Date	12/20/2017		
Facility Specific Exercise:			
Scheduled Date:			
Tabletop Exercise (limit 1)	Tornado at Falkville Medical Clinic		
Scheduled Date:	12/20/2017		

The clinic will reach out and contact the local EMA director for the city/county (see Communication Plan for contacts) and participate in drills sponsored by the state, city, county, or other coalitions throughout the year. We have at least two drills each year to test/improve our Emergency Preparedness system.

Please Sign In

Falkville, Tanner, Moulton, Cullman RHCs

Risk Assessment Emergency Plan, Training & Tabletop

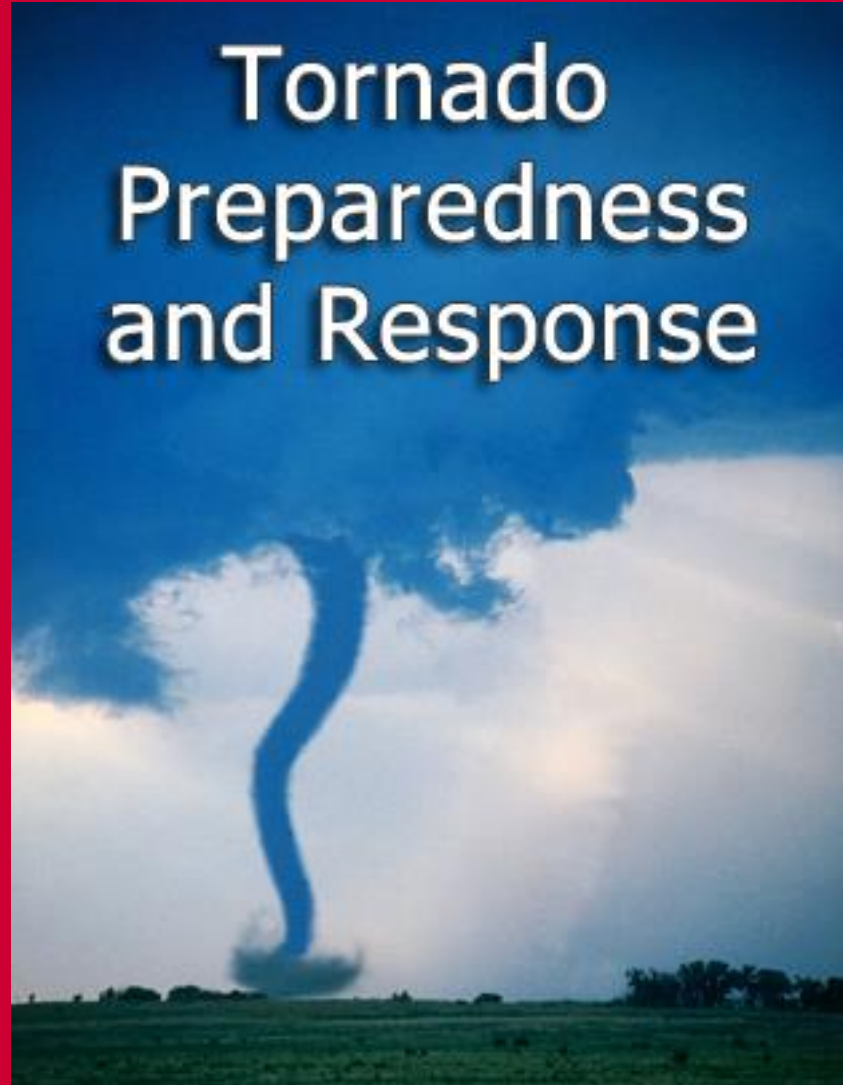
December 20, 2017 Sign-In Sheet

Name	Organization	Telephone	Email

Module 1

<https://www.ready.gov/tornadoes>

Tornado Preparedness and Response



Module 1: Warning

- **April 23, 2018: 8:15 AM**
- The current temperature is 74 degrees Fahrenheit. There is a high potential for tornado outbreaks in the southeastern U.S. this year. Five days ago, various weather outlets have reported that there is a high probability for violent severe weather throughout the southeastern U.S. today. There is a strong possibility for straight line winds with speeds that are in excess of 70 MPH and golf-sized hail. It has also been reported that today's storms have a high potential for yielding powerful tornadoes. The Weather Channel gave Alabama a TORCON rating of 9 to indicate a high risk for tornadic activity.

Module 1: Warning (2)

April 23, 2018:11:00 AM

Local weather forecasters and the National Weather Service has received confirmation from weather chasers that there is a large tornado heading towards your community. Wind speeds have been estimated at being close to 200 MPH. It was reported that they witnessed large vehicles in its debris cloud. The weather forecasters plead for everyone in the area to take proper precautions and seek shelter. The Warning for your community has been elevated to an Emergency.

Key Issues

- There is a high potential for the outbreak of powerful tornadoes in Alabama.
- It has been confirmed that a powerful tornado is heading towards your community.
- The Warning for your community has been elevated to an Emergency.



Morgan County Emergency Management Agency
302 Lee Street N.E., P.O. Box 668
Decatur, AL 35602
Phone (256) 351-4620, FAX (256) 350-3857
24 Hour Emergency Phone (256) 350-4613
H. E. "Eddie" Hicks, Jr., Director

Shelters for Morgan County

2 Shelters (98 capacity each)

Danville Volunteer Fire Dept
5798 Hwy. 36 W
Danville, AL 35619

1 Shelter (96 capacity)

Somerville Community Shelter
(located behind Library)
192 Broad Street
Somerville, AL 35670

1 Shelter (98 capacity)

Punkin Center Volunteer Fire Dept
116 Kirby Bridge Road
Danville, AL 35619

1 Shelter (150 capacity)

Cotaco Volunteer Fire Dept
8384 Hwy. 36 East
Somerville, AL 35670

1 Shelter (96 capacity)

Brindlee Mountain Volunteer Fire Dept
4373 U.S. Hwy. 231
Union Grove, AL 35175

Morgan County Courthouse

302 Lee Street NE
Decatur, AL 35601
(Courthouse Basement opens when
there is a tornado watch issued)

1 Shelter

Oak Ridge Volunteer Fire Dept
200 NW Simmons Road
Hartselle, AL 35640

2 Shelters (98 capacity each)

Trinity Town Hall
35 Preston Drive
Trinity, AL 35673

1 Shelter (98 capacity)

Somerville Community Shelter
(Cross Creek Subdivision)
72 Cross Creek Loop
Somerville, AL 35670

1 Shelter (98 capacity)

Massey Volunteer Fire Dept
386 Evergreen Road
Danville, AL 35622

3 Shelter Areas
(A-576, B-750, C-576 capacity)

Hartselle High School
1000 Bethel Road NE
Hartselle, AL 35640

1 Shelter

Eva Volunteer Fire Dept
4238 Eva Road
Eva, AL 35621

2 Shelter (98 capacity each)

Shorty Ryan Park
3824 Eva Road
Eva, AL 35621

1 Shelter

Neel Volunteer Fire Dept
70 Neel School Road
Danville, AL 35622



FEMA

NO SMOKING OR NO PETS AT ANY SHELTER

Module 1: Discussion Questions

1. Would the knowledge of the strong potential for violent tornadic weather catalyze the reexamination of disaster plans? What preparations are being made in the event of a five-day forecast stating a strong probability for severe inclement weather occurring with a high potential for yielding strong tornadoes? What preparations are taking place when a tornado warning has been issued?
2. What redundant communication methods are in place? What communication protocols are in place? Is there an essential contact list?
3. What are the internal communication policies? How would they be used at this time. What protocols are in place in the event that additional employees have to be called in?

Poll Question 6. Tornado Watch

What preparations are taking place when a tornado watch (may last several hours) has been issued?

- A. Listen to NOAA Weather Radio, radio or TV for updates.
- B. Be alert to changing weather conditions. Look for storms.
- C. Follow instructions from local EMA officials.
- D. All of the Above.

Poll Question 7 – Tornado Warning

What should occur when a Tornado Warning (tornado cited- 30 minutes or so) is issued?

- A. Begin shelter in place procedures.
- B. Evacuate the building immediately.
- C. Notify the Emergency Management Director in the community.
- D. Call 911.
- E. Other

Keep this documentation in your EP Plan



To: Health Care Coalitions

Dear Health Care Coalitions:

Thank you for your recent and continued efforts to assist with the implementation of the Centers for Medicare & Medicaid Services (CMS) Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers Final Rule. CMS and the Assistant Secretary for Preparedness and Response (ASPR) National Healthcare Preparedness Programs (NHPP) have collaborated greatly together to ensure facilities affected by this rule have a variety of resources available to them, including more participation with your coalitions.

facilities annually complete two exercises and document their participation. To assist facilities in demonstrating this compliance, we request that health care coalitions provide facilities who participate in their exercises with some confirmation of their participation, which could include an email confirmation, listing of facilities, meeting minutes, or After-Action Reviews, as long as they identify the participating facilities.

Sincerely,

David R. Wright
Director, Survey and Certification Group
CMS

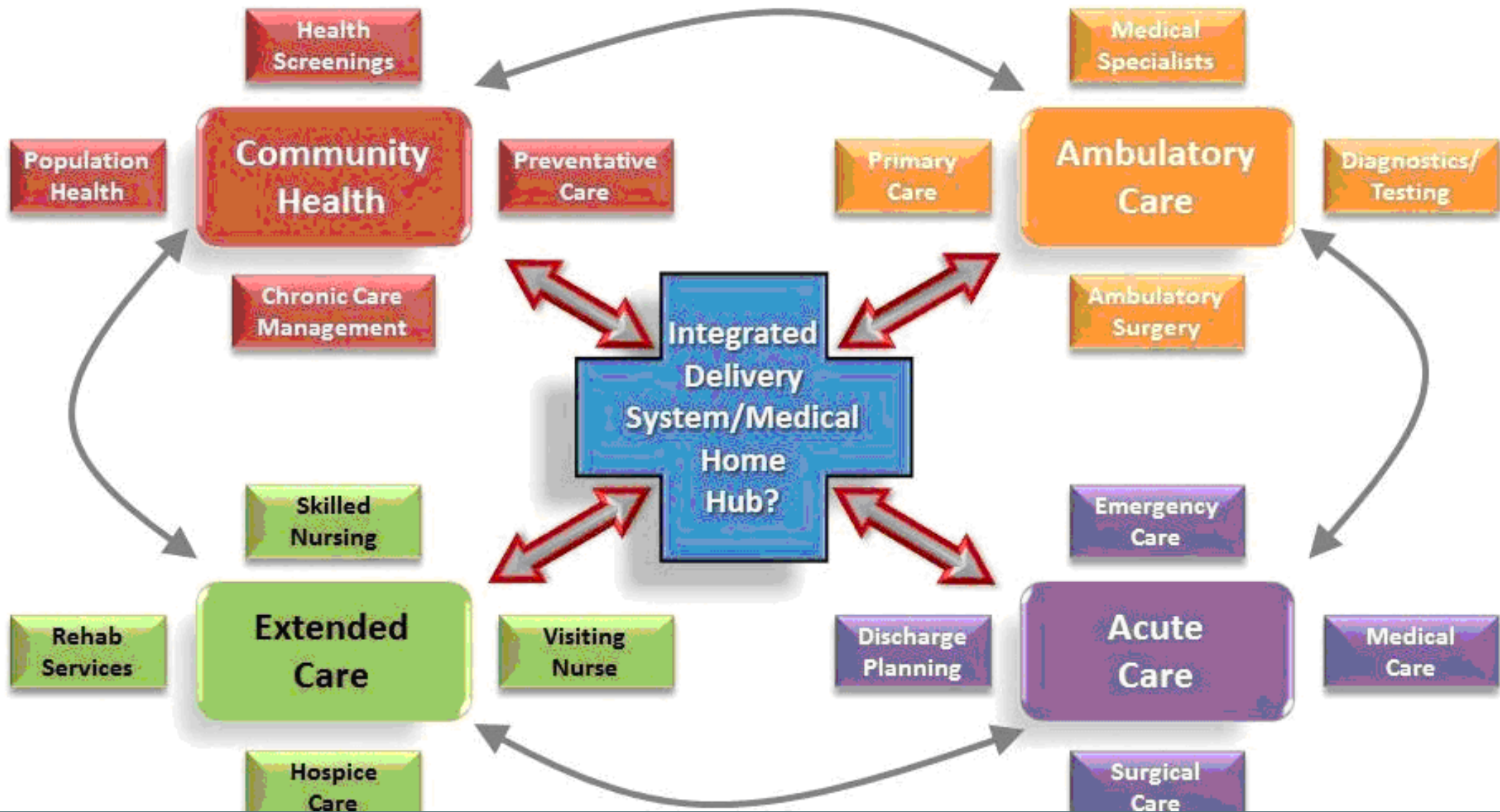
Melissa C. Harvey, RN, MSPH
Director, Division of National Healthcare
Preparedness Programs (NHPP)
ASPR

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/CMS-and-NHPP-Letter-Healthcare-Coalitions.pdf>

The Elephant in the Room

How do provider-based RHCs and other provider types comply





Policy Number	E0042
Subject	Establishment of Emergency Preparedness Integrated Health Systems

If the RHC 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 clinic may choose to participate in the healthcare system's coordinated emergency preparedness program. If elected, the unified and integrated emergency preparedness program must- [do all of the following:]

- (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.
 - (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.

Survey & Certification Group
Frequently Asked Questions (FAQs)
Emergency Preparedness Regulation

Q: If multiple sites within the same county, each with separate CCN (such as an RHC/FHQC) exist, does each location need to have its own program/risk assessment?

A: Each separately certified facility (separate CCNs) must have its own risk assessment.

Determining Needs for Compliance- Medicare Certification

Note: Medicare certified providers are issued a CMS Certification Number (CCN). All locations of the certified provider that operate and bill under that CCN are considered to be part of that provider (even if located off campus.) For example, a hospital may have several off-campus clinics that operate under the hospital's CCN. Therefore those off-campus clinics are not free-standing clinics and are part of the hospital. Those clinics are required to comply with all of the hospital CoPs, including the Emergency Preparedness CoP. One CCN means one provider, but that provider can have multiple locations. More than one provider cannot exist under one CCN.

Facilities with Multiple Locations versus Integrated Health Systems

Question: What are the requirements for facilities with multiple locations versus a separately certified facility that is part of an integrated health system that elects to have a unified and integrated emergency preparedness program?

Answer: Each separately certified Medicare participating facility (i.e. different Certification Number (CCN) numbers), is responsible for maintaining compliance with the Emergency Preparedness requirements whether the facility is part of an integrated health system or not. If a separately certified facility is part of a health system that has elected to have a unified and integrated emergency preparedness program, the facility may choose to participate in the healthcare system's unified and coordinated emergency preparedness program. This does not exempt a separately certified facility from demonstrating independent compliance with the emergency preparedness regulations. Rather, it permits a separately certified facility to partner with the health system in meeting the emergency preparedness requirements. Surveyors assess compliance in separately certified facilities. They do not assess compliance of "health systems". It is important to understand that a separately certified facility can have multiple locations all operating under one CCN. All locations of a facility operating under the same CCN must be included in the facility's emergency preparedness program and be in compliance with all of the

Continued
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emergency preparedness requirements. This means that all locations of a facility must also be included in the annual training/exercise requirements too. A health system is different in that it contains multiple separately certified facilities all operating under different CCNs. The health system is not certified by CMS and is not assessed for compliance. It is up to each provider/supplier to demonstrate compliance with the requirements upon survey. See examples below.

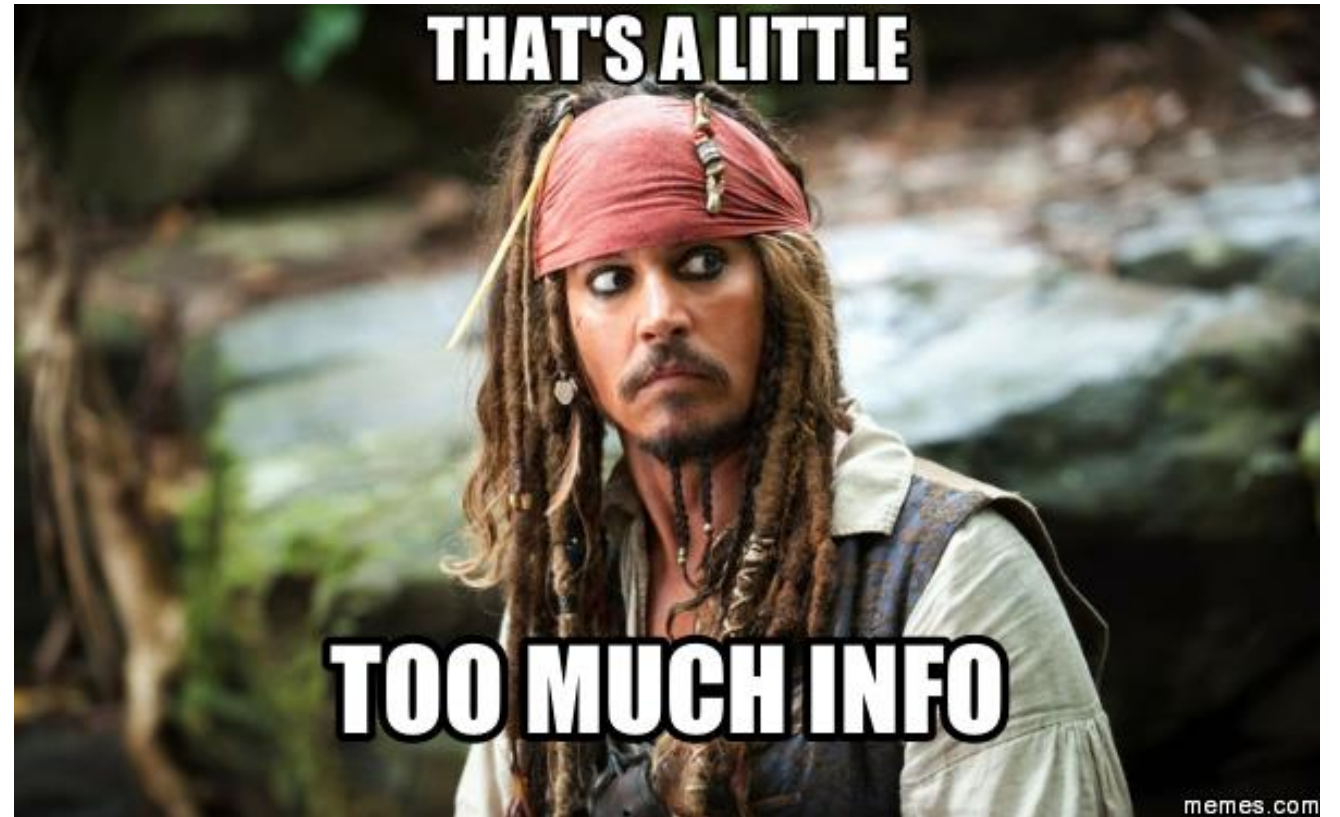
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/Frequently-Asked-Questions-FAQs-Round-Five.pdf>

Information and Resources

It is very easy to get lost in all the information on Emergency Preparedness. Here are some resources.

<https://www.dhs.wisconsin.gov/publications/p01948c.pdf>

<https://web.mhanet.com/emergency-preparedness.aspx>





Healthcare Business Specialists

EMERGENCY PREPAREDNESS RESOURCES FOR RHCS

Healthcare Business Specialists, LLC works with Rural Health Clinics on Cost Reporting, Billing, and Compliance issues. As a part of that commitment to RHCs we are providing the following resources for RHCs to use in complying with the Emergency Preparedness requirements that must be complied with by November 15, 2017. Good luck and get started as soon as possible as the regulation is very time intensive.

Initial Emergency Preparedness Training for Employees (November 17, 2017). Healthcare Business Specialists has developed a very brief training program for employees which includes a one page description of the Emergency Preparedness requirements, a request for contact information for the communication plan, and a test to document the employee's understanding of the RHC regulations. We have provided both a Word and PDF version below:

- [Initial Employee Training for Emergency Preparedness \(PDF - 3 pages\)](#)
- [Initial Employee Training for Emergency Preparedness \(Word - 3 pages\)](#)

[NARHC Handout on 10/19/2017 \(2-Page PDF\)](#)

- **Self Assessment:** Where do you stand on being ready for Emergency Preparedness? Take this self assessment form to determine your readiness for compliance. [Self Test for Emergency Preparedness.](#)

The Compliance Team Emergency Preparedness Checklist: Kate Hill provides another great tool for RHCs. This EP Checklist is a great starting point for your clinic to document your compliance steps.

- [TCT Emergency Preparedness Checklist for RHCs](#)

CFR and Regulatory Citations: Emergency Preparedness and related regulations

- [CFR publication of the Emergency Preparation Regulations \(September 16, 2016, 186 page PDF\)](#)
- [The Stafford Act requiring Mitigation Plans for States and local governments \(181 page PDF\)](#)
- [Risk Mitigation Regulations for Local jurisdictions](#)

CFR and Regulatory Citations: Emergency Preparedness and related regulations

- [CFR publication of the Emergency Preparation Regulations \(September 16, 2016, 186 page PDF\)](#)
- [The Stafford Act requiring Mitigation Plans for States and local governments \(181 page PDF\)](#)

- [Risk Mitigation Regulations for Local jurisdictions](#)

Definitions, Resources, Interpretative Guidelines: The language of Emergency Preparedness is very specific. CMS has provided definitions of the terms used when discussing Emergency Planning for healthcare providers. We provide the link to the definitions below:

- [CMS Definitions of terms used in Emergency Preparedness](#)
- [CMS Resources at your Fingertips by ASPR Tracie \(16 page PDF with a list of resources\)](#)
- [CMS Interpretative Guidelines - Appendix Z released June 8, 2017](#)
- [CMS Surveyor's Citations for RHCs only \(ETags\) Excel](#)

Healthcare Business Specialists webinars: First here are a couple of **Healthcare Business Specialists webinars** on Emergency Preparedness. Just click on the title and it will open the webinar.

- [Emergency Preparedness Webinar on October 13, 2017 on how to use the EP Template for RHCs](#)
- [Emergency Preparedness Webinar on September 29, 2017](#)
- [Emergency Preparedness Webinar on July 27, 2017](#)
- [Regulatory Update including Emergency Preparedness on April 27, 2017](#)

CMS Webinars - Please find below several links to webinars that CMS has conducted on Emergency Preparedness recently that will help you understand your responsibilities under the Emergency Preparedness Guidelines:

- [On April 27, 2017 CMS presented a webinar on Emergency Preparedness. This link will take you to landing page to download the webinar and slide presentation.](#)
- [Emergency Preparedness Requirements MLN Connects® Call 10/5/16](#)

- [Understanding the CMS Proposed Rule on Emergency Preparedness Webinar on March 18, 2014](#)

- [This link will take you to the CMS Emergency Preparedness website titled Survey & Certification. It is a general landing page that will take you to other valuable resources provided by CMS.](#)
- [This link will take you to CMS's templates and Checklist website.](#)

CMS Website and Links: CMS (Centers for Medicare and Medicaid Services) has several websites dedicated to Emergency Preparedness. These links will take you to those websites and those websites have a number of links that you can explore and contain resources and requirements:

- [CMS Survey & Certification Emergency Preparedness](#)

What is ASPR Tracie

The U.S. Department of Health and Human Services (HHS) Office of the **Assistant Secretary for Preparedness and Response (ASPR)** sponsors the **ASPR Technical Resources, Assistance Center, and Information Exchange (TRACIE)**.

<https://asprtracie.hhs.gov/cmsrule>

Note: Think Regional Extension Center for Emergency Preparedness

ASPR TRACIE



- Self-service collection of audience-tailored materials
- Subject-specific, SME-reviewed "Topic Collections"
- Unpublished and SME peer-reviewed materials highlighting real-life tools and experiences



- Personalized support and responses to requests for information and technical assistance
- Accessible by toll-free number (1844-5-TRACIE), email (askasprtracie@hhs.gov), or web form (ASPRtracie.hhs.gov)



- Area for password-protected discussion among vetted users in near real-time
- Ability to support chats and the peer-to-peer exchange of user-developed templates, plans, and other materials

ASPRtracie.hhs.gov/CMSrule

- ASPR TRACIE's Topic Collections and provider- and supplier-specific resources can help organizations involved in implementing the CMS requirements with resources tailored to their specific needs
- Resources for hazard vulnerability assessments, emergency plans, policies and procedures, communications plans, trainings, and testing


ASPRtracie.hhs.gov


1-844-5-TRACIE


askasprtracie@hhs.gov

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MLN Connects

23

Emergency Preparedness Requirements MLN Connects® Call
10/5/16

CMSHHSgov

Up next

Autoplay



CMS Emergency Preparedness Guidelines with Bob McKee, DSc, Boston University

Show all

2017 Emergency P...pdf 2017 Cost Reportpdf WPS Address Cha...pdf 2017 Cost Reportpdf



12:01 AM
4/5/2017

CMS Resources

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Templates-Checklists.html>

The screenshot shows a web browser window displaying the CMS.gov website. The browser's address bar shows the URL: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Templates-Checklists.html>. The website header includes the CMS.gov logo and navigation links: Home, About CMS, Newsroom, FAQs, Archive, Share, Help, and Print. A search bar is located below the header with the text "Learn about your health care options" and a "Search" button. The main navigation menu consists of several yellow buttons: Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Private Insurance, Innovation Center, Regulations & Guidance, Research, Statistics, Data & Systems, and Outreach & Education. The breadcrumb trail reads: Home > Medicare > Survey & Certification - Emergency Preparedness > Templates & Checklists. The page title is "Survey & Certification - Emergency Preparedness" and the sub-section is "Templates & Checklists". The main content area contains a paragraph: "With the input of the S&C Emergency Preparedness Stakeholder Communication Forum, CMS has compiled a list of useful national emergency preparedness resources to assist State Survey Agencies (SAs), their State, Tribal, Regional, local emergency management partners, and health care providers to develop effective and robust emergency plans." Below this is a section titled "Resources, updates, and links will be regularly posted on this Web site including:" followed by a bulleted list: Public health emergency declarations, Emergency preparedness tools, Emergency preparedness training, Survey & Certification Public Health Emergency Frequently Asked Questions – All Hazards, SA Emergency Preparedness Promising Practices, and Pandemic Flu information. A contact link is provided: "For specific questions please contact SCGEmergencyPrep@cms.hhs.gov". A "Downloads" section lists several PDF files: "Health Care Provider Voluntary After Action Report/Improvement Plan Template and Instructions [ZIP, 54KB]", "All Hazards Frequently Asked Questions [PDF, 236KB]", "CMS EP Acronym Glossary Final [PDF, 380KB]", "Emergency Preparedness Checklist for All Providers [PDF, 109KB]", and "Emergency Preparedness Checklist ITC Facilities Specific [PDF, 79KB]". The browser's taskbar at the bottom shows several open PDF files and the system tray with the date and time: 11:29 PM, 4/5/2017.

Emergency Preparedness Documents

Description and Importance	Link
Emergency Preparedness Checklist	https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/SandC_EPChecklist_Provider.pdf
Emergency Preparedness Healthcare Coalitions	https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/By-Name-by-State-Healthcare-Coalitions.pdf
Tabletop Exercise from FEMA on Winter Storms	https://www.dropbox.com/s/prbwuz4ndi4v8ou/2017%20Emergency%20Preparedness%20How%20to%20prepare%20for%20a%20winter%20storm%20with%20Tabletop%20Exercise.pdf?dl=0

The Emergency Preparedness Action Plan

1. Read the Regulations, Resources, Templates & watch MLM Videos.

2. Document any and all activities that are spent on EP. (phone calls)

3. Select an Emergency Preparedness Champion to lead the process and an Executive Team of three or more to implement EP.

4. Reach out to the local, CERT, county, state EP officials or coalitions and piggyback off their efforts. Be involved with any drills or tabletops.

5. Conduct the all hazards risk assessment or use the one obtained in 4. if appropriate.

6. Prepare your Emergency Plan to address the most common hazards.

7. Prepare your Emergency Policy and Procedures implementing EP.

8. Prepare your Communication Plan including how to contact people.

The Emergency Preparedness Action Plan (2)

9. Train everyone in the RHC about the EP Plan. Test and document.

10. Train volunteers (spouses or immediate family in smaller RHCs) on HIPAA, OSHA, and the Emergency Plan.

11. Participate in a community-wide drill or a facility-drill if one is not available. Write up any lessons learned from the drill.

12. Participate in another community-wide drill or facility-drill or conduct a table-top exercise instead. (Recommended)

13. Review, Update and authorize changes to the EP, EPP, and CP yearly.

14. Repeat the following year. Document. Document. Document.

A Vinyl Guide to Emergency Procedures is a good idea



<https://www.gcckc.com/guide-to-emergency-preparedness-large-vinyl-guide>

Get Started. This will take Time!!!



Questions & Contact Information

Mark Lynn, CPA (Inactive)
RHC Consultant
Healthcare Business Specialists
Suite 214, 502 Shadow Parkway
Chattanooga, Tennessee 37421
Phone: (423) 243-6185
marklynnrhc@gmail.com
www.ruralhealthclinic.com

