Preparing for the new Emergency Preparedness Regulations in the Clinic
NOSORH September 2017

Kate Hill, RN
VP Clinical Services
September 6, 2017
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 2013

A lesson learned from Moore Medical Center, OK: Approximately 50 patients/staff and 300 community members survive the EF-5 tornado May 20th, 2013. Displacement for staff/patients. 4 years to rebuild.
Lessons Learned 2015

A Lesson Learned from Inland Regional Center, CA:
After 14 people killed and 22 injured, we now teach healthcare staff “Run/Hide/Fight” when immediate threat noted.
Lessons Learned 2017

A lesson learned from the UK’s NHS:
Slashing the budget set for IT updates/security is not acceptable.
Malware is a real risk for loss of records and interruption of healthcare service.
Lessons Learned 2017

What are we learning from Harvey?
Lessons To Be Learned 2017

What are we learning from Harvey?

Nursing Home with 15 patients stranded in waist high water.
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

71 Days to go!
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:

- Risk Assessment and Planning
- Policies and Procedures
- Communication Plan
- Training and Testing
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:
(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.
(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

Types of Emergencies:

Man Made:  Active shooter  Chemical Emergencies
           Cyber Attack          Mass Casualties
           Bioterrorism          Radiation

Natural Disasters:

Tornadoes
Hurricanes
Severe Storms

Public Health Emergencies:

Pandemic Influenza
Zika Virus Outbreak
Biological Hazards
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

**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. 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.

5. Review the plan to verify it contains the following required elements:
   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.
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.
(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

(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.
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.
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.
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:
   - Staff
   - Entities providing services under arrangement
   - Patients' physicians
   - Other RHCs/FQHCs
   - 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/FQHC's staff.
   (ii) Federal, State, tribal, regional, and local emergency management agencies.
Rethinking the Phone Tree

Compile “advanced emergency phone trees” which not only requests staff member home phone numbers, but also:

• Mobile numbers for text messaging
• Email addresses for mass communication
• Emergency family contact information
• Alternate addresses in case of temporary relocation
(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.
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.
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

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.
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.
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

(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.
(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

The emergency preparedness rule was published in the Federal Register on September 16, 2016 and was effective 60 calendar days later on November 15, 2016. This means facilities must have fully implemented all of the requirements of the rule by November 15, 2017.

In the rule, it states, if a facility experiences an actual natural or manmade emergency, the facility would be exempt from engaging in a community or individual, facility based mock disaster drill for 1 year following the onset of the actual event. So if facilities experienced an actual natural or manmade emergency (i.e., a tornado or hurricane) after the rule was effective on November 15, 2016, then they are exempt from engaging in a one of the community or individual, facility based mock drill for 1 year following the onsite of the actual event. The other can be a table top exercise.
(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.
(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

**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

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

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.
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.
Training and 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

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

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).
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

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.
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:
Integrated Health 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.
(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.
(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.
Integrated Health 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.
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.
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).
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.
RHC Specifics

• Don’t procrastinate...it’s estimated that you will need approximately 40 administrative hours to implement and meet compliance
• Contact your State agencies first and see what is available to your clinic
• Don’t recreate the wheel – Use GOOGLE
• Form a team to implement & set action dates for monthly progress
• Delegate to appropriate staff
• If a PB RHC, work closely with your HC System
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.
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.
Resources

EP Checklist

**Developing the RHC EP Plan**

The clinic must develop and maintain an emergency preparedness plan that is reviewed and updated annually.

- The emergency preparedness plan must contain the following elements:
  - A documented, clinic-based and community-based risk assessment that utilizes an all hazards approach.
  - 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.
  - Is initially formally adopted by key leadership and then updated, at a minimum, annually.
Resources

EP Policy and Procedures

The clinic must develop and implement emergency preparedness policies and procedures that are based on its emergency preparedness plan, risk assessment, and communication plan.

- The policies and procedures are initially formally adopted and updated, at a minimum, annually.
- The policies and procedures include the following elements:
  - Safe evacuation from the clinic, which includes appropriate placement of exit signs, staff responsibilities and needs of patients.
  - A means to shelter in place for patients, staff, and volunteers who remain in the clinic.
  - A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains the availability of patient health records.
  - The use of volunteers in an emergency or other staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency.
  - How refrigerated/frozen medications such as vaccines, etc. are handled in a power outage.
Resources

- Names and contact information for the following:
  - Staff
  - Entities providing services under arrangement
  - Patient’s physicians
  - Other RHCs
  - Volunteers

- Contact information for the following:
  - Federal, State, tribal, regional, and local emergency preparedness staff.
  - Other sources of assistance

- Primary and alternate means for communicating with the following:
  - RHC/FQHCs
  - Federal, State, tribal, regional, and local emergency management agencies.
Resources

CERT: Community Emergency Response Team
Resources

- Community Emergency Response Team

The Community Emergency Response Team (CERT) program educates volunteers about disaster preparedness for the hazards that may impact their area and trains them in basic disaster response skills, such as fire safety, light search and rescue, team organization, and disaster medical operations. CERT offers a consistent, nationwide approach to volunteer training and organization that professional responders can rely on during disaster situations, which allows them to focus on more complex tasks. Through CERT, the capabilities to prepare for, respond to and recover from disasters is built and enhanced.

https://www.citizencorps.fema.gov/cc/listCert.do
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<td>Nashville/Davidson County Community Emergency Response Team</td>
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Providers and Suppliers should refer to the resources on the CMS website for assistance in developing emergency preparedness plans.

CMS Website Link:
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 (SSAs), 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
- Etc.
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 goes 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, regional and local emergency preparedness systems. The following information will apply upon 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 by information from the EP Rule, such as the Emergency Preparedness Plan, Communication Plan, Policies and Procedures and Testing.

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

### Downloads

- [By Name: By State Healthcare Coalitions [PDF, 256KB]](#)
- [Facility Transfer Agreement - Example [PDF, 56KB]](#)
- [17 Facility- Provider Supplier Types Impacted [PDF, 89KB]](#)
- [EP Rule - Table Requirements by Provider Type [PDF, 126KB]](#)

### Related Links

- ASPR TRACIE
- NCDMPH
Emergency Preparedness

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

SCGEmergencyPrep@cms.hhs.gov
New Resources to Help Improve Health Care Coalition Preparedness

Webinar  September 14, 2017 ~ 1:00 – 2:00pm ET

ASPR’ is hosting a series of webinars for health care coalitions (HCCs) interested in improving their preparedness efforts, decision making processes, and operational planning.

The fifth webinar in this series will highlight new tools and templates aimed at helping HCCs in their preparedness efforts. ASPR TRACIE is working closely with the National Healthcare Preparedness Programs (NHPP) in developing these tools and templates.

This webinar will feature Melissa Harvey and Dr. John Hick discussing the development and potential uses of the first set of resources from ASPR TRACIE to include: •Health Care Coalition Preparedness Plan and HCC Response Plan Templates.
These templates provide general headers and descriptions for a sample HCC Preparedness Plan and HCC Response Plan as required in the 2017-2022 Healthcare Preparedness and Response Capabilities.

Health Care Coalition Pandemic Checklist
- This planning tool is intended to assist HCCs and their partners in assessing their preparedness for a pandemic. It may also be used as a pandemic begins to orient the response. It assumes that the HCC has already conducted a gap and resource analysis that may have identified some of the issues listed in this document.

The webinar will take place Thursday, September 14, 2017 from 1:00--2:00 PM ET.

PARTICIPANTS: Melissa Harvey RN, MSPH, Director, National Healthcare Preparedness Programs, HHS ASPR
John Hick MD, HHS ASPR and Hennepin County Medical Center

REGISTER HERE for this free webinar. The webinar will also be recorded and archived on the ASPR TRACIE website within 1 business day.

ASPRtracie.hhs.gov 844-5-TRACIE (844-587-2243)
CERT DRILLS AND EXERCISES: TABLETOP EXERCISE #1

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Community Emergency Response Teams
NOTICE

NO FIREARMS OR WEAPONS ALLOWED ON THIS PROPERTY

ACTIVE SHOOTER
PLANNING AND RESPONSE
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

CIDRAP.UMN.EDU
Additional RHC Resources

https://www.ruralhealthinfo.org/
Thank you.

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