Community Health Center Emergency Management Crosswalk

The following resource includes references from the Centers for Medicare and Medicaid Services (CMS), Health Resources and Services Administration (HRSA), Joint Commission of Accredited Health Organizations (TJC), National Incident Management System (NIMS), and Occupational Safety and Health Administration (OSHA).

Community Health Center Requirements/ Unfunded Mandates

In September 2016, CMS published a rule that established new minimum emergency preparedness requirements for provider types, including federally qualified health centers (FQHCs). Many of the requirements echo recommendations that have been made by the Bureau of Primary Health Care's Program Information Notice 2007-15 which only offered recommendations for FQHCs to establish emergency management best practices but did not define it as a program requirement. Even the FQHC cooperative agreement application and renewal form (HRSA form 10) which asks specifically about emergency preparedness activities does not immediately impact the application process and it is unclear how much weight is given to form (based on reviews from HRSA operational site visits and the draft compliance manual). As such, these activities are defined as unfunded mandates to minimize hazards as feasible means allow.

Recommended best practices by agency that are now required by CMS:

- **Comprehensive Emergency Operations Plan which include business continuity** – recommended by HRSA, Joint Commission, OSHA, AAAHC, NIMS
- **Hazard Vulnerability Analysis** – recommended by HRSA, Joint Commission, OSHA, AAAHC
- **Drills/Exercises** – recommended by HRSA, Joint Commission, OSHA, AAAHC, NIMS

Emergency Management Element	CMS Rule for Emergency Preparedness	HRSA Form 10	HRSA PIN 2007-15	Joint Commission	NIMS	OSHA	Best Practices
Emergency Operations Plan (EOP)/ Emergency Management Plan (EMP)	491.12: Require both an emergency preparedness program and plan. 491.12 (a): Comply with all applicable Federal, State and local emergency preparedness requirements. The emergency plan must be reviewed and updated at least annually. 491.12 (a) (1): The emergency plan must be based on and include a documented facility	Section I - Emergency Preparedness and Management Plan - Q2. Note: specifically asks if the plan is "Board approved"	Plans and procedures for emergency management must be integrated into a health center's risk management approach to assure that suitable guidelines are established and followed so that it can respond effectively and appropriately to an emergency (p4).	EM.02.01.01: The organization has a written Emergency Management Plan.	2008/2009 Objective 3: Revise and Update emergency operations plans (EOPs), standard operating procedures (SOPs), and standard operating guidelines (SOGs) to incorporate NIMS and National Response Framework (NRF) components, principles and policies, to include planning, training, response, exercises, equipment, evaluation, and corrective action.		The CHC gets more out of the process of creating the plan than it gets out of the plan itself. Experience has shown that the plan sits on the shelf in time of crisis, but the benefits of the process of creating the plan resonate with the staff, specifically about their roles and responsibilities before, during and after an emergency.

CONFIDENTIAL - Do not duplicate or distribute without written permission

Emergency Management Element	CMS Rule for Emergency Preparedness	HRSA Form 10	HRSA PIN 2007-15	Joint Commission	NIMS	OSHA	Best Practices
	based and community based risk assessment utilizing an all hazards approach. 491.12 (a) (2): The emergency plan includes strategies for addressing emergency events identified by the risk assessment. 491.12 (a) (3): The emergency plan must address the patient population including the types of services that the facility would be able to provide in an emergency; continuity of operations, including delegations of authority and succession plans. 491.12 (a) (4): Have a process for ensuring cooperation and collaboration with local, tribal, regional, state, or Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the facility efforts to contact such officials						

CONFIDENTIAL - Do not duplicate or distribute without written permi

Emergency Management Element	CMS Rule for Emergency Preparedness	HRSA Form 10	[HRSA PIN 2007-15]	Joint Commission	[NIMS]	[OSHA]	Best Practices
	and, when applicable, its participation in collaborative and cooperative planning efforts.						
Hazard Vulnerability Assessment (HVA); All-Hazards Risk Assessment	491.12 (a) (1): The emergency plan must be based on and include a documented facility based and community based risk assessment utilizing an all hazards approach. 491.12 (a) (2): The emergency plan includes strategies for addressing emergency events identified by the risk assessment.	Section I – Emergency Preparedness and Management Plan - Q1	Health centers should initiate emergency management planning by conducting a risk assessment such as an HVA. (p5) Health centers are encouraged to participate in community level risk assessments and integrate their own risk assessment with the local community. (p5)	EM.01.01.01/ EP2: The organization identifies potential emergencies and the direct and indirect effects that these emergencies may have on the need for its service of its ability to provide these services. NOTE: Some organizations refer to this process as an HVA.		- Worksite analysis – commonsense look at the workplace to find existing or potential hazards for workplace violence. - Hazard Prevention and Control: (1) Measures to prevent or control hazards. (2) Steps to minimize risk.	The HVA drives the emergency management program by prioritizing the investment of time and resources to lessen the impact on the facility, staff and patients, and normalize operations return operations as quickly as possible. Without a thorough HVA, you cannot have a comprehensive EOP.
Address the five (5) phases of emergency management: prevention, preparedness, mitigation, response and recovery		Section I – Emergency Preparedness and Management Plan – Q3l; HRSA Form 10 is outdated whereas it lists the previous version of four (4) phases of emergency management.	The [plan] should address the four phases of emergency management – Mitigation activities lesson the severity and impact a potential disaster or emergency might have on a health center's operations. Preparedness activities build capacity and identify resources that may be used should a	EM.01.01.01/ EP5: The organization uses its prioritized emergencies as a basis for defining … -mitigation activities.… EM.01.01.01 EP6: … -preparedness activities that will organize and mobilize essential resources. EM.02.01.01/ EP1: The organization has a written [plan] that describes the response procedures to follow	2008/2009 Objective 3: Revise and Update emergency operations plans (EOPs), standard operating procedures (SOPs), and standard operating guidelines (SOGs) to incorporate NIMS and National Response Framework (NRF) components, principles and policies, to include planning, training, response, exercises, equipment,	- Hazard Prevention and Control: (1) Measures to prevent or control hazards. (2) Steps to minimize risk.	Prevention, preparedness, mitigation, response and recovery should all be incorporated into various aspects of CHC operations – normal, emergency and recovery operations.

CONFIDENTIAL - Do not duplicate or distribute without written permission

Emergency Management Element	CMS Rule for Emergency Preparedness	HRSA Form 10	[HRSA PIN 2007-15]	Joint Commission	[NIMS]	[OSHA]	Best Practices
			disaster or emergency occur. Response refers to the actual emergency and controls the negative effects of emergency situations. Recovery actions begin almost concurrently with response activities and are directed at restoring essential services and resuming normal operations. Recovery planning is a critical aspect to sustaining the long-term viability of the health center. (p5)	when the emergency occurs. EM.02.01.01/ EP4: The organization has a written [plan] that describes the recovery strategies, actions and individual responsibilities necessary to restore the organizations care, treatment, or services after an emergency.	evaluation, and corrective action.		
Multi-disciplinary team	*Throughout the CMS rule, there are references to various recommended staff that should be part of the Emergency Preparedness Program, Plans, Policies and Procedures, Training and Testing Program, and All-Hazards Risk Assessment that include administrative leadership, clinical, and operations staff.*		It is essential that the [plan] be developed with an interdisciplinary approach involving all departments within the organization as the entire organization will be affected and play a role in an emergency. The Governing Board, senior management, and the clinical staff should have a lead role in the development of the [plan], and the Governing Board should	EM.02.01.01/ EP1: The organization's leaders participate in the development of the [plan].			Each CHC department should have a voice in the EOP and BCP process as each department is unique to its functions and strengths. The team should include executive, operations, finance, clinical, technical, security, administrative, facilities, and support representatives. If appropriate, a member or the chair of the

CONFIDENTIAL - Do not duplicate or distribute without written permission

Emergency Management Element	CMS Rule for Emergency Preparedness	HRSA Form 10	HRSA PIN 2007-15	Joint Commission	NIMS	OSHA	Best Practices
			approve the final [plan] and any revisions to it. (p5)				board should also be part of the team.
Surge	491.12 (b) (4): Have policies and procedures in place to address the use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State or Federally designated healthcare professionals to address surge needs during an emergency.		Health centers should describe their approach to responding to emergencies that would suddenly and significantly affect the demand for the organization's services or its ability to provide those services. (p6) The [plan] should describe if and how health centers will continue to provide primary healthcare services to current and surge patients to the extent possible during an emergency, including consideration for continuity of services for contracted services as well as those services that are directly provided by the health center. (p7)	EM.02.02.03: As part of its [plan], the organization prepares for how it will manage resources and assets during emergencies. NOTE: All organizations are required to respond to a patient's immediate care and safety needs if an emergency occurs with the patients onsite. EM.02.02.03/ EP1: For organizations that plan to provide service during an emergency: The [plan] describes how the organization will obtain and replenish medications and related supplies that will be required in response to an emergency. EM.02.02.03/ EP3: The [plan] describes how the organization will obtain and replenish medical supplies that will be required in response to an emergency.			The EOP should address an influx of patients into the CHC for services. Historically, victims of an emergency will self-present to known medical facilities and not wait for ambulance transports.

CONFIDENTIAL - Do not duplicate or distribute without written permission

Emergency Management Element	CMS Rule for Emergency Preparedness	HRSA Form 10	HRSA PIN 2007-15	Joint Commission	NIMS	OSHA	Best Practices
				EM.02.02.03/ EP3: The [plan] describes how the organization will obtain and replenish non-medical supplies that will be required in response to an emergency. EM.02.02.03/ EP12: The organization implements components of its [plan] that require advance preparation to provide resources and assets during an emergency.			
Plan should include method of structuring staff during emergency response.	491.12 (d) (1): Provide initial training in emergency preparedness polies and procedures to all new and existing staff, individuals providing on-site services under arrangement and volunteers, consistent with their expected roles. Provide this training annually and maintain documentation of all emergency preparedness training along with demonstration of staff		Health centers should have an all-hazards command structure within the organization, such as a standard ICS, that links with the community's command structure for emergencies…. These policies and procedures should be integrated with the health center's [plan]. (p9)	EM.02.02.07: As part of its [plan], the organization prepares for how it will management staff during an emergency. EP1: The [plan] describes the following: … How the organization will manage staff during emergencies. EP2: … The roles and responsibilities of staff during an emergency. EP3: … The process for assigning staff to all essential staff functions. EP4: … The [plan] identifies individuals to	2008/2009 Objective 11: Manage all emergency incidents, exercises, and preplanned (recurring/special events) in accordance with ICS organization structures, doctrine, and procedures, as defined in NIMS. 2008/2009 Objective 12: ICS implementation must include the consistent application of Incident Action Plan (IAP) and common communications plans, as appropriate.		The EOP should structure staff duties and responsibilities by role, not by the individual staff person. A best practice would be utilizing basic ICS structure and Job Action Sheets to accomplish the necessary functions of the CHC.

CONFIDENTIAL - Do not duplicate or distribute without written permi

Emergency Management Element	CMS Rule for Emergency Preparedness	HRSA Form 10	HRSA PIN 2007-15	Joint Commission	NIMS	OSHA	Best Practices
	knowledge of emergency procedures.			whom staff report in emergencies.			
Volunteers	491.12 (d): Develop and maintain an emergency preparedness training and testing program based on the emergency plan, risk assessment, policies and procedures and communications plan. The training and testing program must be reviewed and updated at least annually. 491.12 (b) (4): Have policies and procedures in place to address the use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State or Federally designated health care professionals to address surge needs during an emergency. 491.12 (c) (1): As part of its communication plan include in its plan, names and contact information for staff; entities providing			EM.02.02.13: During disasters, the organization may grant disaster privileges to volunteer licensed independent practitioners. EM.02.02.15: During disasters, the organization may assign disaster responsibilities to volunteer practitioners who are not licensed independent practitioners, but who are required by law and regulation to have a license, certification, or registration. (NOTE: Refer to the 2009 standards for Ambulatory Care for all of the required elements of performance.)			

CONFIDENTIAL - Do not duplicate or distribute without written permi

Emergency Management Element	CMS Rule for Emergency Preparedness	HRSA Form 10	[HRSA PIN 2007-15]()	Joint Commission	[NIMS]()	[OSHA]()	Best Practices
	services under arrangement; patients' physicians; other RHCs/FQHCs and volunteers.						
Communications	491.12 (c): Be required to develop and maintain an emergency preparedness communication plan that complies with local, state and Federal law and required to review and update the communication plan at least annually. 491.12 (c) (1): As part of its communication plan include in its plan, names and contact information for staff; entities providing services under arrangement; patients' physicians; other RHCs/FQHCs and volunteers. 491.12 (c) (2): Require contact information for Federal, State, tribal, regional, or local emergency preparedness staff and other sources of assistance.	Section II – Readiness. Q6 – does the [plan] include internal/external backup communications	The [plan] should identify the health center's policies and procedures for communicating with internal (staff, patients, special populations, Governing Board), and external (appropriate Federal, state, local and tribal agencies) stakeholders as well as with the public during emergencies. As part of the [plan], the health center should develop strategies for communicating with patients during an emergency including procedures to make patients aware of an alternate primary care service arrangements that may be available in the event the health center is closed. (p8)	EM.02.02.01: As part of its Emergency Management Plan, the [organization] prepares for how it will communicate during emergencies. EM.02.02.01 / EP 1: The Emergency Management Plan describes how staff will be notified that emergency response procedures have been initiated. EM.02.02.01 / EP 3: The Emergency Management Plan describes how the organization will notify external authorities that emergency response measures have been initiated.	2008/2009 Objective 9: Apply common and consistent terminology as promoted in NIMS, including the establishment of plain language communication standards. 2008 / 2009 Objective 13: Adopt the principle of Public Information, facilitated by the use of the Joint Information System (JIS) and Joint Information Center (JIC) during an incident or event. 2008 /2009 Objective 14: Ensure that Public Information procedures and processes gather, verify, coordinate, and disseminate information during an incident or event.		Communications can include internal and external messaging, redundant technologies and hardware, and strategies for information sharing throughout and across facilities, disciplines, municipalities and government entities.

CONFIDENTIAL - Do not duplicate or distribute without written permi

Emergency Management Element	CMS Rule for Emergency Preparedness	HRSA Form 10	HRSA PIN 2007-15	Joint Commission	NIMS	OSHA	Best Practices
	491.12 (c) (3): Include primary and alternate means for communicating with staff and Federal, State, tribal, regional, and local emergency management agencies. 491.12 (c) (4): Have 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) of the HIPAA Privacy Regulations. 491.12 (c) (5): Have a means of providing information about the facility's needs, and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee.						
Plan addresses communication systems	491.12 (c) (3): Include primary and alternate means for communicating with staff and Federal, State, tribal, regional, and		The health center's [plan] should identify backup (also referred to as redundant) communication systems in the event that standard	EM.02.02.01 / EP 14: The organization establishes backup communication systems or technologies for use in the event that internal or external	2008/2009 Objective 8: Promote and ensure that equipment, communication, and data interoperability are incorporated into the healthcare		Best practices include: • Email, messaging, social media, telephone and telecommunication systems • Telephone call lists

CONFIDENTIAL - Do not duplicate or distribute without written permi

Emergency Management Element	CMS Rule for Emergency Preparedness	HRSA Form 10	HRSA PIN 2007-15	Joint Commission	NIMS	OSHA	Best Practices
	local emergency management agencies.		communication systems are unavailable and include these in its [plan]. (p9)	systems fail during an emergency. EM.02.02.01 / EP 17: The organization implements the components of its Emergency Management Plan that require advance preparation to support communications during an emergency.	organization's acquisition programs. 2008/2009 Objective 10: Utilize systems, tools, and processes that facilitate the collection and distribution of consistent and accurate information during an incident or event.		• Remote telephone system redirecting • Two-way radios • Website remote updates • Messaging through media outlets for staff and patients • Special Populations/ Access and Functional Needs communications (including non-English speaking and translations)
Process for activating and deactivating the plan			[The plan] should describe under what circumstances and how, when, and by whom the [plan] is activated, procedures for notifying staff when it has been initiated, and the roles and responsibilities of all personal responding to the emergency. (p6)	EM.02.01.01 / EP 5: The [plan] describes the processes for initiating and terminating the organization's response and recovery phases of the emergency, including under what circumstances these phases are activated. EM.02.01.01 / EP 6: The [plan] identifies the individual(s) responsible for activating the response and recovery phases of emergency response.			The EOP should have pre-identified triggers which would activate resources and staff. Accordingly, the EOP should also include de-escalation activities and returning to normal operations.
Plan includes provisions for staff	491.12 (d) (1): Provide initial training in emergency	Section II – Readiness: 2. Does your	Health centers should provide ongoing training on emergency		2008/2009 Objective 5: Identify the appropriate personnel to complete	- Safety and Health Training: Safety training should not just be for	The components of CHC Emergency Management Programs

CONFIDENTIAL - Do not duplicate or distribute without permi

Emergency Management Element	CMS Rule for Emergency Preparedness	HRSA Form 10	HRSA PIN 2007-15	Joint Commission	NIMS	OSHA	Best Practices
training	preparedness polies and procedures to all new and existing staff, individuals providing on-site services under arrangement and volunteers, consistent with their expected roles. Provide this training annually and maintain documentation of all emergency preparedness training along with demonstration of staff knowledge of emergency procedures.	organization conduct annual planned drills? 3. Does your organization's staff receive periodic training on disaster preparedness?	management and the implementation of the [plan] to employees at all levels of the organization. (p7)		ICS-100, ICS-200 and IS-700, or equivalent courses. 2008/2009 Objective 6: Identify appropriate personnel to complete IS-800 or an equivalent course. 2008/2009 Objective 7: Promote NIMS concepts and principles into all organization-related training and exercises. Demonstrate the use of NIMS principles and ICS management structure in training and exercises.	certain staff, it needs to be for all staff.	are frequently changing, therefore they should considered living documents and protocols that require regular updates and staff training. Staff training on the plans should occur regularly, plus be revisited post interruption or emergency to gather lessons learned to incorporate into the plans. Training should be ongoing and offered for every level of staff.
Plan includes a process for conducting drills and exercises	491.12 (d): Develop and maintain an emergency preparedness training and testing program based on the emergency plan, risk assessment, policies and procedures and communications plan. The training and testing program must be reviewed and updated at least annually. 491.12 (d) (1): Provide initial training in emergency preparedness polies and procedures to all new and existing staff, individuals providing on-site services under arrangement and volunteers, consistent with	Health centers should continually test and evaluate the effectiveness of their EMP and make adjustments as necessary. The frequency and methods of testing and evaluation (table top drills, functional exercises, etc.) should be determined by the organization, but should be at least on an annual basis. (p7)		EM.03.01.03: The [organization] evaluates the effectiveness of its [plan]. EM.03.01.03 / EP 1: As an emergency response exercise, the organization activates its [plan] twice a year at each site included in the [plan]. Note 3: Tabletop exercises, though useful, are not acceptable substitutes for these exercises. EM.03.01.03 / EP 2: For each site of the	2008/2009 Objective 3: Revise and update emergency operations plans (EOPs), standard operating procedures (SOPs), and standard operating guidelines (SOGs) to incorporate NIMS and National Response Framework (NRF components, principles and policies), to include planning, training, response, exercises, equipment, evaluation, and corrective action.		It is a best practice to include a drill and exercise schedule to continually test and improve EOPs and Job Action Sheets. Real life events can also act as an exercise and offer improvements to plans.

CONFIDENTIAL - Do not duplicate or distribute without written permission

Emergency Management Element	CMS Rule for Emergency Preparedness	HRSA Form 10	HRSA PIN 2007-15	Joint Commission	NIMS	OSHA	Best Practices
	their expected roles. Provide this training annually and maintain documentation of all emergency preparedness training along with demonstration of staff knowledge of emergency procedures. 491.12 (d) (2): Conduct exercises to test the emergency plan at least annually. 491.12 (d) (i): Participate in a full scale exercise that is community based or when community based exercise is not accessible, individual, facility-based. 491.12 (d) (i): If the facility experiences and actual natural or man made emergency that requires activation of the emergency plan, the facility is exempt from engaging in a community based or individual, facility based full-scale exercise for one year following the onset of the actual event 491.12 (d) (ii): Conduct a second exercise that may include but is not limited to a second full-scale exercise that is individual, facility based; a tabletop exercise that includes a group discussion led by a facilitator using a narrated, clinically relevant			organization that offers emergency services or is a community-designated disaster receiving station, at least one of the organization's two emergency response exercises includes an influx of simulated patients. EM.03.01.03 / EP 5: Emergency response exercises incorporate likely disaster scenarios that allow the organization to evaluate its handling of communications, resources and assets, security, staff, utilities, and patients. EM.03.01.03 / EP 13: Representatives from administrative, support, and clinical services participate in the evaluation of all emergency response exercises and all responses to actual emergencies. EM.03.01.03 / EP 14: The evaluation of all emergency response exercises and all	2008/2009 Objective 7: Promote NIMS concepts and principles into all organization-related training and exercises. Demonstrate the use of NIMS principles and ICS management structure in training and exercises.		

CONFIDENTIAL - Do not duplicate or distribute without perm

Emergency Management Element	CMS Rule for Emergency Preparedness	HRSA Form 10	[HRSA PIN 2007-15]()	Joint Commission	[NIMS]()	[OSHA]()	Best Practices
	emergency scenario and a set of problem statements, directed messages or prepared questions designed to challenge the emergency plan. 491.12 (d) (iii): Analyze the response to and maintain documentation of all drills, tabletop exercises and emergency events and revise the facility emergency plan as needed.			responses to actual emergencies includes the identification of deficiencies and opportunities for improvement. This evaluation is documented. EM.03.01.03 / EP 16: The organization modifies its Emergency Management Plan based on evaluations of emergency response exercises and responses to actual emergencies. EM.03.01.03 / EP 17: Subsequent emergency response exercises reflect modifications and interim measures as described in the modified Emergency Management Plan.			
Plan includes process for integrating health center plan and response with community		Section 1 – EMP: Q4. Is your [plan] integrated into your local/regional emergency plan? Q5. If No, has your organization attempted to participate with local/regional emergency planners?	Many State and/or local EMPs are already in place and, to the extent possible, a health center's [plan] should be aligned and integrated with these emergency plans. To maximize integration, health centers are encouraged to connect	EM.01.01.01 / EP 4: The organization determines what its role will be, if any, in the community response plan.	2008/2009 Objective 4: Participate in interagency mutual aid and/or assistance agreements, to include agreements with public and private sector and nongovernmental organizations.		It is equally important to educate others about the roles of the CHC as it is for the community to educate on its plans and operations. Greater understanding of each other's capacities and capabilities create a more collaborative community response

CONFIDENTIAL - Do not duplicate or distribute without written permi

Emergency Management Element	CMS Rule for Emergency Preparedness	HRSA Form 10	HRSA PIN 2007-15	Joint Commission	NIMS	OSHA	Best Practices
			with any ongoing efforts in these areas before developing and implementing their EMP. (p6)				plan which plays on its strengths and recognizes its weaknesses. It is also important that the CHC inform the community and other response agencies on what it can and cannot do, i.e. the CHC can be a point of dispensing but it cannot be a "mini hospital."
Plan assures access for special populations			Health centers should plan for assuring access for special populations, such as migrant and seasonal farmworkers, homeless people, and residents of public housing. In developing the EMP, health centers are encouraged to also consider other populations such as non-English speaking individuals, children including those with special needs and those served at school-based health centers, individuals living with HIV disease, and disabled and elderly individuals. (p7)				EOPs should be sure to address the needs of special populations (migrant and seasonal farmworkers, homeless, and public housing residents) and those with access and functional needs (including but not limited to non-English speaking, mobility-, vision-, hearing-impaired, those with chronic disease and/or medical frailty, children and pregnant women).

CONFIDENTIAL - Do not duplicate or distribute without written permission

Emergency Management Element	CMS Rule for Emergency Preparedness	HRSA Form 10	HRSA PIN 2007-15	Joint Commission	NIMS	OSHA	Best Practices
Plan addresses continuity of operations			The [plan] should describe if and how health centers will continue to provide primary health care services to current and surge patients to the extent possible during an emergency, including consideration for continuity of services for contracted services as well as those services that are directly provided by the health center. The [plan] should evaluate a health center's ability to maintain normal operations and describe the circumstances that must be met for health center to discontinue non-emergency primary care services or cease operations for a period of time, especially if staffing levels decrease. (p7)	EM.02.02.11 / EP 1: The Emergency Management Plan describes how the organization will manage activities related to patient care, treatment, or services. Note: Activities related to patient care, treatment, or services might include scheduling, modifying, or discontinuing services; controlling information about patients; making referrals; transporting patients; and providing security.			It is a best practice for the CHC to also have a Business Continuity Plan (BCP) which specifies essential functions and provides redundant alternatives to maintain the organization's business functions throughout an emergency and/or disruption.
Plan includes safety and security Measures			A health center's [plan] should address the following components as appropriate, considering the role of the health center in the	EM.02.02.05: As part of its Emergency Management Plan, the [organization] prepares for how it will manage		General Duty Clause Section 5(a)(1) – Each employer shall furnish to each of his employee employment and a place of employment	

CONFIDENTIAL - Do not duplicate or distribute without written permi

Emergency Management Element	CMS Rule for Emergency Preparedness	HRSA Form 10	HRSA PIN 2007-15	Joint Commission	NIMS	OSHA	Best Practices
			local and/or State plans and what is most appropriate and necessary for the health center to respond to an emergency (p6): o Security o Decontamination o Isolation	security and safety during an emergency. EM.02.02.05 /EP 1: The Emergency Management Plan describes how internal security and safety will be provided during an emergency. EM.02.02.05 / EP 5: For organizations that plan to provide services during an emergency: The Emergency Management Plan describes how the organization will provide for radioactive, biological, and chemical isolation and decontamination. EM.02.02.05 / EP10: The organization implements the components of its Emergency Management Plan that require advance preparation to support internal security and safety during an emergency.		which are free from recognized hazards that are causing or likely to cause death or serious physical harm. 29 USC ∫654(a)(1) Written program for job safety and security, incorporated into the organization's overall safety and health program, offers an effective approach for larger institutions. In smaller establishments, the program does not need to be written or heavily documented. *OSHA Guidelines for Preventing Workplace Violence for Healthcare & Social Service Workers*	
Plan address staff preparedness			The plan should also help staff prepare their families for emergencies				It is a best practice to offer staff opportunities

CONFIDENTIAL - Do not duplicate or distribute without written permi

Emergency Management Element	CMS Rule for Emergency Preparedness	HRSA Form 10	HRSA PIN 2007-15	Joint Commission	NIMS	OSHA	Best Practices
			– if staff are prepared at home, they are more likely to carry out vital responsibilities and duties at work in the health center (page 6).				for personal and family preparedness.

This crosswalk was created with support and references provided by the National Association of Community Health Centers (NACHC), including the 2012 Crosswalk for Emergency Management Plan Components as developed by Mollie Melbourne, NACHC's Director of Emergency Management and the Primary Care Association Emergency Management Advisory Council.

http://www.jointcommission.org/ambulatory_buzz/emergency_read_this/default.aspx

CONFIDENTIAL - Do not duplicate or distribute without written permis