FACHC

Emergency Management

Training & Testing Toolkit

2026

Update

Florida Association of Community Health Centers

FACHC.org

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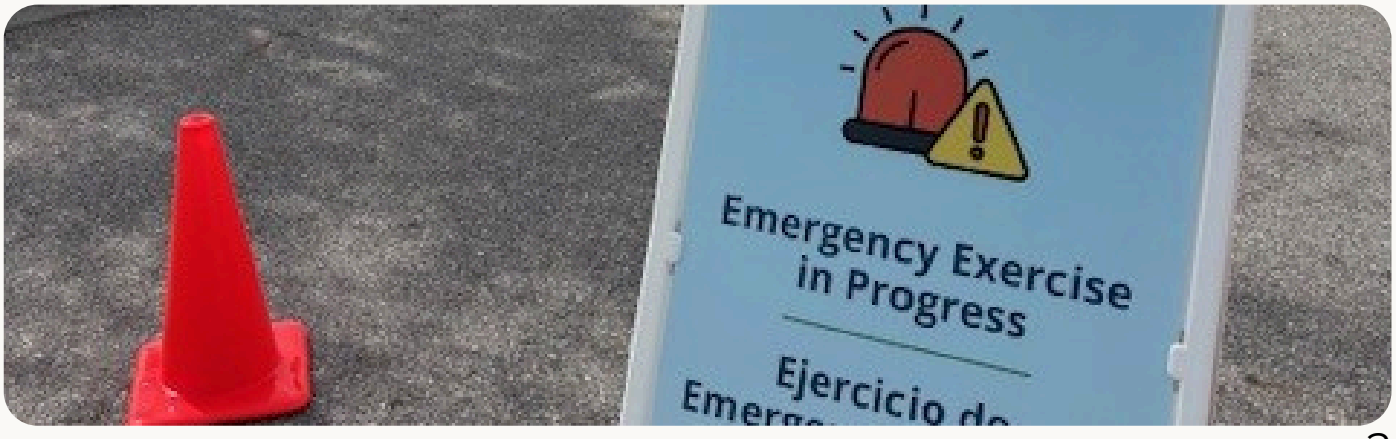


INTRODUCTION

The 2026 additions to FACHC's Emergency Management Training and Testing Toolkit are informed by the real-world experiences, lessons learned, and planning priorities identified in collaboration with Florida's Community Health Centers and key planning partners. Reflecting both all-hazards preparedness and hazard-specific response needs, this enhanced toolkit provides an updated curated collection of training, exercise, and planning resources designed to strengthen workforce readiness and organizational resilience.

The toolkit supports health centers in educating staff and testing organizational capacity to implement and evaluate emergency procedures, crucial response actions, and continuity strategies while addressing high-ranking threats to health center operations. Resources, references, and exercise tools are included to help Community Health Centers build, assess, and enhance emergency management capabilities across the preparedness cycle.

FACHC remains committed to supporting Florida's Community Health Centers through emergency preparedness training, exercise design and facilitation, after-action reporting and improvement planning (AAR/IP) development, and technical assistance for emergency management programs. For additional information or to request support, please contact **gianna@fachc.org**.

Plan

EMERGENCY OPERATIONS 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.

PREPAREDNESS 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, thereby 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

We recognize the unique capabilities and on-the-ground experience of Health Centers across Florida, and we're 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:
Pharmacy Preparedness

TESTING & 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

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.

Following this model, FACHC supported two additional CHCPrep exercises in March 2026 with plans to continue these efforts statewide. See the exercise resources under ***Hazard Specific Planning: Hurricanes & Heat*** to review the exercise plans developed by the host CHCs. Contact FACHC about future exercise opportunities or adapting CHCPrep to your Health Center needs.

Available Resources and Templates:

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

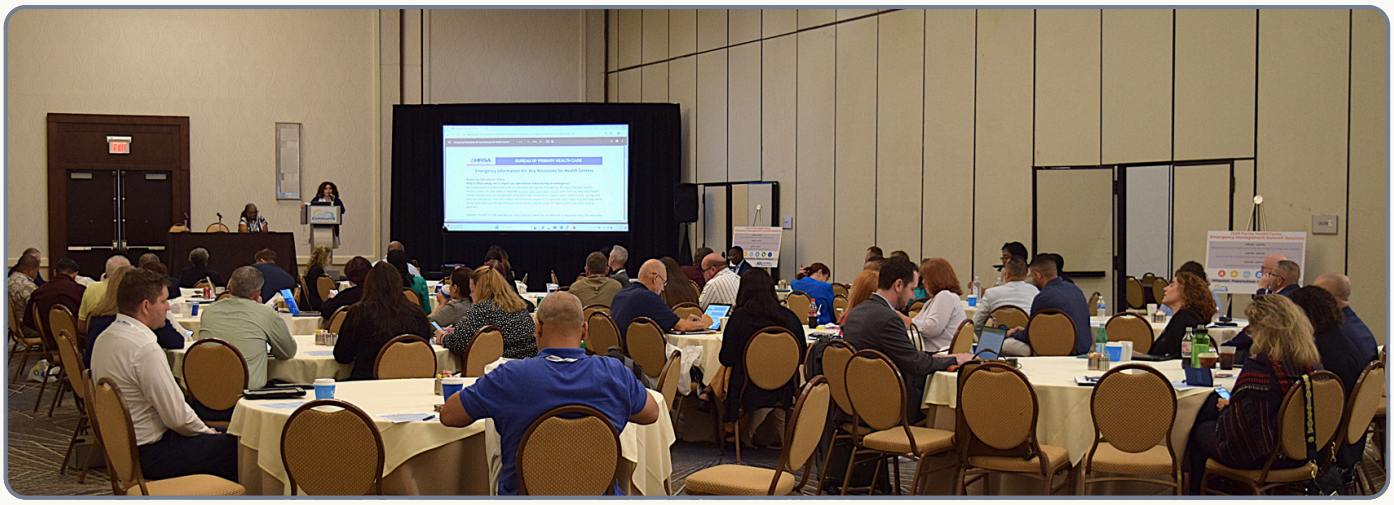
After Action Reporting and Improving Planning

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. When paired with an Improvement Plan (AAR/IP), they document key observations, evaluate performance, and provide specific, actionable recommendations to strengthen 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.*



ALL-HAZARD PLANNING

All-Hazard Planning: Evacuation

Evacuation planning is commonly associated with fire response, but CHC facilities may need to evacuate rapidly for a range of reasons, including structural damage, chemical releases, or utility failures.

CMS requires evacuation planning as part of the policies and procedures component of an all-hazard emergency management program under the **Emergency Preparedness Rule.**

CHCs are generally classified as “business occupancy" under the International Building Code (IBC), which aligns with the ambulatory health care occupancy classification used by the **National Fire Protection Association**. Because most CHC patients can assist in their own evacuation, drill requirements are less rigorous than those for hospitals or nursing homes.

Annual drills are the minimum requirement for business occupancies, though the industry standard that many CHCs follow is quarterly drills to keep staff, patients, and visitors prepared. Evacuation planning should also be informed by each site's Hazard Vulnerability Analysis (HVA), which identifies the specific risks relevant to that location.

Every CHC site should:

- Designate evacuation routes with both primary and secondary paths
- Post clear signage showing evacuation routes and exit locations
- Identify assembly areas at a safe distance from the building
- Establish accountability procedures for staff and patients

Access and functional needs must also factor into planning — particularly for individuals with disabilities or limited mobility. Multi-floor facilities may require specialized equipment (such as stair chairs) to support safe evacuation.

To validate staff knowledge and ensure drills are conducted safely, consider inviting your local fire department to observe or evaluate the exercise. Building management and any co-located or neighboring businesses should be included in the process whenever possible.

Utilize these tools when building your CHC's all-hazard plans:

Training References & Resources	Testing & Exercise Resources
• Initial/Annual Fire Safety Training for Outpatient Clinics • CMS/TJC Crosswalk (Evacuation- page 13) • NACHC Emergency Response Playbook (Emergency Evacuation)	• TBHMPC Ambulatory Incident Response Toolkit (see Appendices B & D) • Emergency Drill Toolkit (Fire, Power Outage, Water Supply) • Fire Evacuation Drill Evaluation Checklist • Evacuation and Shelter-in-Place Guidelines for Healthcare Entities (Part III)

All-Hazard Planning: Sheltering in Place

CHCs do not typically function as emergency shelters, but certain hazards, including severe weather events like tornadoes or flash floods, civil unrest, or a radiological emergency, may require a Health Center to temporarily shelter patients and visitors.

Shelter-in-Place (SIP) planning is also required by CMS under the **Emergency Preparedness Rule** as part of the policies and procedures component of an all-hazard emergency management program. Planning should reflect the facility's risk assessment and establish clear criteria for when to shelter in place, along with proactive steps to keep everyone safe.

Unlike hospitals or nursing homes, CHCs can generally provide shelter for a limited period (typically two to six hours) without external resources. This makes pre-planning with local Emergency Management partners, building management, and any co-located or neighboring businesses especially important.

SIP planning should account for the immediate needs of those sheltering, including drinking water and food, as well as the specific considerations for pediatric patients and individuals with known health conditions or disabilities.

Every CHC site should:

- Designate SIP assembly locations within the facility
- Ensure staff are aware of their roles and can direct patients to safety
- Identify communication methods for reporting status to external partners
- Establish accountability procedures for staff and patients
- Identify resources and location of storage for any relevant supplies

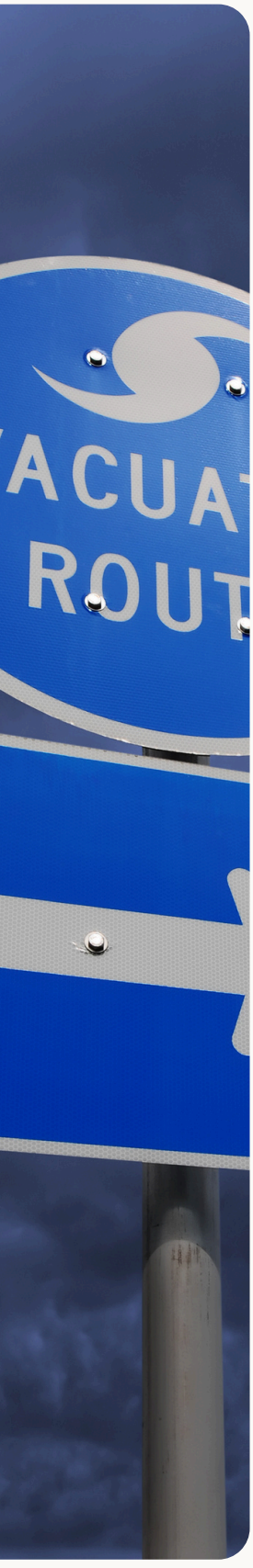
Access and functional needs should also be factored into SIP planning. Staff should be prepared to address language barriers and cognitive differences among patients and visitors sheltering on-site.

Utilize these tools when building your CHC's all-hazard Shelter in Place plans.

Training References & Resources	Testing & Exercise Resources
• **FACHC SIP Plan Template** • **CMS/TJC Crosswalk (pages 13-14)**	• **TBHMPC Ambulatory Incident Response Toolkit (see Appendix C)** • **Emergency Drill Toolkit (Tornado, Sudden Flooding)** • **Evacuation and Shelter-in-Place Guidelines for Healthcare Entities (Part III)**

HAZARD SPECIFIC PLANNING

Hazard Specific Planning: Hurricanes & Heat



Hurricanes and heat are facts of life in Florida, but staying genuinely prepared for both requires ongoing effort. CHCs are often at the center of health-sustaining efforts in communities that absorb the direct impacts of these events, building the capacity to deliver a range of services under difficult conditions. In many cases, disaster survivors and CHC patients are the same people.

Hurricane recovery is a long road, and heat frequently compounds post-storm health risks. CHC emergency plans should account for the long-term demands of environmental management.

Do your CHC's Hurricane and Heat Response Plans address:

- Continuity of pharmacy services
- Potential for utilizing telehealth
- Deploying mobile health units
- Annual Communication Drills for Staff
- Establishing alternate care sites or cooling and comfort centers
- Expanded roles for outreach workers and case managers
- Access for patients with mental health and dental emergencies

Look for opportunities across specific departments or locations that could benefit from training or testing in these areas and use those insights to strengthen your CHC's hazard-specific plans.

Training References & Resources

- Americares Climate Resilient Health Clinics Toolkit (Extreme Heat, Hurricanes, Floods)
- NACHC Emergency Response Playbook
- Federal Disaster Assistance for CHCs (2025)
- Community Health and Power Hub Playbook (2026)
- NOAA National Hurricane Center: Outreach & Education Resources
- Prepare Your Organization for a Hurricane Playbook (PDF)
- Capital Link Case Study - Healthcare Network has Weathered the Storms
- Mobile Unit Deployment Case Study & MOU (FACHC)
- Extreme Heat Action Planning
- Telehealth for Emergency Preparedness
- FCCA- Project C-HOT Training

Testing & Exercise Resources

- FQHC Communications Drill Toolkit
- FACHC Hurricane TTX 2026
- CHCPrep Full-Scale Sample Exercise Plans
- "120 to Landfall 2.0" Tabletop Exercise
- Virtual Tabletop Exercise Series (Hurricane)

Hazard Specific Planning: Cybersecurity

Healthcare facilities are frequent targets for cybercriminals, and CHCs are no exception. While IT typically leads preparedness and response efforts, an effective defense requires a multi-disciplinary approach across the organization.

For maximum effectiveness, emergency management and IT security programs should be reviewed together, and risk assessments should account for the possibility of a cyberattack occurring prior to, during, and following an active emergency.

Does your CHC's Cybersecurity Plan address:

- Continuity of internet services and cloud backups
- Use of backup batteries, satellite/Starlink, generators, and IT equipment
- IT and connectivity requirements for telehealth
- Internal communications and downtime procedures
- External communications, including with insurance providers and law enforcement

Look for opportunities across specific departments or locations that could benefit from training or testing in these areas and use those insights to strengthen your CHC's hazard-specific plans.

Training References & Resources	Testing & Exercise Resources
• HHS Cyber Resources • CISA Cybersecurity Resources • Cybersecurity for the Clinician • ·Telehealth Security and Privacy Tips • CyberFlorida at USF • From Panic to Plan: Executive Strategies for Handling Cybersecurity Incidents	• TBHMPC Ambulatory Incident Response Toolkit (see Appendix A) • CISA Tabletop Exercises (Cybersecurity Scenarios)

Hazard Specific Planning: Acts of Violence

Healthcare workers experience some of the highest rates of workplace violence of any profession. Health centers must plan for a full continuum of threats, from verbally abusive patients to gun violence. Preparedness should be woven into a broader culture of safety, one that promotes vigilance, builds response capacity, and encourages open communication about potential threats before they escalate.

High-profile threats like an active shooter require a distinct planning approach: basic staff training, first responder engagement in site-specific drills, and, ideally, clear guidance for recovery and mental health support in the aftermath.

Consider This

All CHCs have staff trained in basic life support, but Stop the Bleed training is emerging as an essential component of any facility's preparedness strategy. Mass casualty events, workplace violence incidents, or accidents in areas near or adjacent to a CHC could overwhelm response teams quickly. In those critical minutes, the people nearest to an injured person may be non-clinical staff. Stop the Bleed equips these individuals with the knowledge and confidence to act as an immediate responder, rather than defaulting to panic or bystander inaction.

Does your CHC's Violence Prevention Plan address:

- Crisis prevention and nonverbal communication standards
- No-weapons policies with clear signage and consistent enforcement
- Maintaining safety across a variety of physical environments
- Use of plain-language alerts, emergency codes, or silent alarms
- Reporting processes for domestic violence situations
- Patient dismissal procedures and enforcing no-trespassing orders

Look for opportunities across specific departments or locations that could benefit from training or testing in these areas and use those insights to strengthen your CHC's hazard-specific plans.

Training References & Resources	Testing & Exercise Resources
• OSHA's Violence Prevention Online Course • CDC Veto Violence Resources • FBI's Active Shooter Planning and Response in a Healthcare Setting • CISA Physical Security- Conflict Prevention • CISA Physical Security- Active Shooter Preparedness • Workplaces Respond to Domestic & Sexual Violence • Stop the Bleed Courses	• Emergency Drill Toolkit (Violent Patient, Staff, or Family Member) • CISA Tabletop Exercise Packages (Physical Security Scenarios) • Sample Drill: Active Shooter

EVALUATION TOOLS & ONGOING SUPPORT:

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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