

Rural Health Clinic Technical Assistance Webinar

This webinar is brought to you by the National Association of Rural Health Clinics and is supported by cooperative agreement 1UG6RH28684 from the Federal Office of Rural Health Policy, Health Resources and Services Administration (HRSA). It is intended to serve as a technical assistance resource based on the experience and expertise of independent consultants and guest speakers.

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Emergency Preparedness

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What we will cover:

- ▶ Emergency Preparedness regulations
 - ▶ State Operations Manual Appendix Z (Interpretive Guidance)
 - ▶ Emergency Plan Template
 - ▶ Question and Answer Session
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- ▶ Slides, Audio, and Transcript will be posted here: <https://www.hrsa.gov/rural-health/resources/conference-call/index.html>

New Regulations Emergency Preparedness

§491.6(c) Emergency procedures.

The clinic assures the safety of patients in case of non-medical emergencies by:

- (1) Training staff in handling emergencies.
- (2) Placing exit signs in appropriate locations
- (3) Taking other appropriate measures that are consistent with the particular conditions of the area in which the clinic is located.



Old

New



§ 491.12 Emergency preparedness.

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:

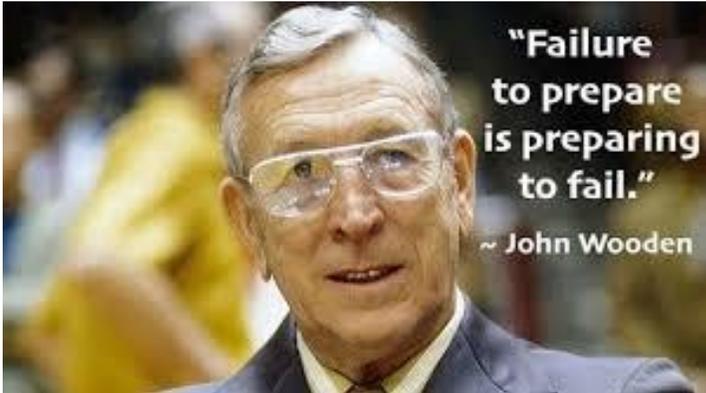
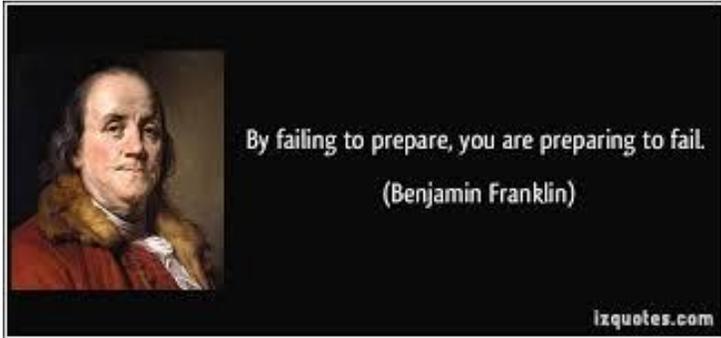
- (a) Emergency plan.** The RHC/FQHC must develop and maintain an emergency preparedness plan that must be reviewed and updated at least annually. The plan must do all of the following:
- (1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.
 - (2) Include strategies for addressing emergency events identified by the risk assessment.
 - (3) Address [patient](#) population, including, but not limited to, the type of services the RHC/FQHC has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.
 - (4) Include a process for cooperation and collaboration with local, tribal, regional, [State](#), and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the RHC/FQHC's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.
- (b) Policies and procedures.** The RHC/FQHC 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/FQHC, which includes appropriate placement of exit signs; staff responsibilities and needs of the patients.
 - (2) A means to shelter in place for patients, staff, and volunteers who remain in the facility.
 - (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.
- (c) Communication plan.** The RHC/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 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](#)/[FQHCs](#).
 - (v) Volunteers.
 - (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/FQHC's staff.
 - (ii) Federal, [State](#), tribal, regional, and local emergency management agencies.
 - (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\(b\)\(4\)](#).
 - (5) A means of providing information about the RHC/FQHC's needs, and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee.
- (d) Training and testing.** The RHC/FQHC must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in [paragraph \(a\)](#) of this section, risk assessment at [paragraph \(a\)\(1\)](#) of this section, policies and procedures at [paragraph \(b\)](#) of this section, and the communication plan at [paragraph \(c\)](#) of this section. The training and testing program must be reviewed and updated at least annually.
- (1) Training program.** The RHC/FQHC 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.
- (2) Testing.** The RHC/FQHC must conduct exercises to test the emergency plan at least annually. The RHC/FQHC 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/FQHC experiences an actual natural or man-made emergency that requires activation of the emergency plan, the RHC/FQHC 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.
 - (ii) 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.
 - (iii) Analyze the RHC/FQHC's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the RHC/FQHC's emergency plan, as needed.
- (e) Integrated healthcare systems.** If a RHC/FQHC 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/FQHC 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 all of 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.
 - (iii) 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.

Emergency Preparedness



- Implementation Date Nov. 15th 2017
- Old Regime 491.6(c):
 - Training staff in handling emergencies
 - Placing exit signs in appropriate locations
 - Taking other appropriate measures consistent with conditions of the area where the clinic is located
- New regime is much more detailed and can be found in the CFR:
§491.12
- For CAHs new rules are listed at
§485.625

§491.12 (a) Emergency Preparedness Plan



- Emergency Preparedness Plan must be created and updated every year
- CMS gives some RHCs some leeway
 - Must have a strategy to address the various emergency events the clinic is at risk for
 - Must analyze RHC capability during and after emergency including delegations of authority and succession plans
 - Must include a process to cooperate with the broader community on emergency preparedness

§492.12(a) Guidance to Surveyors

- ▶ The format of the emergency preparedness plan that a facility uses is at its discretion.
- ▶ When evaluating potential interruptions...the facility should take into account the likely durations of such interruptions.
- ▶ Facilities are expected to develop an emergency preparedness plan that is based on the facility-based and community-based risk assessment using an “all-hazards” approach. Facilities must document both risk assessments.
- ▶ “Community” is not defined in order to afford facilities the flexibility in deciding which healthcare facilities and agencies it considers to be part of its community for emergency planning purposes.
- ▶ While the responsibility for ensuring a coordinated disaster preparedness response lies upon the state and local emergency planning authorities, the facility must document its efforts to contact these officials to engage in collaborative planning for an integrated emergency response.



§491.12 (b) Policies and Procedures

- Policies and Procedures must be reviewed and updated annually
- Policy on evacuation w/ exit signs and staff responsibility
- A means to shelter in place
- A system of medical documentation that preserves patient info
- How the RHC might use volunteers to address surge needs during an emergency

§491.12(b) Guidance to Surveyors

- ▶ Facilities must consider in their development of policies and procedures, the needs of their patient population and what designated transportation services would be most appropriate
- ▶ For instance, primary methods may be considered via regular telephone services to contact transportation companies for evacuation or reporting evacuation needs to emergency officials; whereas alternate means account for loss of power or telephone services in the local area. In this event, alternate means may include satellite phones for contacting evacuation assistance.
- ▶ In addition to any existing requirements for patient records found in existing laws, under this standard, facilities are required to ensure that patient records are secure and readily available to support continuity of care during emergency.



§491.12 (c) Communication Plan

- Communication plan must be updated annually
- Include contact info for:
 - Staff, contractors, patients' physicians, other RHCs/FQHCs, volunteers as well as all government emergency preparedness staff
- Must have primary and alternate means of communication with RHC staff and governmental agencies
- A way to provide info about the condition of RHC and location of patients (example where they shelter in place)
- A way to communicate to authorities about the ability of the RHC to provide assistance

§491.12(c) Guidance to Surveyors

- ▶ Facilities in rural or remote areas with limited connectivity...need to ensure their communication plan addresses how they would communicate and comply with this requirement in the absence of these communication methodologies...Optional communication methods facilities may consider include satellite phones, radios and short wave radios.
- ▶ Facilities have the discretion to utilize alternate communication systems that best meets their needs. However, it is expected that facilities would consider pagers, cellular telephones, radio transceivers (that is, walkie-talkies), and various other radio devices such as the NOAA Weather Radio and Amateur Radio Operators' (HAM Radio) systems, as well as satellite telephone communications systems.



§491.12 (d) Training and Testing

- RHC must train all staff and contractors consistent with their expected roles
- One documented training a year for all staff and staff must demonstrate understanding of the emergency procedures
- RHC must participate in 1 full scale community-based exercise annually (check your state HHS website for more info)
- Additionally there must be a 2nd full scale exercise or tabletop exercise
- RHCs must document these drills and analyze their performance
- CMS is working on providing training resources for providers and surveyors
- **Two drills/exercises must be performed before Nov. 15 (FAQ Round 5)**

§491.12 (d) Guidance to Surveyors

- ▶ Facilities are expected to contact their local and state agencies and healthcare coalitions, where appropriate, to determine if an opportunity exists and determine if their participation would fulfill this requirement.
- ▶ Facilities that are not able to identify a full-scale community-based exercise, **can instead fulfill this part of their requirement by either conducting an individual facility-based exercise**, documenting an emergency that required them to fully activate their emergency plan, or by conducting a smaller community-based exercise with other nearby facilities.
- ▶ Facilities must maintain documentation of the annual training for all staff. The documentation must include the specific training completed as well as the methods used for demonstrating knowledge of the training program. Facilities have flexibility in ways to demonstrate staff knowledge of emergency procedures. The method chosen is likely based on the training delivery method.



§491.12 (e) Integrated Healthcare Systems



- If you are part of a larger healthcare system you can elect to participate in the system's coordinated emergency preparedness program instead if it does the following:
 - Demonstrate that each separate facility actively participated in the program
 - Plan must be developed in a manner that takes into account each facilities unique circumstances
 - Each separate facility must be in compliance

§491.12(e) Guidance to Surveyors

- ▶ If a healthcare system elects to have a unified emergency preparedness program, the integrated program must demonstrate that each separately certified facility within the system that elected to participate in the system's integrated program actively participated in the development of the program. Therefore, each facility should designate personnel who will collaborate with the healthcare system to develop the plan. The unified and integrated plan should include documentation that verifies each facility participated in the development of the plan. **This could include the names of personnel at each facility who assisted in the development of the plan and the minutes from planning meetings.**
- ▶ Because of the many different configurations of healthcare systems, from the different types of facilities in the system, to the varied locations of the facilities, it is not possible to specify how unified training and testing programs should be developed. **There is no “one size fits all” model that can be prescribed.** However, if the system decides to develop a unified and integrated training and testing program, the training and testing must be developed based on the community and facility based hazards assessments at each facility that is participating in the unified emergency preparedness program. Each facility must maintain individual training records of staff and records of all required training exercises.

Emergency Plan Template

- ▶ The LA Department of Health developed an RHC-centric Emergency Plan Template that is publicly available here:
<https://www.dropbox.com/sh/84ulhmgklir8ba5/AAArFPbHLEsoVf-VhUGmG8vsa?dl=0&preview=RHC+FQHC+Plan+Template+01.2017.pdf>
- ▶ NARHC has removed the Louisiana-specific references and created a generic version that you can find on the NARHC website here:
<https://narhc.org/wp-content/uploads/2017/10/RHC-Emergency-Operations-Plan-Template-1.docx>
- ▶ While this template is helpful, this is simply an example of an Emergency Plan. Again, there is no one format required.

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Tabs

- ▶ The template includes tabs to other aspects of the emergency preparedness plan that might not fit within the narrative of the overall plan
- ▶ Include a tab for all your internal contacts (organizational chart)
- ▶ Order of Succession may change over time so its good to have it in its own section
- ▶ Contacts exist in their own sections.
- ▶ Create a section for particular emergency/hazards you have identified in you all hazards evaluation

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Example Hazard - Fire

ANNEX A Fire

The primary purpose of the Fire Policy and Procedure is to provide a course of action for all staff to follow in the event of a fire.

PROCEDURE:

R - Rescue anyone in immediate danger.

A - Alert contact the fire department by calling 911.

C - Contain the fire. Close all doors and windows adjacent to the fire. Close all fire doors. Shut off all fans, ventilators and air conditioners, as these will feed the fire and spread smoke throughout the building.

E - Extinguish if the fire is small. If an extinguisher is available, it should be aimed low at the base of the fire, and move slowly upward with a sweeping motion.

-Never aim high at the middle or top of the flames as this will cause the fire to spread.

-If you cannot extinguish the fire, evacuate the building/home immediately.

Special Note: The most common cause of death in a fire is smoke, and not the flames. Keep low to the floor and avoid inhaling too much smoke.

1. Call the fire department at 9-1-1. Give exact location of the fire and its extent.
2. Call the Administrator.
3. Assist with patients and visitors if evacuation is necessary.
4. Assign a staff member to meet the fire department in order to direct them to the fire. Assign a staff member to keep a roster of patient, staff and visitors if evacuation is necessary.

Guidance to Surveyors (State Operations Manual Appendix Z)

- ▶ Represents the most detailed instructions from Federal Government
- ▶ <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/Advanced-Copy-SOM-Appendix-Z-EP-IGs.pdf>

Emergency Preparedness Links/More Information

- ▶ SCGEmergencyPrep@cms.hhs.gov
- ▶ <https://www.cms.gov/medicare/provider-enrollment-and-certification/surveycertemergprep/emergency-prep-rule.html>
 - ▶ Above link has several useful FAQs as well as links to the state Healthcare Coalitions
- ▶ <https://asprtracie.hhs.gov/cmsrule>
 - ▶ ASPR TRACIE also has a lot of resources for healthcare providers.
 - ▶ Assistant Secretary for Preparedness and Response (ASPR) Technical Resources, Assistance Center, and Information Exchange (TRACIE)

Questions?





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