

Emergency Preparedness Plan

42 CFR §491.12

<https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-491/subpart-A/section-491.12>

The RHC must develop and maintain an emergency preparedness plan that must be reviewed and updated at least every 2 years. The plan must be and include the following:

Based on and include a documented, facility-based and community-based risk assessment, utilizing an all hazards approach.

Include strategies for addressing emergency events identified by the risk assessment.

Address patient population, including but not limited to, type of service the RHC has the ability to provide in an emergency; and continuity of operations including delegations of authority and succession plans.

Include a process for cooperation and collaboration with local, tribal, regional, state, and federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation.

Emergency Preparedness Policies & Procedures

The RHC **must** develop emergency preparedness policies and procedures, based on the emergency plan, risk assessment and the communication plan. Policies and procedures must be reviewed and updated at least every **2 years**.

At minimum the policies and procedures must address the following:

Safe evacuation from the RHC which includes appropriate placement of exit signs; staff responsibilities and needs of the patients.

A means to shelter in place for patients, Staff and volunteers who remain in the facility.

A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains the availability of records.

The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency.

Communication Plan

The RHC **must** be developed and maintain an emergency preparedness communication plan and complies with Federal, State and local laws and must be reviewed and updated at least every **2 years**.

The Communication plan must include all of the following:

Names and contact information for the following:

- Clinic staff
- Entities providing service under arrangement
- Patient's providers and physicians
- Other RHC's
- Volunteers

Contact information for the following:

- Federal, state, tribal, regional, and local emergency preparedness staff
- Other sources of assistance

Communication Plan

Primary and alternate means for communicating with the following:

- RHC staff
- Federal, state, tribal, regional, and local emergency management agencies.

A means of providing information about the general condition and location of patients under the facility's care as permitted under [45 CFR 164.510\(b\)\(4\)](#).

A means of providing information about the RHC's needs, and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee.

Training

The RHC must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in [paragraph \(a\)](#) of this section, risk assessment at [paragraph \(a\)\(1\)](#) of this section, policies and procedures at [paragraph \(b\)](#) of this section, and the communication plan at [paragraph \(c\)](#) of this section.

The training and testing program must be reviewed and updated at least every 2 years.

Training program - The RHC must do all of the following:

Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles.

Provide emergency preparedness training at least every 2 years.

Maintain documentation of the training.

Demonstrate staff knowledge of emergency procedures.

If the emergency preparedness policies and procedures are significantly updated, the RHC/FQHC must conduct training on the updated policies and procedures.

Testing

Testing - The RHC must conduct exercises to test the emergency plan at least annually. The RHC or FQHC must do the following:

Participate in a full-scale exercise that is community-based every 2 years; or when a community-based exercise is not accessible, an individual, facility-based functional exercise every 2 years; or

If the RHC or FQHC experiences an actual natural or man-made emergency that requires activation of the emergency plan, the RHC or FQHC is exempt from engaging in its next required full-scale community-based or individual, facility-based functional exercise following the onset of the emergency event.

Conduct an additional exercise every 2 years, opposite the year the full-scale or functional exercise under [paragraph \(d\)\(2\)\(i\)](#) of this section is conducted, that may include, but is not limited to following:

A second full-scale exercise that is community-based or an individual, facility-based functional exercise; or

A mock disaster drill; or

A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.

Analyze the RHC or FQHC's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the RHC emergency plan, as needed.

Integrated Healthcare System

Integrated healthcare systems:

If an 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 RHC may choose to participate in the healthcare system's coordinated emergency preparedness program. If elected, the unified and integrated emergency preparedness program must do all of the following:

Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.

Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered.

Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance with the program.

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.