

Federally Qualified Health Centers (FQHC)

EMERGENCY PREPAREDNESS WORKSHEET

1. DATE OF SURVEY:

2. NAME OF FACILITY:

3. PROVIDER NUMBER:

4. SURVEYOR:

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

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

Survey Procedure: Interview facility leadership and ask them to describe the facility's EP program. Ask to see the facility's written policy and documentation on the EP.

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

Reg Text: (a)Emergency Plan. The FQHC facility must develop and maintain an EP plan that must be reviewed, and updated at least annually.

Survey Procedure: Verify the facility has an emergency plan by asking to see a copy of the plan; Ask facility leadership to identify the hazards that were identified in the facility's risk assessment and how the risk assessment was conducted. Review plan to verify it contains all the required elements. Verify that the plan was reviewed and updated annually.

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

Reg Text: (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.

Survey procedures: Ask to see the written documentation of the facility's risk assessment and associated strategies; Interview the facility leadership and ask which hazards were included in the risk assessment and why; How was the risk assessment was conducted; Verify the risk-assessment is based on an all-hazards approach specific to the geographic location of the facility and encompasses potential hazards.

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

Reg text: (3) Address patient/client population, including, but limited to, persons at-risk; the type of services the FQHC facility has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.

Survey procedures: "Persons at risk" does not apply to FQHC. Ask to see documentation on the other required items.

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

Reg text: (4) Include a process for cooperation and collaboration with local, tribal, regional, State, and Federal EP officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the FQHC facility's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.

Survey Procedure: Interview facility leadership and ask them to describe their process for ensuring cooperation and collaboration with local, tribal, regional, State, and Federal EP officials' efforts to ensure an integrated response during a disaster or emergency situation. Ask for documentation of the facility's efforts to contact such officials and, when applicable, its participation in collaborative and cooperative planning efforts.

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

Reg text: (b) Policies and Procedures. FQHC must develop and implement EP 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.

Survey Procedure: Review the written policies and procedures which address the facility's emergency plan and verify: Policies and procedures were developed based on the facility and community based risk assessment and communication plan, utilizing an all-hazards approach. Ask to see documentation that verifies the policies and procedures have been reviewed and updated on an annual basis.

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

Reg Text: Safe evacuation from the FQHC 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. Safe evacuation which includes appropriate placement of exit signs; staff responsibilities and needs of the patients.

Survey Procedures: Review the emergency plan to verify it includes policies and procedures for safe evacuation from the facility and that it includes all the required elements.

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

Reg Text: (4) A means to shelter in place for patients, staff, and volunteers who remain in the FQHC facility.

Survey Procedures: Verify the emergency plan includes policies and procedures for how it will provide a means to shelter in place for patients, staff, and volunteers who remain in a facility. Review the policies and procedures for sheltering in place and evaluate if they aligned with the facility's emergency plan and risk assessment.

TAG #	TITLE	MET	NOT MET
E - 0023	Policies and Procedures for Medical Docs		

Reg Text: (5) A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains availability of records.

Survey Procedures: Ask to see a copy of the policies and procedures that documents the medical record documentation system the facility has developed to preserve 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: (6) 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.

Survey Procedures: Verify the facility has included policies and procedures for the use of volunteers and other staffing strategies in its emergency plans.

TAG #	TITLE	MET	NOT MET
E - 0029	Development of Communication Plan		

Reg Text: © The FQHC facility must develop and maintain an EP communication plan that complies with Federal, State, and local laws and must be reviewed and updated annually.

Survey Procedures: Verify the facility has a written communications 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.

TAG #	TITLE	MET	NOT MET
E - 0030	Names and Contact Information		

Reg Text: The communication plan must include all of the following: (1) Names and contact information for the following: (i) Staff (ii) Entities providing services under arrangement (iii) Patients' physicians (iv) Other (facilities) (v) Volunteers

Survey Process: Verify that all required contacts are included in the communications plan by asking to see a list of the contacts with their contact information. Verify that all contact information has been reviewed and updated at least annually by asking to see evidence of the annual review.

TAG #	TITLE	MET	NOT MET
E - 0031	Emergency Officials Contact Information		

Reg Text: (2) Contact information for the following: (i) Federal, State, tribal, regional, or local emergency preparedness staff (ii) Other sources of assistance.

Survey Procedures: Verify that all required contacts are included in the communications plan by asking to see a list of the contacts with their contact information. Verify that all contact information has been reviewed and updated at least annually by asking to see evidence of the annual review.

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) FQHC staff (ii) Federal, State, tribal, regional, and local emergency management agencies.

Survey Procedures: Verify the communications plan includes primary and alternate means for communicating with facility staff, Federal, State, tribal, regional, and local emergency management agencies by reviewing the communications plan. Ask to see the communications equipment or communications systems listed in the plan.

TAG #	TITLE	MET	NOT MET
E - 0033	Methods for Sharing Information		

Reg Text: (4) A method for sharing information and medical documentation for patients under the FQHC care, as necessary, with other health providers to maintain the continuity of care. (6) A means of providing information about the general condition and location of residents under the facility's care as permitted under 45 CFR 164.510(b)(4).

Survey Process: Verify the communication plan includes a method for sharing information and medical documentation for patients under the facility's care, as necessary, with other health providers to maintain the continuity of care by reviewing the communication plan.

TAG #	TITLE	MET	NOT MET
E - 0034	Sharing Information on Occupancy Needs		
Reg Text: (7) A means of providing information about the FQHC facility's occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee.			
Survey Process: Verify the communications plan includes a means of providing information about the facility's needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee by reviewing the communication plan.			
TAG #	TITLE	MET	NOT MET
E - 0036	Training and Testing		
Reg Text: (d) Training and testing. The FQHC facility must develop and maintain an EP 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.			
Survey Process: Verify that the facility has a written training and testing program that meets the requirements of the regulation. 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.			
TAG #	TITLE	MET	NOT MET
E - 0037	Emergency Prep Training Program		
Reg Text: (1) Training program. The FQHC facility 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 EP training at least annually. (iii) Maintain documentation of the training. (iv) Demonstrate staff knowledge of emergency procedures.			
Survey Process: Ask for copies of the facility's initial emergency preparedness, training and annual emergency preparedness training offerings. Interview various staff and ask questions regarding the facility's initial and annual training course, to verify staff knowledge of emergency procedures. Review a sample of staff training files to verify staff have received initial and annual emergency preparedness training.			
TAG #	TITLE	MET	NOT MET
E - 0039	Emergency Prep Testing Requirements		
Reg Text: (2) Testing. The FQHC must conduct exercises to test the emergency plan at least annually. The FQHC must do all of the following: (i) Participate in a full-scale exercise that is community-based or when a community-based exercise is not available, an individual, facility-based. If the the FQHC experiences an actual natural or man-made emergency that requires activation of the emergency plan, the 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. (ii) Conduct an additional exercise that may include, but is not limited to the 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. (iii) Analyze the FQHC response to maintain documentation of all drills, tabletop exercises, and emergency events, and revise the FQHC emergency plan, as needed.			

Survey Process: 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 facility to support the exercise). Ask to see the documentation of the facility'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 facility's analysis and response and how the facility updated its emergency program based on this analysis.

TAG #	TITLE	MET	NOT MET
E - 0042	Integrated Health Systems		

Reg Text: (f) Integrated healthcare systems. If a FQHC 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 FQHC facility may choose to participate in the healthcare system's coordinated emergency preparedness program. If elected, the unified and integrated EP program must do all of the following: (1) Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated EP 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 EP 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: (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.

Survey Process: 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.

Disclaimer: This is a worksheet to assist the survey process and is not a comprehensive listing of requirements under the Emergency Planning requirements.