Back to the Basics – How we got Here
Why do we have these new Emergency Preparedness Rules?

The difference between an Emergency and a Disaster is often Preparation. Katrina is cited as an example.
The New Emergency Preparedness Plans Began being Enforced on 11/15/2017
Facilities were expected to be in compliance with the requirements as of 11/15/2017.

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.

Source: CMS MLM Webinar

CMS will follow the normal inspection schedule for RHCs. There will not be special inspections for Emergency Preparedness.
Emergency Preparedness Timeline

Final CFR Regulations 9/16/2016

Interpretative Guidelines 6/2/2017

Must Comply 11/15/2017

17 Provider Types and 72,000 providers are affected by these regulations

- If you have a CCN Number you must comply.
- RHCs must comply.
- Physician offices do not.
<table>
<thead>
<tr>
<th>Why is Emergency Preparedness important?</th>
<th>Adds a Condition of Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Is a Condition Level Deficiency. (You can be terminated – Lose Medicare Certification)</td>
</tr>
<tr>
<td></td>
<td>Is time consuming and costly to implement.</td>
</tr>
</tbody>
</table>
What are the Goals and Objectives of EP

**Goals**

- **Address systemic gaps.**
- **Provide a regulatory framework to ensure a coordinated emergency preparedness process.**
- **Encourage coordination within communities and states as well as across state lines.**
Emergency Preparedness (EP) will be Time Consuming and Costly
Emergency Preparedness (EP) Regulations Website

Emergency Preparedness Rule

Survey & Certification- Emergency Preparedness Regulation Guidance

On September 8, 2016 the Federal Register posted the final rule Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers. The regulation went into effect on November 16, 2016. Health care providers and suppliers affected by this rule must comply and implement all regulations one year after the effective date, on November 16, 2017.

Purpose: To establish national emergency preparedness requirements to ensure adequate planning for both natural and man-made disasters, and coordination with federal, state, tribal, and local emergency preparedness systems. The following information will apply upon public publication of the final rule:

- Requirements will apply to all 17 provider and supplier types.
- Each provider and supplier will have its own set of Emergency Preparedness regulations incorporated into its set of conditions or requirements for certification.
- Must be in compliance with Emergency Preparedness regulations to participate in the Medicare or Medicaid program. The below downloadable sections will provide additional information, such as the background and overview of the final rule and related resources.

Additional information has been provided on the left side hyperlinks categorized from information from the EP Rule, such as the Emergency Preparedness Plan, Communication Plan, Policies and Procedures and Testing.

Note: For Medicaid-only facilities (other than ICF-iDs and PRFs), please contact your State Medicaid Agency to determine whether you are required to meet the Emergency Preparedness requirements under the Final Rule.

If you have questions as to whether your healthcare facility is required to comply with the final rule, please refer to the downloads section below and the attachment labeled IT Facility-Provider Supplier Types Impacted. Additionally, please contact your specific facility CFO, CEO, Human Resource Staff, etc. to determine what Medicare certified provider number you are associated/certified under, which will determine which requirements you need to comply with.

The below downloadable sections will provide additional information, such as the background and overview of the final rule and related resources.
## Emergency Preparedness Videos

<table>
<thead>
<tr>
<th>Date</th>
<th>Title</th>
<th>Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/5/2016</td>
<td>Emergency Preparedness Requirements MLN Connects® Call 10/5/16</td>
<td><a href="https://www.youtube.com/watch?v=GcPdvw4nZuU">https://www.youtube.com/watch?v=GcPdvw4nZuU</a></td>
</tr>
<tr>
<td>3/10/2014</td>
<td>Understanding the Proposed Rule on Emergency Preparedness</td>
<td><a href="https://www.youtube.com/watch?v=8splScqEEQM&amp;t=1151s">https://www.youtube.com/watch?v=8splScqEEQM&amp;t=1151s</a></td>
</tr>
<tr>
<td>3/7/2017</td>
<td>CMS Emergency Preparedness: Local Community Guidelines</td>
<td><a href="https://www.youtube.com/watch?v=IaMkR8d_BYY">https://www.youtube.com/watch?v=IaMkR8d_BYY</a></td>
</tr>
<tr>
<td>10/6/2016</td>
<td>10 Keys to Healthcare Emergency Planning</td>
<td><a href="https://www.youtube.com/watch?v=ip-mTeGqaql">https://www.youtube.com/watch?v=ip-mTeGqaql</a></td>
</tr>
</tbody>
</table>
## Appendix Z Interpretative Guidelines

On June 2, 2017, CMS released Appendix Z Which is the Interpretative Guidelines for Emergency Preparedness. (All 17 provider types are included)

<table>
<thead>
<tr>
<th>Surveyor Tool Microsoft Excel which lists surveyor procedures for all 17 provider types.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Surveyor Tool Microsoft Excel which lists surveyor procedures for all 17 provider types.</th>
</tr>
</thead>
</table>
The Compliance Team Issues EP Standards in July, 2017

(14 page PDF)

http://www.thecomplianceteam.org/
AAAASF Updated Accreditation Standards Updated in 2017

AAAASF updated their Standards to include Emergency Preparedness in 2017. See Page 42 through 47 for the new standards.


EP Basic Surveyor Training Course

https://surveyortraining.cms.hhs.gov/pubs/ClassInformation.aspx?cid=0CMSEmPrep_ONL
Knowledge Check

Which of the following contain resources specific to developing emergency plans and responses that meet the requirements of the emergency preparedness rule? Select all that apply.

A. Survey & Certification Group (SCG) Emergency Preparedness Website
B. Office of the Assistant Secretary for Preparedness and Response (ASPR) Technical Resources, Assistance Center, & Information Exchange (TRACIE)
C. Disaster Relief and Emergency Assistance Center
D. National Disaster Risk Reduction Center
E. Appendix Z of the State Operations Manual (SOM)

Correct. The SCG Emergency Preparedness Website, ASPR TRACIE, and Appendix Z contain resources specific to developing emergency plans and responses that meet the requirements of the emergency preparedness rule.
Definitions of Key Terms

Source
Emergency Preparedness

- Emergency Preparedness Program: The Emergency Preparedness Program is a facility’s comprehensive approach to meeting the health and safety needs of their patient population and provides facilities with guidance on how to respond to emergency situations that could impact the operation of the facility, such as natural or man-made disasters. It includes (1) all-hazards risk assessment and emergency planning, (2) development and implementation of policies and procedures, (3) a communication plan, and (4) training and testing. The program as a whole consists of the Emergency Plan, which is based on the four core elements.
Effective Nov. 15, 2017:

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:
Four Mandated Components

**Emergency Plan**
- Based on a risk assessment
- Using an all-hazards approach
- Update plan annually

**Policies & Procedures**
- Based on risk assessment and emergency plan
- Must address: subsistence of staff and patients, evacuation, sheltering in place, tracking patients and staff

**Communications Plan**
- Complies with Federal and State laws
- Coordinate patient care within facility, across providers, and with state and local public health and emergency management

**Training & Exercise Program**
- Develop training program, including initial training on policies & procedures
- Conduct drills and exercises
Step One – Complete a Hazards Vulnerability Assessment
Hazard Vulnerability Assessments (HVAs)

Hazard Vulnerability Assessments (HVAs) are systematic approaches to identifying hazards or risks that are most likely to have an impact on a healthcare facility and the surrounding community. The HVA describes the process by which a provider or supplier will assess and identify potential gaps in its emergency plan(s). **Potential loss scenarios should be identified first during the risk assessment.** Once a risk assessment has been conducted and an facility has identified the potential hazards/risks they may face, the organization can use those hazards/risks to conduct a Business Impact Analysis.

Tools from [http://www.ruralhealthclinic.com/emergency-preparedness](http://www.ruralhealthclinic.com/emergency-preparedness)

- **Kaiser Risk Assessment Tools**
- **Kaiser Risk Assessment Instructions from Tabletop Exercise**
- **CMS All Hazards FAQ (42 pages)**

Kaiser Permanente has developed a revised **Hazard Vulnerability Analysis tool** and **instruction sheet**.
Four Core Elements of Emergency Preparedness
1. Risk Assessment and Emergency Plan

Identify the Following:

- Hazards likely in geographic area (an all hazards approach)
- Care-related emergencies
- Equipment and Power failures (one emergency leads to another)
- Interruption in Communications, including cyber attacks
  - Back up communication plans if primary plan fails.
- Loss of all/portion of facility
  - Test your generator for 4 hours at full 100% power annually.
    (not required for RHCs)
- Loss of all/portion of supplies
- Plan is to be reviewed and updated at least annually
- Risk Assessment may already be done by local agencies if the RHCs reasoning for using it is included in the EP Policies.
What is an All Hazards Risk Assessment

**Hazard Identification**
- Fire
- Explosion
- Natural hazards
- Hazardous materials spill or release
- Terrorism
- Workplace violence
- Pandemic disease
- Utility outage
- Mechanical breakdown
- Supplier failure
- Cyber attack

**Hazard Identification**

**Probability & Magnitude**

**Vulnerability Assessment**
- People
- Property including buildings, critical infrastructure
- Supply chain
- Systems/equipment
- Information Technology
- Business operations
- Reputation of or confidence in entity
- Regulatory and contractual obligations
- Environment

**Impacts**
- Casualties
- Property damage
- Business interruption
- Loss of customers
- Financial loss
- Environmental contamination
- Loss of confidence in the organization
- Fines and penalties
- Lawsuits
The Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act)\(^1\) is a United States federal law designed to bring an orderly and systemic means of federal natural disaster assistance for state and local governments in carrying out their responsibilities to aid citizens. Congress's intention was to encourage states and localities to develop comprehensive disaster preparedness plans, prepare for better intergovernmental coordination in the face of a disaster, encourage the use of insurance coverage, and provide federal assistance programs for losses due to a disaster.

Local communities and jurisdictions are required to have a Risk Mitigation plan updated every five years. Search for those plans to aid in our planning.
# Morgan County – Risk Mitigation

## Table 5-2. Comparison of Identified Morgan County Hazards to 2013 State Plan

<table>
<thead>
<tr>
<th>Hazards Identified in 2013 Alabama State Plan</th>
<th>Equivalent 2014 Morgan County Identified Hazards</th>
<th>Differences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Floods (storm surge, riverine, flash floods, etc.)</td>
<td>Floods</td>
<td>No storm surge or coastal floods in Morgan County due to its inland location.</td>
</tr>
<tr>
<td>High Winds (hurricanes, tornadoes and windstorms)</td>
<td>Tornadoes – High Winds</td>
<td>No storm surge or coastal floods in Morgan County due to its inland location.</td>
</tr>
<tr>
<td></td>
<td>Severe Storms – High Winds</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hurricanes – High Winds</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Morgan County plan identifies extreme cold as an associated hazard.</td>
</tr>
<tr>
<td>Winter/Ice Storms</td>
<td>Winter Storms/Freezes</td>
<td>Morgan County plan identifies mudslides as an associated natural hazard.</td>
</tr>
<tr>
<td>Landslides</td>
<td>Landslides</td>
<td>Morgan County plan identifies mudslides as an associated natural hazard.</td>
</tr>
<tr>
<td>Sinkholes and Land Subsidence</td>
<td>Sinkholes (Land Subsidence)</td>
<td>No difference.</td>
</tr>
<tr>
<td>Earthquakes</td>
<td>Earthquakes</td>
<td>Morgan County plan identifies mudslides as an associated natural hazard.</td>
</tr>
</tbody>
</table>
# All Hazards Risk Assessment

<table>
<thead>
<tr>
<th>Event</th>
<th>PROBABILITY</th>
<th>ALERTS</th>
<th>ACTIVATIONS</th>
<th>HUMAN IMPACT</th>
<th>PROPERTY IMPACT</th>
<th>BUSINESS IMPACT</th>
<th>PREPAREDNESS</th>
<th>INTERNAL RESPONSE</th>
<th>EXTERNAL RESPONSE</th>
<th>RISK</th>
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<td>1</td>
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<tr>
<td>Hazmat Incident</td>
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<td>1</td>
<td>1</td>
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</tr>
<tr>
<td>Hazmat Incident with Mass Casualties</td>
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<td>0</td>
<td>1</td>
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<td>1</td>
<td>1</td>
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<td>Inclement Weather</td>
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<tr>
<td>Internal Fire</td>
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<td>3</td>
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<td>Landslide</td>
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<tr>
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<td>1</td>
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<td>Natural Gas Disruption</td>
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<td>Other</td>
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<td>Other Utility Failure</td>
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<td>1</td>
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<tr>
<td>Planned Power Outages</td>
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<tr>
<td>Seasonal Influenza</td>
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<td>16%</td>
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<td>Sewer Failure</td>
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<td>7%</td>
</tr>
</tbody>
</table>
Risk Assessment

- Tornado was listed as 1st on the Risk Assessment.

<table>
<thead>
<tr>
<th>TOP 10 HVA</th>
<th>RANK</th>
<th>OCCURRENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tornado</td>
<td>1</td>
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</tr>
<tr>
<td>Earthquake</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Fire</td>
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<td>0</td>
</tr>
<tr>
<td>Internal Fire</td>
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<td>0</td>
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<tr>
<td>Active Shooter</td>
<td>5</td>
<td>0</td>
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<tr>
<td>Explosion</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Inclement Weather</td>
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<td>0</td>
</tr>
<tr>
<td>Chemical Exposure, External</td>
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<td>0</td>
</tr>
<tr>
<td>Communication / Telephony Failure</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>Power Outage</td>
<td>10</td>
<td>0</td>
</tr>
</tbody>
</table>
Poll Question 3 – Community Hazards

Which natural hazards pose the largest threat to the clinic based upon your assessment?

A. Flood  
B. Fire  
C. Storms  
D. Tornado  
E. Other
Healthcare Business Specialists has provided some sample Emergency Preparedness policies and procedures for RHCs:

- [Emergency Preparedness Sample Policies and Procedures 8-Tab Index (Word)](#)
- [Emergency Preparedness Sample Policies and Procedures for RHCs](#)
Four Core Elements of Emergency Preparedness – 2. Policies & Procedures

*Policies and procedures.* The RHC 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, which includes appropriate placement of exit signs; staff responsibilities and patient needs.
2. A means to shelter in place for patients, staff, and volunteers who remain in the facility. *(Not required to maintain food, water, etc.)*
(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.
<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Emergency Plan</th>
<th>Policies and Procedures</th>
<th>Communication Plan</th>
<th>Training and Testing</th>
<th>Additional Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>Develop a plan based on a risk assessment using an “all hazards” approach, which is an integrated approach focusing on capacities and capabilities critical to preparedness for a full spectrum of emergencies and disasters. The plan must be updated annually.</td>
<td>Develop and implement policies and procedures based on the emergency plan, risk assessment, and communication plan which must be reviewed and updated at least annually. System to track on-duty staff &amp; sheltered patients during the emergency.</td>
<td>Develop and maintain an emergency preparedness communication plan that complies with both federal and state laws. Patient care must be well-coordinated within the facility, across health care providers and with state and local public health departments and emergency systems. The plan must include contact information for other hospitals and CAHs; method for sharing information and medical documentation for patients.</td>
<td>Develop and maintain training and testing programs, including initial training in policies and procedures and demonstrate knowledge of emergency procedures and provide training at least annually. Also annually participate in: • A full-scale exercise that is community- or facility-based; • An additional exercise of the facility’s choice.</td>
<td>Generators—Develop policies and procedures that address the provision of alternate sources of energy to maintain: (1) temperatures to protect patient health and safety and for the safe and sanitary storage of provisions; (2) emergency lighting; and (3) fire detection, extinguishing, and alarm systems.</td>
</tr>
<tr>
<td>Critical Access Hospital</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>Generators</td>
</tr>
</tbody>
</table>

The Regulations are not one size fits all

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Emergency Plan</th>
<th>Policies and Procedures</th>
<th>Communication Plan</th>
<th>Training and Testing</th>
<th>Additional Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>RHC/FQHC</td>
<td>*</td>
<td>Does not have to track staff and patients, or have arrangements with other RHCs to receive patients or have alternate care sites.</td>
<td>Does not need to provide occupancy information.</td>
<td>*</td>
<td></td>
</tr>
</tbody>
</table>

- No need for subsistence for staff and patients.
- No need to communicate with hospitals about occupancy.
- A generator is not required.
2. Communication Plan

(c) Communication plan. The RHC 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.
   (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 staff.
   (ii) Federal, State, tribal, regional, and local emergency management agencies…
Four Core Elements of Emergency Preparedness

4. Training & Testing

(1) *Training program.* The RHC 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.
Four Core Elements of Emergency Preparedness

4. Training & Testing (2)

(1) Testing. The RHC/FQHC must conduct exercises to test the emergency plan at least annually. The RHC must do the following:

(i) Participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based. If the RHC experiences an actual natural or man-made emergency that requires activation of the emergency plan, the RHC is exempt from engaging in a community-based or individual, facility-based full-scale exercise for 1 year following the onset of the actual event.
Training & Testing (3)

(i) 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.
Employee Training – Initial Testing

We have developed a 10 question test for all Employees with an answer key and a place to obtain communication plan information. See Handouts.
Full-Scale & Facility-Based Exercises

Lessons Learned: If you are having a drill ensure that all authorities and participants are informed ahead of time.
TESTING THE PLAN

• Participate in a full scale exercise (FSX) that is community-based (annually)
  • If not available, conduct a facility-based exercise

• Conduct a second formal exercise (can be a TTX) at least annually, involving a narrated, clinically relevant emergency scenario, with questions/problems to challenge the plan

• Analyze response to exercise using an After Action Report
  • Use as your action-item list for training priorities over the next year
# Table-Top Exercise

<table>
<thead>
<tr>
<th>Type</th>
<th>Abbrev.</th>
<th>Minimum Involvement</th>
<th>Boots on the Ground</th>
<th>Planning</th>
<th>Expense for RHC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-Scale Exercise</td>
<td>FSE</td>
<td>Multi-agency, Multi-Jurisdictional</td>
<td>Yes</td>
<td>Extensive (1 to 2 years)</td>
<td>minimal</td>
</tr>
<tr>
<td>Functional Exercise</td>
<td>FE</td>
<td>Multi-Agency</td>
<td>No</td>
<td>Moderate</td>
<td>minimal</td>
</tr>
<tr>
<td>Operations Based Drill</td>
<td>None</td>
<td>RHC</td>
<td>No</td>
<td>Minimal</td>
<td>More</td>
</tr>
<tr>
<td>Tabletop Exercise</td>
<td>TTX</td>
<td>RHC</td>
<td>No</td>
<td>Depends</td>
<td>Most expensive</td>
</tr>
</tbody>
</table>
Types of Drills

• **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 fire department conducts a decontamination 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 Exercises (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).
Full-Scale & Facility-Based Exercises

• Full-Scale Exercise: A full scale exercise is a multi-agency, multijurisdictional, multi-discipline exercise involving functional (for example, joint field office, emergency operation centers, etc.) and “boots on the ground” response (for example, firefighters decontaminating mock victims).

• Facility-Based: When discussing the terms “all-hazards approach” and facility-based risk assessments, we consider the term “facility-based” to mean that the emergency preparedness program is specific to the facility. Facility-based includes, but is not limited to, hazards specific to a facility based on the geographic location; Patient/Resident/Client population; facility type and potential surrounding community assets (i.e. rural area versus a large metropolitan area).
Table-Top Exercise

- Table-top Exercise (TTX): A table-top exercise is a group discussion led by a facilitator, using narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. It involves key personnel discussing simulated scenarios, including computer-simulated exercises, in an informal setting. TTXs can be used to assess plans, policies, and procedures.
Homeland Security Exercise and Evaluation Program

The Homeland Security Exercise and Evaluation Program (HSEEP) provides a set of guiding principles for exercise programs, as well as a common approach to exercise program management, design and development, conduct, evaluation, and improvement planning. HSEEP exercise and evaluation doctrine is flexible, adaptable, and is for use by stakeholders across the whole community and is applicable for exercises across all mission areas – prevention, protection, mitigation, response, and recovery.

<table>
<thead>
<tr>
<th>Resource Type: Document / Report</th>
<th>Last Updated: June 17, 2016</th>
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<tbody>
<tr>
<td>Homeland Security Exercise and Evaluation Program</td>
<td>April 1, 2013</td>
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<table>
<thead>
<tr>
<th>Drill/Year</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
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</thead>
<tbody>
<tr>
<td>Full Scale Community Exercise</td>
<td>Shakeout.org Earthquake Drill</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scheduled Date</td>
<td>12/20/2017</td>
<td></td>
<td></td>
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<tr>
<td>Facility Specific Exercise:</td>
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<td></td>
<td></td>
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<tr>
<td>Scheduled Date:</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Tabletop Exercise (limit 1)</td>
<td>Tornado at Falkville Medical Clinic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scheduled Date:</td>
<td>12/20/2017</td>
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</table>

The clinic will reach out and contact the local EMA director for the city/county (see Communication Plan for contacts) and participate in drills sponsored by the state, city, county, or other coalitions throughout the year. We have at least two drills each year to test/improve our Emergency Preparedness system.
Please Sign In

Falkville, Tanner, Moulton, Cullman RHCs

Risk Assessment Emergency Plan, Training & Tabletop

December 20, 2017 Sign-In Sheet

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
<th>Telephone</th>
<th>Email</th>
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Module 1

https://www.ready.gov/tornadoes
Module 1: Warning

• April 23, 2018: 8:15 AM

• The current temperature is 74 degrees Fahrenheit. There is a high potential for tornado outbreaks in the southeastern U.S. this year. Five days ago, various weather outlets have reported that there is a high probability for violent severe weather throughout the southeastern U.S. today. There is a strong possibility for straight line winds with speeds that are in excess of 70 MPH and golf-sized hail. It has also been reported that today’s storms have a high potential for yielding powerful tornadoes. The Weather Channel gave Alabama a TORCON rating of 9 to indicate a high risk for tornadic activity.
April 23, 2018:11:00 AM

Local weather forecasters and the National Weather Service has received confirmation from weather chasers that there is a large tornado heading towards your community. Wind speeds have been estimated at being close to 200 MPH. It was reported that they witnessed large vehicles in its debris cloud. The weather forecasters plead for everyone in the area to take proper precautions and seek shelter. The Warning for your community has been elevated to an Emergency.
Key Issues

• There is a high potential for the outbreak of powerful tornadoes in Alabama.
• It has been confirmed that a powerful tornado is heading towards your community.
• The Warning for your community has been elevated to an Emergency.
Shelters for Morgan County

2 Shelters (98 capacity each)
Danville Volunteer Fire Dept
5708 Hwy. 36 E
Danville, AL 35619

1 Shelter (96 capacity)
Somer ville Community Shelter
(located behind Library)
192 Broad Street
Somer ville, AL 35670

1 Shelter (98 capacity)
Punkin Center Volunteer Fire Dept
116 Kirby Bridge Road
Danville, AL 35619

1 Shelter (150 capacity)
Cotaco Volunteer Fire Dept
8384 Hwy. 36 East
Somer ville, AL 35670

1 Shelter (96 capacity)
Brindlee Mountain Volunteer Fire Dept
4373 U.S. Hwy. 231
Union Grove, AL 35175

Morgan County Courthouse
302 Lee Street NE
Decatur, AL 35601
(Courthouse Basement opens when
there is a tornado watch issued)

1 Shelter
Oak Ridge Volunteer Fire Dept
200 NW Simmon’s Road
Hartselle, AL 35640

2 Shelters (98 capacity each)
Trinity Town Hall
35 Preston Drive
Trinity, AL 35673

1 Shelter (98 capacity)
Somer ville Community Shelter
(Cross Creek Subdivision)
72 Cross Creek Loop
Somer ville, AL 35670

1 Shelter (98 capacity)
Massey Volunteer Fire Dept
386 Evangreen Road
Danville, AL 35622

3 Shelter Areas
(A-576, B-750, C-576 capacity)
Hartselle High School
(000 Bethel Road NE)
Hartselle, AL 35640

1 Shelter
Eva Volunteer Fire Dept
4238 Eva Road
Eva, AL 35621

2 Shelter (98 capacity each)
Shorty Ryan Park
3824 Eva Road
Eva, AL 35621

1 Shelter
Neel Volunteer Fire Dept
70 Neel School Road
Danville, AL 35622

NO SMOKING OR NO PETS AT ANY SHELTER
Module 1: Discussion Questions

1. Would the knowledge of the strong potential for violent tornadic weather catalyze the reexamination of disaster plans? What preparations are being made in the event of a five-day forecast stating a strong probability for severe inclement weather occurring with a high potential for yielding strong tornadoes? What preparations are taking place when a tornado warning has been issued?

2. What redundant communication methods are in place? What communication protocols are in place? Is there an essential contact list?

3. What are the internal communication policies? How would they be used at this time. What protocols are in place in the event that additional employees have to be called in?
Poll Question 6. Tornado Watch

What preparations are taking place when a tornado watch (may last several hours) has been issued?
A. Listen to NOAA Weather Radio, radio or TV for updates.
B. Be alert to changing weather conditions. Look for storms.
C. Follow instructions from local EMA officials.
D. All of the Above.
Poll Question 7 – Tornado Warning

What should occur when a Tornado Warning (tornado cited- 30 minutes or so) is issued?

A. Begin shelter in place procedures.
B. Evacuate the building immediately.
C. Notify the Emergency Management Director in the community.
D. Call 911.
E. Other
Keep this documentation in your EP Plan

The Elephant in the Room
How do provider-based RHCs and other provider types comply
If the RHC is part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency preparedness program, the clinic 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 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.

(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.
Survey & Certification Group  
Frequently Asked Questions (FAQs)  
Emergency Preparedness Regulation

Q: If multiple sites within the same county, each with separate CCN (such as an RHC/FHQC) exist, does each location need to have its own program/risk assessment?

A: Each separately certified facility (separate CCNs) must have its own risk assessment.

*Determining Needs for Compliance- Medicare Certification*

*Note:* Medicare certified providers are issued a CMS Certification Number (CCN). All locations of the certified provider that operate and bill under that CCN are considered to be part of that provider (even if located off campus.) For example, a hospital may have several off-campus clinics that operate under the hospital’s CCN. Therefore those off-campus clinics are not free-standing clinics and are part of the hospital. Those clinics are required to comply with all of the hospital CoPs, including the Emergency Preparedness CoP. One CCN means one provider, but that provider can have multiple locations. More than one provider cannot exist under one CCN.
Facilities with Multiple Locations versus Integrated Health Systems

**Question:** What are the requirements for facilities with multiple locations versus a separately certified facility that is part of an integrated health system that elects to have a unified and integrated emergency preparedness program?

**Answer:** Each separately certified Medicare participating facility (i.e. different Certification Number (CCN) numbers), is responsible for maintaining compliance with the Emergency Preparedness requirements whether the facility is part of an integrated health system or not. If a separately certified facility is part of a health system that has elected to have a unified and integrated emergency preparedness program, the facility may choose to participate in the healthcare system’s unified and coordinated emergency preparedness program. This does not exempt a separately certified facility from demonstrating independent compliance with the emergency preparedness regulations. Rather, it permits a separately certified facility to partner with the health system in meeting the emergency preparedness requirements. Surveyors assess compliance in separately certified facilities. They do not assess compliance of “health systems”. It is important to understand that a separately certified facility can have multiple locations all operating under one CCN. All locations of a facility operating under the same CCN must be included in the facility’s emergency preparedness program and be in compliance with all of the
emergency preparedness requirements. This means that all locations of a facility must also be included in the annual training/exercise requirements too. A health system is different in that it contains multiple separately certified facilities all operating under different CCNs. The health system is not certified by CMS and is not assessed for compliance. It is up to each provider/supplier to demonstrate compliance with the requirements upon survey. See examples below.

Information and Resources

It is very easy to get lost in all the information on Emergency Preparedness. Here are some resources.

EMERGENCY PREPAREDNESS RESOURCES FOR RHCS

Healthcare Business Specialists, LLC works with Rural Health Clinics on Cost Reporting, Billing, and Compliance issues. As a part of that commitment to RHCS we are providing the following resources for RHCS to use in complying with the Emergency Preparedness requirements that must be complied with by November 15, 2017. Good luck and get started as soon as possible as the regulation is very time intensive.

Initial Emergency Preparedness Training for Employees (November 17, 2017). Healthcare Business Specialists has developed a very brief training program for employees which includes a one page description of the Emergency Preparedness requirements, a request for contact information for the communication plan, and a test to document the employee’s understanding of the RHCS regulations. We have provided both a Word and PDF version below:

- Initial Employee Training for Emergency Preparedness (PDF - 3 pages)
- Initial Employee Training for Emergency Preparedness (Word - 3 pages)

NARHC Handout on 11/19/2017 (2-Page PDF)

- Self Assessment: Where do you stand on being ready for Emergency Preparedness? Take this self assessment form to determine your readiness for compliance.
  
  Self Test for Emergency Preparedness.

The Compliance Team Emergency Preparedness Checklist: Kate Hill provides another great tool for RHCS. This EP Checklist is a great starting point for your clinic to document your compliance steps.

- TCT Emergency Preparedness Checklist for RHCS

CFR and Regulatory Citations: Emergency Preparedness and related regulations

- CFR publication of the Emergency Preparation Regulations (September 16, 2016, 186 page PDF)
- The Stafford Act requiring Mitigation Plans for States and local governments (184 page PDF)

- Risk Mitigation Regulations for Local jurisdictions
CFR and Regulatory Citations: Emergency Preparedness and related regulations

- CFR publication of the Emergency Preparation Regulations (September 16, 2016, 186 page PDF)
- The Stafford Act requiring Mitigation Plans for States and local governments (181 page PDF)

- Risk Mitigation Regulations for Local Jurisdictions

Definitions, Resources, Interpretative Guidelines: The language of Emergency Preparedness is very specific. CMS has provided definitions of the terms used when discussing Emergency Planning for healthcare providers. We provide the link to the definitions below:

- CMS Definitions of terms used in Emergency Preparedness
- CMS Resources at your Fingertips by ASPR Tracie (16 page PDF with a list of resources)
- CMS Interpretative Guidelines - Appendix Z released June 8, 2017
- CMS Surveyor's Citations for RHCS only (ETags) Excel

Healthcare Business Specialists webinars: First here are a couple of Healthcare Business Specialists webinars on Emergency Preparedness. Just click on the title and it will open the webinar.

- Emergency Preparedness Webinar on October 13, 2017 on how to use the EP Template for RHCS
- Emergency Preparedness Webinar on September 29, 2017
- Emergency Preparedness Webinar on July 27, 2017
- Regulatory Update including Emergency Preparedness on April 27, 2017

CMS Webinars - Please find below several links to webinars that CMS has conducted on Emergency Preparedness recently that will help you understand your responsibilities under the Emergency Preparedness Guidelines:

- On April 27, 2017 CMS presented a webinar on Emergency Preparedness. This link will take you to landing page to download the webinar and slide presentation.
- Emergency Preparedness Requirements MLN Connects® Call 10/3/16

- Understanding the CMS Proposed Rule on Emergency Preparedness Webinar on March 18, 2014

- This link will take you to the CMS Emergency Preparedness website titled Survey & Certification. It is a general landing page that will take you to other valuable resources provided by CMS.
- This link will take you to CMS's templates and Checklist website.

CMS Website and Links: CMS (Centers for Medicare and Medicaid Services) has several websites dedicated to Emergency Preparedness. These links will take you to those websites and those websites have a number of links that you can explore and contain resources and requirements:

- CMS Survey & Certification Emergency Preparedness
What is ASPR Tracie

The U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR) sponsors the ASPR Technical Resources, Assistance Center, and Information Exchange (TRACIE).

https://asprtracie.hhs.gov/cmsrule

Note: Think Regional Extension Center for Emergency Preparedness
ASPR TRACIE

Self-service collection of audience-tailored materials
- Subject-specific, SME-reviewed "Topic Collections"
- Unpublished and SME peer-reviewed materials highlighting real-life tools and experiences

Personalized support and responses to requests for information and technical assistance
- Accessible by toll-free number (1844-5-TRACIE), email (askasprtracie@hhs.gov), or web form (ASPRtracie.hhs.gov)

Area for password-protected discussion among vetted users in near real-time
- Ability to support chats and the peer-to-peer exchange of user-developed templates, plans, and other materials

ASPRtracie.hhs.gov
1-844-5-TRACIE
askasprtracie@hhs.gov

ASPRtracie.hhs.gov/CMSRule
- ASPR TRACIE’s Topic Collections and provider-and supplier-specific resources can help organizations involved in implementing the CMS requirements with resources tailored to their specific needs
- Resources for hazard vulnerability assessments, emergency plans, policies and procedures, communications plans, trainings, and testing

Emergency Preparedness Requirements MLN Connects® Call
10/5/16
CMSHHSgov

Up next
CMS Emergency Preparedness Guidelines with Bob McKee, DSc, Boston University
CMS Resources

<table>
<thead>
<tr>
<th>Description and Importance</th>
<th>Link</th>
</tr>
</thead>
</table>
The Emergency Preparedness Action Plan

1. **Read the Regulations, Resources, Templates & watch MLM Videos.**

2. Document any and all activities that are spent on EP. (phone calls)

3. Select an Emergency Preparedness Champion to lead the process and an Executive Team of three or more to implement EP.

4. Reach out to the local, CERT, county, state EP officials or coalitions and piggyback off their efforts. Be involved with any drills or tabletops.

5. Conduct the all hazards risk assessment or use the one obtained in 4. if appropriate.

6. Prepare your Emergency Plan to address the most common hazards.

7. Prepare your Emergency Policy and Procedures implementing EP.

8. Prepare your Communication Plan including how to contact people.
### The Emergency Preparedness Action Plan (2)

<table>
<thead>
<tr>
<th><strong>9. Train everyone in the RHC about the EP Plan. Test and document.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>10. Train volunteers (spouses or immediate family in smaller RHCs) on HIPAA, OSHA, and the Emergency Plan.</strong></td>
</tr>
<tr>
<td><strong>11. Participate in a community-wide drill or a facility-drill if one is not available. Write up any lessons learned from the drill.</strong></td>
</tr>
<tr>
<td><strong>12. Participate in another community-wide drill or facility-drill or conduct a table-top exercise instead. (Recommended)</strong></td>
</tr>
<tr>
<td><strong>13. Review, Update and authorize changes to the EP, EPP, and CP yearly.</strong></td>
</tr>
</tbody>
</table>
A Vinyl Guide to Emergency Procedures is a good idea

Get Started. This will take Time!!!
Questions & Contact Information

Mark Lynn, CPA (Inactive)
RHC Consultant
Healthcare Business Specialists
Suite 214, 502 Shadow Parkway
Chattanooga, Tennessee 37421
Phone: (423) 243-6185
marklynnrhc@gmail.com
www.ruralhealthclinic.com