Emergency Preparedness Requirements for RHCs

1

Participants will review:

- How to develop and test a compliant emergency preparedness plan
- How to conduct Hazard Vulnerability Assessments (HVAs)
- Examples of successful emergency planning

2

42 CFR 491.12 Emergency Preparedness

health services associates

3

Emergency plan

- The RHC or FQHC must develop and maintain an emergency preparedness plan that must be reviewed and updated at least every 2 years. The plan must do all of the following:
  - Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.
  - Include strategies for addressing emergency events identified by the risk assessment.

4

Emergency plan

- 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.
- 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.

5

Policies & procedures

- The RHC or 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 every 2 years. At a minimum, the policies and procedures must address the following:
  - Safe evacuation from the RHC/FQHC, which includes appropriate placement of exit signs; staff responsibilities and needs of the patients.
  - A means to shelter in place for patients, staff, and volunteers who remain in the facility.
  - A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains the availability of records.
  - 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.

6

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 2 years. The communication plan must include all of the following:
  - Names and contact information for the following:
    - Staff, Entities providing services under arrangement, Patients' physicians, Other RHCs/FQHCs, Volunteers.
  - Contact information for the following:
    - Federal, State, tribal, regional, and local emergency preparedness staff, Other sources of assistance.

7

Communication plan

- Primary and alternate means for communicating with the following:
  - RHC/FQHC's staff, (ii) Federal, State, tribal, regional, and local emergency management agencies.
- 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).
- 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.

8

Training & testing

- The RHC or 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 every 2 years.

9

Training program

- The RHC/FQHC must do all of the following:
  - 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, Provide emergency preparedness training at least every 2 years.
  - Maintain documentation of the training. Demonstrate staff knowledge of emergency procedures. If the emergency preparedness policies and procedures are significantly updated, the RHC/FQHC must conduct training on the updated policies and procedures.

10

Testing

- The RHC or FQHC must conduct exercises to test the emergency plan at least annually. The RHC or FQHC must do the following:
  - Participate in a full-scale exercise that is community-based every 2 years; or
    - When a community-based exercise is not accessible, an individual, facility-based functional exercise every 2 years; or.
    - If the RHC or FQHC experiences an actual natural or man-made emergency that requires activation of the emergency plan, the RHC or FQHC is exempt from engaging in its next required full-scale community-based or individual, facility-based functional exercise following the onset of the emergency event.

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Testing

- Conduct an additional exercise every 2 years, opposite the year the full-scale or functional exercise under paragraph (d)(2)(i) of this section is conducted, that may include, but is not limited to following:
  - A second full-scale exercise that is community-based or an individual, facility-based functional exercise; or
  - A mock disaster drill; or
  - 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.
- Analyze the RHC or FQHC'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.

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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:
  - Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.
  - Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered.
  - 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.

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Integrated healthcare systems

- 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:
  - A documented community-based risk assessment, utilizing an all-hazards approach.
  - A documented individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach.
- 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.

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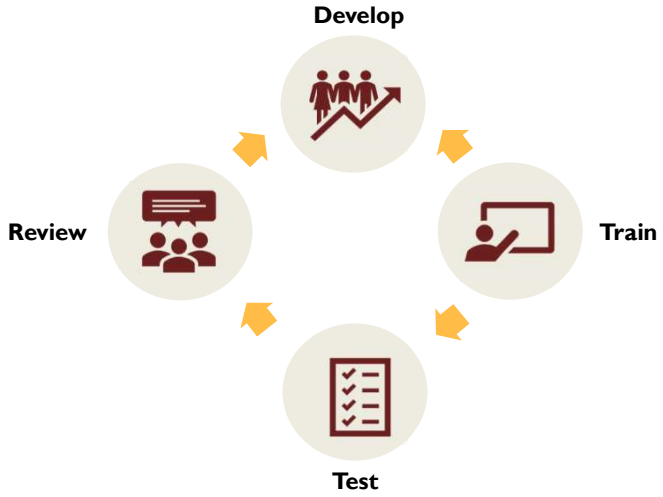
Emergency Plan Cycle



15

4 Components

- Risk assessment
- Policies
- Communication plans
- Training and testing program

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Risk Assessment

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Risk assessment

- All hazards approach
  - Naturally occurring
  - Man made
  - Technological
  - Biohazardous
  - Emerging Diseases (added in 2019)
- Review every two years
- Clinic specific
- Facility vs Community

18

Conducting a Risk Assessment

- Sample tool from Kaiser Permanente
- Look at both your county and State mitigation plans (typically covers naturally occurring)
- Determination of top risks (top 5-10)
- Create an action plan for each identified risk

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Conducting a Risk Assessment

Consistent measurement

Probability + Impact – Preparedness = Risk Percentage

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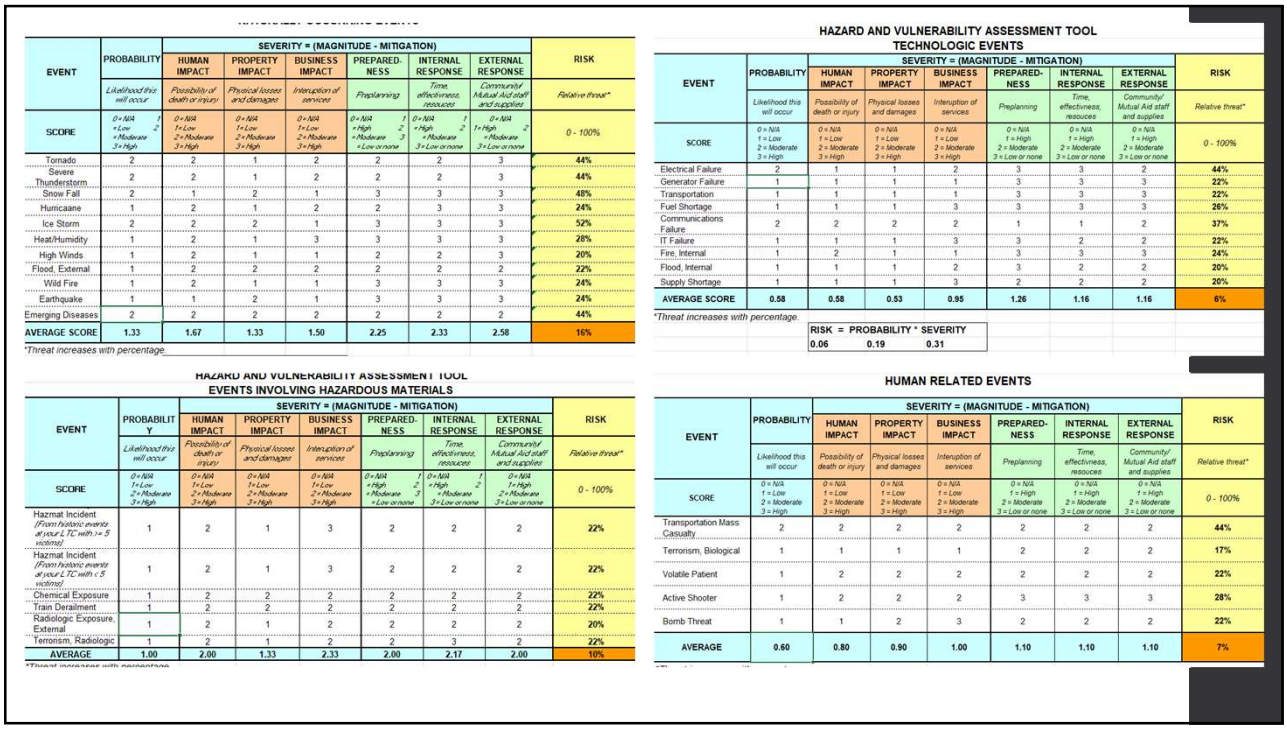

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
	Likelihood this will occur	HUMAN IMPACT: Possibility of death or injury	PROPERTY IMPACT: Physical losses and damages	BUSINESS IMPACT: Interruption of services	PREPARED-NESS: Preplanning	INTERNAL RESPONSE: Time, effectiveness, resources	EXTERNAL RESPONSE: Community/ Mutual Aid staff and supplies	Relative threat*
SCORE	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 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Tornado	2	2	1	2	2	2	3	44%
Severe Thunderstorm	2	2	1	2	2	2	3	44%
Snow Fall	2	1	2	1	3	3	3	48%
Hurricaane	1	2	1	2	2	3	3	24%
Ice Storm	2	2	2	1	3	3	3	52%
Heat/Humidity	1	2	1	3	3	3	3	28%
High Winds	1	2	1	1	2	2	3	20%
Flood, External	1	2	2	2	2	2	2	22%
Wild Fire	1	2	1	1	3	3	3	24%
Earthquake	1	1	2	1	3	3	3	24%
Emerging Diseases	2	2	2	2	2	2	2	44%
AVERAGE SCORE	1.33	1.67	1.33	1.50	2.25	2.33	2.58	16%

*Threat increases with percentage.

HAZARD AND VULNERABILITY ASSESSMENT TOOL
TECHNOLOGIC EVENTS

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
	Likelihood this will occur	HUMAN IMPACT: Possibility of death or injury	PROPERTY IMPACT: Physical losses and damages	BUSINESS IMPACT: Interuption of services	PREPARED-NESS: Preplanning	INTERNAL RESPONSE: Time, effectiveness, resouces	EXTERNAL RESPONSE: Community/ Mutual Aid staff and supplies	Relative threat*
SCORE	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 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Electrical Failure	2	1	1	2	3	3	2	44%
Generator Failure	1	1	1	1	3	3	3	22%
Transportation	1	1	1	1	3	3	3	22%
Fuel Shortage	1	1	1	3	3	3	3	26%
Communications Failure	2	2	2	2	1	1	2	37%
IT Failure	1	1	1	3	3	2	2	22%
Fire, Internal	1	2	1	1	3	3	3	24%
Flood, Internal	1	1	1	2	3	2	2	20%
Supply Shortage	1	1	1	3	2	2	2	20%
AVERAGE SCORE	0.58	0.58	0.53	0.95	1.26	1.16	1.16	6%

*Threat increases with percentage.

RISK = PROBABILITY * SEVERITY
0.06 0.19 0.31

HAZARD AND VULNERABILITY ASSESSMENT TOOL
EVENTS INVOLVING HAZARDOUS MATERIALS

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
	Likelihood this will occur	HUMAN IMPACT: Possibility of death or injury	PROPERTY IMPACT: Physical losses and damages	BUSINESS IMPACT: Interuption of services	PREPARED-NESS: Preplanning	INTERNAL RESPONSE: Time, effectiveness, resouces	EXTERNAL RESPONSE: Community/ Mutual Aid staff and supplies	Relative threat*
SCORE	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 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Hazmat Incident (From historic events at your LTC with >= 5 victims)	1	2	1	3	2	2	2	22%
Hazmat Incident (From historic events at your LTC with < 5 victims)	1	2	1	3	2	2	2	22%
Chemical Exposure	1	2	2	2	2	2	2	22%
Train Derailment	1	2	2	2	2	2	2	22%
Radiologic Exposure, External	1	2	1	2	2	2	2	20%
Terrorism, Radiologic	1	2	1	2	2	3	2	22%
AVERAGE	1.00	2.00	1.33	2.33	2.00	2.17	2.00	10%

HUMAN RELATED EVENTS

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
	Likelihood this will occur	HUMAN IMPACT: Possibility of death or injury	PROPERTY IMPACT: Physical losses and damages	BUSINESS IMPACT: Interuption of services	PREPARED-NESS: Preplanning	INTERNAL RESPONSE: Time, effectiveness, resouces	EXTERNAL RESPONSE: Community/ Mutual Aid staff and supplies	Relative threat*
SCORE	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 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Transportation Mass Casualty	2	2	2	2	2	2	2	44%
Terrorism, Biological	1	1	1	1	2	2	2	17%
Volatile Patient	1	2	2	2	2	2	2	22%
Active Shooter	1	2	2	2	3	3	3	28%
Bomb Threat	1	1	2	3	2	2	2	22%
AVERAGE	0.60	0.80	0.90	1.00	1.10	1.10	1.10	7%

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Checklist

- Is your risk assessment current?
- Did you include emerging diseases in your risk assessment?
- Is your HVA clinic specific?

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Policies

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Creating Policies

Defined	Expected	Risk Based
Shelter Evacuation Documentation Volunteers Action plans for top risks	List of services Suspension of services Lockdown Medications/power outage Infectious Diseases	-Top risks- Ready.gov Facility AND Community

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Checklist

- Have you defined your meeting points?
- Have you outlined your process for emerging infectious diseases in your emergency plan?
- Can the CLINIC follow the policy within the four walls of the certified facility?

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Communication Plan

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Communication plan

- Internal
  - Staff
  - Incident command
  - Delegations of authority
  - Volunteers
- Communication tools

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Communication Plan

- Internal
  - Incident command
  - Roles and responsibilities
  - Call tree (staff name, title, contact, alt. contact)
  - Receiving facilities (ie. local hospital, local RHC)
  - Volunteers (as applicable)
  - Services available in an emergency
  - Communication devices (available in the clinic)

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Communication plan

- External
  - Other RHCs/FQHCs
  - Local authorities
  - County authorities
  - Tribal emergency contact
  - State agencies
  - FEMA
  - Vendors

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Communication Plan

- External
  - Local – Fire/Police/EMS
  - Regional – County Sheriff, Emergency Management, Health Department
  - State – Emergency Management, Environmental Quality, Public Safety
  - Tribal Contacts - https://www.bia.gov/oem/staff
  - Federal – FEMA https://www.fema.gov/about/contact

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Checklist

- Have you updated your staff list?
- Have you included public health officials?
- Have you defined the communication between the clinic and the hospital or other locations within your organization?

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4 Components

- Risk assessment
- Policies
- Communication plans
- **Training and testing program**

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Training and Testing

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Training vs testing

- Staff training
  - Explains what the plan says
  - Education
  - Proactive
  - Documentation – Report or Staff Sign-In Sheet with supporting educational documentation

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Training vs testing

- Testing
  - Determines if the plan works
  - Analysis
  - Reactive
  - Documentation – After action report

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Training

- Upon publication
- Upon hire
- At least biennially
- When updates occur
- Documentation

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Checklist

- Do you have documentation of staff training?
- Have you trained staff on updates to your plan?

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Testing

- First year in cycle: "Required exercise"
  - Community based drill
  - Facility based drill
  - Actual event

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Testing

- Second year in cycle: "Exercise of Choice"
  - Community based drill
  - Facility based drill
  - Tabletop drill

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Actual event	Covid-19	March 2020
Community exercise	Active Shooter	August 2021
Actual event	Power Outage	July 2022
Tabletop exercise	Bomb Threat	July 2023
Facility Based Drill	Tornado	July 2024
Tabletop exercise	WildFire	July 2025
NEXT EXERCISE	TBD	DUE July 2026

Organization

SAMPLE DRILL SCHEDULE

40

Type of Exercise	Definition
Community based drill	Full scale exercise that involves multiple players from community
Facility based drill	Facility led exercise that combines education and action
Actual event	Event that causes the clinic to enact their emergency plan
Tabletop drill/workshop	A facilitated scenario-based discussion

Organization

DRILL TYPES

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What counts as an Actual Event

- Does it activate your plan?
- Does it impact how you do business?
- Does it impact my patients?
- Do I have to go to an alternate method of working
  - Note: Medical emergencies do not qualify. This is part of your expectation as a health care facility.

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Actual Event

- Categories:
  - Natural (weather)
  - Human
  - Technology
  - Biohazardous/Chemical
  - Emerging diseases

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Actual Event

- Actions:
  - Closure
  - Shelter
  - Evacuate
  - Lockdown
  - Alternatives
    - ✓Communications
    - ✓Documentation

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Creating an exercise

Exercise Title	
Exercise Topic	Relevant to HVA
Participants List	
Scope	Who, What, Where, When
Target Capabilities	FEMA.gov (planning, communication, risk management, community preparedness & participation)
Activities	Actions or Scenario (Exercise vs. Tabletop) What portion of your plan are you testing

45

Creating an exercise

Determine WHO is responsible	For controlling the exercise For evaluating the exercise (Hotwash/AAR)
Determine staff roles/responsibilities during the exercise	
Determine what organizations will participate	Ie. Fire, police, ambulance, health department, etc.
Determine logistics	Date, Time, Length, Location of exercise
Considerations:	Communications, Resources, Safety/Security, Roles/Responsibilities, Utilities, Patient Care

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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

NAME OF EVENT

Prepared by

INSERT NAME/TITLE

Prepared for

INSERT NAME OF CLINIC

Date of Exercise or Event

INSERT DATE

Publication Date

INSERT DATE

U.S. DEPARTMENT OF HEALTH HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

Health Care Provider After Action Report/Improvement Plan

Executive Summary

Enter a brief overview of the exercise
•
Enter the capabilities tested by the exercise
•
Enter the major strengths identified during the exercise
1. 2. 3.
Enter areas for improvement identified during the exercise, including recommendations
1. Response: 2. Response: 3. Response:
Describe the overall exercise as successful or unsuccessful, and briefly state the areas in which subsequent exercises should focus
Write a conclusion statement

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U.S. DEPARTMENT OF HEALTH HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

Health Care Provider After Action Report/Improvement Plan

Event Overview

Event Name: _____

Event Start Date: _____

Event End Date: _____

Duration: _____

Type of Event Completed:
Check the type of exercise completed, as listed below (see key terms included on pages 4-5).

Discussion-Based Exercise
☐ Seminar ☐ Workshop ☐ Tabletop ☐
Games

Operations-Based Exercise
☐ Drill ☐ Full-Scale Exercise
☐ Functional Exercise

Emergency Event
☐ Event

Capabilities:
Target capability:

Location:
INSERT ADDRESS

Participants:
- NAME OF CLINIC
- NAMES OF ALL STAFF PRESENT

Number of Participants:
Total number of participants:

U.S. DEPARTMENT OF HEALTH HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

Health Care Provider After Action Report/Improvement Plan

ACRONYMS

Any acronym used in the AAR/IP should be listed alphabetically and spelled out.

ACRONYMS	
Acronym	Meaning

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Testing

- Diversify exercises
- Base on your HVA
- After action reports (AAR)

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Checklist

- Do you have an after action report for each year?
- Is the clinic reflected in the after action report for a hospital exercise?
- Who participates in the exercises?

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Integrated Planning

Pitfalls:

- Plan does not include clinic in development of documentation.
- The clinic cannot follow policies as written.
- The clinic is not reflected in after action reports.
- Training documentation is missing.

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Integrated Planning

Tips/Tricks:

- Create specific tasks the clinic has to complete.
- Create addendums to corporate policy to reflect clinic information.
- Have clinic submit a summary of their response to exercises to include in hospital AAR.
- Diversify attendees for planned exercises.

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What's Next?

When is your plan due for review?

Cannot be beyond 2 years

Evidence of review

When was your last staff training on your plan?

Is it documented?

When was your last exercise/drill?

Is it documented?

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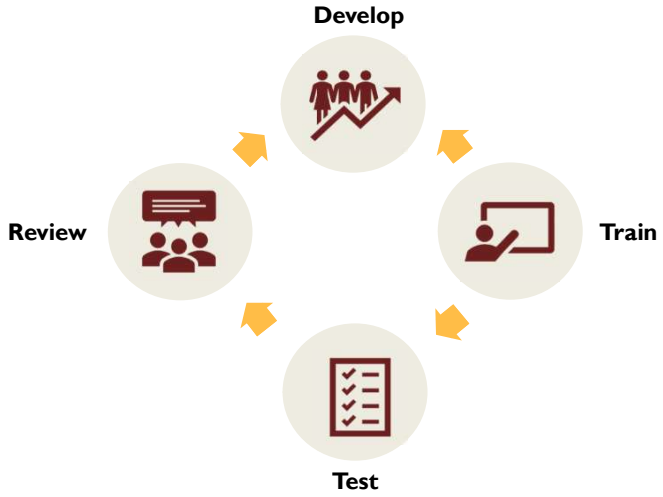
Emergency Plan Cycle



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Questions

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