

# Training and Testing

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## EP Training Requirements

- Initial training to all new and existing employee staff, contracted staff, and volunteers
- Training is consistent with expected roles
- Training occurs at least biennially
- Training is documented and demonstrates knowledge of EP procedures

# Training and Testing

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## Testing - 1<sup>st</sup> Year Exercise

Full-scale exercise that is community-based.

An actual activation of the emergency plan exempts the clinic from the above exercise for 1 year

## Testing - 2<sup>nd</sup> Year Exercise Option

- Second Full-scale exercise that is community-based or individual, facility based or
- A table-top exercise using a narrated, clinically relevant emergency scenario, with a set of problems designed to challenge the existing EP Plan

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

# Training and Testing

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## Operations-Based Exercises

- Involve deployment of resources and personnel.
- Are more complex than discussion-based types.
- Require execution of plans, policies, agreements, and procedures.
- Clarify roles and responsibilities.
- Improve individual and team performances.
- Include drills and both functional and full-scale exercises.

### HINT:

Exercises involve opening up the communication plan and moving something or someone.

# Training and Testing

## Discussion-Based Exercises

- Provide a forum for discussing or developing plans, agreements, training and procedures.
- Are generally less complicated than operations-based types.
- Typically focus on strategic, policy-oriented issues.
- Include seminars, workshops, tabletops, and games.
- Do not involve deployment of resources.



# Training and Testing

## CMS After Action Report (AAR)

U.S. DEPARTMENT OF HEALTH HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

### Health Care Provider After Action Report/Improvement Plan

Survey & Certification  
Emergency Preparedness & Response

Enter Organization Name

Health Care Provider  
After Action Report/Improvement Plan

# Integrated healthcare systems

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# Integrated healthcare systems

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If a 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:

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

# Integrated healthcare systems

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- (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.



# Integrated healthcare systems

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## 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.
2. Verify that they are by asking to see documentation of its inclusion in the program.
3. Ask to see documentation that verifies the facility within the system was actively involved in the development of the unified emergency preparedness program.
4. Ask to see documentation that verifies the facility was actively involved in the annual reviews of the program requirements and any program updates.
5. 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.

# What we See

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- Having the EP Plan, but not training the staff
- Omitting required contact information
- Lacking an all Hazards Vulnerability Assessment
- Provider-Based Clinics stating they are part of an integrated healthcare system, but not meeting higher level of documentation

# RHC EP

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- 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.

# COVID-19 After Action report

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- This event in 2020 occurred as a result of a Corona Virus from Wuhan, China which resulted in a worldwide Pandemic.
- The event began for ABC clinic on March \_\_, 2020.
- The emergency team was composed of \_\_\_\_\_ (names of staff in leadership)
- Governor Hutchison declared a State emergency on March 11, 2020.
- This report is the follow up analysis of the COVID-19 event which occurred in early 2020.
- The purpose is to evaluate ABC clinic's Emergency Preparedness program
- Enter the top three strengths of your Emergency Plan

Examples:                    Staff training conducted on infection prevention  
                                  Plan to triage patients who come to the clinic  
                                  Plan to put sign on door to call from the car if symptomatic

# COVID-19 After Action report

Issue	Recommendations	Corrective	POC	Start Date	Completion Date
Lack of supplies	Keep more on hand	Ordered	Monthly monitoring	5.1.20	6.1.20
Patients not in office	Increase in telehealth		Telehealth training	3.1.2020	Continuing
Staff not prepared	More staff training	Staff training	Training logs	3.1.2020	Continuing

# COVID-19 After Action report

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## Areas of Improvement

Need to order extra supplies such as masks and hand sanitizer earlier.  
Need to minimize things in the waiting room to decrease things needing disinfecting.  
Need for more screening of clinic staff, temps in the morning.  
Need more separation of patients.

## Event Successes

Staff immediately began calling patients instead of visit to decrease exposure for patients  
Some staff sent to hospital to assist with surge  
Older providers working from home doing Telehealth  
Document staff meeting with date, time and training log with signatures.

## Staff Training

Report reviewed with staff  
Assignments given  
Attendance log at AAR meeting

# EP Resources

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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:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/index.html>



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**Survey & Certification - Emergency Preparedness**

- [State Survey Agency Guidance](#)
- [Health Care Provider Guidance](#)
- [Lessons Learned/Archives](#)
- [Emergency Preparedness Rule](#)
- [Core EP Rule Elements](#)
- [Earthquakes](#)
- [Hurricanes](#)
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- [Wild Fires and Fires General](#)
- [Influenza and Viruses](#)
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## 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 (SAs), 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
- Tornados
- Fires
- Earthquakes
- Power outages
- Chemical spills
- Nuclear or biological terrorist attack
- Etc.

## Survey & Certification - Emergency Preparedness

[State Survey Agency Guidance](#)

[Health Care Provider Guidance](#)

[Lessons Learned/Archives](#)

**Emergency Preparedness Rule**

[Core EP Rule Elements](#)

[Earthquakes](#)

[Hurricanes](#)

[Severe Weather](#)

[Flooding](#)

[Wild Fires and Fires General](#)

[Influenza and Viruses](#)

[Homeland Security Threats](#)

[Templates & Checklists](#)

## Emergency Preparedness Rule

### Survey & Certification- Emergency Preparedness Regulation Guidance

#### Guidance for Surveyors, Providers and Suppliers Regarding the New Emergency Preparedness (EP) Rule

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](#) 

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

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html>

[SCGEmergencyPrep@cms.hhs.gov](mailto:SCGEmergencyPrep@cms.hhs.gov)

## CERT DRILLS AND EXERCISES: TABLETOP EXERCISE #1

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### Table of Contents

CERT Drills and Exercises .....	1
What Is a Tabletop Exercise? .....	1
Exercise Overview.....	2
For Exercise Staff.....	3
Facilitator Guidelines.....	5
Appendix .....	11

# CERT: Community Emergency Response Team



<https://www.citizencorps.fema.gov/cc/listCert.do>

# CERT: Community Emergency Response Team

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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>