

ALABAMA OFFICE OF  
**PRIMARY CARE  
RURAL HEALTH**



# Rural Health Clinic (RHC) Emergency Preparedness

*Tonne McCoy*  
*Technical Assistance Director*  
*4/9/2025*

National Organization of **State Offices of Rural Health**

# Hi! I'm Tonne



- Earned an MS in Psychological Science from Shippensburg University
- Current doctoral candidate in the Experimental Psychology program with an emphasis in rural health at Idaho State University
- Nearly 10 years of rural health experience
- Holds Certified Rural Health Clinic Professional (CRHCP) credentials
- Holds Lean Six Sigma Green Belt status

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Thank you to Karl Bryant!

[Karl.Bryant@adph.state.al.us](mailto:Karl.Bryant@adph.state.al.us)

(334) 206-5517

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# Upcoming Webinars

1. Rural Health Clinics (RHCs) Compliance Overview Part 3
  - I. Date:** Wednesday, April 30, 2025
  - II. Time:** Noon – 1 p.m. CT
2. Rural Health Clinics (RHCs) and Community Engagement
  - I. Date:** Wednesday, May 28, 2025
  - II. Time:** Noon – 1 p.m. CT
3. Rural Health Clinics (RHCs) Strategic Planning
  - I. Date:** Wednesday, June 25, 2025
  - II. Time:** Noon – 1 p.m. CT

# Today's Objectives

1. Overview of 42 cfr 491.12
  - Emergency Preparedness
2. What are the requirements
3. How will you be required to prove you've met the requirements

# 42 cfr 491.12

1. Emergency Plan
2. Policies and Procedures
3. Communications Plan
4. Training and Testing
5. Integrated Healthcare Systems

# Emergency Plan

- Federal, state, and local requirements
- Every 2 years (at least)
- Fully thought out
  - Who is going to do what when, with backup identified
    - Delegation of authority and succession planning
  - What services does the RHC have the ability to provide during an emergency?
  - Address the continuity of care
  - Who are you going to reach out and collaborate with, in an emergency?
    - What are the actual steps that will be taken to ensure an integrated response is maintained during an emergency?

# Policies and Procedures

AT MINIMUM

- Safe evacuation
- Sheltering in place
- Safety of patient records
- Addressing the use of volunteers



# 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 RHCs
- (v) 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.

(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's needs, and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee.

# Training and Testing

Every 2 years

(1) **Training program.** The RHC 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 every 2 years.
- (iii) Maintain documentation of the training.
- (iv) Demonstrate staff knowledge of emergency procedures.
- (v) If the emergency preparedness policies and procedures are significantly updated, the RHC/FQHC must conduct training on the updated policies and procedures.

(2) **Testing.** The RHC must conduct exercises to test the emergency plan at least annually. The RHC must do the following:

- (i) Participate in a full-scale exercise that is community-based every 2 years; or
- (A) When a community-based exercise is not accessible, an individual, facility-based functional exercise every 2 years; or.

(B) If the RHC experiences an actual natural or man-made emergency that requires activation of the emergency plan, the RHC 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.

(ii) 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) A second full-scale exercise that is community-based or an 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 RHC's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the RHC's emergency plan, as needed.

# Integrated Healthcare System



(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.

# ALL RHCs MUST HAVE THEIR OWN ALL- HAZARDS RISK ASSESSMENT

# Show me the DOCUMENTATION!!!!!!



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Image Credit: Film: Jerry Maguire,  
1996, TriStar Pictures

# For More Information, Tools, and Guides...

For additional information and tools, please visit the CMS Survey & Certification Emergency Preparedness website at:

<https://www.cms.gov/medicare/health-safety-standards/quality-safety-oversight-emergency-preparedness/templates-checklists>

ASPR TRACIE: Healthcare Emergency Preparedness

<https://asprtracie.hhs.gov/>

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# References & Resources



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# Resources



42 cfr 491.0 – 491.12

<https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-491/subpart-A?toc=1>

CMS Rural Health Clinic Center

<https://www.cms.gov/Center/Provider-Type/Rural-Health-Clinics-Center.html>

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# Questions??



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