



health services associates

EXPERT RURAL HEALTH CONSULTANTS

Emergency Kits: Are You Ready?

An HSA Micro Learning Session

In Partnership with the
Oregon Office of Rural Health



Learning Objectives

- Review CMS requirements related to emergency services in the Rural Health Clinic.
- Identify common emergency kit deficiencies identified during surveys.
- Evaluate opportunities to strengthen emergency care at their clinic.



Opening Scenario

A patient suddenly collapses in your waiting room. Your team immediately responds.

Now ask yourself...

- Where is the emergency kit?
- Can staff access it immediately?
- Does it contain everything needed?
- Does everyone know their role?



Definition of Direct Services

What Are Direct Services?

42 CFR §491.2 – Definitions

Direct services means services provided by the clinic's staff.

What does this mean?

- Emergency response is a required direct service.
- The clinic should be prepared to respond using its own staff and resources.
- Emergency medications and equipment should be readily available within the certified Rural Health Clinic.

CMS Requirement

CMS Requirement

42 CFR §491.9(c)(3)

Emergency. The clinic or center provides medical emergency procedures as a first response to common life-threatening injuries and acute illness and has available the drugs and biologicals commonly used in life saving procedures, such as analgesics, anesthetics (local), antibiotics, anticonvulsants, antidotes and emetics, serums and toxoids.

What Does This Mean?

Translating the Regulation

- Emergency kit should be located within the four walls of the certified Rural Health Clinic.
- All medication categories listed in the regulation should be considered.
- The Medical Director determines the contents.

CMS tells you
what you need to
be prepared for—
not exactly which
medications you
must stock.



Building the Right Emergency Kit

The Medical Director should consider:

- Patient demographics
- Adult and/or pediatric patients
- Services provided
- Common emergencies seen at the clinic
- Staff competency
- Medication storage requirements
- Controlled medications (security/documentation)
- Temperature-sensitive medications
- Ability to routinely monitor medications and supplies





*Adding a medication is
easy.
Maintaining it is the
challenge.*

Common Survey Findings

Frequently identified during mock surveys:

- Emergency kit contents do not match the written policy.
- Expired medications.
- Open multi-dose vials without an open date.
- Missing supplies after previous use.
- No assigned monitoring responsibilities.

Who is responsible for
checking your
emergency kit?

Security vs. Accessibility

Emergency medications should be:

✓ Secure AND ✓ Immediately accessible

Think through your process.

- How many keys are required?
- Who has access?
- Does the lock stick?

*The first time staff
discover a missing key
or sticking lock should
never be during a
real emergency.*

Beyond the Emergency Kit

Oxygen

- At least one oxygen cylinder
- Concentrators do not replace emergency cylinders
- Secure cylinder to wall/cart
- Monitor tank pressure
- Label Full / Partial / Empty
- Appropriate ventilations supplies

Beyond the Emergency Kit

AED (if applicable)

- Appropriate pads
- Expiration dates monitored
- Routine inspections documented

Beyond the Emergency Kit

Fire Extinguishers

- Annual inspection
- Monthly documentation

After-Hours Emergency Care

Patients should know exactly what to do when your clinic is closed.

Consider:

- Does your clinic have an after-hours process?
- Does your voicemail direct patients to call 911 for emergencies?
- Does the clinic use an answering service or provider call schedule?



Additional Considerations

- Attach the emergency kit inventory to the outside of the emergency kit.
- Ensure the inventory accurately reflects the contents inside.
- Update the inventory whenever medications or supplies change.

1

2

3

4

Additional Considerations

Remember

2

3

4

Update the kit



Update the inventory



Update the policy

Documentation Matters

Your Emergency Care Policy should address:

- Emergency kit location
- Medical Director approval of contents
- Emergency kit inventory
- Staff responsibilities
- Emergency equipment
- Inspection process
- Restocking process
- Monitoring responsibilities



*Your written policy, inventory,
and emergency kit should
always tell the same story.*



Emergency Transfer Log

Emergency preparedness doesn't end when EMS arrives.

Maintain Emergency Transfer Documentation:

- Date and time
- Reason for transfer
- Receiving hospital

Emergency Kit Self-Assessment

Can you answer YES?

- Emergency kit is located within the certified clinic
- Inventory matches the emergency kit policy
- Medications are current
- Multi-dose vials are open dated
- Controlled medications are securely stored and appropriately documented
- Oxygen is ready for use
- AED inspections are current
- Staff know where the emergency kit is located
- Monitoring responsibilities are assigned
- Medical Director approved the contents

Key Takeaways

- Emergency care begins long before a medical emergency occurs.
- The emergency kit is only one component of an effective emergency response program.
- Routine monitoring prevents many common survey deficiencies.
- Policies, equipment, medications, and staff training should work together to support a rapid response.
- The goal is not simply compliance—it is ensuring your team is prepared to provide immediate, potentially life-saving care when every second counts.





Thank You

Tressa Sacrey
Executive Director, Compliance & Education



health services associates