

Meeting the New RHC Emergency Preparedness Requirements Kentucky Office of Rural Health



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RHC Emergency Preparedness Requirements

Learning Objectives:

- **Understanding how emergencies have impacted healthcare settings, thus prompting the need for regulations**
- **Understanding the four elements of compliance required on day of survey**
- **Understanding the available resources for developing your clinic's EP Plan**

Lessons Learned 2005



A lesson learned from Hurricane Katrina: In 2005, only 25% of office-based providers were using electronic medical records. Entire lifetimes of healthcare documentation were lost forever for many critically and chronically ill patients. EMR is now the standard.

Lessons Learned 2009



Lessons learned from the world-wide pandemic of H1N1 (Swine Flu) when a Phase 6 alert was issued by the WHO: the importance of infection surveillance in populations, anticipate provider shortages if staff is infected, and stockpile supplies if shortages are predicted.

Lessons Learned 2013



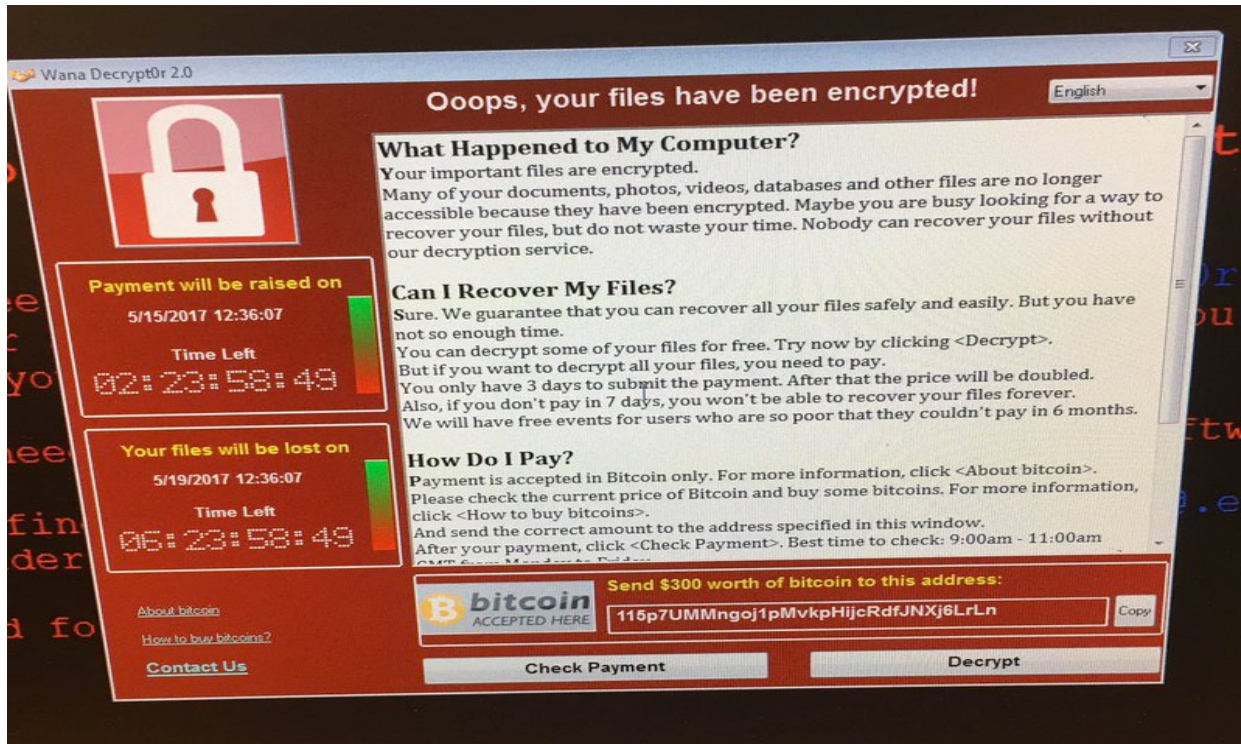
A lesson learned from Moore Medical Center, Oklahoma: Approximately 50 patients/staff and 300 community members survive an EF-5 tornado on May 20th, 2013. Displacement for staff/patients. 4 years to rebuild.

Lessons Learned 2015



A Lesson Learned from Inland Regional Center, California:
After 14 people killed and 22 injured, we now teach healthcare staff
“Run/Hide/Fight” when an immediate threat is noted.

Lessons Learned 2017



A lesson learned from a worldwide Cyber-Attack on May 12, 2017: 150 countries were affected. Malware is a real risk for loss of records and interruption of healthcare services.



**“By failing to prepare, you’re preparing to fail.”
Ben Franklin**

RHC Emergency Preparedness (EP)

Proposed by CMS in 2013, new regulations would provide consistent EP requirements, enhance patient safety during emergencies for persons served by Medicare- and Medicaid-participating facilities, and establish a more coordinated and defined response to natural and man-made disasters.

Understanding the Final EP Rule

EP Requirements for Medicare and Medicaid Participating Providers/Suppliers

- Published September 16, 2016
- Applies to all 17 provider/supplier types
- Compliance required for participation in Medicare

Implementation Date November 16, 2017

EP Prep for Independent Clinics

CMS estimates that it will cost \$6,016 per RHC to implement these emergency preparedness rules.

Independent RHCs will be impacted more adversely due to their limited labor and financial resources.

Implementation Date November 16, 2017

**85 days left to meet
compliance...**



EP Interpretive Guidelines???

“The Interpretive Guidelines are sub regulatory guidelines, not laws, which establish our expectations for the function states perform in enforcing the regulatory requirements. Facilities do not require the IGs in order to implement the regulatory requirements. This EP rule is accompanied by extensive resources that providers and suppliers can use to establish their emergency preparedness programs.”

Federal Register /Vol. 81, No. 180 / Friday, September 16, 2016 /Rules and Regulations 63873

Emergency Preparedness

CFR §491.12

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:



Emergency Preparedness

RISK ASSESSMENT AND PLANNING

Risk Assessment and Planning

Risk Assessment and Planning:

(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.

Risk Assessment and Planning

Risk Assessment and Planning

(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.

Risk Assessment and Planning

Risk Assessment for Types of Emergencies

Man Made

Chemical Emergencies, Radiation, Bioterrorism, Cyber Attack, Active Shooter, Mass Casualties

Natural Disasters

Forrest Fires, Tornados, Hurricanes, Flooding

Public Health

Pandemic Influenza, Zika Virus Outbreak, Biological Hazards

See KP Tool,
Slide 95



Risk Assessment and Planning

Kaiser Permanente

Emergency Management

Hazards - Enter name of hospital
 Hazard and Vulnerability Assessment Tool
 Naturally Occurring Events

Event	PROBABILITY Likelihood this will occur	ALERTS Number of Alerts	ACTIVATIONS Number of Activations	SEVERITY = (MAGNITUDE - MITIGATION)						RISK * Relative threat 0 - 100%
				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	
				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	
Transportation Failure										
Trauma										
Tsunami										
VIP Situation										
Water Contamination										
Water Disruption										
Weapon										
Workplace Violence / Threat										

Risk Assessment and Planning

Risk Assessment and Planning

Interpretive Guidelines:

An RHC's emergency preparedness program must describe the RHC's comprehensive approach to meeting the health, safety, and security needs of their staff and patient population during an emergency or disaster situation and address how the RHC would coordinate with other healthcare facilities, as well as the whole community during an emergency or disaster (natural, man-made). The emergency preparedness program must comply with all applicable Federal, State and local emergency preparedness requirements.

Risk Assessment and Planning

Risk Assessment and Planning

Survey Procedures:

1. Interview the RHC leadership and ask him/her/them to describe the RHC's emergency preparedness program.
2. Ask RHC leadership to identify hazards (e.g. natural, man-made, geographic, etc.) that were identified in the RHC's risk assessment, why they were included and how the risk assessment was conducted.
3. Interview RHC leadership and ask them to describe the following:
 - a. The RHC's patient population that would be at risk during an emergency;
 - b. Services the RHC would be able to provide during an emergency; how it continues to provide operations during an emergency; and delegations of authority and succession plans.

Risk Assessment and Planning

Survey Procedures:

4. Verify that the RHC has an emergency preparedness plan by asking to see a copy of the plan.
5. Review the plan to verify it contains the following required elements:
 - a. A documented, clinic-based and community-based risk assessment.
 - b. Strategies for addressing emergency events identified by the risk assessment.
 - c. 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.

Risk Assessment and Planning

Survey Procedures:

5. d. 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.

6. Ensure the word "comprehensive" in the RHC's emergency preparedness program considers a multitude of events (not one potential emergency) and the RHC can demonstrate that they have considered this during their development of the emergency preparedness plan.

7. Verify that the plan is reviewed and updated annually.

Emergency Preparedness

POLICIES AND PROCEDURES

Policies and Procedures

Policies and Procedures

(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:

Policies and Procedures

Policies and Procedures

(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.

Policies and Procedures

Interpretive Guidelines:

RHC's must develop policies and procedures that align with the identified hazards within the RHC's risk assessment and the RHC's overall emergency preparedness program.

Survey Procedures:

1. Review the written policies and procedures which address the RHC's emergency plan and verify the following:
 - a. Policies and procedures were developed based on the RHC-based and community-based risk assessment and communication plan, utilizing an all-hazards approach.

Policies and Procedures

Survey Procedures:

b. Verify the RHC's policies and procedures:

1. Provide for the safe evacuation of patients from the RHC.
2. Include how it will provide a means to shelter in place for patients, staff and volunteers who remain in the RHC.
3. Ensures the medical record documentation system preserve patient information, protects confidentiality of patient and secures and maintains availability of records
4. Includes for the use of volunteers and other staffing strategies in its emergency plan.

Policies and Procedures

Survey Procedures:

- c. When surveying the RHC, verify that all exit signs are placed in the appropriate locations to facilitate a safe evacuation.
- d. Ask to see documentation that verifies the policies and procedures have been reviewed and updated on annual basis.

Policies and Procedures

POLICY & PROCEDURES EXAMPLES

Emergency Preparedness Resources

CHEMICAL SPILLS

Purpose: To inform staff of action to be taken in the event of an outdoor chemical spill.

Policy: The following action will be taken in the event of an outdoor chemical spill.

1. Shut down outside intake ventilation.
2. Close all doors to the outside and close and lock all windows.
3. Maintenance staff should set all ventilation systems to 100% recirculation so that no outside air is drawn into the building. When this is not possible, ventilation systems should be turned off. This is accomplished by pulling the fire alarm.
4. Turn off all heating systems.
5. Turn off all air conditioners and switch inlets to the "closed" position. Seal any gaps around window type air conditioners with tape and plastic sheeting, wax paper or aluminum wrap.

Emergency Preparedness Resources

7. Close as many internal doors as possible in the building.
8. Use tape and plastic food wrapping, wax paper or aluminum wrap to cover and seal bathroom exhaust fan grills, range vents, dryer vents, and other openings to the outside.
9. If the gas or vapor is soluble or partially soluble in water, hold a wet cloth over your nose and mouth if gases start to bother you. For a higher degree of protection, go into the bathroom, close the door and turn on the shower in a strong spray to wash the air.
10. If an explosion is possible outdoors, close drapes, curtains or shades over windows. Stay away from external windows to prevent injury from flying glass.
11. Tune into the Emergency Broadcasting System on the radio or television for further information and guidance.

Emergency Preparedness Resources

INTERNAL DISASTER PLAN

Procedure: An internal disaster is one that occurs within the building and which causes a disruption of services or destruction in some form. An internal disaster may be minor to extremely serious.

The Administrator and Maintenance Supervisor shall be notified in the event of disasters and for all fires regardless of the size. The following disasters are listed with type of action to be taken in the event of an internal disaster.

FIRE: In the event of a fire, procedures in the [fire plan](#) shall be followed.

BOMB THREAT: In the event of a bomb threat, procedures in the [bomb threat procedures](#) portion of this disaster plan shall be followed.

Emergency Preparedness Resources

LOSS OF TELEPHONE SERVICES: In the event that telephone service is lost at the community due to outside causes, the telephone company must be notified immediately. There is a cellular phone in the med. room that may be used if the phone system does not work.

If the cellular phone does not work, the nurse should designate a staff person to go to the nearest operating local telephone to report the telephone outage. The number to call for service is xxx-xxxx.

If the telephone outage continues, a driver and a vehicle should be designated to be ready to depart in an emergency to report any disaster requiring emergency services from the Police, Fire Department or Ambulance Service.

Emergency Preparedness Resources

EXPLOSION: An explosion of some form is always possible from many causes. In the event of an explosion, persons witnessing the explosion should alert other persons in danger immediately.

Explosions can be caused by short circuiting electrical systems, unsafe fuel vapors, dropping compressed gasses containers in such a way as to break off valve heads, improper use of chemicals or spilling volatile liquids, and putting too much pressure in an enclosure (tank, pipeline, bottle, etc.).

Explosions result in some form of property damage and can cause personal injuries or death. In the event of personal injuries, persons witnessing the explosion shall take immediate action to assist the injured without placing themselves in immediate danger.

The injured persons should be given first aid and treatment as necessary. When the injured have been removed from the scene and others have been removed from immediate danger, the assessment of damages must be made.

A report must also be made. The report must contain what happened, the time of the explosion, the extent of injuries, etc. It is essential to try to remember all details of the explosion. This information is vital in the event of any future legal actions.

Emergency Preparedness

COMMUNICATION PLAN

Communication Plan

(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.

Communication Plan

(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.

Communication Plan

(c) Communication plan

- (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.

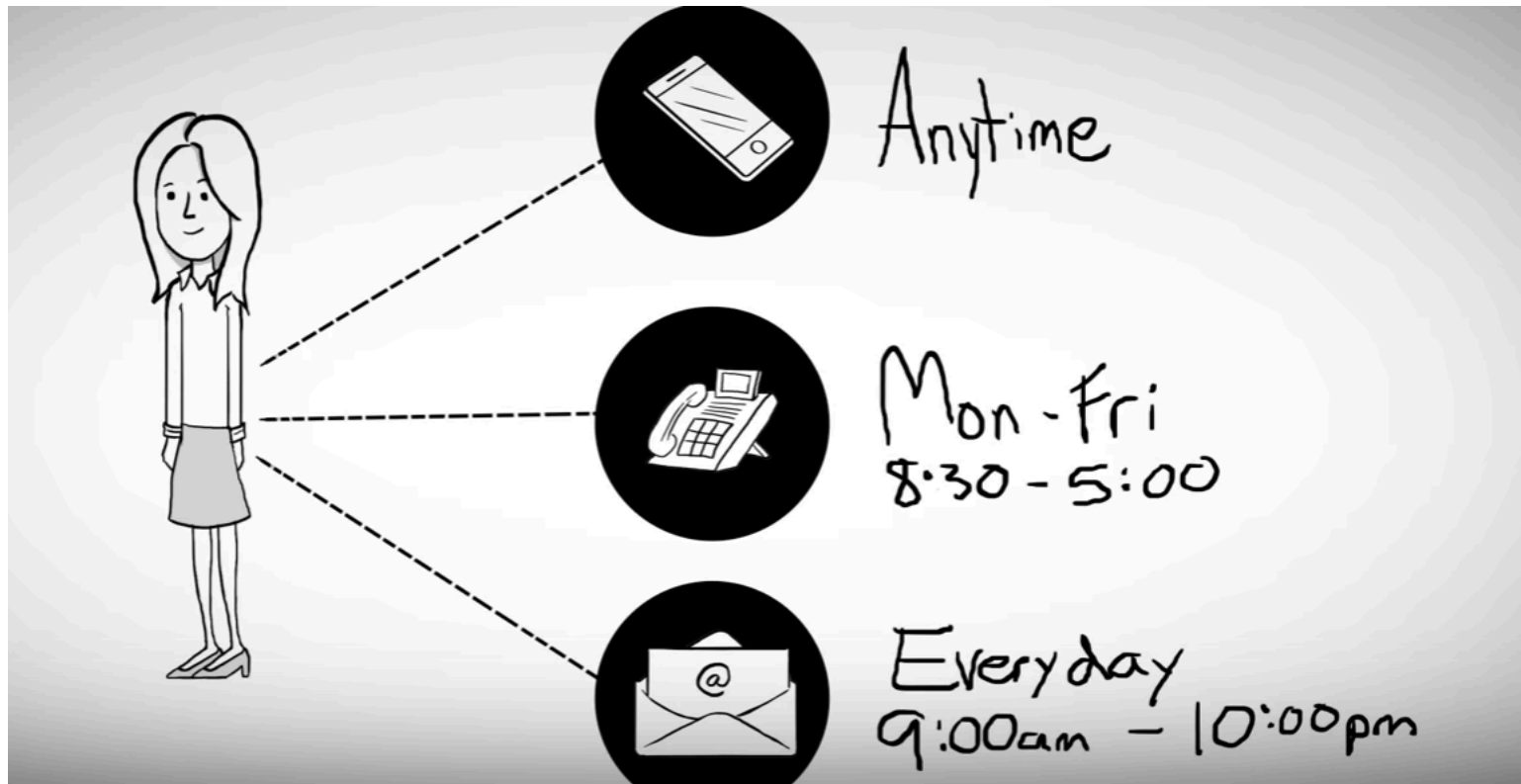
Communication Plan

(c) Communication plan

(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.

Communication Plan



Do you know the best way to communicate with your providers and staff at all times?

Communication Plan

(c)Communication plan

Interpretive Guidelines:

RHCs must have a written communication plan that contains how the RHC coordinates patient care within the RHC, across healthcare providers, and with State and local public health departments. The plan should include how the RHC interacts and coordinates with emergency management agencies and systems to protect health and safety in the event of a disaster.

Communication Plan

(c)Communication plan

Surveyor Procedures:

1. Verify that the RHC has a written communication plan by asking to see the plan.
2. Ask to see evidence that the plan has been reviewed (and updated as necessary) on an annual basis.
3. Verify that all required contacts are included in the communication plan by asking to see a list of the contacts with their contact information.

Communication Plan

(c)Communication plan

Surveyor Procedures:

4. Verify the communication plan includes primary and alternate means for communicating with RHC staff, Federal, State, tribal, regional and local emergency management agencies by reviewing the communication plan (i.e., pagers, cellular telephones, walkie-talkies, HAM radio, etc.)
5. Ask to see the communications equipment or communication systems listed in the plan.

Communication Plan

(c)Communication plan

Surveyor Procedures:

6. Verify the RHC has developed policies and procedures that address the means the RHC will use to release patient information to include the general condition and location of patients, by reviewing the communication plan
7. Verify the communication plan includes a means of providing information about the RHC's needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee by reviewing the communication plan.

Emergency Preparedness

TRAINING AND TESTING

Training and Testing

(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.

Training and Testing

(d) Training and Testing

(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.

Training and Testing

(d) Training and Testing

(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.

Training and Testing

(d) Training and Testing

(2) Testing.

(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.

Training and Testing

(d) Training and Testing

(2) Testing.

(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.

Training and Testing

(d) Training and Testing

Interpretive Guidelines:

An emergency preparedness training and testing program must be documented and reviewed and updated on at least an annual basis. The training and testing program must reflect the risks identified in the RHC's risk assessment and be included in their emergency plan.

Training and Testing

(d) Training and Testing

Surveyor Procedures:

1. Verify the RHC has an emergency preparedness training and testing program.
2. Verify the program has been reviewed and updated on, at least, an annual basis by asking for documentation of the annual review as well as any updates made.
3. Ask for copies of the RHC's initial emergency preparedness training and annual emergency preparedness training offerings.

Training and Testing

(d) Training and Testing

Surveyor Procedures:

4. Interview various staff and ask questions regarding the RHC's initial and annual training course, to verify staff knowledge of emergency procedures.
5. Review a sample of staff training files to verify staff has received initial and annual emergency preparedness training.

Training and Testing

Testing

Interpretive Guidelines:

RHCs must on an annual basis conduct exercises to test the emergency plan, specifically RHC 's are required to conduct a tabletop exercise and participate in a full-scale community-based exercise or conduct an individual facility exercise if the community-based exercise is not available.

Training and Testing

Testing

Interpretive Guidelines:

For the purposes of this requirement, a full scale exercise is defined and accepted as any operations-based exercise (drill, functional, or full-scale exercise) that assesses a facility's functional capabilities by simulating a response to an emergency that would impact the facility's operations and their given community.

Training and Testing

Testing

Interpretive Guidelines:

RHCs 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. In doing so, they are expected to document the date, the personnel and the agency or healthcare coalition that they contacted.

Training and Testing

Testing

Interpretive Guidelines:

RHCs 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.

Training and Testing

Has your clinic already
undergone an emergency
this year?



Training and Testing

Survey & Certification
Emergency Preparedness & Response
Health Care Provider After Action
Report/Improvement Plan (AAR/IP)
Instructions for Completion

Training and Testing

The Centers for Medicare & Medicaid Services (CMS), Survey and Certification Group has developed this *Health Care Provider After Action Report/Improvement Plan (AAR/IP)* template with the assistance of the U.S. Department of Health and Human Services (HHS), Office of the Assistant Secretary for Preparedness and Response, the U.S. Department of Homeland Security (DHS), and the CMS Survey and Certification Emergency Preparedness Stakeholder Communication Forum.

Training and Testing

The AAR is intended to be a voluntary, user -friendly tool for health care providers to use to document their performance during emergency planning exercises and real emergency events to make recommendations for improvements for future performance.

The AAR/IP template is modeled after the DHS Homeland and Security Exercise and Evaluation Program (HSEEP) Vol. III AAR/IP, issued in February 2007.

CMS does not mandate use of this AAR/IP template; nor does completion of the AAR/IP indicate a provider has met all Federal regulatory emergency preparedness requirements.

Training and Testing

Testing

Surveyor Procedures:

1. Ask to see documentation of the annual tabletop and full-scale exercises (which may include, but is not limited to, the exercise plan, the AAR, and any additional documentation used by the RHC to support the exercise).
2. Ask to see the documentation of the RHC's efforts to identify a full-scale community based exercise if they did not participate in one (i.e. date and personnel and agencies contacted and the reasons for the inability to participate in a community based exercise).

Training and Testing

Testing

Surveyor Procedures:

3. Request documentation of the RHC's analysis and response and how the facility updated its emergency program based on this analysis.

Training and Testing

Have you heard of community emergency response teams (CERT)?



Training and Testing

BRADD CERT	0 Miles
Simpson County CERT Team	21 Miles
Allen County Scottsville Community CERT program	22 Miles
Ohio County CERT Program	28 Miles
Muhlenberg Co CERT	29 Miles
White House CERT	37 Miles
Metcalf County	47 Miles
Hendersonville CERT	49 Miles
Nashville/Davidson County Community Emergency Response Team	50 Miles
Daviess County CERT	51 Miles
Clay County CERT Program	52 Miles
Hopkins County CERT	53 Miles
Christian Co CERT	53 Miles
Crofton CERT Team	53 Miles
Hancock County CERT	54 Miles
Lebanon Public Safety CERT Team	56 Miles
Montgomery County Cert	56 Miles
Adair County CERT	57 Miles
Webster County CERT	64 Miles
Putnam County CERT Program	65 Miles
Trigg County CERT	66 Miles
Spencer County CERT	

Training and Testing

(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:

Training and Testing

(e) Integrated healthcare systems.

- (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.

Training and Testing

(e) Integrated healthcare systems.

(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.

Training and Testing

(e) Integrated healthcare systems.

(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.

Training and Testing

(e) Integrated healthcare systems

Interpretive Guidelines:

Healthcare systems that include multiple facilities that are separately certified as a Medicare-participating provider or supplier have the option of developing a unified and integrated emergency preparedness program that includes all of the facilities within the healthcare system instead of each facility developing a separate emergency preparedness program.

Training and Testing

(e) Integrated healthcare systems

Surveyor Procedures:

1. Verify whether or not the facility has opted to be part of its healthcare system's unified and integrated emergency preparedness program. Verify that they are by asking to see documentation of its inclusion in the program.
2. Ask to see documentation that verifies the facility within the system was actively involved in the development of the unified emergency preparedness program.

Training and Testing

(e) Integrated healthcare systems

Surveyor Procedures:

3. Ask to see documentation that verifies the facility was actively involved in the annual reviews of the program requirements and any program updates.
4. Ask to see a copy of the entire integrated and unified emergency preparedness program and all required components (emergency plan, policies and procedures, communication plan, training and testing program).

Training and Testing

(e) Integrated healthcare systems

Surveyor Procedures:

5. Ask facility leadership to describe how the unified and integrated emergency preparedness program is updated based on changes within the healthcare system such as when facilities enter or leave the system.

RHC Specifics

- Outpatient providers are not required to have P&Ps for the provision of subsistence needs.
- RHCS must still have a P&P detailing how refrigerated medications will be handled during/after disasters that disrupt electrical power.
- RHC procedure may be to evacuate staff/patients when safe to do so, close/secure the clinic, and notify staff/patients that the clinic is closed until further notice.

Emergency Preparedness Resources

RESOURCES FOR CUSTOMIZING YOUR CLINIC'S EP PLAN

Emergency Preparedness Resources

[CMS.gov](https://www.cms.gov)

CMS.GOV

Providers and Suppliers should refer to the resources on the CMS website for assistance in developing emergency preparedness plans.

CMS Website Link:

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

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Survey & Certification - Emergency Preparedness

[State Survey Agency Guidance](#)[Health Care Provider Guidance](#)[Lessons Learned/Archives](#)[Emergency Preparedness Rule](#)[Core EP Rule Elements](#)[Earthquakes](#)[Hurricanes](#)[Severe Weather](#)[Flooding](#)[Wild Fires and Fires General](#)[Influenza and Viruses](#)[Homeland Security Threats](#)[Templates & Checklists](#)

Survey & Certification - Emergency Preparedness

Emergency Preparedness for Every Emergency

Mission

Enable Federal, State, Tribal, Regional, and local governmental agencies, and health care providers to respond to every emergency in a timely, collaborative, organized, and effective manner.

The Centers for Medicare & Medicaid Services (CMS) Survey and Certification Group (SCG) has developed this site to provide useful information to CMS Central and Regional Offices, State Survey Agencies (SAs), their State, Tribal, Regional, and local emergency management partners, and health care providers, for developing effective and robust emergency plans and responses. This Web site provides information and tools, utilizing an "all hazards" approach for disruptive events such as:

- Pandemic flu (e.g., H1N1 influenza virus)
- Hurricanes
- Tornadoes
- Fires
- Earthquakes
- Power outages
- Chemical spills
- Nuclear or biological terrorist attack

CMS.GOV



CMS.GOV

U.S. DEPARTMENT OF HEALTH HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

Survey & Certification Emergency Preparedness & Response

Health Care Provider After Action Report/Improvement Plan (AAR/IP) Instructions for Completion

Exercise Types

There are seven types of exercises defined within HSEEP, each of which is either discussions-based or operations-based.

Discussions-based Exercises familiarize participants with current plans, policies, agreements and procedures, or may be used to develop new plans, policies, agreements, and procedures. Types of Discussion-based Exercises include:

- **Seminar:** A seminar is an informal discussion, designed to orient participants to new or updated plans, policies, or procedures (e.g., a seminar to review a new Evacuation Standard Operating Procedure).
- **Workshop:** A workshop resembles a seminar, but is employed to build specific products, such as a draft plan or policy (e.g., a Training and Exercise Plan Workshop is used to develop a Multi-year Training and Exercise Plan).
- **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 nursing home conducts an evacuation 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 Exercise (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).

Note: Health care providers may also use the AAR/IP to document real life emergency events.

CMS.GOV

TEMPLATE AVAILABLE

U.S. DEPARTMENT OF HEALTH HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

Health Care Provider After Action Report/Improvement Plan

Survey & Certification
Emergency Preparedness & Response

Enter Organization Name

Health Care Provider
After Action Report/Improvement Plan

Enter Full Name of Exercise or Event

Prepared by

The Compliance Team
Exemplary Provider Accreditation

CMS.GOV

Frequently Asked Questions (FAQs) have been developed and are posted on the CMS Emergency Preparedness Website

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html>

SCGEmergencyPrep@cms.hhs.gov

Emergency Preparedness Resources

[ASPERTRACIE.HHS.gov](https://aspertracie.hhs.gov)

ASPRTRACIE.HHS.GOV



Welcome to ASPR TRACIE

Topic Collection: Rural Disaster Health

[Technical Resources](#) / [Disaster Operations](#) / [Care Location / Setting](#) / [Rural Disaster Health](#)

Emergency Preparedness Resources

FEMA.gov

FEMA.GOV

Disaster Preparedness



CERT Basic Training Unit 1



Community Emergency Response Teams

The Compliance Team
Exemplary Provider Accreditation

Local Hazard Vulnerability

- Identify most common disasters that occur
- Identify possible hazards with most severe impact
- Consider recent or historical impacts
- Identify susceptible locations in the community for specific hazards
- Consider what to expect from disruption of services



CERT DRILLS AND EXERCISES: TABLETOP EXERCISE #1

Table of Contents

CERT Drills and Exercises	1
What Is a Tabletop Exercise?	1
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Community Emergency Response Teams

Emergency Preparedness Resources

[CDC.gov](https://www.cdc.gov)

CALHOSPITALPREPARE.ORG

EMERGENCY PREPAREDNESS

PREPARING HOSPITALS FOR DISASTERS



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Earthquake Preparedness

Critical tools and resources for hospitals [Read More »](#)

Severe Weather

Disaster Conference:

Zika Virus

→ Earthquake

Active Shooter

What's New

2017 Statewide Medical Health Exercise

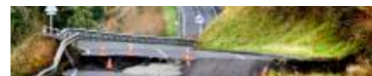
Interim Planning Guidance for the Handling of Solid Waste Contaminated with a Category A Infectious Substance

Sustained Extreme Temperature Preparations

Top Rated Content

Zika Virus

Is Your Hospital Prepared?



— Revised HVA Tool from Kaiser — Permanente

January 2017

— Kaiser Permanente has developed a revised [Hazard Vulnerability Analysis tool](#) and [instruction sheet](#). Available as a planning resource only; if sharing publicly please credit Kaiser Permanente. This tool is not meant for commercial use.

CALHOSPITALPREPARE.ORG

Kaiser Permanente

Emergency Management

Hazards - Enter name of hospital
 Hazard and Vulnerability Assessment Tool
 Naturally Occurring Events

Event	PROBABILITY Likelihood this will occur	ALERTS Number of Alerts	ACTIVATIONS Number of Activations	SEVERITY = (MAGNITUDE - MITIGATION)						RISK * Relative threat 0 - 100%
				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	
				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	
Transportation Failure										
Trauma										
Tsunami										
VIP Situation										
Water Contamination										
Water Disruption										
Weapon										
Workplace Violence / Threat										

CALHOSPITALPREPARE.ORG

NOTICE



**NO FIREARMS
OR WEAPONS
ALLOWED ON
THIS PROPERTY**

ACTIVE SHOOTER

PLANNING AND RESPONSE

Emergency Preparedness Resources

CENTER FOR INFECTIOUS DISEASE RESEARCH & POLICY AT UNIVERSITY OF MINNESOTA

CIDRAP.UMN.EDU

Emergency Preparedness Toolkit for Community Health Centers & Community Practice Sites

A How-To Guide for:

- Connecting with the Local Health Department or Hospital**
- Creating an Emergency Response Plan**
- Training Your Staff**
- Exercising with Local Partners**



 **COLUMBIA UNIVERSITY**

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Emergency Preparedness Resources

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SPH.TAMHSC.EDU



PUBLIC HEALTH
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Life or death in Flash Floods

Study quantifies number of people killed and rescued from floodwaters in Texas

Partnering to Achieve Rural Emergency Preparedness: A Workbook for Healthcare Providers in Rural Communities

Summer 2007

USA Center for Rural Public Health Preparedness

Texas A&M Health Science Center School of Rural Public Health

<http://centers.srph.tamhsc.edu/centers/osp/USACenter/index.htm>

SPH.TAMHSC.EDU

Appendix I	At A Glance: Finding At-risk Populations At a Glance: Reaching At-risk Populations Through the Lens of the Categories: Finding At-risk Populations Through the Lens of the Categories: Reaching At-Risk Populations Sample Telephone Survey Template Questionnaire Template/Phone Script Memorandum of Understanding Template Collaboration Agreement Letter Template Focus Group, Interview, or Roundtable Discussion Template Interview/ Survey Template to Learn from Other Agencies and Organizations E-mail Test TEMPLATE
Appendix J	Alternate Care Site Selection Tool
Appendix K	Volunteer Roster
Appendix L	Mental Health Coordinator Checklist
Appendix M	Open / Close Decision Tool
Appendix N	Media Contact Information Media Contact Form
Appendix O	Patient Tracking Form
Appendix P	Association for Professionals Infection Control and Epidemiology: Decontamination of Patients and Environment
Appendix Q	Donation Tracking Form
Appendix R	Equipment Inventory List Cost Tracking and Finance Forms
Appendix S	After Action Report Form/Questionnaire



Emergency Preparedness Resources

NATIONAL WEATHER SERVICE

WEATHER.GOV



NATIONAL WEATHER SERVICE
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION

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Email and SMS Weather Alert Services

[Weather.gov](#) > Email and SMS Weather Alert Services

National Weather Service
National Headquarters

Customize Your Weather.gov

City, ST

Enter Your City, ST or
ZIP Code

Remember Me

Get Weather

[Privacy Policy](#)

The National Weather Service (NWS) provides alert and warning information through official dissemination sources, including [NOAA Weather Radio](#), [NOAA Weather Wire Service](#), and [Weather.gov](#) to the public, and the [iNWS service](#) for core partners (emergency management community, government partners of an NWS office, or members for the electronic media who need direct interaction with NWS). The National Weather Service does not provide direct email/SMS alerts to the general public. For hurricane-specific information, see [Hurricane Information](#). For tsunami-specific information, see [Tsunami Information](#).

Third party sources that deliver email and SMS weather alerts are listed below. This list contains the providers/services that we know. If you are a provider of a weather alerting service and want your service added to the list below, please contact nws.subscribe@noaa.gov. **Note: This email address is not for subscribing to NWS alerts.**

DISCLAIMER: NWS does not endorse the services or providers listed in the table below. Information presented in the table is believed to be correct at the time of posting. Any fee or payment required for service is the responsibility of the consumer. The NWS recommends using multiple sources of information to validate the information that is received.

NOTE: Unless otherwise indicated, all links below take you outside this federal government website. You may wish to review the privacy notices on these sites as their practices may differ from ours.

Emergency Preparedness Resources

KENTUCKY EMERGENCY MANAGEMENT



Kentucky Emergency Management

Who We Are

News

Preparedness

Programs

Recovery

Subrecipient Monitoring

Training / Exercise

Travel

Weather

Eclipse

Inland SAR Planning

[Home](#) / [Preparedness](#)

Preparedness



If the lights go out, are you prepared? That is a simple but necessary question that we must ask ourselves. In the event of a power outage something as simple as having a flashlight, radio and extra batteries available can make you and your family more comfortable during these times.

Kentuckians face many natural disasters, mostly weather related, and man-made challenges throughout the year; from tornadoes, flooding, straight line winds, lightning, winter storms, hazardous chemical spills and daily personal emergencies. Every household and every business should be prepared to face these challenges at any given time.

KYEM.KY.GOV



**Receive Text Message Alerts,
from KYEM on your phone! Text
"follow kyempio" to the number
40404.**

KYEM.KY.GOV

Training/Exercise



KYEM Training and Exercise Program

Throughout the Commonwealth, the Kentucky Division of Emergency Management (KYEM), as outlined in [KRS 39A](#) and [106 KAR 1:210](#) and [106 KAR 1:220](#), is responsible for coordinating emergency response/relief/recovery efforts for natural and manmade disasters such as tornadoes, storms, earthquakes, hazardous material incidents, as well as acts of

terrorism involving weapons of mass destruction.

- [Training listed by KYEM Area](#)
- [ICS Only Training](#)
- [HazMat Only Training](#)
- [SAR Only Training](#)

Below are all trainings listed by month.

August

August 04-06, BSAR, Lewis County	Announcement	Register
August 05-06, AUXCOMM, Jefferson County	Announcement	Register
August 05-06, ICS 300, Elliott County	Announcement	Register
August 07-08, G290 Basic PIO, Hardin County	Announcement	Register



Kentucky Emergency Management

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Volunteer Coordination



Kentucky is one of only a few states, nationwide, which employs a full-time Volunteer Coordinator. It is the responsibility of the Program Coordinator to ensure that unmet disaster needs are identified and met.

Unlike other disaster programs managed by KYEM, the Volunteer Coordination Program can be activated for events which do not receive a presidential declaration.

Major activities of this program include:

- Disaster Assistance
- Voluntary Organizations Active in Disasters (VOADs)
- Long Term Recovery Committees
- Donation Management

Disaster Assistance Often times, citizens have recovery needs that are not covered by local, state, or federal programs. The KYEM Volunteer Coordinator can assist by locating volunteers and organizations that can provide assistance such as debris clearance, sandbagging, home muck outs, minor home repairs, etc. It is imperative that citizens report unmet needs. Citizens should call the county emergency director's office

Emergency Preparedness Resources

TEMPLATES TO LOOK
AS YOU GET STARTED

Emergency Preparedness Resources

TEMPLATES ONLINE:

www.nhchc.org/wp-content/uploads/2011/10/health-center-template-small-1.doc

www.teajf.org/grants/downloads/SAMPLE_EMERGENCY_PLAN.doc

<http://www.calhospitalprepare.org/communications>

Additional RHC Resources



<https://www.ruralhealthinfo.org/>

RHC Survey Implications

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.

THANK YOU



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