RHC Emergency Preparedness

Why is Emergency Preparedness important?

Per 42 CFR § 491.12, Rural Health Clinics <u>must</u> comply with all applicable Federal, State and local emergency preparedness requirements and maintain an emergency preparedness program that meets the requirements of this section.

This requirement was effective November 15, 2017



RHC Emergency Preparedness Learning Objectives

- Learn the 4 mandated components of an emergency preparedness program
- Hear updates regarding emergency preparedness
- Hear about consequences of failure to maintain an emergency preparedness program



4 Mandated Components of an Emergency Preparedness Program:

Four Mandated Components









Emergency Plan

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

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



Note: under the Omnibus Burden Reduction final rule, plan must be updated biennially rather than yearly



Emergency Plan

The RHC must develop and maintain an emergency preparedness plan that must be reviewed and updated at least every TWO years.



The plan must do all of the following:

- A. Be based on a facility and community-based assessment, utilizing an all-hazards approach (Hazard Vulnerability Analysis
- B. Include strategies for addressing emergency events identified during the risk assessment
- C. Address RHC ability to provide in an emergency, business continuity, delegations and succession plans



Policies and Procedures

The RHC must develop and implement emergency preparedness policies and procedures, based on the emergency plan, risk assessment, and the communication plan. The policies and procedures must be reviewed and updated at least every TWO years.

At a minimum, P&P should address:

- A. safe evacuation from the RHC, including appropriate placement of exit signs
- ▶ B. a means to shelter in place
- C. a system of medical documentation that preserves patient information, protects confidentiality and secures/maintains availability of records
- D. Use of volunteers (if the RHC chooses to utilize volunteers in their EP plan)



Communication Plan

► The RHC or FQHC 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 every TWO years.

Emergency Preparedness Communication Plan

Employee Critical Phone Numbers

Date	
Name	
Title	
Address	
Cell Phone - Primary Telephone	
Secondary Telephone	
Email Address	
Emergency Contact Name	
Emergency Contact Phone Number	

The communication plan must include:

- ▶ 1. Names & contact information for staff, entities providing services under arrangement, patients' physicians, other RHCs/FQHC and volunteers
- 2. Contact information for Federal State, tribal, regional and local EP staff & other sources of assistance
- > 3. Primary and alternate means for communicating with staff & Federal, State, tribal, regional and local EMA
- 4. A means of providing information about the general condition and location of patients under the facility's care as permitted under 45 CFR 164.510(b)(4)



Please provide your emergency contact information for our Emergency Preparedness Communication plan and inform us any changes that may occur in

Training and Testing

► The RHC must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan, risk assessment, policies and procedures, and the communication plan. The training and testing program must be reviewed and updated at least every TWO years

*We have an EP training video and test available on our website:

http://www.ruralhealthclinic.co m/emergency-preparedness

Training Program:

- A. 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,
- B. Provide emergency preparedness training at least every 2 years,
- C. Maintain documentation of the training,
- D. Demonstrate staff knowledge of emergency procedures,
- E. If the emergency preparedness policies and procedures are significantly updated, the RHC must conduct training on the updated policies and procedures.



Training and Testing

- Testing: The RHC 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 every 2 years; or
- A. When a community-based exercise is not accessible, an individual, facilitybased functional exercise every 2 years; or
- B. 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 its next required full-scale communitybased or individual, facility-based functional exercise following the onset of the emergency event

- (ii) Conduct an additional exercise every 2 years, opposite the year the full-scale or functional exercise is conducted, that may include, but is not limited to following:
- A. A second full-scale exercise that is community-based or an individual, facility-based functional exercise; or
- B. A mock disaster drill; or
- c. A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.



Training and Testing

Additionally:

▶ (iii) Analyze the RHC's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the RHC or FQHC's emergency plan, as needed. Store these documents in your Emergency Preparedness Binder.



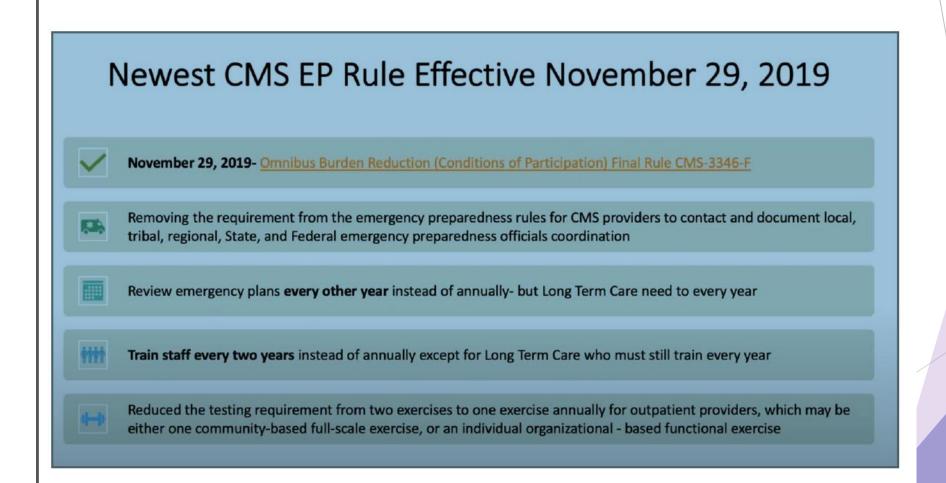
Integrated Healthcare Systems

If an 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 RHC may choose to participate in the healthcare system's coordinated emergency preparedness program





EP Updates





Consequences of non-compliance:

- Noncompliance with EP regulations is a <u>condition-level deficiency</u> during a state or deeming agency survey. A condition level deficiency means the clinic's RHC status and Medicare and Medicaid coverage would be in **jeopardy**.
- Clinics must be in compliance with EP regulations to participate in the Medicare or Medicaid Program.

EP Resources

- https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-491/subpart-A/section-491.12
- https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Core-EP-Rule-Elements
- http://www.ruralhealthclinic.com/emergency-preparedness
- https://asprtracie.hhs.gov/cmsrule
- https://www.ready.gov/
- https://training.fema.gov/

Questions and Contact Information



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