

Emergency Preparedness Surveyor & Interpretive Guidelines for RHCs



If you remember Hurricane Katrina and the many problems it presented, then you know why CMS has new Emergency Preparedness regulations for all 17 types of providers including Rural Health Clinics. The regulations for RHCs are found at 42 CFR 491.12. Following are the CMS guidelines for surveyors which will help you make your preparations. The date for full compliance is November 15, 2017. Yes, only 5 months away.

491.12 (a) Emergency plan. The RHC must develop and maintain an emergency preparedness plan that must be reviewed and updated at least annually.

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.

Surveyors are instructed to:

- Interview the RHC leadership and ask them to describe the RHC's emergency preparedness program.
- 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.
- Interview RHC leadership and ask them to describe the following:
 - The RHC's patient population that would be at risk during an emergency;
 - 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.
- Ask to see the facilities written emergency preparedness program policies and procedures and verify the RHC has an emergency preparedness plan by asking to see a copy of the plan.
- Review the plan to verify it contains the following required elements:
 - A documented, clinic-based and community-based risk assessment.
 - Strategies for addressing emergency events identified by the risk assessment.
 - 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.
 - 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.
 - 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.
 - Verify that the plan is reviewed and updated annually.

(b) 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.

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.

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Surveyors are instructed to:

- Review the written policies and procedures which address the RHC's emergency plan and verify the following:
 - Policies and procedures were developed based on the RHC-based and community- based risk assessment and communication plan, utilizing an all-hazards approach.
 - 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.
- When surveying the RHC, verify that all exit signs are placed in the appropriate locations to facilitate a safe evacuation.
- Ask to see documentation verifying policies & procedures have been reviewed & updated on an annual basis.

491.12 (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.

Surveyors are instructed to:

- Verify that the RHC has a written communication plan by asking to see the plan.
- Ask to see evidence that the plan has been reviewed (and updated as necessary) on an annual basis.
- Verify that all required contacts are included in the communication plan by asking to see a list of the contacts with their contact information.
- 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.)
- Ask to see the communications equipment or communication systems listed in the plan.
- Verify the RHC has developed policies & procedures that address the means the RHC will use to release patient info. to include the general condition & location of patients, by reviewing the communication plan
- 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.

491.12(d) Training Program.

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.

Surveyors are instructed to:

- Verify the RHC has an emergency preparedness training and testing program.
- 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.
- Ask for copies of the RHC's initial emergency preparedness training and annual emergency preparedness training offerings.

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

491.12 Testing Program.

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. 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.

RHCs are expected to contact their local and state agencies & 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 & the agency or healthcare coalition that they contacted.

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.

Surveyors are instructed to:

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

Provider Based Clinics (part of a Healthcare System)

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.

If a healthcare system elects to have a unified emergency preparedness program, the integrated program must demonstrate that each separately certified facility within the system that elected to participate in the system's integrated program actively participated in the development of the program.

Each separately certified facility must be capable of demonstrating during a survey that it can effectively implement the emergency preparedness program and demonstrate compliance with all emergency preparedness requirements at the individual facility level. Compliance with the emergency preparedness requirements is the individual responsibility of each separately certified facility.

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Each separately certified facility must be capable of demonstrating during a survey that it can effectively The unified emergency preparedness program must include a documented community– based risk assessment and an individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach. Lastly, the unified program must have a coordinated communication plan and training and testing program.

Surveyors are instructed to:

- 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.
- Ask to see documentation that verifies the facility within the system was actively involved in the development of the unified emergency preparedness program.
- Ask to see documentation that verifies the facility was actively involved in the annual reviews of the program requirements and any program updates.
- 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).
- 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.

Kate Hill

The Compliance Team

khill@thecomplianceteam.org