



## Questionnaire for RHC Emergency Preparedness Manual

Rural Health Clinics are one of 17 provider groups that are required as a condition of participation in the Medicare program to implement and maintain an Emergency Preparedness Plan. As an integral part of the Emergency Preparedness Plan the RHC must develop Emergency Preparedness Policy and Procedures, a Communication Plan, an All-Inclusive Risk Assessment, Training for employees, Testing of the EP plan, and involvement with local Emergency Management Officials. This form is provided to gather necessary information for completion of the Emergency Preparedness Manual. Please complete this form and return it to Mark Lynn at [marklynnrhc@gmail.com](mailto:marklynnrhc@gmail.com) or fax it to 800-268-5055. It is preferable that the information be type in a Word document so we can quickly copy and paste the necessary tables into the Emergency Preparedness Manual.

First, we need some basic information about the clinic including the name, address, phone number, website address, etc.

Location and Contact Information	
Clinic Name:	
Address:	
County:	
Website:	
Telephone	



Next we need to know who will review and approve the Emergency Preparedness Manual. We will use the same Professional Advisory Group that reviews the Program Evaluation and RHC Policies and Procedures biennially.

<b>Professional Advisory Group</b>	
Medical Director	
Nurse Practitioner	
Office Manager	
Community Representative	

The Emergency plan requires a clear delineation of duties during an emergency and a succession plan if the authority is incapacitated or not present. This table is designed to illustrate that plan.

<b>Authority to be Delegated</b>	<b>By Whom</b>	<b>To Whom</b>	<b>Trigger</b>	<b>Limitations</b>
EP Oversight				
EP Oversight				



In case of an emergency the RHC has an Emergency Response team that must be able to communicate with each other in a quick and efficient manner. We have developed this table to accumulate the contact and communication data for the Emergency Response team.

## Emergency Contact Information

### Internal Contacts

### Emergency Response Team

Emergency Response Team Members and Alternates				
Role	Name	Title	Office	Work Email Backup Email
CEO				W: B:
Backup CEO				W: B:
Incident Commander				W: B:
Backup IC				W: B:
ERT Lead				W: B:
Backup ERT Lead				W: B:
Liaison				W: B:
Finance and Administration Lead				W: B:



**STAFF ROLES &**

**CONTACT**

**INFORMATION**

RHC Name –	RHC Telephone Number -

Title	Name	Home Address	Phone #	Emergency Contact	Emergency Phone #



**USEFUL**

**EMERGENCY**

**NUMBERS**

Service	Name	Phone #	Alt Phone #	Email
Emergency 911 Dispatch		911		
County EMA Director				
RHC EP Consultant	Mark Lynn, CPA	833-787-2512	423.243.6185	marklynnrhc@gmail.com
Healthcare Coalition Coordinator				
Police Department				
Sherriff Department				
Highway Patrol				
Local Fire Department				
County Fire Department				
Utilities - Electricity				
Utilities - Telephone				
Utilities - Gas				
Utilities – Water & Sewer				
Office of Civil Defense				
County Incident Command Center				
Service Contractors - Computers				
Service Contractors - Landlord				
Service Contractors - EMR				
Red Cross	American Red Cross	1-800-Red-Cross		
Health Care Emergency Coalition				
Security				
Local Hospital				
Urban Hospital (transfers)				
Home Health Agency				
Local Transportation				
Ambulance Services				

502 Shadow Parkway, Chattanooga, Tennessee 37421  
 Telephone: (833) 787-2542, Fax: (800) 268-5055, Email: [marklynnrhc@gmail.com](mailto:marklynnrhc@gmail.com)  
[www.ruralhealthclinic.com](http://www.ruralhealthclinic.com)



Please consider each situation below and fill out the empty spaces with who would be contacted in that situation and what phone number would be used

<b>Situation</b>	<b>Emergency Contact</b>	<b>Phone Number</b>
Minor Hazmat Spill		
Chemical Waste Pick-Up		
Power Outage		
Obtaining information about a prolonged outage		
Reporting Injuries in the event of a major earthquake		