FACHC Emergency Management Training & Testing Toolkit

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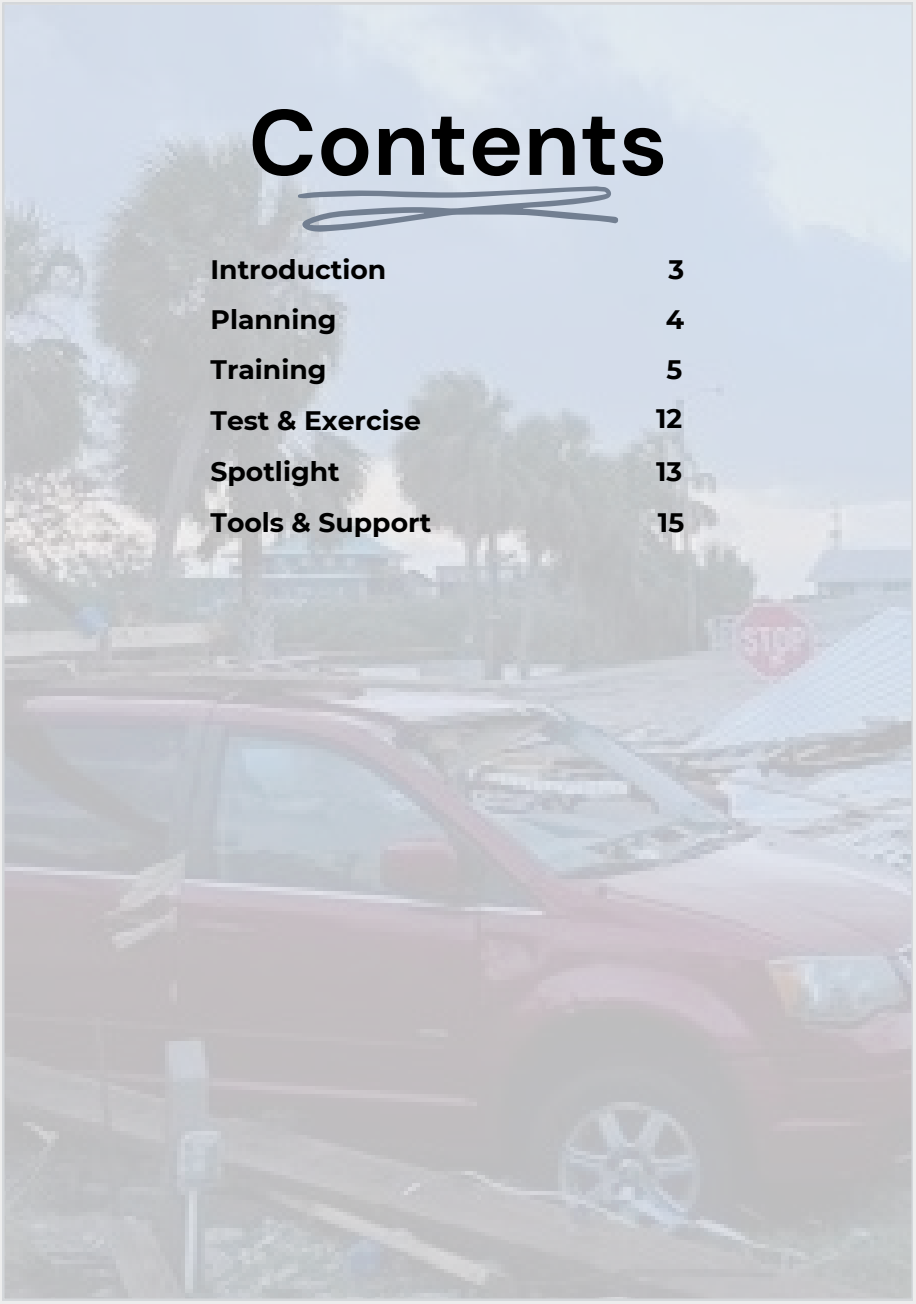

Introduction

This Emergency Management Training and Testing Toolkit is a dynamic, evolving resource shaped by the real-world experiences and feedback of Health Centers.

While all-hazards preparedness is an ongoing effort, Health Centers are required by the **CMS Emergency Preparedness Rule** to ensure that staff are regularly trained and that emergency plans are routinely exercised.

This toolkit offers a curated set of resources designed to help Florida's Community Health Centers educate their workforce on all-hazards response and personal preparedness. It focuses on the most critical aspects of emergency management, maximizing impact within the limited time available for staff training.

Training comes before exercising—but first, does your Emergency Operations Plan (EOP) need a refresh? Use the resources below to identify any elements that may need to be added or updated.

Health Center Emergency Operations Plan Template

Developed by the **National Nurse Led Care Consortium (NNCC)**, this template serves as a guide for creating or refining your Health Center's EOP. Health Centers are encouraged to customize the recommended language, policies, and protocols to align with their specific operations and emergency management program structure. The EOP should be reviewed and updated at least annually—or following real incidents, exercises, or changes in policy and procedure—to maintain compliance and relevance.

Bold Planning Templates: Comprehensive Emergency Management Plan (CEMP) & Continuity of Operations (COOP)

Through support from the **Florida Health Care Coalitions**, all healthcare organizations in Florida have access to the BOLD Planning platform. This tool helps create CEMP and COOP plans that meet regulatory requirements for healthcare facilities. The platform streamlines planning and ensures your documentation is comprehensive and compliant.

EMERGENCY MANAGEMENT TRAINING:
Why, When, What, and How?

Training is the foundation of effective emergency management. It equips Health Center staff with the knowledge, skills, and procedures needed to respond confidently and cohesively during both exercises and real-world emergencies. By understanding their roles, responsibilities, and communication protocols, staff can contribute to a more organized and efficient response.
Under the CMS Emergency Preparedness Rule, Health Centers must provide initial emergency preparedness training to all staff, with refresher training required at least every two years.

Where to begin?

Start with the All Hazards Emergency Preparedness and Response Competencies for Health Center Staff.

Recognizing the need for a standardized, health-center-specific framework, the National Nurse-Led Care Consortium (NNCC) and the Community Health Care Association of New York State (CHCANYS) developed a set of competencies designed to strengthen the preparedness of all health center staff, clinical and non-clinical alike.

Achieving these competencies enhances individual readiness, supports coordinated healthcare system response and recovery, and contributes to meeting CMS, HRSA, and accreditation requirements.

- Recorded Web Series: **Crafting an Effective Training Program Around the All-Hazards Competencies** Learn how to structure a staff training program centered around these essential competencies

Don't Forget Personal Preparedness

In addition to role-specific training, it's critical to promote personal preparedness organization-wide. When staff are equipped to care for themselves and their families during a crisis, they are more likely to report to work, contribute effectively, and support overall Health Center resilience—minimizing disruption to patient care.

Helpful Tools and Resources:

- FACHC's **Health Center Staff Preparedness 101** - Training Presentation Template (includes a **Florida-focused resource list**, and a **sample staff quiz** to demonstrate knowledge). *

Hot Topics in All-Hazard Emergency Management Training

Incident Command

The Incident Command System (ICS) is a standardized framework for the command, control, and coordination of emergency response operations. Over the years, ICS has evolved into an "all-hazards" incident management system that can be applied to both small and large-scale events—including any situation that disrupts normal daily operations.

ICS training equips staff with the tools to:

- Ensure a clear and organized chain of command
- Coordinate effectively within the organization and with external partners
- Promote seamless communication and decision-making
- Strengthen overall preparedness and response capabilities across a wide range of incidents

FACHC strongly recommends ICS training for Health Center middle management and individuals expected to take on leadership roles during emergencies; by investing in ICS training, Health Centers can build a more resilient and response-ready workforce.

Recommended Web-based Courses:

- **IS-100: Introduction to the Incident Command System**
- **IS-200: Basic Incident Command System for Initial Response**

For ICS implementation steps and documentation: consult available resources for the **Hospital Incident Command System** and **Nursing Home Incident Command System**

ICS Group Activity for Health Center Management/ Leadership Teams

Present your leadership team with this group activity to raise awareness of ICS roles and potential actions based on the top risks identified in your Health Center's **Hazard Vulnerability Assessment (HVA)** or a recent emergency activation.

Communications

Effective communication is essential during any emergency—and it's also a core requirement of the **CMS Emergency Preparedness Rule**. A well-developed communication plan ensures that Health Centers can maintain clear, consistent, and coordinated messaging with staff, patients, partners, and the public before, during, and after an incident.

To stay compliant and prepared, your Health Center's communication plan should:

- Include up-to-date contact information for key personnel and stakeholders
- Outline protocols for internal and external communication during various types of emergencies
- Address communication needs for diverse audiences, including those with limited English proficiency, hearing or vision impairments, or other access and functional needs
- Be reviewed and updated regularly, especially after exercises, real incidents, or staff changes

Not sure if your communciations plan is current?
Start by reviewing this communications plan **template** and exploring **additional resources** to identify potential gaps or areas for improvement.

Recommended communications training resources for Health Center staff:

- Public Information Officers: **IS-29.A: Public Information Officer Awareness**
- Leaders and Managers: **Crisis & Emergency Risk Communication (CERC)**
- Front-line Staff: **Communicating in an Emergency** *

Alternate Care Site Operations

When emergencies disrupt normal Health Center operations, establishing temporary Alternate Care Sites (ACS) can provide a critical way to continue delivering services within affected communities. This may include **deployment of mobile units**, setting up temporary clinical spaces, or coordinating care through local or regional partners.

Staff Training for ACS Operations

Training staff to support ACS operations is essential and should align with the most recent **HRSA guidance**. This ensures that appropriate personnel understand their roles in:

- Submitting Change in Scope (CIS) requests for temporary locations (within 15 days)
- Maintaining required documentation
- Supporting compliant and effective care delivery

The Florida Department of Health's **Alternate Care Site Operations Guide** is also a valuable resource for developing or refining ACS plans.

Integrated Training Approach

ACS training intersects with multiple areas of emergency preparedness, including:

- All-Hazards Emergency Preparedness Competencies
- Incident Command System (ICS) protocols
- Emergency Communications

Training should be tailored to reflect the hazards most likely to affect your Health Center, as identified through your Hazard Vulnerability Assessment (HVA). Consideration should also be given to the specific needs of the population you serve.

Function Specific Training

Some ACS functions—such as triage coordination, patient diversion, decontamination, and infection control—require specialized training and collaboration. Be sure to involve:

- Key clinical personnel
- Public health officials
- Regional healthcare coalition partners

Their input will ensure that procedures are patient-focused, operationally feasible, and aligned with broader emergency response systems.

The following checklists can be used as a guide for development of ACS operations plans and training.

✓ **Alternate Care Site Checklists (see pages 23-29)**
✓ **Alternate Care Site Local Plan Development Guide (pages 8-9)**
✓ **Planning and Preparation Considerations for Alternate Care Sites**

Space, Staff, Stuff, & Systems (4S) Activity for Health Center Management Teams

Recognizing the unique capabilities and on-the-ground experience of Health Centers across Florida, FACHC is committed to strengthening their capacity for ACS operations and continuity of care during emergencies. This support includes ongoing coordination with state and regional emergency response partners and pre-positioned emergency equipment strategically located at three host sites across the state.

FACHC's current inventory of emergency response equipment includes essential items such as shelters, generators, air conditioners, handwashing stations, and more – all ready to be deployed when needed to support Health Centers in maintaining service delivery during disruptions.

More Training Topics and Resources Coming Soon:

Shelter in Place Planning | Pharmacy Preparedness | Hazard Specific Response

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Emergency Management Exercises:

Practice Makes Preparedness

Effective emergency management exercises are essential for helping Health Centers prepare for, respond to, and recover from a wide range of emergencies. These exercises allow organizations to test emergency plans, identify operational gaps, and assess the readiness of staff and partners. They are also a critical component of CMS Emergency Preparedness Rule compliance, supporting both patient and staff safety during crises.

Under the CMS Emergency Preparedness Rule, Health Centers must participate in emergency preparedness exercises annually, either a **tabletop exercise** or a community-based functional or full-scale exercise at least once every two years.

What is a Community-Based Exercise?

A community-based exercise simulates a real-world emergency by involving multiple agencies and stakeholders—such as hospitals, public health departments, emergency management, and other community partners. These exercises go beyond internal drills by coordinating shared resources, communication, and response procedures across organizational boundaries.

Health Centers often participate in these exercises when hosted by county emergency management, hospitals, or **Regional Health Care Coalitions**. Alternatively, Health Centers can organize their own community-based exercises and invite established and prospective partners to participate—building relationships while enhancing preparedness.

Health Centers are required to participate in exercises annually, this includes with a functional or full-scale community-based exercise at least every two years.

Spotlight:

CHCPrep - A Community-Based Exercise in Action

In April 2025, Community Health of South Florida, Inc. (CHI) led a community-based emergency preparedness exercise with support from FACHC and regional coalition partners.

This exercise provided CHI staff with hands-on experience using emergency response equipment pre-positioned by FACHC and local agencies. In addition to testing all-hazards operational capabilities, CHI integrated fire safety and evacuation procedures, including a full evacuation drill and fire extinguisher training for all participating staff. The exercise demonstrated how a comprehensive, collaborative approach can strengthen emergency readiness while fostering greater coordination between community partners.

Available Resources and Templates:

- ✓ **CHCPrep Exercise Plan**
- ✓ **CHCPrep Participant Feedback Form**
- ✓ **CHCPrep After Action Report and Improvement Plan Template**

After Action Reporting and Improving Planning

Learning from experience is at the heart of effective emergency management. It drives continuous improvement across the **four-phase cycle of emergency management**: mitigation, preparedness, response, and recovery.

After Action Reports (AARs) play a vital role in this process by capturing what worked, what didn't, and why. Paired with an Improvement Plan (AAR/IP), they document key observations, evaluate performance, and provide specific, actionable recommendations for strengthening future responses.

Under the **CMS Emergency Preparedness Rule**, Community Health Centers (CHCs) are required to complete an AAR/IP following emergency preparedness exercises and actual emergency events.

Note: *If a Health Center responds to a real emergency and completes an AAR/IP, this fulfills the annual exercise requirement for that year.*

Tools and Support Available:

To assist with compliance and continuous improvement, FACHC has developed a **general AAR/IP template** tailored for Florida's Community Health Centers. Completion of this template helps Health Centers identify strengths and areas for improvement and maintain CMS compliance.

In addition, CMS provides a **Health Care Provider After Action Report/Improvement Plan**, which can be adapted for use by Health Centers.

Need Help? FACHC is available to support Florida's Community Health Centers with exercise planning and facilitation, development of AAR/IPs following exercises or real-life emergencies, as well as emergency management training and technical assistance.

For more information or to request support, contact **gianna@fachc.org**.

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