



Health Center Emergency Management Tools You Can Use

Gianna Van Winkle, Director of Emergency Management Programs

Florida Association of Community Health Centers (FACHC)



Welcome & Introduction

The Florida Association of Community Health Centers, Inc. (FACHC) is committed to building the capacity of Florida's Community Health Centers (CHCs) in leading the primary care safety net, ensuring equitable access to quality care for all Floridians.

Our Emergency Management (EM) Programs:

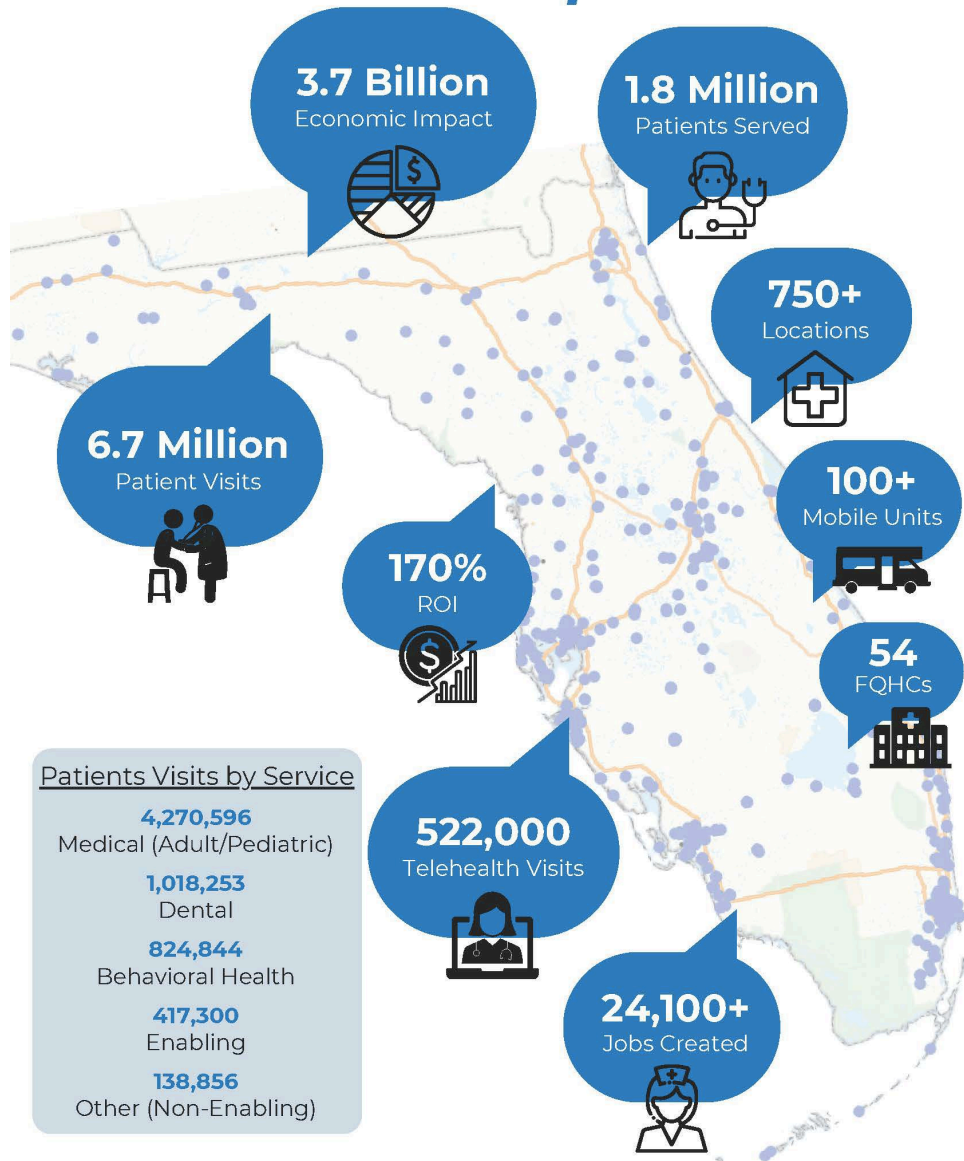
- Support members before, during, and after emergencies by providing training and technical assistance, exercises, planning guidance, and coordination for assets to be deployed to support continuity of operations.
- Promote situational awareness with operational status reporting during emergency events.

Program Partners:

- Federal Agencies (HRSA, ASPR, CISA)
- State Public Health
- Florida Division of Emergency Management (Emergency Support Functions 6 & 8)
- Healthcare Coalitions, NGOs, FL VOAD, and a growing network of diverse organizations



Our members' *impact* in 2024



Health Centers provided services to the following special populations.



280,377 Public Housing



75,608 Homeless



74,475 School-Based



45,601 Agricultural/Dependents



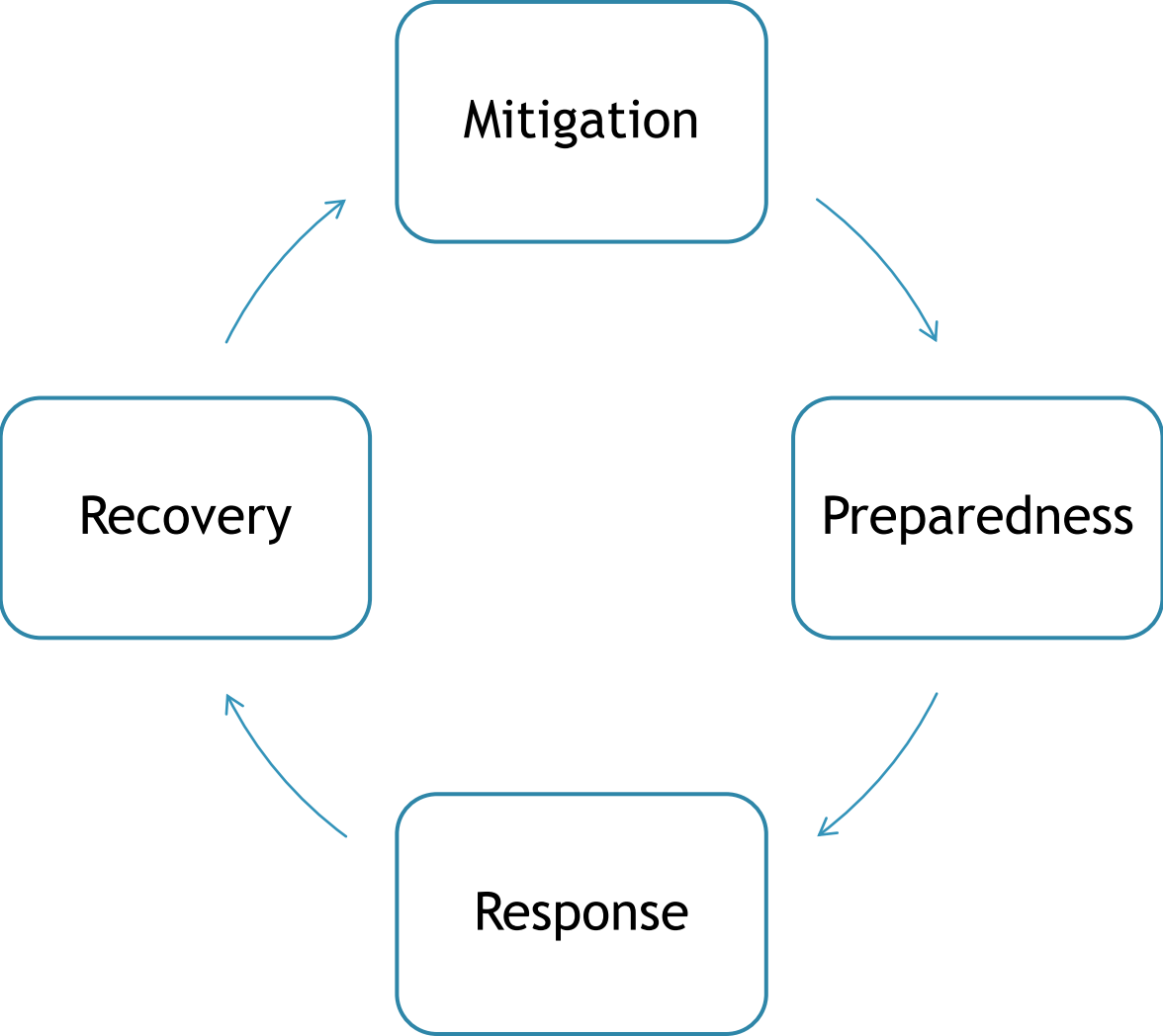
18,169 Veterans

Effective EM supports continued access to Health Center services



Which of the following best describes you as an Emergency Manager?

Emergency Management: It's a Cycle



- ✓ Planning
- ✓ Training
- ✓ Testing/Exercises

CMS Preparedness Rule Requirements

The FQHC must develop and maintain:

<i>Emergency Plan</i>	{	the risk assessment, strategies, patient populations, continuity of operations, and local collaboration
<i>Policies and procedures</i>	{	evacuation, shelter in place, medical documentation, volunteers/staffing
<i>Communication Plan</i>	{	contact information, and communication means /methods for internal and external communications
<i>Training and Testing Program</i>	{	conducting/participating in drills and exercises as well as documentation

All must be reviewed and updated every 2 years.

Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness (EP) Final Rule, and the 2022 CMS Omnibus Burden Reduction Final Rule (including revisions to CMS EP Final Rule of 2016).



HRSA EM Expectations for Health Centers and Primary Care Associations

The PCA Notice of Funding Opportunity (NOFO) requires PCAs to assist health centers in developing emergency preparedness plans to continue services during and after an emergent event.

PCAs partner with BPHC to collect operational status information from health centers during emergencies.

Health Center Notice of Award (NOA) Terms (see next slide)

- CMS Rule
- Health Centers report information to PCAs



BPHC NOA Terms Regarding EM

“The Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness Final Rule outlines the requirements for Medicaid and Medicare providers and suppliers, including federally qualified health centers (FQHCs), to develop and maintain an emergency preparedness communication plan and develop and maintain annual training and testing programs. Health Center Program award recipients must comply with all applicable Federal statutes and regulations, including these CMS requirements. For questions on the CMS Emergency Preparedness FQHC requirements, contact: SCGEmergencyPrep@cms.hhs.gov”

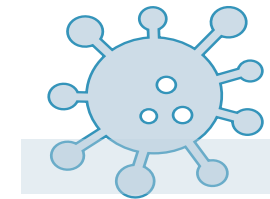
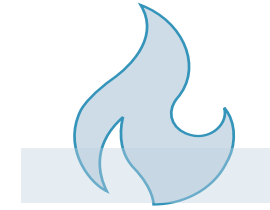
“We expect you to coordinate with your Primary Care Association (PCA) when developing an emergency communication plan. PCAs can assist you with emergency preparedness, response, and recovery planning. During emergencies, you should make reasonable efforts to respond to requests for information from your PCA. PCAs collect critical information from health centers during and after emergencies, and they are able to connect you with regional and state emergency response plans and activities. PCAs also share this critical information with HRSA, and other U.S. Department of Health and Human Services offices as needed.”



All-Hazard Preparedness

The All-hazards planning approach includes:

- Integrated preparedness planning for a wide range of emergencies
- Focus on **core capacities and capabilities** essential for response and recovery
- Strategies to address internal, man-made, and natural disasters
- Consideration of each location's specific risks and hazards
- The ability to respond to a broad spectrum of emergencies, rather than planning for each individual threat



Health Center All-Hazard Capabilities

Situational Assessment

Provide all decision-makers with decision-relevant information regarding the nature and extent of the hazard, any cascading effects, and the status of the response.

Operational Communications

Ensure the capacity for timely communications in support of security, situational awareness, and health center operations.

Environmental Response/Health and Safety

Conduct appropriate measures to ensure the protection of the health and safety of patients and staff from all hazards in support of response operations and the affected communities.

Operational Coordination

Mobilize all critical resources and establish command, control, and coordination structures within the community, and maintain as needed throughout the duration of an incident.

EM Tools YOU Can Use



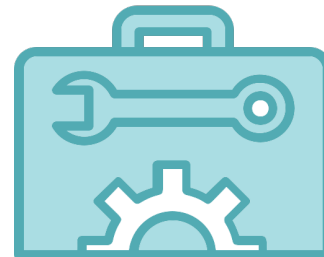
Planning



Health Center EOPs- No One-Size Fits All

A 'Unified Emergency Operations Plan' is developed with the active involvement of each Health Center site, listing each separately CMS-certified facility and describing how each participates in organization-wide emergency management efforts(e.g., planning, training, exercises).

- ✓ Program Administration
- ✓ Situation and Assumptions (+HVA)
- ✓ Command and Control
- ✓ Continuity of Operations/Business Continuity
- ✓ Communications
- ✓ Buildings, Utilities, Safety and Security
- ✓ Finance, Logistics, and Resource Management
- ✓ Community Integration
- ✓ Plan Development and Maintenance
- ✓ Hazard Specific Plans



https://nurseledcare.phmc.org/images/programs/emergency/2023_Documents/2023_Emergency_Operations_Plan_Updated%204.18.23_FINAL.pdf



Communications Planning

Effective communication is essential during any emergency—and it's also a core requirement of the **CMS Emergency Preparedness Rule**.

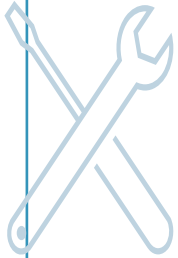
A well-developed communication plan ensures that Health Centers can maintain clear, consistent, and coordinated messaging with staff, patients, partners, and the public before, during, and after an incident.

Plans should include protocols for alerts and notifications- whether codes or *plain language (recommended)*.

Plans should identify primary/alternate methods and all potential channels, including social media platforms, text messaging, mobile apps, satellite communications, landlines, radios, and word-of-mouth, among others.

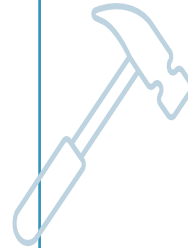


Tools You Can Use



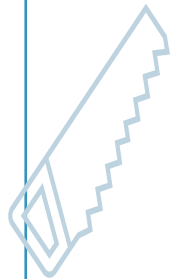
Emergency Operations Plan

- [NNCC- EOP Template](#)
- [HRSA Emergency Info Kit \(2025\)](#)
- [FEMA Comprehensive Preparedness Guide 101 \(May 2025\)](#)
- [Checklist for Community Primary Care Practices](#)



Risk Assessment & Hazard Specific Planning

- [Kaiser Hazard Vulnerability Assessment](#)
- [Americares Toolkit \(Hurricane Wildfire, Heat\)](#)



Communications Planning

- [Health Center Communications Plan Template](#)
- [Communicating with Patients During Public Health Emergencies Toolkit](#)

Training





What are the biggest barriers your Health Center faces in providing consistent EM training to staff?

Health Center EM Competencies

1. Demonstrate knowledge of the **basic principles of emergency management (EM)**.
2. Demonstrate knowledge of one's **expected role(s) in organizational response plans** activated during a disaster or public health emergency.
3. Demonstrate knowledge of **general communications principles and organization-specific communications policies and procedures** to be implemented during a disaster or public health emergency.
4. Demonstrate knowledge of **personal health and safety measures** that can be implemented in a disaster or public health emergency.
5. Demonstrate **knowledge of how one's organization will support the physical and mental health of its patients** before, during, and after a disaster or public health emergency.

https://nurseledcare.phmc.org/images/pdf/nttap/2022_NNCC_AllHazardsCompetencies%20FINAL%2012.2022.pdf



Personal Preparedness



Define Preparedness as part of the Emergency Management cycle.



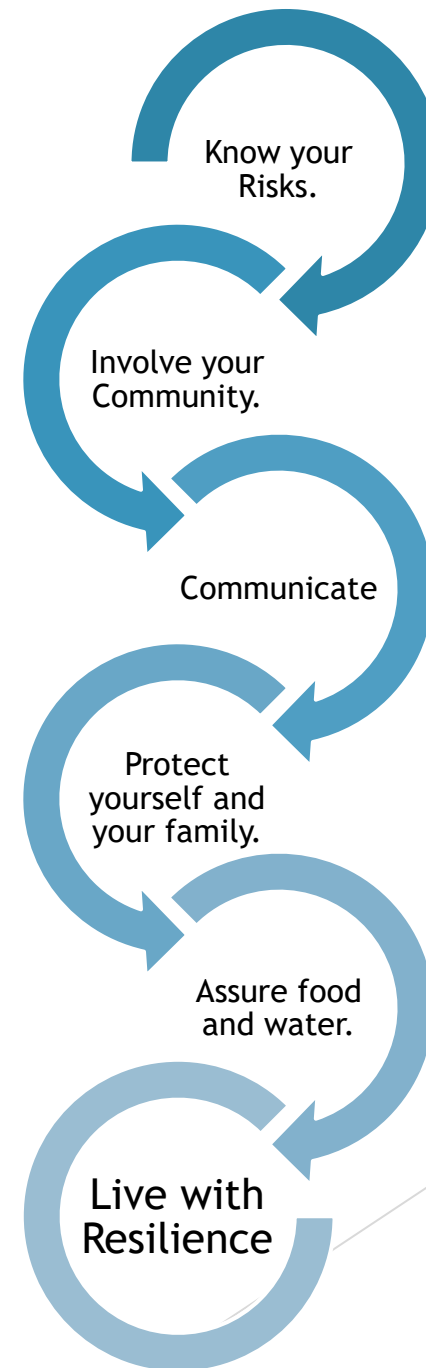
Discuss how to promote preparedness at home and in your Health Center.



Emphasize the importance of your participation in preparedness efforts.



Provide Quiz to Demonstrate Knowledge & Collect Participant Feedback.

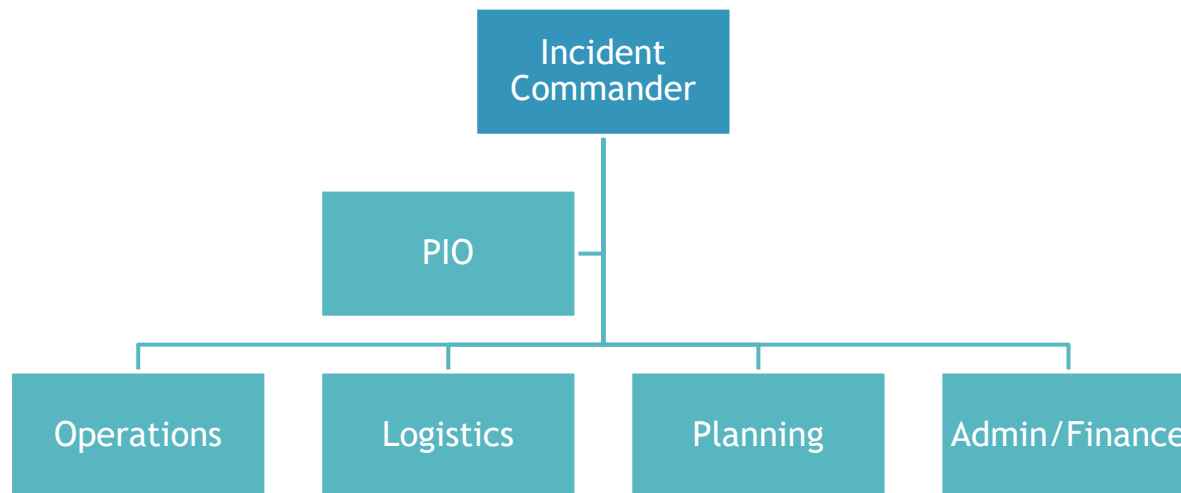


Incident Command System (ICS)

The Incident Command System (ICS) is a standardized framework for the command, control, and coordination of emergency response 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 effective communication and decision-making
- Strengthen all-hazard preparedness and response capabilities



ICS Training

ICS training is highly recommended for Health Center senior/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:

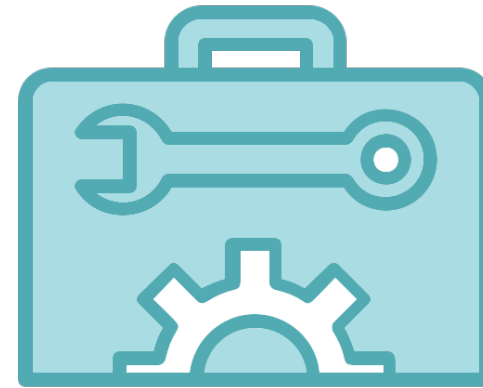
- IS-100: Introduction to the Incident Command System
- IS-200: Basic Incident Command System for Initial Response

For ICS implementation steps and documentation: consult available resources for the Hospital Incident Command System (HICS) and Nursing Home Incident Command System.



Palms Medical Group ICS team activated for Hurricane Helene

Activity 1- ICS Roles & Objectives



Communications Training

Effective communications training is essential for compliance with the CMS EP Rule.

Considerations and resources for Health Center staff:

- **Public Information Officers:** IS-29.A: Public Information Officer Awareness
- **Leaders and Managers:** Crisis & Emergency Risk Communication (CERC) Principles
- **Front-Line Staff:** Internal/external (include various audiences, media inquiries)

Be First

Be Right

Be
Credible

Express
Empathy

Promote
Action

Show
Respect



Role of IT and Staff-Wide Engagement

- IT staff are vital in managing system and equipment protocols:
 - Conduct routine testing and maintenance
 - Implement activation procedures during emergencies
 - Provide real-time troubleshooting to preserve communication integrity
- Collaborative training enhances system readiness:
 - Involves leadership, frontline staff, and IT personnel
 - Promotes message consistency across all communication platforms
 - Strengthens the organization's overall response capability



Training for 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 mobile unit deployment, temporary clinical locations, or coordinating care through telehealth or partner organizations.





If your main site was impacted by an emergency and unable to sustain safe operations, could your team stand-up an Alternate Care Site (ACS) within 48-72 hours?

ACS - Function Specific Training

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

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




Tools You Can Use

Staff Training & Incident Command

- 
- [NNCC- Health Center EM Competencies](#)
 - [Health Center Staff Preparedness 101 \(FACHC\)](#)
 - [IS-100: Introduction to the Incident Command System](#)
 - [IS-200: Basic Incident Command System for Initial Response](#)
 - [HICS & Nursing Home Incident Command System \(docs\)](#)

Communications

- 
- [FEMA PIO Awareness Online Course](#)
 - [In-Person PIO Training \(GEMA\)](#)
 - [PIO Toolkit](#)
 - [Crisis & Emergency Risk Communication \(CERC\) Resources](#)

Alternate Care Site Operations

- 
- [HRSA PAL 2020-05](#)
 - [Mobile Unit Deployment Case Study & MOU \(FACHC\)](#)
 - [Telehealth for Emergency Preparedness](#)
 - [Developing Critical Supply Lists \(sample list\)](#)
 - [Alternate Care Site Operations Guide \(FL\)](#)

Testing/Exercises

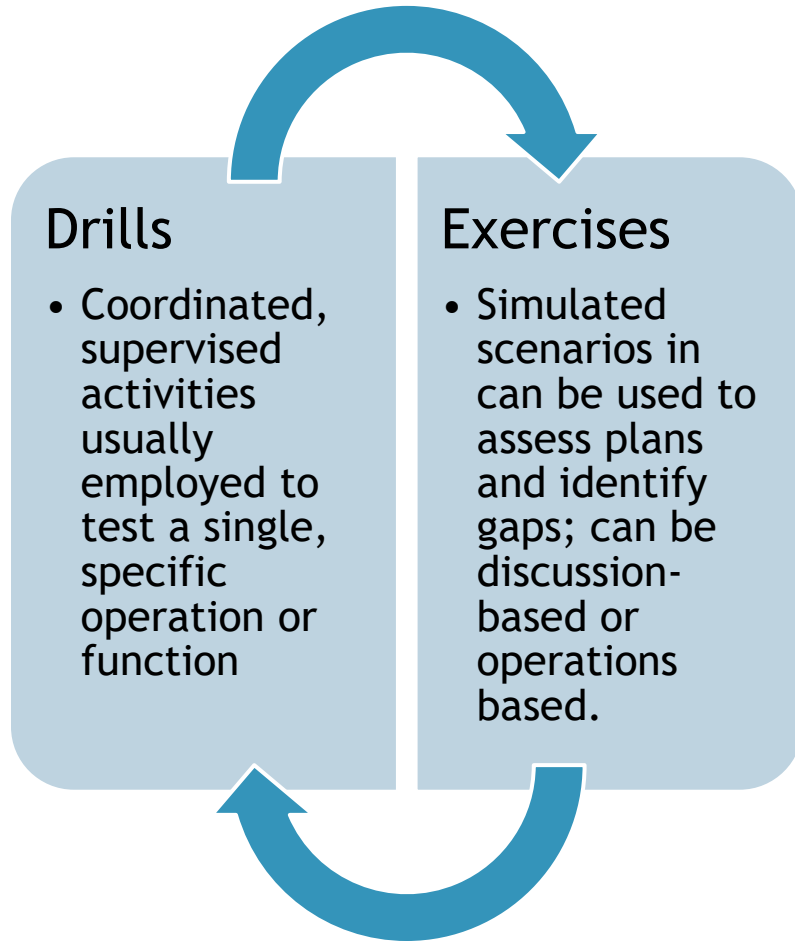


Why Training before Testing?

- ✓ Build Confidence & Set Everyone Up for Success
- ✓ Establish consistent terminology (ICS, communication protocols, etc.).
- ✓ Increase Coordination through better understanding
- ✓ Smoother, more meaningful after-action reviews.
- ✓ Gain traction and increase future Buy-In among staff and leadership



Drill and Exercises

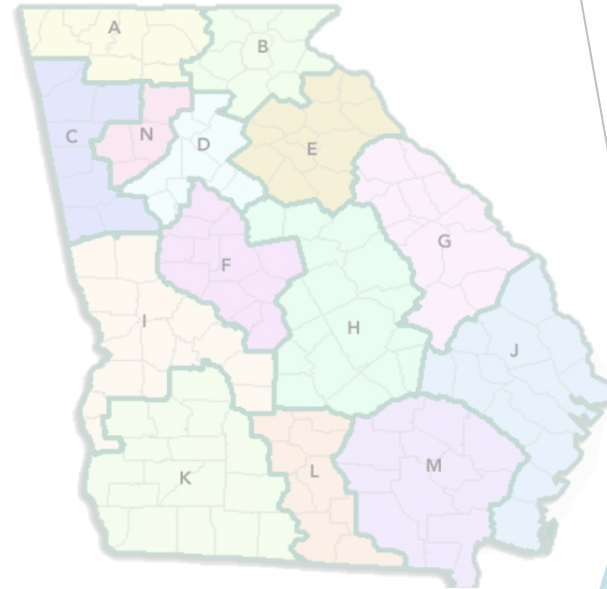


Coalition Exercise Engagement

Under the Hospital Preparedness Program (HPP), healthcare coalitions and participating organizations are required to conduct annual preparedness exercises that test and strengthen their capabilities:

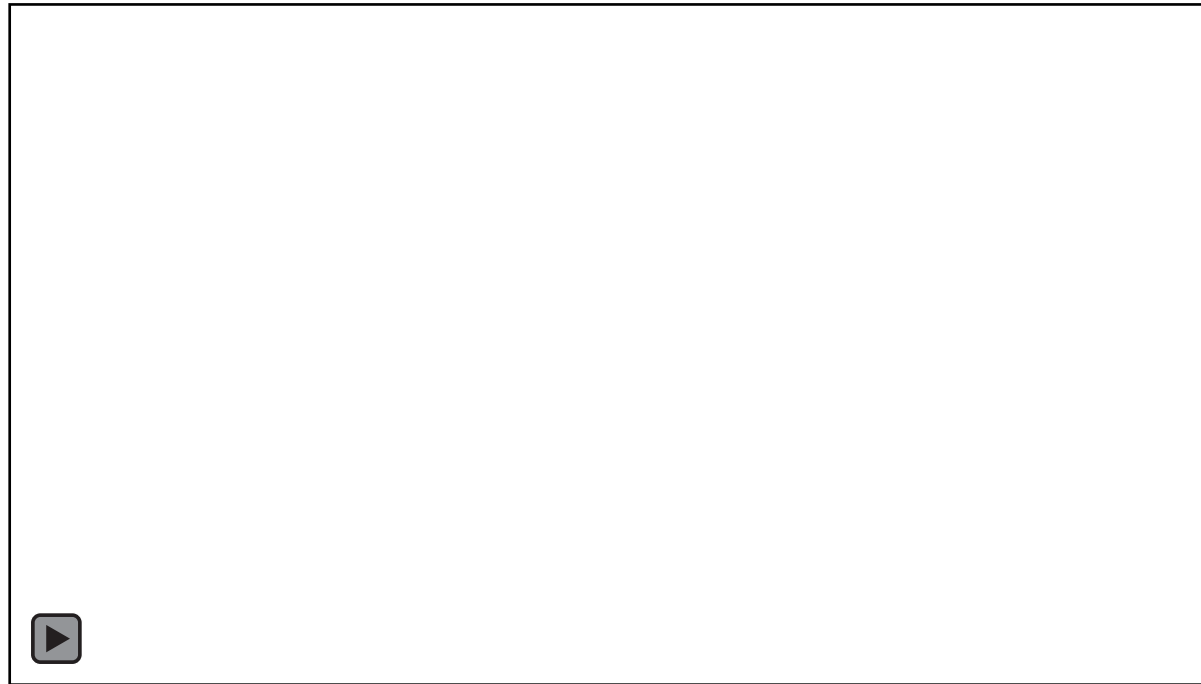
- Foundation for Health Care and Medical Readiness
- Health Care and Medical Response Coordination
- Continuity of Health Care Service Delivery
- Medical Surge

These requirements are guided by ASPR (Administration for Strategic Preparedness and Response).



CHCPrep: Community-Based Exercise

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



CHCPrep: Hazard-Based Scenarios

Hazard/Event: Fire leading to partial closure of the Health Center facilities.

Scenario: A fire in the Family Medicine Dept requires activation of the alarm system and full evacuation (a fire drill will be performed to include health center evacuation and Fire department dispatch). As a result of fire damage, a mock alternate care site will be deployed to continue uninterrupted patient care.

**Alternatively, CHCPrep could incorporate preparedness for other hazards, including extreme weather, infectious disease outbreaks, and others.*



CHCPrep: Potential Exercise Roles

Partners	Roles	Responsibilities
Health Center	<ul style="list-style-type: none"> Identify location Identify training participants Ensure site safety/security Invite local partners 	<ul style="list-style-type: none"> Prep location (as needed) Assign staff for exercise activities Provide electrical hook ups for select equipment (as needed)
FACHC	<ul style="list-style-type: none"> Partner Coordination Invite local Health Centers Document exercise 	<ul style="list-style-type: none"> Logistics Support Regional CHC Outreach Technical Assistance for AAR Development
Local or Regional Partners (TBD)	<ul style="list-style-type: none"> Demo Shelter Set Up Provide or participate in training 	<ul style="list-style-type: none"> Transport Equipment Provide hands-on training on assembly and breakdown Conduct Training
Community-Based Partners or Vendors (TBD)	<ul style="list-style-type: none"> Demo available equipment Provide or participate in training 	<ul style="list-style-type: none"> Transport Equipment to Site Provide an overview of steps for shelter assembly and breakdown Provide feedback for exercise evaluation



Activity 2: Space, Staff, Stuff, Systems (4S) Activity

After Action Reporting

After drills, exercises, or real-life emergencies, a review process should be completed to develop an actionable after-action report (AAR).

At a minimum, the AAR should determine:

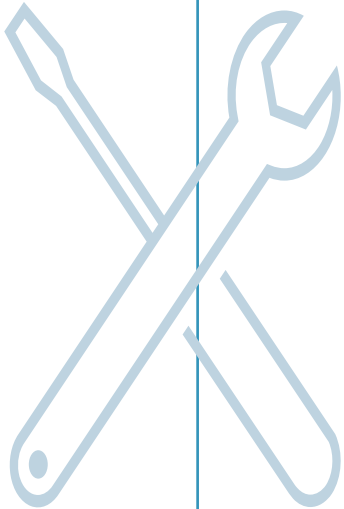
- ✓ what was supposed to happen
- ✓ what occurred
- ✓ what went well
- ✓ what the facility can do differently or improve upon
- ✓ a plan with timelines for incorporating necessary improvements

Maintain this documentation for at least 3 years.

<https://files.asprtracie.hhs.gov/documents/aspr-tracie-cms-ep-rule-rhc-fqhc-requirements.pdf>



Tools You Can Use



Drills, Exercises, and AARs

- [FQHC Communications Drill Toolkit](#)
- [NNCC TTX Compilation](#)
- [Emergency Drill Toolkit](#)
- [Sample Drill: Active Shooter](#)
- [CISA Tabletop Exercises](#)
- [CHC Prep- Sample Docs](#)
- [Georgia Healthcare Coalitions](#)
- [FACHC General AAR Template](#)
- [CMS AARIP Template and Instructions](#)

FACHC's Emergency Management Training and Testing Toolkit

FACHC Emergency Management Training & Testing Toolkit



Scan to Access



Thank
you!

Gianna Van Winkle, Director of Emergency Management Programs

Florida Association of Community Health Centers

gianna@fachc.org

