

RHCs/ FQHCs

EMERGENCY PREPAREDNESS WORKSHEET

1. DATE OF SURVEY

2. NAME OF FACILITY

3.CCN

4. SURVEYOR

5. SURVEYOR ID

TAG #	TITLE	MET	NOT MET
E - 0001	Establishment of the Emergency Program (EP)		

Reg Text: The facility must comply with all applicable Federal, State and local EP requirements. The facility must establish and maintain an EP program that meets the requirements of this section.

TAG #	TITLE	MET	NOT MET
E - 0004	Develop and Maintain EP Program		

Reg Text: The facility must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least every 2 years

TAG #	TITLE	MET	NOT MET
E - 0006	Maintain and Annual EP Updates		

Reg Text: 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.

TAG #	TITLE	MET	NOT MET
E - 0007	EP Program Patient Population		

Reg Text: Address [patient/client] population, including, but not limited to, persons at-risk; the type of services the facility has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans

TAG #	TITLE	MET	NOT MET
E-0009	Process for EP Collaboration		

Reg Text: 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

TAG #	TITLE	MET	NOT MET
E - 0013	Development of EP Policies and Procedures		

Reg Text: Policies and procedures. Facilities 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 every 2 years

TAG #	TITLE	MET	NOT MET
E - 0020	Policies and Procedures including Evacuation		

Reg Text: Safe evacuation from the [facility], which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s); and primary and alternate means of communication with external sources of assistance. The policies and procedures must address the following: Safe evacuation from the RHC/FQHC, which includes appropriate placement of exit signs; staff responsibilities and needs of the patients.

TAG #	TITLE	MET	NOT MET
E - 0022	Policies and Procedures for Sheltering		

Reg Text: A means to shelter in place for patients, staff, and volunteers who remain in the facility

TAG #	TITLE	MET	NOT MET
E - 0023	Policies and Procedures for Medical Docs.		
Reg Text: A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains availability of records.			
TAG #	TITLE	MET	NOT MET
E - 0024	Policies and Procedures for Volunteers		
Reg Text: 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.			

TAG #	TITLE	MET	NOT MET
E - 0029	Development of Communication Plan		
Reg Text: Facilities must have a written emergency communication plan that contains how the facility coordinates patient care within the facility, across healthcare providers, and with state and local public health departments. The communication plan should include how the facility interacts and coordinates with emergency management agencies and systems to protect patient health and safety in the event of a disaster. The development of a communication plan will support the coordination of care. The plan must be reviewed annually and updated as necessary. We are allowing facilities flexibility in how they formulate and operationalize the requirements of the communication plan. Although the requirement for documentation of collaboration with state and local officials was removed (see 84 FR 51817, Sept. 30, 2019), facilities should continue to collaborate with state and local emergency officials. During the creation process for communication plans, facilities should also consult their applicable state and local emergency and pandemic plans.			
TAG #	TITLE	MET	NOT MET
E - 0030	Names and Contact Information		
Reg Text: (1) Names and contact information for the following: (i) Staff. (ii) Entities providing services under arrangement. (iii) Patients' physicians (iv) Other [facilities]. (v) Volunteers.			
TAG #	TITLE	MET	NOT MET
E - 0031	Names & Contact Information		
Reg Text: (2) Contact information for the following: (i) Federal, State, tribal, regional, and local emergency preparedness staff. (ii) Other sources of assistance.			
TAG #	TITLE	MET	NOT MET
E - 0032	Primary/Alternate Means for Communication		
Reg Text: (3) Primary and alternate means for communicating with the following: (i) [Facility] staff. (ii) Federal, State, tribal, regional, and local emergency management agencies.			
TAG #	TITLE	MET	NOT MET
E - 0033	Methods for Sharing Information		
Reg Text: 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).NOTE: For RHCs/FQHC's the regulatory language differs. Additionally, a method for sharing information and medical documentation for patients under the RHC/FQHC's care, as necessary, with other health providers to maintain the continuity of care and a means of providing information about the general condition and location of patients does not apply.			
TAG #	TITLE	MET	NOT MET
E - 0034	Sharing Information on Occupancy/Needs		
Reg Text: A means of providing information about the facility's occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee			
TAG #	TITLE	MET	NOT MET
E - 0036	Emergency Prep Training and Testing		

Reg Text: Training and testing. The facility 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

TAG #	TITLE	MET	NOT MET
E - 0037	Emergency Prep Training Program		
<p>Reg Text: The facility must do all of the following:</p> <ul style="list-style-type: none"> (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 every 2 years. (iii) Maintain documentation of all emergency preparedness training. (iv) Demonstrate staff knowledge of emergency procedures. (v) If the emergency preparedness policies and procedures are significantly updated, the facility must conduct training on the updated policies and procedures. 			
TAG #	TITLE	MET	NOT MET
E - 0039	Emergency Prep Testing Requirements		
<p>Reg Text: (2) Testing. The [facility] must conduct exercises to test the emergency plan annually. The [facility] must do all of the following:</p> <ul style="list-style-type: none"> (i) Participate in a full-scale exercise that is community-based every 2 years; or <ul style="list-style-type: none"> (A) When a community-based exercise is not accessible, conduct a facility-based functional exercise every 2 years; or (B) If the [facility] experiences an actual natural or man-made emergency that requires activation of the emergency plan, the [facility] is exempt from engaging in its next required community-based or individual, facility-based functional exercise following the onset of the actual event. (ii) Conduct an additional exercise at least 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 the following: <ul style="list-style-type: none"> (A) A second full-scale exercise that is community-based or individual, facility-based functional exercise; or (B) A mock disaster drill; or (C) 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. (iii) Analyze the [facility's] response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the [facility's] emergency plan, as needed 			
TAG #	TITLE	MET	NOT MET
E - 0042	Integrated Health Systems		
<p>Reg Text: Integrated healthcare systems. If a [facility] 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 [facility] may choose to participate in the healthcare system's coordinated emergency preparedness program.</p> <p>If elected, the unified and integrated emergency preparedness program must- [do all of the following:]</p> <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> (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. 			