MIDWEST HEALTH CARE, INC.

Emergency Preparedness: 42 CFR 491.12

Implemented on November 16, 2017

Emergency preparedness requirements affect all 17 provider and supplier types eligible for participation in Medicare. §491.12 details the conditions for certification for Rural Health Clinics (RHCs).

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

Your emergency preparedness program includes four elements:

I. Emergency plan
II. Policies and procedures
III. Communication plan
IV. Training and testing

Requirements of these elements are outlined as follows:

I. Emergency plan.

- Document a Risk Assessment using an all hazards approach; conduct both a clinic (facility) and community-based* risk assessment; Include:
  - ✓ Natural disasters
  - ✓ Man-made disasters
  - ✓ Facility-based disasters including [1]care-related emergencies, [2]equipment and utility failures (power, water, gas, etc.), and [3]interruptions to the normal supply of resources.
- Establish Strategies to address the emergencies identified in the Risk Assessment; Include:
  - ✓ Duration of interruptions;
  - ✓ Arrangements to re-establish utility services, describing the timeframe which the contractor is required to initiate services;
  - ✓ How the services will be delivered; and
  - ✓ Contractor will continue to supply the essential items.
- Account for patient population (identify patients requiring additional assistance), and continuity of operations (identify types of services the facility can provide in an emergency);
- Include delegation of authority, and succession plans (authorize in writing a person responsible for the operations of the facility in the absence of the administrator).

- Establish a process to collaborate with emergency preparedness officials during an emergency, and document contact with officials and cooperative planning (include an integrated response process in the emergency plan).
- Review and update the emergency plan annually; document the review, including the date of review and any updates.
  *(*Facilities may rely on a community-based risk assessment developed by other entities)*

II. Policies and procedures

- Establish policies and procedures that align with the risk assessment, emergency plan, and communication plan.
- Demonstrate compliance upon survey ("house" program documents on-site)
- Include specific policies and procedures:
  - ✓ Evacuation;
  - ✓ Exit signs;
  - ✓ Staff responsibilities during evacuations;
  - ✓ Patient needs ([1]needs of evacuees; [2]appropriate transportation services);
  - ✓ A system of medical documentation that [1]preserves patient information, [2]confidentiality, and [3]availability; [4]address continuity of care; remaining compliant with HIPAA 45 CFR parts 160 and 164.
  - ✓ A means to for sheltering all patients, staff, and volunteers; or transferring of patients to alternate setting(s);
  - ✓ Staffing strategies; including the [1]use of volunteers (policy should facilitate this support), and the [2]process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency;
  - ✓ A plan to contact off-duty staff;
  - ✓ Handling of refrigerated medications in a power outage.
- Review and update policies and procedures annually.

III. Communication plan

- Include how the facility will coordinate [1]patient care in the facility, [2]across healthcare providers, and [3]with state and local public health departments.
- Include names and contact information:
  - ✓ Staff;
  - ✓ Entities providing services under arrangement;
  - ✓ Patient's physicians;
  - ✓ Other Rural Health Clinics;
  - ✓ Volunteers;
  - ✓ Update contact information for incoming new staff.
- Contact information:
  - ✓ Federal, State, tribal, regional, and local emergency preparedness staff;
  - ✓ Other sources of assistance.
- Primary and alternate means for communicating with:

- ✓ Clinic(s);
- ✓ Federal, State, tribal, regional, and local emergency management agencies.

- Include procedures as to [1]when and how alternate communication methods are used, and [2]who will use them (ensure selected means of communication are compatible with systems of other facilities).
  - ✓ *It is expected that facilities would consider pagers, cellular telephones, radio transceivers (that is, walkie-talkies), and various other radio devices such as the NOAA Weather Radio and Amateur Radio Operators' (HAM Radio) systems, as well as satellite telephone communications systems.*
- A means of providing information about:
  - ✓ Clinic's needs, and ability to provide assistance;
  - ✓ Occupancy count report during an emergency.
- In an evacuation, facilities should send necessary patient information that is readily available with the patient; including at least the patient name, DOB, allergies, medications, diagnoses, blood type, advance directives, and emergency contacts/next of kin.
- Review and update the communication plan annually.

IV. Training and testing

- Provide initial training to all new and existing staff annually; including volunteers, and individuals providing services under arrangment.
- Document all training and testing, and ensure staff are able to demonstrate knowledge of emergency procedures.
- Conduct exercises to test the emergency plan:
  - ✓ Participate in a full-scale exercise that is community-based, or if not accessible, a facility-based (Contact local and state agencies, and healthcare coalitions to determine if an opportunity exists to participate; document the date, personnel and the agency contacted).
  - ✓ Participate in a second full-scale exercise that is community-based or facility-based;
  - ✓ Conduct a table-top exercise led by a facilitator.
- Document all drills/exercises, and emergency events, and update the emergency plan as necessary (Documentation must include specific training completed, and the method(s) used for demonstrating knowledge of the training program).
- Update Training and testing annually at minimum (ensure documented evidence of training and testing compliance is available a minimum of 3 years).

V. *Integrated Healthcare systems*

- The clinic may elect to participate in a healthcare system's emergency plan.
- Each facility must demonstrate participation in the development of the emergency program.

- ✓ Designate personnel for each facility who will collaborate with the healthcare system to develop the plan (document participation, including annual reviews).

- Take into account each facility's circumstances, patient populations, and services.
- Comply with §491.12(b)(c)(d).

Emergency preparedness program resources:

https://www.cms.gov/Medicare/ProviderEnrollment-and-Certification/SurveyCertEmergPrep/index.html

https://asprtracie.hhs.gov/

Risk Assessment:
https://asprtracie.hhs.gov/technical-resources/3/Hazard-Vulnerability-Risk-Assessment/0

Public Health Departments:
https://travel.state.gov/content/visas/en/study-exchange/student/residency-waiver/state-public-health-departments.html