COMMUNITY
HEALTH CARE
ASSOCIATION
of New York State

Emergency Preparedness Training and Technical Assistance Toolkit for Community Health Centers

Version 1.2

CONTRIBUTORS AND ACKNOWLEDGMENTS

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INTRODUCTION

Federally qualified health centers (FQHCs, health centers) rarely have personnel focused on conducting emergency management (EM) activities full-time, yet there are clear expectations and requirements for them to participate in these activities, both as certified healthcare facilities and as members of the larger healthcare community. Health center staff need targeted content to allow them to learn and understand important emergency management concepts effectively and efficiently. There are few existing resources that discuss specific health center-focused emergency management considerations.

This multi-module *Emergency Preparedness Training and Technical Assistance Toolkit for Community Health Centers (Toolkit)* is meant to guide health centers through the process of creating and maintaining a comprehensive emergency management program (CEMP) as a complement to their established risk management programs. The guidance and resources included are based on an "all-hazards" approach to building a CEMP and associated plans around the phases of emergency management: mitigation, preparedness, response, and recovery. It also reflects current regulatory requirements from the Centers for Medicare and Medicaid Services (CMS). All health centers may benefit from this Toolkit, whether just starting the process of developing a CEMP, or to evaluate and update existing plans and program elements as part of a mature CEMP. Staff that are newly assigned to EM roles and responsibilities will especially benefit from the content.

> The content of this Toolkit is not regulatory, does not alter any existing regulations, and does not set standards for compliance. The models and examples included in the resource document are suggestions. This Toolkit is only one resource among many other emergency management planning resources available for health centers to reference in developing a CEMP.

HOW TO USE THIS TOOLKIT

This Toolkit is intended for use by health centers and Primary Care Associations (PCAs). Other types of outpatient facilities providing primary care may also find it useful. It is designed as a step-by-step guide to assist organizations with structuring a comprehensive emergency management program (CEMP). There are ten (10) topic modules and corresponding action sheets which guide the user through the essential steps of EM program building. Depending on an organization's preparedness status, the Toolkit may be used in its entirety or users may select only the modules they need.

Each Toolkit module is structured in the same way and includes the overall goal to be achieved for that topic area; key terms; a concise overview of the topic area; key actions and a summary of why they are important; helpful tools and templates to support the user in applying the concepts discussed in the module; and links to additional resources that expand the body of knowledge on the subject for the user.

Each module is supplemented by a corresponding Action Sheet that lists specific steps for the key actions the user should take to improve their organization's preparedness in that area. Like an Improvement Plan (IP) to track corrective actions after an exercise or real-world incident, the Action Sheets are structured as checklists and include fields for noting responsibilities and setting due dates. Links to downloadable files (if available) and key tools/templates needed for the module are also included. Additional blank rows in the Action Sheets and space for additional notes are provided so users may add more steps specific to their organization, as needed. The Action Sheets may be completed electronically or printed out for the user's convenience.

This Toolkit is intended to be a guide to reflect EM-related regulatory requirements and best practices for health centers at the time of its creation, and when updated versions are published. Local, state, and federal regulatory requirements for health centers should be referenced directly by the user to ensure their compliance with those requirements, where applicable. Please contact the CHCANYS EM Team at emteam@chcanys.org with any questions or concerns related to the content of this Toolkit.

COMMONLY USED ACRONYMS

AAM	After-Action Meeting
AAR	After-Action Report
ASPR (HHS)	Administration for Strategic Preparedness and Response (formerly Assistant Secretary for Preparedness and Response)
(ASPR) TRACIE	Technical Resources, Assistance Center, and Information Exchange
BCP	Business Continuity Plan/Planning
BIA	Business Impact Analysis
BPA	Business Process Analysis
CEMP	Comprehensive Emergency Management Program
CHC	Community Health Center
CHCANYS	Community Health Care Association of New York State
CMS	Centers for Medicare and Medicaid Services
CONOPS	Concept of Operations
EEG	Exercise Evaluation Guide
EM	Emergency Management
EP	Emergency Preparedness
EPCA	Emergency Preparedness Capability Assessment (CHCANYS Tool)
ESA	Essential Supporting Activity
ESF	Emergency Support Function
FEMA	Federal Emergency Management Agency
FQHC	Federally Qualified Health Center
FTCA	Federal Tort Claims Act
HHS	(Department of) Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act of 1996
HRSA	Health Services and Resources Administration
HSEEP	Homeland Security Exercise and Evaluation Program
ICS	Incident Command System

IP	Improvement Plan
IT	Information Technology
JAS	Job Action Sheet
PAL	Program Assistance Letter
PCA	Primary Care Association
PIN	Policy Information Notice
PIO	Public Information Officer
RPO	Recovery Point Objective
RTO	Recovery Time Objective
SME	Subject Matter Expert
SOP/SOG	Standard Operating Procedure/Standard Operating Guideline

GLOSSARY

After-Action Meeting (AAM)	A meeting that serves as a forum to review an AAR and the draft IP. Participants should seek to reach the final consensus on strengths, areas for improvement, draft corrective actions, concrete deadlines, and owners/assignees for implementation of corrective actions.
After-Action Report (AAR)	A detailed critical summary or analysis of a past event (such as an exercise or actual emergency response) written for the purpose of re-assessing decisions and considering alternatives for future reference.
After-Action Review	A structured review or de-brief process for analyzing what happened, why it happened, and how it can be done better.
All-hazards Approach	An all-hazards approach is an integrated approach to emergency preparedness that focuses on identifying hazards and developing emergency preparedness capacities and capabilities that can address those as well as a wide spectrum of emergencies or disasters.
Business Continuity	The ability of an organization to continue to function before, during, and after a disaster.
Business Impact Analysis (BIA)	A process that identifies, quantifies, and qualifies the impacts resulting from interruptions or disruptions of an organization's resources. The analysis can identify time-critical functions, recovery priorities, dependencies, and interdependencies so that recovery time objectives (RTO) can be established and approved.
Business Process Analysis	A systematic method of examining, identifying, and mapping the functional processes, workflows, activities, personnel expertise, systems, data, interdependencies, alternate locations, and other resources needed to perform essential services/functions.
Capability	Means to accomplish a mission, function, or objective.
Capacity	A combination of all the strengths and resources available within a community, society or organization that can reduce the level of risk, or the effects of a disaster.
Chain of Command	An official hierarchy of authority in an organization that describes reporting relationships.
Delegation of Authority	A procedure within an organization whereby the manager shares their normal duties among lower-level employees or subordinates.
Disaster	Escalated emergency that is typically of larger scale, and crosses geographic, political, and organizational boundaries. Disasters require a level of response and recovery greater than individual organizations and/or local communities can provide. In this toolkit, "disaster" refers to an incident whose effects require health and medical partners to work together across sectors to respond.

Discussion-based (exercise)	A type of exercise that can be used to familiarize players with, or to develop new plans, policies, agreements, and procedures. It focuses on strategic, policy-oriented issues. Facilitators and/or presenters usually lead the discussion, keeping participants on track towards meeting exercise objectives.
Emergency	A small-scale, localized incident which is usually resolved quickly using local resources. In this toolkit, "local resources" refers to those of an affected health center.
Emergency Management	The managerial function charged with creating the framework within which communities/organizations reduce vulnerability to threats/hazards and cope with disasters.
Essential Services/Functions	Critical business functions that are time-sensitive and must be restored first in the event of a disaster or interruption to avoid unacceptable financial or operational impacts to ensure the ability to protect the organization's assets, meet organizational needs, and satisfy regulations.
Essential Supporting Activity (ESA)	Function that supports the performance of essential services/functions.
Evaluation	Process of examining, measuring and/or judging how well an entity, procedure, or action has met or is meeting stated objectives.
Exercise Evaluation Guide (EEG)	A document that captures information specifically related to the evaluation requirements developed by the exercise planning team. The EEG provides evaluators with a standardized tool to guide data collection and capture performance results.
Function/Functional	Service, process, capability, or operation performed by an asset, system, network, or organization. Referring to a service, process, capability, or operation performed by an asset, system, network, or organization, e.g., "functional annex."
Hazard	A potential or actual force, physical condition, or agent with the ability to cause human injury, illness, and/or death, and significant damage to property, the environment, critical infrastructure, agriculture and business operations, and other types of harm or loss.
Hazard Vulnerability Analysis	A systematic approach to identifying all hazards that may affect an organization and/or its community, assessing the risk (probability of hazard occurrence and the consequence for the organization) associated with each hazard and analyzing the findings to create a prioritized comparison of hazard vulnerabilities. The consequence, or "vulnerability," is related to both the impact on organizational function and the likely service demands created by the hazard impact.
Homeland Security Exercise and Evaluation Program (HSEEP)	A document that provides a set of guiding principles for exercise programs, as well as a common approach to exercise program management, design and development, conduct, evaluation, and improvement planning.
Hotwash	A meeting that provides an opportunity to discuss exercise strengths and areas for improvement immediately following the conduct of an exercise. A Hotwash may also be used as part of the evaluation and improvement planning process following a real-world incident.

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HSEEP (Exercise) Cycle	The HSEEP Exercise Cycle describes the four (4) key steps for testing and improving plans: Design and Development; Conduct; Evaluation; and Improvement Planning. These steps are performed in coordination with Program Management activities.
Improvement Plan/Planning	An element of the After-Action Report process, the Improvement Plan lists the corrective actions that will be taken, the responsible individual or organization, and expected completion date for each.
Incident Command System (ICS)	A standardized approach to incident management that is applicable for use in all hazards.
Integrated Preparedness Cycle (IPC)	The IPC of planning, organizing/equipping, training, exercising, and evaluating/improving is a continuous process that ensures the regular examination of ever-changing threats, hazards, and risks, and the development of plans to address them.
Integrated Preparedness Plan (IPP)	A document for combining efforts across components of the IPC to make sure that a jurisdiction/organization has the capabilities to handle threats and hazards.
Integrated Preparedness Planning Workshop (IPPW)	A meeting that establishes the strategy and structure for an exercise program and preparedness efforts while setting the foundation for the planning, conduct, and evaluation of individual exercises.
Job Action Sheet (JAS)	Document that defines and lists responsibilities and tasks for an emergency response role.
Job Aid	A checklist or other visual aid intended to ensure that specific steps of completing a task or assignment are accomplished.
Mitigation	Actions taken to reduce the likelihood of an unwanted occurrence or lessen its impact.
Operations-based (exercise)	A type of exercise that can be used to validate plans, policies, agreements, and procedures; clarify roles and responsibilities; and identify resource gaps. Operations-based exercises are characterized by actual reaction to an exercise scenario, such as initiating communications or mobilizing personnel and resources.
Preparedness	One of the phases of emergency management. It includes planning, training, and educational activities for events that cannot be mitigated.
Program	An organized collection of projects, activities and/or individual plans in an established framework that directs them toward a common goal. The term "program" implies that regular, ongoing activities are occurring. This contrasts with the term "plan," which may be a set of guidelines that are inactive until activated.
Progressive Approach (to exercise planning)	A series of increasingly complex exercises, with each exercise building upon the previous one.
Public Health Emergency	An occurrence or imminent threat of an illness or health condition that (1) is believed to be caused by any of the following: bioterrorism; appearance of a novel or previously controlled or eradicated infectious agent or biological toxin; natural

	disaster; chemical attack or accidental release; nuclear attack or accident; or any event restricting access to food, shelter, clean water or healthcare; and (2) poses a high probability of any of the following harms occurring in a large number of the affected population: death; serious or long-term disability; widespread exposure to infectious or toxic agent posing significant risk of substantial future harm.
Recovery	One of the phases of emergency management. During the recovery period, restoration efforts occur concurrently with regular operations and activities. The recovery period from a disaster can be prolonged.
Recovery Point Objective (RPO)	The point in time, prior to a disruption or system outage, to which mission/business process <u>data</u> can be recovered (given the most recent backup copy of the data) after an outage. RPO may be considered the measure of how much data loss, in hours or days, is acceptable to an organization.
Recovery Time Objective (RTO)	The time within which systems, applications, or functions must be recovered after an outage (e.g., one business day). RTOs are often used as the basis for the development of recovery strategies and as a determinant as to whether to implement the recovery strategies during a disaster situation.
Redundancy	Additional or alternative systems, sub-systems, assets, or processes that maintain a degree of overall functionality in case of loss or failure of another system, sub-system, asset, or process.
Resiliency	The ability to resist, absorb, recover from, or successfully adapt to adversity or a change in conditions that may cause harm or destruction to health, safety, economic well-being, essential services, or public confidence.
Response	One of the phases of emergency management. Occurs in the immediate aftermath of a disaster. Immediate actions to save and sustain lives, protect property and the environment, and meet basic human needs. Response also includes the execution of plans and actions to support short-term recovery.
Risk Assessment	A product or process which collects information and assigns values to risks for the purpose of informing priorities, developing, or comparing courses of action, and informing decision making
Risk Communication	The process of providing concise, comprehensible, credible information as needed to make effective decisions regarding risks.
Scenario	Hypothetical situation comprised of a hazard, an entity impacted by that hazard, and associated conditions including consequences when appropriate.
Situational awareness	A person's state of knowledge or mental model of the situation around the individual and/or his/her operating unit, including an understanding of the evolving state of the environment.
Standard Operating Procedure/Guideline	A reference document or operations manual that provides the purpose, authorities, duration, and details for the preferred method of performing a single function or several interrelated functions in a uniform manner.

Subject Matter Expert (SME)	An individual who has specific skills and knowledge about a function or topic.
Succession Planning (BCP)	A process for identifying and developing new leaders who can replace old leaders when they leave, retire, or die.
Whole Community	Individuals, families, businesses, faith-based and community organizations, nonprofit groups, schools and academia, media outlets, and all levels of government who are involved in preparedness efforts.

MODULE 1 - Building the Emergency Management Program at Your Health Center
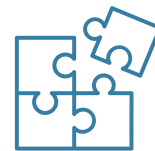
Goal

Understand key concepts, requirements, and best practice elements for establishing a comprehensive emergency management program (CEMP) at a health center.

Key Terms

- Emergency Management (EM)
- Program
- Mitigation
- Preparedness

- Response
- Recovery
- All-hazards Approach
- Integrated Preparedness Plan (IPP)

Overview

A comprehensive emergency management program (CEMP) guides all aspects of emergency/disaster planning, training, and exercising at your health center. It should be built around requirements and best practices for federally qualified health centers (FQHCs), as well as your organizational structure, capabilities, capacity, and lessons learned from prior emergencies/disasters. An effective and sustainable CEMP requires the support and "buy-in" of organizational leadership, as well as other health center staff. A collective willingness to dedicate time and effort toward becoming prepared for emergencies/disasters is needed. Understanding the key principles of EM and related regulatory and grant requirements provides a solid foundation for building a robust CEMP that promotes emergency preparedness as an integrated and ongoing essential health center function. Applying "best practices" from key resources to the CEMP process supports efficient and effective development.

Key Steps	**1.1 Understand key concepts of emergency management** Emergency managers think of emergencies/disasters as recurring events with four phases that take place in a cycle: Mitigation, Preparedness, Response, and Recovery. The significance of the emergency management cycle is that all communities are in at least one phase of emergency management at any given time. Understanding each phase and the associated actions required by a health center should guide development of your CEMP, using an "all-hazards" approach. **1.2 Understand EM requirements and expectations for federally qualified health centers** To build a robust EM Program, a health center must understand and meet all relevant requirements, such as those of the Centers for Medicare and Medicaid Services (CMS), the federal Health Resources and Services Administration (HRSA), and the State of New York*. These include: • CMS Emergency Preparedness Final Rule (2016) • CMS Omnibus Burden Reduction Final Rule (2019) • HRSA Form 10 - Emergency Preparedness Report Template

- Title 10 of NY Public Health Law* – Section 702.7 – Emergency and disaster preparedness
- Local/state fire and building codes
- HIPAA.

Health centers that are part of networks and/or hospital systems may have organization-specific requirements or expectations they must also comply with. Additional program elements considered "best practices" for EM, but not strictly required for FQHCs, should also be evaluated by a health center for incorporation into its CEMP. Examples of these include Joint Commission standards and information security best practices. Healthcare systems that include multiple facilities that are each separately certified as a Medicare-participating provider or supplier have the option of developing a unified and integrated emergency preparedness program that includes all the facilities within the healthcare system instead of each facility developing a separate emergency preparedness program.

This Toolkit was originally created for NY State health centers. Health centers in other states should reference their respective state laws regarding emergency/disaster preparedness for health centers.

1.3 Secure support for your emergency management program

Preparing your health center for different types of emergencies is a continuous process that requires persistence. It is important to build strong support from executive and senior management staff in your health center, as well as the Board of Directors. Such support will be crucial if your health center is to sustain its EM Program over time. Be prepared to explain why these efforts are important for your organization (i.e., federal requirements; financial stability; remaining open to care for patients; etc.). You should also identify any programs, grant opportunities, and/or partnerships that will help you develop and sustain your EM Program efforts in the long term, such as by maintaining a strong relationship with your PCA and local community organizations. Your PCA supports partnerships with local, state, and federal public health and emergency management agencies, including the Health Resources and Services Administration (HRSA) during emergencies.

1.4 Build a multidisciplinary EM Committee that includes representatives from across the organization

Just as your EM Program needs the support of leadership, it needs support and participation from all staff to ensure your health center is prepared. Equally important, your EM Program requires the expertise and guidance of colleagues from across the organization to inform EM Program priorities and development. A solid understanding of how things normally operate at your health center is needed before EM planners can develop emergency response and business continuity plans to adapt operations for emergency or disaster conditions. Including a broad group of representatives in the EM Committee also helps to ensure that the needs and concerns of staff are considered as their emergency roles and responsibilities are created and assigned. Include

representatives from each individual facility if electing to develop a unified and integrated emergency preparedness program for all separately certified facilities within the network or healthcare system.

1.5 Review all existing plans, policies, protocols, lessons learned and assets

As an organization, you already have plans, policies, procedures, checklists, and other documents that address aspects of emergency management. It is important to collect and review them all to help identify gaps and any needed revisions and updates. Your health center's EM functions should be consolidated under the CEMP and EM Committee to set priorities and track progress in an organized and efficient manner. Additionally, consider completing an emergency/disaster-focused asset inventory, which is a detailed record of your health center's supplies (e.g., PPE; medications), resources (e.g., clinical vs administrative staff; mental/behavioral health staff), and capabilities (e.g., Telehealth) to support response and recovery actions. One way to organize this inventory is by listing the "all-hazards" needs, and then the needs specific to the hazards identified by your organization (see Module 3), based on the anticipated response and recovery roles your health center might play. This inventory process can further aid your health center in targeting emergency management strategies and priorities. It should be integrated with existing inventory systems and protocols to minimize duplication of effort within the organization.

1.6 Create a workplan and timeline for your CEMP

A detailed workplan and timeline should be created after completing steps 1.1-1. 5. This document should reflect the priorities determined for CEMP development by the EM Committee. Responsibilities for each task in the workplan should be assigned to appropriate staff. Timing for task completion should account for organizational schedules and regulatory requirements. Regular tracking against the workplan and timeline must occur, with adjustments made as needed. The workplan should cover at least one year of detailed planning, and ideally 2 additional years of more "high-level" planning. Consider structuring your CEMP workplan as an Excel document that includes 4 worksheets:

- Current Year (includes detailed action items/tasks)
- Years 2-3 Goals
- Review and Update Schedule (for each project/plan the EM Committee is working on)
- Training and Exercises (this sheet will contain basic information, with additional details found in the Integrated Preparedness Plan (IPP) and individual project planning timelines).

See Appendix 1 for a sample workplan template and guidance.

1.7 Assess your health center's overall preparedness regularly

As your health center builds its CEMP, it is important to ensure that progress is being made by regularly measuring progress against specific workplan tasks and milestones.

	This is ideally done during EM Committee meetings. It is also valuable to assess your health center's overall preparedness periodically. One way to do this is through the completion of an Emergency Preparedness Capability Assessment (EPCA). The EPCA tool was developed by CHCANYS to help health centers identify the strengths and areas for targeted enhancements for their emergency management programs. CMS emergency preparedness rule requirements are captured throughout this assessment tool, and completion of the EPCA provides the added value of assisting your health center with ensuring your organization's CMS compliance. Contact the CHCANYS EM Team for additional information about the EPCA tool.
Tools & Templates	1A. Community Health Care Association of New York State. (2021). Planning and Compliance Checklist for FQHCs. 1B. ASPR TRACIE. (2021). Rural Health Clinic / Federally Qualified Health Center Requirements: CMS Emergency Preparedness Final Rule (Updated). 1C. Health Resources and Services Administration. (n.d.) Form 10: Emergency Preparedness Report Template. (Accessed 9/27/2022.) 1D. CHCANYS Emergency Preparedness Capability Assessment Tool (contact CHCANYS)
Additional Resources	ASPR TRACIE. (2018). CMS Emergency Preparedness Rule Integrated Healthcare Systems Implications. Community Health Care Association of New York State (CHCANYS). Emergency Management Program. Centers for Medicare and Medicaid Services. (2016). Emergency Preparedness Final Rule. Centers for Medicare and Medicaid Services. (2019). Omnibus Burden Reduction Final Rule. (Including revisions to *CMS EP Final Rule of 2016*). Centers for Medicare and Medicaid Services. Quality, Safety & Oversight Group. (2020) Emergency Preparedness Regulation Guidance. Federal Emergency Management Agency. (2021). IS-230.D: Fundamentals of Emergency Management. Health Center Resource Clearinghouse. Lessons Learned Information Sharing. (n.d.). Best Practice. Emergency Management Programs for Healthcare Facilities: Program Organization. (Accessed 9/27/2022.) U.S. Department of Homeland Security, Federal Emergency Management Agency. National Association of Community Health Centers. (2023). Emergency Preparedness/Emergency Management Requirements: Crosswalk of The Joint Commission (TJC) and Centers for Medicare & Medicaid Services (CMS).

	Standards for Federally Qualified Health Centers (FQHCs) National Fire Protection Association. (2024). <u>NFPA 1660: Standard for Emergency, Continuity, and Crisis Management: Preparedness, Response, and Recovery</u>. (Requires free registration.) New York State Codes, Rules, and Regulations. <u>Title: Section 702.7 - Emergency and Disaster Preparedness</u>. Office of the Assistant Secretary for Preparedness and Response. (2016). <u>2017-2022 Health Care Preparedness and Response Capabilities.</u> U.S. Department of Health and Human Services. The Institute for Crisis, Disaster, and Risk Management at the George Washington University. (2010). <u>Emergency Management Principles and Practices for Health Care Systems, 2nd Edition.</u> U.S. Department of Veterans Affairs. U.S. Department of Health and Human Services, Health Resources and Services Administration. (2022). <u>Emergency Preparedness, Response, and Recovery Resources for Health Centers</u>. U.S. Department of Health and Human Services. (1996). <u>Health Information Portability and Accountability Act of 1996: Privacy Rule.</u> U.S. Government Publishing Office. Wisconsin Department of Health Services. (2018). <u>CMS Emergency Preparedness Rule Toolkits.</u>
Next Step	Review and complete tasks in <u>Module 1 Action Sheet</u>

MODULE 1 Action Sheet
Building the Emergency Management Program at Your Health Center
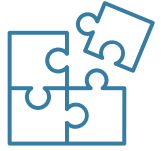
Goal
Understand key concepts, requirements, and best practice elements for establishing a comprehensive emergency management (EM) program at a health center.

Download Tools & Templates	
1A. Community Health Care Association of New York State. (2021). Planning and Compliance Checklist for FQHCs. 1B. ASPR TRACIE. (2021). Rural Health Clinic / Federally Qualified Health Center Requirements: CMS Emergency Preparedness Final Rule (Updated). 1C. Health Resources and Services Administration. (n.d.) Form 10: Emergency Preparedness Report Template. (Accessed 9/27/2022.) 1D. CHCANYS Emergency Preparedness Capability Assessment Tool (contact CHCANYS)	⬇

Key Step / Action	Who is Responsible	Start Date	Completion Date
1.1 Understand key relevant concepts of EM ☐ Review module's key terms and definitions (See **Glossary**) ☐ Review documents and tools in the Module 1 **Resources** section as you build your CEMP			
1.2 Review and understand EM requirements for health centers (see links in Resources section) ☐ CMS Emergency Preparedness Final Rule ☐ CMS Omnibus Burden Reduction Final Rule ☐ HRSA Form 10 - Emergency Preparedness Report Template ☐ Title 10 of NY Public Health Law – Section 702.7 – Emergency and disaster preparedness ☐ HIPAA ☐ Local/state fire and building codes ☐ Organization-specific requirements			
1.3 Secure support for your emergency management program ☐ Prepare a document and/or presentation and discuss the importance of a CEMP with health center leadership and senior managers to secure their support			

☐ Explore becoming a partner of Direct Relief ☐ Explore becoming a partner of Americares ☐ Get to know the emergency managers at your local hospital(s) and other health centers to build relationships for mutual aid before an emergency or disaster ☐ Build connections with your local office of emergency management, and your police and fire departments ☐ Stay connected with your PCA to access training and technical assistance (including exercises), as well as partnerships with state and local public health and emergency management agencies to support your CEMP ☐ Explore availability of relevant grants to support your CEMP (e.g., FEMA; foundations; local and state health departments)			
1.4 Build a multidisciplinary EM Committee that includes representatives from across the organization ☐ Obtain approval from leadership staff to engage colleagues in the EM Committee ☐ Include representatives from the leadership team, senior managers, clinical team, finance team, human resources team, patient services team, and staff with strong knowledge of your health center's supply procurement and management strategies ☐ Include representatives from different facilities in your network, as appropriate and in accordance with the health center policy for plan development ☐ Define the expectations for the EM Committee as a whole, and for each individual member (e.g., a subset of the committee might focus on writing plans, with the larger group working together on policy and procedure development and review of drafts) ☐ Share expectations with all committee members and work together to set a regular meeting schedule			
1.5 Review all existing plans, policies, protocols, lessons learned and assets for emergency management ☐ Review existing organizational/facility emergency preparedness protocols, policies, or procedures (e.g., emergency operations plan (EOP), business continuity plan (BCP), IT downtime procedures, communications plan, infection control protocols, evacuation plan, active shooter policy, etc.) and identify gaps and outdated documents for revision or elimination			

☐ Review any After-Action Reports (AARs) and "lessons learned" from prior emergencies or disasters experienced by your health center to identify areas for improvement ☐ Complete and document an emergency/disaster-focused asset inventory. Consider "all-hazards" needs and needs for specific identified hazards, and anticipated response and recovery roles; create a plan to address gaps ☐ Record the dates reviewed and findings for each item; ensure that all EM Committee members use a standard protocol for review			

1.6 Create a workplan and timeline for your CEMP
☐ Consider structuring your CEMP workplan as an Excel spreadsheet that includes 4 worksheets:
    o Current Year (includes detailed action items/tasks)
    o Years 2-3 Goals
    o Policy/Document Review and Update Schedule
    o Training and Exercises Schedule
(See Appendix 1 for a sample workplan template and guidance.)
☐ Include at least 1 year of detailed planning, and ideally 2 additional years of strategic planning
☐ Define who will create and update the workplan; who has access to review it; and where and how it will be stored (e.g., printed vs. electronic copies)
☐ Include development of new plans/initiatives, as well as a schedule for regular and ongoing review and updating of existing plans at least every 2 years
☐ Include development and scheduling of training and exercises in the workplan			

1.7 Assess your health center's overall preparedness regularly ☐ Consider conducting an Emergency Preparedness Capability Assessment (EPCA) developed by CHCANYS or other comprehensive assessment of your health center's CEMP at least every 2 years			
☐ Add additional steps here as needed			
☐ Add additional steps here as needed			

Notes

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MODULE 2 - The Emergency Management Structure at Your Health Center

Goal

Understand key concepts and related considerations for defining the structure and functions of a health center's Emergency Management (EM) structure.

Key Terms

- o   Incident Command System (ICS)
- o   Job Action Sheet (JAS)
- o   Chain of Command

- o   Situational awareness
- o   Job Aid
- o   Redundancy

Overview

Your health center must prepare to manage response and recovery actions for emergencies or disasters. To do so successfully, there needs to be a structure with clearly defined roles and responsibilities for each position, and staff identified and ready to work within the structure in their assigned roles.

Key Steps	2.1. **Create a management structure that supports successful responses to emergences or disasters by your health center**
	Successful emergency response is critical to ensure the safety and well-being of your health center's staff and patients. Depending on the emergency, your health center could be called upon to provide care or services to the larger community. This could include vaccinations during a public health emergency, or surge support for non-life-threatening injuries to decompress hospital emergency departments during an acute incident. A defined structure will organize your health center's response actions and resources to maximize its capabilities.
	The Incident Command Structure, or ICS, is a standardized, all-hazards approach to incident management. Understanding and applying the principles of ICS will benefit your organization, <u>regardless of its size</u>, by giving your health center the guidance and tools needed to respond to emergencies or disasters effectively and efficiently. The key features of ICS are based on its key principles: • Flexibility and scalability—only activate the positions within the structure that you need for a given response. • Chain of command— reporting relationships are defined from the Incident Commander (i.e., leader for the overall response), down through the entire structure. • Common terminology—ICS provides standard ways to define and request resources, and to minimize miscommunications during emergencies or disasters.

- Systematic planning process—adapt ICS tools and templates for regular and ongoing incident action planning to maintain situational awareness among partners (both internal and external to your health center) and manage response using defined objectives and tactics.

All organizations and government agencies using ICS can work together as part of an integrated response when they each follow the principles of ICS.

2.2. Define and document responsibilities for each position in your EM structure

ICS provides a model for building your health center's EM structure, with general descriptions of roles and responsibilities for each position/type of position. These descriptions are good starting points, but your health center will need to think about its specific response goals and anticipated tasks to adapt and expand upon the basic descriptions to make them useful for your organization. After the overall roles and responsibilities are defined, more detailed, action-oriented checklists for each position should be developed. These checklists are known as Job Action Sheets (JAS). JAS note reporting relationships and break down tasks for each position by defined time periods. ICS provides general JAS templates that must be adapted and expanded upon to be useful for your health center's EM structure. A JAS should be detailed enough so that any staff member that picks it up can perform the duties it lists successfully, even if those duties are not part of their normal responsibilities. If necessary, a Job Aid that describes the exact steps to complete a given task may be created and used with a JAS.

2.3. Identify the members of your EM Structure (both primary and back-up)

Each of the key positions within your health center's EM structure must have at least 1 staff member assigned to it as the "primary" person for that role. Leadership positions within your ICS should be filled by decision-makers with strong organizational knowledge who also understand your health center's EM plans. Ideally, each position should have at least 1 back-up person assigned and trained to perform the role, for redundancy. If operations run for extended periods (e.g., for 20-24 hours per day, or for weeks or months), responding staff will need to have breaks to minimize the chances for errors and poor judgment that may result from burnout. Many health centers may not have enough of the "right" type of staff to fill leadership positions within the ICS. In those instances, roles and responsibilities may need to be combined and consolidated, as is reasonable. Cross training of staff to perform distinct roles should also be considered to broaden the pool of individuals that may perform each respective role within the EM structure. For a larger-scale incident and/or extended emergency, all health center staff may need to shift their day-to-day responsibilities and/or reporting relationships to support the organization's approach to responding to the emergency while also providing ongoing patient care. Therefore, all staff should be assigned to a position in the ICS and notified by their supervisor of their anticipated emergency support role.

2.4. Train staff in your health center's EM structure and to understand each member's role in that structure

	After developing an overall EM structure, defining the roles and responsibilities for each position, and identifying primary and back-up staff for each position, it is critical to train your staff to respond within the EM structure. Consider a combination of online training in ICS basics offered through FEMA, and an "in-service" to bring staff together to discuss the EM structure and ask any questions they may have about it. Having the group train together will also help everyone get to know others' roles. It will also allow them to work together to identify any potential issues with the EM structure and develop solutions to be as prepared as possible before an emergency or disaster. Include a knowledge check/testing component for training conducted by your health center. Cross training of staff is highly recommended, when appropriate.
	2.5. **Conduct exercises to test your health center's EM structure**
	Emergency response plans must be regularly reviewed and updated. Staff must be trained in Plan content, and in their specific roles and responsibilities. But it is critical that plans are also tested to find out if staff understand how to apply them and if they will work. Exercises should be scenario-driven and stress your health center's plans to identify areas of concern and address gaps in preparedness in advance of an emergency or disaster. All, or part, of a plan may be tested. Lessons learned should be documented and applied to modifying plans, as needed. Exercise participants practice working together as a team. Working together builds trust and creates an understanding among the team members of how each position complements the others. Module 9 of this toolkit provides additional guidance on conducting exercises.
Tools & Templates	2.A Federal Emergency Management Agency. (2018). IS-100.C: Introduction to the Incident Command System.
	2.B Federal Emergency Management Agency. (2019). IS-200.C: Basic Incident Command System for Initial Response.
	2.C Federal Emergency Management Agency. (2018). ICS Forms.
	2.D Association of Healthcare Emergency Preparedness Professionals. (2014). HICS (Hospital Incident Command System) for Small Hospitals.
Additional Resources	California Emergency Medical Services Authority. (2017). Hospital Incident Command System.
	Dodge, B. (2019). Hospital-Based ICS Small-Rural Webinar. ASPR TRACIE. (See last section on adapting HICS.)
	Federal Emergency Management Agency. (2021). IS-230.E: Fundamentals of Emergency Management.
	Federal Emergency Management Agency. (2025). National Incident Management System Training. U.S. Department of Homeland Security.

	The Center for HICS Education and Training. (2014). Hospital Incident Management Team Organizational Chart.
Next Step	Review and complete tasks in Module 2 Action Sheet

MODULE 2 Action Sheet
The Emergency Management Team at Your Health Center

Goal
Understand key concepts and related considerations for defining the structure and functions of a health center's Emergency Management (EM) Team.

Download Tools & Templates	
2.A Federal Emergency Management Agency. (2018). <u>IS-100.C: Introduction to the Incident Command System</u>.	
2.B Federal Emergency Management Agency. (2019). <u>IS-200.C: Basic Incident Command System for Initial Response</u>.	
2.C Federal Emergency Management Agency. (2018). <u>ICS Forms</u>.	
2.D Association of Healthcare Emergency Preparedness Professionals. (2014). <u>HICS (Hospital Incident Command System) for Small Hospitals.</u>	

Key Step / Action	Who is Responsible	Start Date	Completion Date
Preparation ☐ Review module's key terms and definitions (See **Glossary**) ☐ Review documents and tools in the Module 2 **Resources** section			
2.1. Create an EM structure that supports successful responses to emergencies or disasters by your health center ☐ All members of your organization's EM Committee, and any other staff assigned to lead response should complete online courses to learn the basics of the Incident Command Structure (ICS), including <u>IS-100.C: Introduction to the Incident Command System</u>, and <u>IS-200.C: Basic Incident Command System for Initial Response</u>. ☐ Using the knowledge gained from these courses, the EM Committee should define the general way emergencies will be managed within an "all-hazards" approach and document the corresponding EM/ICS structure. ☐ For multi-site networks, the EM Committee should clearly note how each individual facility's ICS integrates with other facilities' ICS, and with the overall organizational ICS. ☐ Obtain all necessary leadership approvals on the structure before proceeding with steps 2.2-2.5.			

2.2. Define and document responsibilities for each position in your EM structure
 	
☐ Adapt and expand upon the basic descriptions of roles and responsibilities of ICS/HICS so that they are useful for your organization.
☐ Adapt and expand upon the general ICS/HICS Job Action Sheets (JAS) to write detailed, action-oriented checklists for each position in your EM structure.
    o Be sure that each JAS notes reporting relationships and breaks down tasks for each position by defined time periods.
    o JAS should be detailed enough so that any staff member that picks it up can perform the duties it lists successfully, even if those duties are not part of their normal responsibilities.
☐ If necessary, create a Job Aid that describes the exact steps for a given task to be used with a JAS. Include visuals if appropriate for the task.			

2.3. Identify the members of your EM structure/ICS (both primary and back-up)
 	
☐ Assign 1 staff member to each of the key positions within your health center's EM structure/ICS as the "primary" person for that role.
    o Fill leadership positions within your ICS by decision-makers with strong organizational knowledge who understand your health center's EM plans.
☐ Assign <u>at least</u> 1 back-up person to each key position for redundancy.
    o If your health center does not have enough of the "right" type of staff to fulfill leadership positions within the ICS, consider combining and consolidating roles and responsibilities, as is reasonable.
    o Consider cross-training of staff to broaden the pool of individuals that may perform each respective role within the EM structure/ICS.
☐ Remember: For a larger-scale incident and/or an extended emergency, all health center staff may need to support a response. So, all staff should be assigned within the ICS and notified by their supervisor of their anticipated emergency role.			

2.4. Train staff in your health center's EM structure and to understand each member's role in that structure ☐ Consider a combination of online training in ICS basics offered through FEMA (i.e., ICS 100.c and ICS 200.c) and "in-service" training for staff. ☐ Include a knowledge check/testing component for training. ☐ Collect feedback from staff to identify any potential issues with the EM structure and solutions to correct them before an emergency or disaster. ☐ Crosstrain staff to perform distinct roles, as appropriate. ☐ Review Module 8 for more information on training.			
2.5. Conduct exercises to test your health center's EM structure ☐ Design and conduct scenario-driven exercises to stress your health center's plans to identify areas of concern and address gaps in preparedness in advance of an emergency or disaster. ☐ Test all, or part, of a plan, depending on organizational needs and exercise type. ☐ Document lessons learned, and modify plans as needed. ☐ Review Module 9 for additional information on exercises.			
☐ Add additional steps here as needed			
☐ Add additional steps here as needed			

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MODULE 3 - Risk Assessment

Goal

Understand how risk assessment informs a health center's comprehensive emergency management program (CEMP), and the key principles for conducting a Hazard Vulnerability Analysis (HVA).

Key Terms

- o Hazard Vulnerability Analysis (HVA)
- o Risk Assessment

Overview

Risk assessment is a key component of a health center's CEMP and provides context for developing emergency response plans. Health centers must understand the potential impacts of emergencies or disasters on the ability to care for patients, and ensure the safety of staff, patients, and visitors. By understanding the possible threats it may face, a health center can prioritize its limited resources to prepare response and recovery plans for those posing the greatest risk. Risk assessment is also a requirement of the CMS EP Rule. A Hazard Vulnerability Analysis (HVA) is a way health centers may systematically evaluate potential threats within a common framework.

Key Steps	**3.1 Identify a team to complete the Hazard Vulnerability Analysis (HVA)**
	A multidisciplinary team from across your organization should contribute to its HVA process. Including individuals with expertise in various areas of your organization and different prior emergency experiences supports a comprehensive assessment of preparedness to address the potential consequences of various hazards. Depending on the composition of your EM Committee, it may be the same team that conducts the HVA, or you may need to invite additional colleagues to participate. If possible, it is ideal to include experts from outside of your organization, such as colleagues from emergency management and public health.
	3.2 Determine the HVA tool for your health center and gather information
	An HVA allows an organization to assess risks based on probability, potential impact, and level of preparedness. For it to be meaningful, everyone that contributes to the HVA process MUST use the same common framework for assessment of hazards. The tool that will be used should be selected before the HVA process begins, and everyone participating should review how to use the tool together. This includes reviewing and agreeing upon what each assessment factor and related ratings mean, and how the tool calculates scores. The hazards to be evaluated should also be determined and agreed upon at this stage. There are different HVA approaches/tools that a health center may choose to use. A summary of available tools is included in the ASPR TRACIE publication, "Evaluation of Hazard Vulnerability Assessment Tools" (see "Tools and Templates" section for link to document). In preparation for your health center's HVA, obtain information from local/state emergency management and public health

partners, who should be able to provide data on hazards, historical frequency of occurrence, and information on mitigation, preparedness, and response activities. This information should be recorded in the most current jurisdictional and public health risk assessments. After-action reports from exercises conducted by your organization and/or by health and medical partners may also provide information on the impact specific hazards could have on your health center.

3.3   Conduct the HVA

After selecting a tool for conducting your health center's HVA, develop and agree upon the process for completing it with the designated team. The process should be uniform for everyone that contributes to the HVA. Scores should be calculated as objectively as possible, with the team coming together to discuss them, focusing on those scores that lack consensus. The process and results should be clearly documented and added to your health center's EOP to guide planning priorities. Complete an HVA for each separately certified facility in your organization, even if it is part of an integrated health system CEMP.

3.4   Create a timeline to develop plans, policies, and procedures for the top risks identified through your health center's HVA

The top 3-5 risks from your health center's HVA should be prioritized by your health center's EM Committee in planning and mitigation activities. A timeline for the development and/or improvement of plans, policies, procedures, and tools to support them should be created for each hazard. Timelines should reflect the key activities and related timing that are specific to a given hazard. For example, the timeline for one hazard may only need to reflect 1 year of activities to meet planning goals, while another hazard that requires more complex planning could require activities to meet planning goals over 3 or 4 years. Specific individuals should be assigned for each of the activities found in the planning timelines, and the EM Committee should track progress for each activity regularly. Timelines should be adjusted when needed to reflect updated HVA information (see 3.5 below); a real-world emergency or disaster occurs; staff changes affect the resources directed to EM functions; and/or when leadership priorities, funding/grant sources, or regulatory requirements change. (See Module 7 for additional information on developing hazard-specific plans.)

3.5   Repeat the HVA process at least every 2 years

The HVA should be conducted at least every 2 years to meet CMS requirements, and to reflect additional data, planning, and/or real-world experience. As planning and mitigation activities increase, risk should decrease. Identification of new hazards and/or decreased attention to preparedness for specific hazards may increase risk. Both situations have an impact on HVA scoring and could change the priority ranking of hazards for your health center. This may require planning timelines and resource allocations to change.

Tools & Templates	3.A ASPR TRACIE. (2024). <u>ASPR TRACIE Evaluation of Hazard Vulnerability Assessment Tools</u>. U.S. Department of Health and Human Services, Administration for Strategic Preparedness and Response. 3.B DC Emergency Healthcare Coalition. (2017). <u>APPENDIX F: Step 5 of Enhanced HVA for DC Emergency Healthcare Coalition</u>. 3.C U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response. (2025). <u>Healthcare and Public Health (HPH) Risk Identification and Site Criticality (RISC) Toolkit</u>.
Additional Resources	ASPR TRACIE. (2018). <u>CMS Emergency Preparedness Rule Integrated Healthcare Systems Implications</u>. DC Emergency Healthcare Coalition. (2015). <u>DC Emergency Healthcare Coalition Enhanced Hazard Vulnerability Analysis (HVA).</u> Lundberg, R. and Willis, H. (2015). <u>Assessing Homeland Security Risks: A Comparative Risk Assessment of 10 Hazards.</u> Homeland Security Affairs Journal, 11(10). Northwest Healthcare Response Network. (2023). <u>Regional Healthcare Hazard Vulnerability Assessment.</u> (Refer to process info.) Rozell, D.J. (2015). <u>A Cautionary Note on Qualitative Risk Ranking of Homeland Security Threats.</u> Homeland Security Affairs Journal, 11(3) Homeland Security Affairs Journal, 11(3). U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response. (2019). <u>ASPR Healthcare and Public Health Risk Identification and Site Criticality (RISC) Toolkit Webinar.</u> Washington State Region 9 Healthcare Coalition. (2018). <u>Region 9 Healthcare Hazard Vulnerability Assessment.</u> (Refer to process info.)
Next Step	Review and complete tasks in <u>Module 3 Action Sheet</u>

MODULE 3 Action Sheet
Risk Assessment

Goal
Understand how risk assessment informs a health center's comprehensive emergency management program (CEMP), and the key principles for conducting a Hazard Vulnerability Analysis (HVA).

Download Tools & Templates	
3.A. ASPR TRACIE. (2024). <u>ASPR TRACIE Evaluation of Hazard Vulnerability Assessment Tools</u>. U.S. Department of Health and Human Services, Administration for Strategic Preparedness and Response. 3.B. DC Emergency Healthcare Coalition. (2017). <u>APPENDIX F: Step 5 of Enhanced HVA for DC Emergency Healthcare Coalition</u>. 3.C. U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response. (2025). <u>Healthcare and Public Health (HPH) Risk Identification and Site Criticality (RISC) Toolkit</u>.	

Key Step / Action	Who is Responsible	Start Date	Completion Date
Preparation ☐ Review module's key terms and definitions (See **Glossary**) ☐ Review documents and tools in the Module 3 **Resources** section			

3.1 Identify a team to complete the Hazard Vulnerability Analysis
 	
☐ Identify a multidisciplinary team from across your organization to contribute to the HVA process.
    o Depending on the composition of your EM Committee, it may be the same team that conducts the HVA, or you may need to invite additional colleagues to participate.
    o If possible, include outside experts, such as colleagues from local/state emergency management and public health agencies.			

3.2 Determine the HVA tool for your health center and gather information ☐ Select the tool that will be used before starting the HVA process.			

o Review the summary of available tools in the ASPR TRACIE publication, "Evaluation of Hazard Vulnerability Assessment Tools." ☐ Everyone participating should review how to use the tool together. o Review and agree upon what each assessment factor and related ratings mean, and how the tool calculates scores. ☐ Determine the hazards to be evaluated. ☐ Get information from local/state emergency management department and public health partners (data on hazards, historical frequency of occurrence, and information on mitigation, preparedness, and response activities). ☐ Review after-action reports from exercises conducted by your organization and/or by health and medical partners to better understand the impact specific hazards could have on your health center. ☐ Ensure that everyone that contributes to the HVA process uses the same common framework for assessment of hazards.			
3.3 Conduct the HVA ☐ Ask all members to review the data and other information that has been gathered to inform the HVA. ☐ Have each member of the team complete the HVA tool individually first, then compile the results. ☐ Bring the team together for a meeting to discuss the results, particularly where there is disagreement about the scoring. ☐ Revise scores, as needed, and rank all hazards. ☐ Identify the top 3-5 hazards to prioritize for planning, and document them in your health center's EOP. ☐ Develop an individual HVA for each separately certified facility within the network/healthcare system, even if it is part of an integrated health system CEMP.			

3.4 Create a timeline to develop plans, policies, and procedures for the top risks identified through your health center's HVA.
 	
☐ Prioritize the top 3-5 risks from your health center's HVA for planning and mitigation activities.
☐ Create a timeline for the development and/or enhancement of plans, policies, procedures, and tools to support them, for each hazard.
    o Timelines should reflect the key activities and related timing specific to a given hazard.
    o Assign responsibility for each of the activities found in the planning timelines to specific individuals.			

o The EM Committee should track progress for each activity regularly. ☐ Adjust timelines when needed to reflect updated HVA information (see 3.5 below); a real-world emergency or disaster occurrence; staff changes that affect the resources directed to EM functions; and/or when the priorities of organizational leadership, funding sources, or regulatory requirements change. ☐ See Module 7 for additional information on developing hazard-specific plans.			
3.5 Repeat the HVA process at least every 2 years. ☐ Conduct an HVA at least every 2 years to reflect additional data, planning, and/or real-world experience. ☐ Update the priority ranking of hazards for your health center, and modify planning timelines and resource allocations, as needed after each HVA cycle.			
☐ Add additional steps here as needed			
☐ Add additional steps here as needed			

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MODULE 4 - Creating an Emergency Operations Plan

Goal

Understand how to organize and develop an Emergency Operations Plan (EOP) for a health center.

Key Terms

- o All-hazards
- o Emergency Operations Plan (EOP)
- o Whole Community
- o Redundancy

- o Capability
- o Function/Functional
- o Scenario
- o Integrated Preparedness Cycle

Overview

Every health center must have an Emergency Operations Plan (EOP) that defines how it will manage its response to emergencies or disasters. Not only is it required by the Centers for Medicare and Medicaid Services (CMS) and many state regulations, but it is also a well-established "best practice" for healthcare facilities. A well-organized planning process should support the creation of an EOP that: bases priorities on risk assessment and organizational capabilities; clearly defines response goals and strategies; provides a framework for response roles and responsibilities; and defines how a health center will support the larger healthcare sector in its vicinity. Each health center's plan must reflect how it will address specific risks with the unique resources it has or can obtain. EOPs must be reviewed and updated in a continuous cycle to ensure they remain current and reflect lessons learned from exercises and real-world incidents.

Key Steps	
	4.1 Form a collaborative planning team A multidisciplinary team of individuals should work together to develop the EOP. Your health center's EM Committee should form the core of this team, with additional subject matter experts (SMEs) added, as needed, particularly when developing hazard-specific plans. Ideally, the planning team should also include representatives from community organizations that serve the same vulnerable groups your health center serves, such as unhoused individuals, residents of public housing, youth, HIV+ individuals, individuals with limited English proficiency, etc. **4.2 Set a regular meeting schedule and create a workplan and timeline for EOP development** With the EM Committee serving as the core team for EOP development, the meeting schedule may be the same as the one created for your health center's comprehensive emergency management program (CEMP). For example, the overall workplan for the CEMP may note that EOP development should occur over 6 months' time, but the workplan for developing the EOP document should include more detail. It should note target dates for writing and review milestones, as well as

who is responsible for writing the plan sections. The workplan and timeline should cover 1-2 years and be updated, as needed, to reflect changes in planning priorities or delays experienced.

4.3 Determine operational priorities based on your HVA and identify resource and information needs to support planning

An EOP sets the goals and objectives for your organization's response and the actions and resources needed to achieve them. The first task on the EOP workplan should be to review the most recent HVA for your health center to determine operational priorities and which policies, procedures, and tools/templates need to be included in the EOP. An assessment of an existing draft of the EOP and related policies, procedures, etc. should also be undertaken and lessons learned from prior exercises or real-world events incorporated before identifying critical gaps that remain. After the planning team agrees on priorities, executive staff from your health center should approve them. The priorities will help to determine what the resource and information needs are to support decision-making and response actions. Information collection should include discussion with other planners that have relevant knowledge, and/or review of other organizations' EOPs. State and federal regulations, guidelines, grant funding requirements, and guidance should also be consulted. As response actions are discussed, internal and external capabilities/resources should be assessed to identify gaps and determine strategies to address them. Update or assign planning and writing responsibilities among team members after priorities and needs for the current cycle are finalized.

4.4 Decide on a planning approach for your health center's EOP and write the plan

Common operational functions and tasks that will support response to any emergency or disaster should be captured in the all-hazards EOP base plan (e.g., Incident Command Structure (ICS); activation and notification levels and protocols). The EOP base plan should be written first, with an amount of detail that allows it to remain flexible and adaptable. Redundancy should be incorporated into all aspects of response, including personnel and resource assignments.

A complete EOP describes:
- Plan purpose and scope
- Situation and assumptions
- Concept of Operations (CONOPS)
- Organization and assignment of responsibilities
- Direction, control, and coordination
- Information collection, analysis, and dissemination
- Communications and coordination
- Administration, finance, and logistics
- Plan development and maintenance
- Authorities and references.

It should include considerations for the Mitigation, Preparedness, Response, and Recovery phases. (Note that an EOP does not detail long-term recovery actions but describes the transition from response activities to short-term recovery operations, e.g., reopening the health center after a storm forced it to close.) Health centers that are part of larger healthcare organizations should determine if there is guidance for EOP formatting and/or required content before beginning the planning process. A separate EOP must be written for each facility with a unique CMS Certification Number (CCN) to ensure compliance with the CMS Emergency Preparedness (EP) Rule, unless it is part of an integrated health system CEMP.

There are different ways to approach EOP development and content organization. Planning may be scenario-based, function-based, or capabilities-based. A hybrid approach that uses scenarios to develop assumptions and requirements for response to then identify the functions/tasks a health center must be able to accomplish, is recommended. With this approach, there is a base plan that describes universal response actions, regardless of the emergency or disaster, and functional, hazard, and threat annexes that provide more specific detail. Annexes are written after the base plan. Job Action Sheets (JAS) and Job Aids that help users perform a task (e.g., telephone rosters, report templates, software or machine operating instructions, task lists) are added to the plan, as needed. Standard Operating Procedures/Guidelines (SOPs/SOGs) may be added to provide detailed operational guidance. Annexes should follow the same outline as the base plan.

A health center's EOP should include considerations for the whole community, including those with access and functional needs, children, and those with household pets and service animals. Accounting for the needs of more vulnerable individuals supports the ability of the entire community to recover more quickly after an emergency. It is also important to base planning on the demographics and requirements of the community/patient population served by your health center to support accurate planning assumptions, courses of action, and resource calculations.

After a complete EOP draft is approved by senior leadership at your health center, it should be shared with all staff at your facility, and with all locations within the larger network, if applicable. Depending upon the roles identified for supporting organizations, the EOP may be shared more broadly, at your health center's discretion. A record of distribution should be maintained.

4.5   Define a strategy for plan implementation and maintenance

Planning is an ongoing and evolving process that requires periodic evaluation and revision. Evaluating the effectiveness of a plan involves a combination of training, exercises, and applying lessons learned from real incidents to determine if the plan will support an effective response. These steps are part of the Integrated Preparedness Cycle (see Appendix 2). A process for reviewing and revising the EOP, including the frequency of review, responsibility for review, review process, and responsibility for plan updating must be documented. This should include a description of how evaluation findings from training and exercises will inform

review and revision, and how lessons learned from real events will be identified and incorporated into the EOP. See Module 8, Module 9, and Module 10 for more information on training, exercises, and improvement planning.

4.6   Review and refer to Comprehensive Preparedness Guide (CPG) 101 throughout the planning process, as needed

CPG 101 provides Federal Emergency Management Agency (FEMA) guidance on the fundamentals of planning and developing EOPs. It is the standard for Plan development for local, state, tribal, and federal government agencies. It provides information on basic planning, such as a checklist to guide your health center through the planning process. Options for EOP formats and organization are also included. CPG-101 is written with a focus on community-level planning, but process and formatting guidance support the development of organization-level EOPs. By using CPG-101, health centers can develop plans using an approach and format that supports plan integration across health and medical partners.

4.7   Remember these important considerations for developing an EOP

- The process of planning is just as important as the resulting document.
- Adequately validated assumptions are required for a plan to be successfully applied to response.
- Effective plans tell those with operational responsibilities what to do and why to do it.
  o Your health center's EOP should be flexible and adaptable to different emergencies or disasters, while providing enough information to ensure response actions are clear.
- All response actions must be coordinated with the agencies/entities included in the plan.

Tools & Templates		
	4.A	Federal Emergency Management Agency. (2021). Developing and Maintaining Emergency Operations Plans: Comprehensive Preparedness Guide (CPG) 101: Version 3.0.
	4.B	National Nurse-Led Care Consortium and Community Health Care Association of New York State. (2022). Health Center Emergency Operations Plan Template v. 2.0.
	4.C	Mississippi State Department of Health. (2017). Rural Health Clinic/Federal Qualified Health Center Emergency Operations Plan Template.

Additional Resources

California Hospital Association. (2020). Hospital Activation of the Emergency Operations Plan Checklist.

Community Health Center Association of Mississippi. (n.d.). Developing and Implementing an Emergency Management Plan for Your Health Center. (Accessed 4/13/2025.)

Federal Emergency Management Agency. (2015). IS-235.C: Emergency Planning.

Federal Emergency Management Agency. (2018). ICS Forms.

	Health Center Resource Clearinghouse.
	The Joint Commission. (2022). Emergency Management in Health Care: An All-Hazards Approach, Fifth Edition. (Available for purchase.)
	National Nurse-Led Care Consortium. (n.d.). Emergency Preparedness. (Accessed 4/13/2025.)
	State and local emergency management requirements.
Next Step	Review and complete tasks in Module 4 Action Sheet

MODULE 4 Action Sheet
Creating an Emergency Operations Plan

Goal
Understand how to organize and develop an Emergency Operations Plan (EOP) for a health center.

<table>
<tr><td colspan="2">Download Tools & Templates</td></tr>
<tr><td>4.A</td><td>Federal Emergency Management Agency. (2021). <u>Developing and Maintaining Emergency Operations Plans: Comprehensive Preparedness Guide (CPG) 101: Version 3.0</u>.</td></tr>
<tr><td>4.B</td><td>National Nurse-Led Care Consortium and Community Health Care Association of New York State. (2022). <u>Health Center Emergency Operations Plan Template v. 2.0</u>.</td></tr>
<tr><td>4.C</td><td>Mississippi State Department of Health. (2017). <u>Rural Health Clinic/Federal Qualified Health Center Emergency Operations Plan Template</u>.</td></tr>
</table>

Key Step / Action	Who is Responsible	Start Date	Completion Date
Preparation ☐ Review module's key terms and definitions (See **Glossary**) ☐ Review documents and tools in the Module 4 **Resources** section			
4.1 Form a collaborative planning team ☐ Convene a multidisciplinary team of individuals to work together to develop the EOP. o Your health center's EM Committee should form the core of this team, with additional subject matter experts (SMEs) added, as needed. ☐ Include representatives from community organizations that serve the same vulnerable groups your health center serves.			
4.2 Set a regular meeting schedule and create a workplan and timeline for EOP development ☐ If the EM Committee is the core team for EOP development, use the same meeting schedule as the one created for your health center's CEMP. ☐ Include details specific to EOP development in this workplan. o Target dates for writing and review milestones. o Responsibility for writing each plan section.			

☐ Use a 1–2-year planning timeline and update it as needed to reflect changes in planning priorities or delays experienced.			

4.3 Determine operational priorities based on your HVA and identify resources and information needs to support planning
 	
☐ Review the most recent HVA for your health center to determine operational priorities for which policies, procedures, and tools/templates need to be included in the EOP.
☐ Assess existing drafts of the EOP and related policies, procedures, etc. to incorporate lessons learned from exercises or real-world events before identifying remaining gaps.
☐ Share priorities determined by the planning team with executive staff from your health center for approval.
☐ Use the priorities to determine what the resource and information needs are to support decision-making and response actions.
  o Include discussion with other planners that have relevant knowledge, and/or review other organizations' EOPs as part of the information gathering process.
  o Consult state and federal regulations, guidelines, grant funding requirements, and guidance.
  o Determine capability/resource gaps and identify strategies to address them.
☐ Update or assign planning and writing responsibilities among team members after priorities and needs for the current cycle are finalized.			

4.4 Decide on a planning approach for your health center's EOP and write the plan
 	
☐ Write the all-hazards EOP base plan first and include common operational functions and tasks that will support response to any emergency or disaster.
  o Write the EOP with an amount of detail that allows it to remain flexible and adaptable.
  o Include the following sections in the EOP:
    ▪ Plan Purpose.
    ▪ Situation.
    ▪ Assumptions.
    ▪ Concept of Operations (CONOPS).
    ▪ Organization and assignment of responsibilities.
    ▪ Administration and logistics.
    ▪ Plan development and maintenance.
    ▪ Authorities and references.			

- Include considerations for the Mitigation, Preparedness, Response, and Recovery phases in your EOP.
- Determine if there is guidance for EOP formatting and/or required content before beginning the planning process, especially if your health center is part of a larger healthcare organization.
- Determine your planning approach: scenario-based, function-based, or capabilities-based.
  - A hybrid approach is recommended.
  - Using the HVA data, determine the functional, hazard, and/or threat annexes you will add to your EOP base plan to provide more specific details.
- Include considerations for the whole community in the EOP, including those with access and functional needs, children, and those with household pets and service animals.
- Ensure that planning is based on the demographics and requirements of your health center's particular community/patient population to support accurate planning assumptions, courses of action, and resource calculations.

☐ Add functional and threat- or hazard-specific annexes, along with Job Action Sheets (JAS) and/or Job Aids, or Standard Operating Procedures/Guidelines (SOPs/SOGs), as needed.
- Annexes should follow the same outline as the base plan, as appropriate.

☐ Write a separate EOP for each facility with a unique CMS Certification Number (CCN), unless it is part of an integrated health system CEMP.

☐ Share the approved EOP draft with all staff, and all locations within the network, if applicable.
- Depending upon the roles identified for supporting organizations, the EOP may be shared more broadly, at your health center's discretion.

☐ Keep a record of distribution.

4.5 Define a strategy for plan implementation and maintenance

☐ Include an overview of training and exercise plans, and a process for reviewing and revising the plan in the EOP.
- Include the frequency of review, responsibility for review, review process, and responsibility for plan updating.

☐ See Module 8, Module 9, and Module 10 for more information on training, exercises, and improvement planning.

4.6 Review and refer to Comprehensive Preparedness Guide (CPG) 101 throughout the planning process, as needed			
☐ Review the guidance on the fundamentals of planning and developing EOPs, including a checklist to guide your health center through the planning process. ☐ Review options for EOP formats and plan organization.			
4.7 Remember these important considerations for developing an EOP			
☐ The planning process is just as important as the resulting document. ☐ Adequately validated assumptions are required for a plan to be successfully applied to response. ☐ Effective plans tell those with operational responsibilities what to do and why to do it. o Your health center's EOP should be flexible and adaptable to different emergencies or disasters, while providing enough information to ensure response actions are clear. ☐ All response actions must be coordinated with the agencies/entities included in the plan.			
☐ Add additional steps here as needed			
☐ Add additional steps here as needed			

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MODULE 5 - Creating a Communications Plan

Goal

Understand how to organize and develop a Communications Plan for a health center.

Key Terms

- o   Redundancy
- o   Risk communication
- o   Public Information Officer (PIO)
- o   Functional Annex

Overview

A Communications Plan is required by the Centers for Medicare and Medicaid Services (CMS) as part of a health center's CEMP. Having a Communications Plan is a well-established and essential "best practice" for healthcare facilities. Effective communication is necessary for successful emergency response. This applies to communication among health center staff; communication between health centers and regulatory authorities; and health center communication with health and medical partners (such as the local and/or state health departments and the state Primary Care Association (PCA)). Policies, procedures, and supporting tools/templates must be developed as part of communications planning. Key communication-focused emergency response actions include those related to emergency activation and notification, and the maintenance of situational awareness during an emergency or disaster.

Key Steps	
	5.1 Form a collaborative planning team
	As with developing an EOP, your health center's EM Committee should form the core of the team for Communications Plan development. Additional staff with knowledge of how to use communications software and equipment, and access contact information for staff, patients, vendors, and health and medical partners should also be involved. If a Human Resources (HR) representative is not already on your EM Committee, invite one to participate in Communications Plan development to provide guidance about staff emergency communication protocols and privacy of contact information. Your health center's Public Information Officer (PIO) should guide draft message development and ensure that all communications reflect emergency risk communication best practices.
	5.2 Set a regular meeting schedule and create a workplan and timeline for developing the Communications Plan
	The meeting schedule for developing a Communications Plan may be the same as the one created for your health center's Comprehensive Emergency Management Program (CEMP) and EOP. While the Communications Plan is separately listed and has specific requirements under the CMS EP Rule, it should be an annex to your EOP. Annexes should be developed after the EOP base plan is complete to build upon the all-hazards approach defined in the EOP. However, given CMS

requirements, your health center should write its Communications Plan simultaneously with its EOP. Target dates for writing and reviewing milestones, as well as who is responsible for writing each plan section should be part of the workplan and aligned with those for EOP development. Updates should be made to reflect changes in planning priorities or delays experienced, as needed.

5.3 Determine operational priorities and identify resource and information needs to support planning

Most of the content for the Communications Plan should be all-hazards focused, as most communication-related tasks will be necessary for any emergency or disaster. Redundancy should be incorporated into all aspects of response, including personnel and resources. Any hazard- or threat-specific policies, procedures, and tools/templates may be documented as part of the Communications Plan or added to the appropriate hazard- or threat-specific EOP annexes and referenced in the Communications Plan. An assessment of existing drafts of communications-related policies, procedures, etc. should be undertaken and any lessons learned from prior exercises or real-world events incorporated before identifying critical gaps that remain. After the planning team agrees on what will be included in the Communications Plan, the resources and information needed to support decision-making and response actions should be determined. If possible, information collection should include discussion with other planners with relevant knowledge, and/or review of other organizations' Communications Plans. State and federal regulations, guidelines, grant funding requirements, and guidance should also be consulted. Strategies to address capability/resource gaps must be identified and accounted for in the workplan. Update or assign planning responsibilities among team members after priorities and needs for the current cycle are finalized.

5.4 Write the plan

The Communications Plan is a functional annex to your health center's EOP. It is focused on defining communications approaches for all hazards. It should be structured the same way as the EOP base plan and include the following sections:

- Plan purpose and scope
- Situation and assumptions
- Concept of Operations (CONOPS)
- Organization and assignment of responsibilities
- Direction, control, and coordination
- Information collection, analysis, and dissemination
- Communications and coordination
- Administration, finance, and logistics
- Plan development and maintenance
- Authorities and references.

Include the following topics in the CONOPS section:

- Risk Communications

- Staff Notifications and Communications
- Patient Notifications and Communications
- Within Network Notifications and Communications (as applicable)
- External Partners and Vendors: Notifications and Communications
- Data Collection, Maintenance, and Updating of Contact Lists
- Volunteer Communication (as applicable)
- Information Collection, Documentation, and Reporting.

The Communications Plan should include considerations for the Mitigation, Preparedness, Response, and (short-term) Recovery phases. As with the EOP, it should be written with the amount of detail that allows it to remain flexible and adaptable. Health centers that are part of larger healthcare organizations should determine if there is guidance for required content before beginning the planning process. A separate Communications Plan must be written for each facility with a unique CMS Certification Number (CCN) to ensure compliance with the CMS Emergency Preparedness (EP) Rule, unless it is part of an integrated health system CEMP.

Job Aids that help users perform a task should be added as attachments to the Communications Plan. Examples of Communications Plan attachments to be included are: PIO Contact Information; List of Staff Trained and Assigned to Use Communications Equipment/Software; Instructions for Using Communication System(s); Staff Contact List; Emergency Codes; Communications Planning Worksheet; Draft Emergency Notifications and Communication Messages; Partner Contact List; Vendor Contact List; Communications Log; Volunteer Contact List (if applicable); and any additional reporting forms as required by local, state, or federal authorities. If contact lists are maintained separately for privacy, note how they may be accessed, both in hard copy and electronic formats.

As with your health center's EOP, the Communications Plan should account for the needs of vulnerable populations. Planning must be based on the demographics and requirements of the community/patient population served by your health center to support accurate planning assumptions, courses of action, and communication strategies and messaging. For example, if your patient population has limited English proficiency, ensure that communications are translated into the appropriate language(s).

The Communications Plan and EOP base plan should cross-reference each other. After a complete Communications Plan draft is approved by senior leadership at your health center, it should be shared with all staff at your facility, and with all locations within the larger network, if applicable. It may be shared more broadly, at your health center's discretion, depending upon the roles identified for supporting organizations. A record of distribution should be maintained.

5.5 Define a strategy for plan implementation and maintenance

Planning is an ongoing and evolving process that requires periodic evaluation and revision. Evaluating the effectiveness of a plan involves a combination of training,

	exercises, and applying lessons learned from real incidents to determine if the plan will support an effective response. A process for reviewing and revising the Communications Plan, including the frequency of review, responsibility for review, review process, and responsibility for plan updating must be documented. This should include a description of how evaluation findings from communications-related training and exercises will inform review and revision, and how lessons learned from real events will be identified and incorporated into the Communications Plan. See Module 8, Module 9, and Module 10 for more information on training, exercises, and improvement planning.
Tools & Templates	5.A National Nurse-Led Care Consortium and Community Health Care Association of New York State. (2022). Health Center Communications Plan Template v. 2.0. 5.B ASPR TRACIE. (2021). Rural Health Clinic / Federally Qualified Health Center Requirements: CMS Emergency Preparedness Final Rule (Updated). 5.C Community Health Care Association of New York State. (2021) Planning and Compliance Checklist for FQHCs. 5.D Federal Emergency Management Agency. (2021). Developing and Maintaining Emergency Operations Plans: Comprehensive Preparedness Guide (CPG) 101: Version 3.0.
Additional Resources	Centers for Medicare and Medicaid Services. (2016). Emergency Preparedness Final Rule. Centers for Medicare and Medicaid Services. (2019). Omnibus Burden Reduction Final Rule. (Including revisions to *CMS EP Final Rule of 2016*).
Next Step	Review and complete tasks in Module 5 Action Sheet

MODULE 5 Action Sheet
Creating a Communications Plan

Goal
Understand how to organize and develop a Communications Plan for a health center.

5.A National Nurse-Led Care Consortium and Community Health Care Association of New York State. (2022). Health Center Communications Plan Template v. 2.0.	
5.B ASPR TRACIE. (2021). Rural Health Clinic / Federally Qualified Health Center Requirements: CMS Emergency Preparedness Final Rule (Updated).	
5.C Community Health Care Association of New York State. (2021). Planning and Compliance Checklist for FQHCs.	
5.D Federal Emergency Management Agency. (2021). Developing and Maintaining Emergency Operations Plans: Comprehensive Preparedness Guide (CPG) 101: Version 3.0.	

Key Step / Action	Who is Responsible	Start Date	Completion Date
Preparation ☐ Review module's key terms and definitions (See **Glossary**) ☐ Review documents and tools in the Module 5 **Resources** section			

5.1 Form a collaborative planning team
 	
☐ Convene a multidisciplinary team of individuals to work together to develop the Communications Plan.
  o Your health center's EM Committee should form the core of this team, with additional staff added, as needed (e.g., those who know how to use communications software and equipment, and how to access contact information for staff, patients, vendors, and health and medical partners).
  o Ensure that an HR representative and your health center's PIO are included.			

5.2 Set a regular meeting schedule and create a workplan and timeline for developing the Communications Plan ☐ If the EM Committee is the core team for Communications Plan development, use the same meeting schedule as the one created for your health center's CEMP. ☐ Develop the Communications Plan simultaneously with your health center's EOP, if possible.			

□ Include details specific to Communications Plan development in this workplan/timeline.
   o Target dates for writing and review milestones.
   o Responsibility for writing each plan section.
□ Align timing with the EOP development timeline and update workplan as needed to reflect changes in planning priorities or delays experienced.			

5.3 Determine operational priorities and identify resources and information needs to support planning
 	
□ Use an all-hazards approach for the Communications Plan, and ensure redundancy is incorporated into response activities, as appropriate.
□ Determine if there are any hazard- or threat-specific policies, procedures, and tools/templates that must be added.
   o Document this information as part of the Communications Plan or add it to the appropriate hazard- or threat-specific EOP annexes and reference it in the Communications Plan.
□ Assess existing drafts of communications-related policies, procedures, etc. and incorporate any lessons learned from exercises or real-world events before identifying critical gaps that need to be addressed.
□ Determine what the resource and information needs are to support decision-making and response actions.
   o Include discussion with other planners that have relevant knowledge, and/or review of other organizations' Communications Plans.
   o Consult state and federal regulations, guidelines, grant funding requirements, and guidance. Determine capability/resource gaps and identify strategies to address them.
□ Update or assign planning and writing responsibilities among team members after priorities and needs for the current cycle are finalized.			

5.4 Write the plan
 	
□ Write the Communications Plan as a functional annex to your health center's EOP, using an all-hazards approach.
□ Structure the Communications Plan in the same way as the EOP base plan and include the following sections:
   o Plan purpose and scope
   o Situation and assumptions
   o Concept of Operations (CONOPS)
   o Organization and assignment of responsibilities
   o Direction, control, and coordination
   o Information collection, analysis, and dissemination			

- o Communications and coordination
- o Administration, finance, and logistics
- o Plan development and maintenance
- o Authorities and references.
- ☐ Include considerations for the Mitigation, Preparedness, Response, and (short-term) Recovery phases.
- ☐ Include the following topics in the CONOPS section:
  - o Risk Communications
  - o Staff Notifications and Communications
  - o Patient Notifications and Communications
  - o Within Network Notifications and Communications (as applicable)
  - o External Partners and Vendors: Notifications and Communications
  - o Data Collection, Maintenance, and Updating of Contact Lists
  - o Volunteer Communication (as applicable)
  - o Information Collection, Documentation, and Reporting.

- ☐ Write the Communications Plan with a level of detail that allows it to remain flexible and adaptable.
- ☐ Determine if there is guidance for required content or formatting before beginning the planning process if your health center is part of a larger organization.
- ☐ Write a separate Communications Plan for each facility with a unique CMS Certification Number (CCN) to ensure compliance with the CMS Emergency Preparedness (EP) Rule, unless the health center is part of an integrated health system CEMP.
- ☐ Add Job Aids to help users perform specific tasks as attachments to the Communications Plan.
  - o Examples of Communications Plan attachments to be included are: PIO Contact Information; List of Staff Trained and Assigned to Use Communications Equipment/Software; Instructions for Using Communication System(s); Staff Contact List; Emergency Codes; Communications Planning Worksheet; Draft Emergency Notifications and Communication Messages; Partner Contact List; Vendor Contact List; Communications Log; Volunteer Contact List (if applicable); and any additional reporting forms as required by local, state, or federal authorities.
  - o If contact lists are maintained separately for privacy, note how they may be accessed, both in hard copy and electronic formats.
- ☐ Include considerations for vulnerable populations, based on the demographics and requirements of your health center's community/patient population to support accurate planning

assumptions, courses of action, and communication strategies and messaging. ☐ Cross-reference Communications Plan with the EOP base plan, where appropriate. ☐ Share the approved draft with all staff, and all locations within the network, if applicable. ○ The Communications Plan may be shared more broadly at your health center's discretion, depending upon the roles identified for supporting organizations. ☐ Keep a record of distribution.			

5.5 Define a strategy for plan implementation and maintenance
 	
☐ Determine and document the frequency of review, responsibility for review, review process, and responsibility for Communications Plan updating.
 	
   ○ Describe how training and exercises will inform Communications Plan review and revision.
 	
   ○ Describe how lessons learned from real events will be identified and incorporated during the review and revision process.
☐ See Module 8, Module 9, and Module 10 for more information on training, exercises, and improvement planning.			

☐ Add additional steps here as needed			
☐ Add additional steps here as needed			

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MODULE 6 - Creating a Business Continuity Plan

Goal

Understand how to organize and develop a Business Continuity Plan (BCP) for a health center.

Key Terms

- Essential services/functions
- Delegation of authority
- Succession Plan
- Business Process Analysis (BPA)
- Business Impact Analysis (BIA)
- Recovery Time Objective (RTO)
- Recovery Point Objective (RPO)

Overview

Health centers play a vital role in a community's healthcare infrastructure by providing care for underserved and marginalized populations. During emergency/disaster response, health centers can support decompression of hospital emergency departments (EDs) and ensure that their registered patients continue to receive critical chronic disease management services. For these reasons, health centers must make every effort to remain open to provide the care their communities rely upon. Business continuity planning (BCP) is essential to a health center's ability to remain open during an emergency or disaster, even if operations must be modified and certain services temporarily discontinued. Besides being a practical necessity for health centers, continuity planning is also required by the Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness (EP) Rule.

Key Steps

6.1 Form a collaborative planning team

A multidisciplinary team of individuals should work together to develop your health center's Business Continuity Plan (BCP). This team may be the same as the one responsible for your health center's EOP, with additional subject matter experts (SMEs) added, as needed. A BCP is different from an EOP in that it focuses on maintaining processes to support an organization's essential services, not its emergency response. Input from across the organization is needed to create a BCP, so health center leadership support and approval of the business continuity program is important to ensure that it is viable. If possible, a project manager should be assigned to organize and direct the BCP process.

6.2 Set a regular meeting schedule and create a workplan and timeline for BCP development

If the EM Committee serves as the core team for BCP development, the meeting schedule may be the same as the one created for your health center's Comprehensive Emergency Management Program (CEMP). The overall workplan for the CEMP may note that BCP development should occur over 6 months' time, but the workplan for developing the BCP plan document should include more detail. It should note target

dates for writing and review milestones, as well as who is responsible for writing the plan sections. The workplan and timeline should cover 1-2 years and be updated to reflect changes in planning priorities or delays that arise, as needed.

6.3   Perform a risk assessment

Risk assessment for creating a BCP relies on data from a series of analyses. The first key input for your risk assessment is your organization's Hazard Vulnerability Analysis (HVA), which helps to determine the hazards your health center should prepare for (see Module 3 for instructions on how to conduct an HVA). The essential services/functions that must continue during the response and recovery to the hazards identified through the HVA must be identified, and a Business Process Analysis (BPA), and Business Impact Analysis (BIA) performed for each of those functions. All components of the risk assessment should be documented. The process should be repeated every 2 years to keep the BCP document current.

A BPA is used to determine the functional processes, workflows, activities, personnel expertise, systems, data, interdependencies, alternate locations, and other resources needed to perform each essential service/function during or immediately following a disruption to normal operations. The BPA results in the identification of the essential supporting activities (ESAs) for performing essential services/functions. In-depth understanding of your organization's essential services/functions is required for the BPA.

The BIA process is used to identify and prioritize the essential services/functions your health center must continue during an emergency or disaster, along with the resources required to perform them. It evaluates the impact of business interruptions on the delivery of essential services so that time-critical functions, their recovery priorities, and dependencies to establish recovery time objectives and tasks can be identified. As with the HVA process, it is critical to define the assessment factors and terminology that all contributors must use for the BPA and BIA processes. The data from these analyses forms the foundation of a solid business continuity plan.

6.4   Determine operational priorities based on your risk assessment and identify resource and information needs to support planning

The content for your health center's BCP should be focused on "all hazards" policies and procedures for restoring organizational essential functions. After completing the risk assessment, you will see where you should protect your health center's business assets to prevent or minimize downtime during a disruption. Mitigation strategies, procedures, protections, and backups to support each of the essential services/functions should be developed. In determining operational priorities, the EOP should be reviewed to determine if there are any continuity related policies, procedures, and tools/templates that would be more appropriate for the BCP. An assessment of existing drafts of mitigation, downtime policies, procedures, etc. should be undertaken to identify critical gaps that need to be addressed as the BCP is developed more formally and strategies to address capability/resource gaps must be determined. State and federal regulations, guidelines, and requirements, as well as grant funding requirements, and guidance from federal agencies should also be

consulted. As appropriate, discuss continuity planning with other health centers that have relevant knowledge, and/or review other organizations' BCPs. After the planning team agrees on operational priorities and secures leadership approval of those priorities, it should determine what the resource and information needs are to support decision making and response actions. Update and assign planning and writing responsibilities among team members after planning content and needs for the current cycle are finalized.

6.5   Write the plan

The Business Continuity Plan can be maintained separately or added as a functional annex to your EOP; the latter approach is preferred because it is easier to maintain it as part of your EOP. It may be structured in the same way as the EOP base plan and include the following sections:
- Plan purpose and scope
- Situation and assumptions
- Concept of Operations (CONOPS)
- Organization and assignment of BCP responsibilities (including Leadership Orders of Succession & Delegations of Authority, as required by CMS)
- Direction, control, and coordination (to include how the BCP team links to the ICS)
- Information collection, analysis, and dissemination
- Communications and coordination
- Administration, finance, and logistics
- Plan development and maintenance
- Authorities and references.

Describe continuity actions in the CONOPS section for each of the following phases:
1) Readiness and Preparedness.
2) Activation (zero to 12 hours).
3) Continuity Operations (12 hours to 30 days or until restoration occurs).
4) Restoration Operations.

Include the results of the BPA and BIA as appendices to the BCP document. As with the EOP, the BCP should be written with an amount of detail that allows it to remain flexible and adaptable. Health centers that are part of larger healthcare organizations should determine if there is guidance for required content or formatting before beginning the planning process.

The BCP should cross-reference the EOP base plan, as appropriate. When a complete draft of the BCP is approved by senior leadership at your health center, share it with all staff at your facility, and with all locations within the larger network, if applicable. It may be shared more broadly at your health center's discretion, depending upon the roles identified for supporting organizations. A record of distribution should be maintained.

	6.6	**Define a strategy for BCP implementation and maintenance.** Planning is an ongoing and evolving process that requires periodic evaluation and revision. Evaluating the effectiveness of a plan involves a combination of training, exercises, and applying lessons learned from real incidents to determine if the plan will support an effective response. A process for reviewing and revising the BCP, including the frequency of review, responsibility for review, review process, and responsibility for plan updating must be documented. This should include a description of how evaluation findings from continuity-related training and exercises will inform review and revision, and how lessons learned from real events will be identified and incorporated into the BCP. See Module 8, Module 9, and Module 10 for more information on training, exercises, and improvement planning.
Tools & Templates	6.A	Community Health Care Association of New York State. (2017). Business Continuity Planning Worksheets.
	6.B	Federal Emergency Management Agency. (2018). Continuity Guidance Circular. (See checklist at the end of the document.)
	6.C	Federal Emergency Management Agency. (2017). Federal Continuity Directive 2. (See guidance on identifying mission essential functions; conducting BPA; and conducting BIA.
Additional Resources		Centers for Medicare and Medicaid Services. (2016). Emergency Preparedness Final Rule. Centers for Medicare and Medicaid Services. (2019). Omnibus Burden Reduction Final Rule. (Including revisions to *CMS EP Final Rule of 2016*). Federal Emergency Management Agency. (2021). Continuity Resource Toolkit. National Fire Protection Association. (2024). NFPA 1660: Standard for Emergency, Continuity, and Crisis Management: Preparedness, Response, and Recovery. (Requires free registration.) National Association of Community Health Centers. (2021). Creating a Business Continuity Plan for Your Health Center. Ready.gov. (2021). Business Impact Analysis. Ready.gov. (2021). Business Continuity Planning Suite. (See training videos.) State and local emergency management requirements. U.S. Department of Commerce, National Institute of Standards and Technology. (2010). NIST Special Publication 800-34 Rev. 1: Contingency Planning Guide for Federal Information Systems.
Next Step		Review and complete tasks in Module 6 Action Sheet

MODULE 6 Action Sheet
Creating a Business Continuity Plan

Goal
Understand how to organize and develop a Business Continuity Plan (BCP) for a health center.

Download Tools & Templates	
6.A Community Health Care Association of New York State. (2017). Business Continuity Planning Worksheets. 6.B Federal Emergency Management Agency. (2024). Continuity Guidance Circular. (See checklist at the end of the document.) 6.C Federal Emergency Management Agency. (2017). Federal Continuity Directive 2. (See guidance on identifying mission essential functions; conducting BPA; and conducting BIA.	

Key Step / Action	Who is Responsible	Start Date	Completion Date
Preparation ☐ Review module's key terms and definitions (See **Glossary**) ☐ Review documents and tools in the Module 6 **Resources** section			
6.1 Form a collaborative planning team ☐ Convene a multidisciplinary team of individuals to work together to develop the Business Continuity Plan (BCP). ○ Your health center's EM Committee should form the core of this team, with additional subject matter experts (SMEs) added, as needed (e.g., those who manage organizational vendors, those who know how to use IT equipment, financial systems etc.). ○ Assign a project manager to direct the BCP development process, if possible. ○ Ensure that BCP development has leadership support and approval.			
6.2 Set a regular meeting schedule and create a workplan and timeline for BCP development ☐ If the EM Committee is the core team for BCP development, use the same meeting schedule as the one created for your health center's CEMP.			

☐ Develop the BCP simultaneously with your health center's EOP, if possible.
☐ Include detail specific to BCP development in this workplan/timeline.
   o Target dates for writing and review milestones.
   o Responsibility for writing each plan section.
☐ Update workplan as needed to reflect changes in planning priorities or delays experienced.			

6.3 Perform a risk assessment
 	
☐ Review results of the Hazard Vulnerability Analysis (HVA). The top 3-5 hazards from the HVA will determine under what emergency circumstances your health center may need to perform its essential functions.
☐ Identify essential services/functions that must continue during, or immediately after an emergency or disaster.
☐ Conduct a Business Process Analysis (BPA) to identify supporting processes, resources, interdependencies, etc. for each essential service/function.
☐ Conduct a Business Impact Analysis (BIA) to determine negative effects of loss of each essential service/function to prioritize your health center's essential functions and related resources to perform them.
☐ Consider 4 main steps for each. (Refer to FEMA guidance above for more details.)
   o Design – decide on a methodology for collecting BPA and BIA data. For example, set up standard definitions for department units (e.g., patient care, financial, operational, etc.); common definitions for terminology utilized; common time units for downtime and data loss tolerances; standard scoring for assessment factors; standard data collection tool, etc.
   o Conduct – collect BPA and BIA data from departments. Utilize a variety of methods to get the results you need (e.g., questionnaire/survey, interview, workshop).
   o Analyze – aggregate all collected data and conduct a quality analysis of the data collected. Organize findings. This includes identifying recovery time objectives (RTO) and recovery point objectives (RPO) for essential functions to set priorities.
   o Report – compile BPA and BIA data to communicate all findings to leadership and translate it into concrete strategies for inclusion in the BCP.
☐ Repeat these processes every 2 years to keep your BCP current.			

6.4 Determine operational priorities based on your risk assessment and identify resources and information needs to support planning			

☐ Incorporate redundancy into all continuity activities, as appropriate.
☐ Review EOP content to determine if there are any specific policies, procedures, and tools/templates that would be more appropriate for the BCP.
☐ Assess existing drafts of continuity or "down-time"-related policies, procedures, etc. and incorporate any lessons learned from exercises or real-world events before identifying remaining content gaps.
☐ Determine what the resource and information needs are to support decision-making and response actions in the BCP.
   o Discuss continuity planning with others that have relevant knowledge, and/or review other organizations' BCPs.
   o Consult state and federal regulations, guidelines, grant funding requirements, and guidance.
   o Determine capability/resource gaps and identify strategies to address them.
☐ Update or assign planning and writing responsibilities among team members after priorities and needs for the current cycle are finalized.			

6.5 Write the plan
 	
☐ Write the BCP as a functional annex to your health center's EOP, using an all-hazards approach.
   o Maintaining it as a functional annex to your EOP makes it easier to track updates to the BCP.
☐ Structure the BCP in the same way as the EOP base plan and include the following sections:
   o Plan purpose and scope
   o Situation and assumptions
   o Concept of Operations (CONOPS)
   o Organization and assignment of responsibilities (including Leadership Orders of Succession & Delegations of Authority, as required by CMS)
   o Direction, control, and coordination
   o Information collection, analysis, and dissemination
   o Communications and coordination
   o Administration, finance, and logistics
   o Plan development and maintenance
   o Authorities and references.
☐ Describe continuity actions in the CONOPS section for the following phases:
   1) Readiness and Preparedness.
   2) Activation (zero to 12 hours).
   3) Continuity Operations (12 hours to 30 days or until restoration occurs).			

4) Restoration Operations. ☐ Include BPA and BIA results in BCP document appendices. ☐ Write the BCP with an amount of detail that allows it to remain flexible and adaptable. ☐ If your health center is part of a larger organization, determine if there is guidance for required content and formatting before beginning the planning process. ☐ Cross-reference the BCP with the EOP base plan, as appropriate. ☐ Share the approved draft with all staff, and all locations within the network, if applicable. ☐ Depending upon roles identified for supporting organizations, the BCP may be shared more broadly, at your health center's discretion. ☐ Keep a record of distribution.			
6.6 Define a strategy for plan implementation and maintenance ☐ Document a process for reviewing and revising the BCP, including the frequency of review, responsibility for review, review process, and responsibility for plan updating. ○ Include a description of how evaluation findings from continuity-related training and exercises will inform review and revision, and how lessons learned from real events will be identified and incorporated into the BCP. ☐ See Module 8, Module 9, and Module 10 for more information on training, exercises, and improvement planning			
☐ Add additional steps here as needed			
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MODULE 7 - Creating Functional and Hazard-Specific Emergency Operations Plan Annexes

Goal

Understand how to determine and develop EOP annexes that detail specific response functions or responses to hazards with the greatest potential negative impact to your health center's staff, patients, and surrounding community.

Key Terms

- o Hazard Vulnerability Analysis (HVA)
- o Annex
- o Subject Matter Expert (SME)
- o Functional (annex)

- o Hazard (annex)
- o Threat (annex)
- o Job Aid

Overview

An EOP base plan describes universal response actions, regardless of the emergency or disaster. A complete EOP includes functional, hazard, and/or threat annexes that provide more specific details about response actions. At minimum, annexes should be developed for the top 3-5 hazards identified through an HVA process. Annex development should follow the same planning process used for EOP development, with subject matter experts (SMEs) engaged to direct content development and provide essential information about the function, hazard, or threat each annex is focused on.

Key Steps	7.1 Determine the EOP annexes needed to support response to the top 3-5 hazards/threats identified through your health center HVA
	After completing the EOP base plan and Communications Plan, develop annexes for the top 3-5 hazards/threats identified through your health center's HVA. Hazard-or threat-specific annexes complement the all-hazards EOP base plan and should include more detailed information about response actions for a given hazard/threat. Apply the same planning process used for EOP base plan and Communications Plan development to annex creation. The EM Committee should designate priorities for planning and mitigation activities and create a specific timeline within the EM Committee workplan for the development and/or improvement of plans, policies, procedures, and tools for each annex. Timelines should reflect the key activities and timing specific to each annex. The complexity of each hazard/threat will determine how long it takes to complete related annex development activities. Specific individuals should be assigned for each planning or writing task, and timelines should be adjusted when needed to reflect updated HVA information; the occurrence of a real-world emergency or disaster; staff changes that affect the resources directed to EM functions; and/or when leadership priorities, funding sources, or regulatory requirements change. (See Module 3 for additional information on conducting an HVA.)

A combination of functional and hazard- or threat-specific annexes will be needed. The Communications Plan (see Module 5) is a required functional annex for ALL health centers. Additional examples of functional annexes include those for mass prophylaxis, supply management, or creating surge capacity. Examples of hazard- or threat-specific annexes include those for responding to an infectious disease pandemic, or severe weather emergency. Job Aids should be included for all annexes, as needed. Examples of Job Aids include how to properly don and doff personal protective equipment (PPE), how to administer a vaccination, or how to complete emergency-specific documentation for patient visits.

7.2 Use SMEs to guide content development for each annex

Depending upon the expertise of your EM Committee members and the hazards/threats your health center is preparing for, you may need to identify additional SMEs to guide content development for each annex. SMEs can be identified from within the health center organization, or from external partners, such as local/state public health and EM agencies; local hospitals; colleges or universities; or medical schools. SMEs can help identify the key response considerations for each annex; direct the EM Committee to valuable references/resources; and provide a final review of an annex when it is completed. SMEs should work closely with the individual(s) assigned to write the annex on behalf of the EM Committee.

7.3 Identify key sources of information and write annexes

Before gathering information to write each annex, determine if there is guidance for required content or formatting if your health center is part of a larger organization. Then identify other key sources of information. The topics for your health center's annexes will determine what the best sources of information are. Professional organizations (e.g., your Primary Care Association (PCA), National Association of Community Health Centers (NACHC), National Nurse-Led Care Consortium (NNCC)), and local/state public health and EM agencies are useful sources of information. Reliable sources of information among federal agencies include the Centers for Disease Control and Prevention (CDC), Health Resources Services Administration (HRSA), Occupational Safety and Health Administration (OSHA), and Federal Emergency Management Agency (FEMA). In addition to guidance documents, each of these resources offer training, exercise templates, plan templates, and other tools to develop your health center's annexes. As many of the EM-focused reference materials are geared towards hospitals and other non-health center settings, it can be helpful to review planning materials, etc. geared toward preparing other healthcare entities, and adapting information for your health center's specific circumstances.

A useful place to start a literature search and review for hazard/threat-specific annex development is ASPR TRACIE. Created and managed by the U.S. Department of Health and Human Services Administration for Strategic Preparedness and Response (HHS ASPR), the Technical Resources, Assistance Center, and Information Exchange (TRACIE) was created to meet the information and technical assistance needs of those working in disaster medicine, healthcare system preparedness, and public health emergency preparedness. The Technical Resources domain of ASPR TRACIE includes an extensive library of Topic Collections—annotated bibliographies of peer-reviewed

and other public and privately developed materials (e.g., fact sheets, technical briefs, articles, toolkits, webinars, and plans) helpful to stakeholders in improving healthcare system preparedness. You can submit a request for assistance with identifying resources in response to a specific question through the Assistance Center. The Information Exchange allows for sharing of materials and information with other emergency planners in a password-protected environment. In addition to reviewing resources from TRACIE, and obtaining SME guidance, it may be helpful to review annexes created by other health centers in your geographic area, and/or that serve similar patient populations. Lastly, review regulatory requirements to ensure that your health center's EM plans comply.

Share approved drafts with all staff, and all locations within the network, if applicable. Annexes may be shared more broadly at your health center's discretion, depending upon the roles identified for supporting organizations. Keep a record of distribution.

7.4 Ensure that annexes and the EOP base plan are cross-referenced

Each annex must be cross-referenced with the EOP base plan, and with each other. Add hyperlinks to references if annexes and the EOP base plan are maintained in the same electronic file or to point to where the files are kept on your health center's internal server. Be sure to update references as plan documents are updated or the electronic locations of the files change.

7.5 Define a strategy for plan implementation and maintenance

Planning is an ongoing and evolving process that requires periodic evaluation and revision. Evaluating the effectiveness of a plan involves a combination of training, exercises, and applying lessons learned from real incidents to determine if the plan will support an effective response. A process for reviewing and revising each annex, including the frequency of review, responsibility for review, review process, and responsibility for plan updating must be documented. This should include a description of how evaluation findings from training and exercises will inform review and revision, and how lessons learned from real events will be identified and incorporated into annexes. See Module 8, Module 9, and Module 10 for more information on training, exercises, and improvement planning.

Tools & Templates	7.A	Federal Emergency Management Agency. (2021). Developing and Maintaining Emergency Operations Plans: Comprehensive Preparedness Guide (CPG) 101: Version 3.0.
Additional Resources		National Association of Community Health Centers.
		National Nurse-Led Care Consortium. Emergency Preparedness.
		U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response. ASPR TRACIE.

	U.S. Department of Health and Human Services. Centers for Disease Control and Prevention. U.S. Department of Health and Human Services. Health Resources & Services Administration, Bureau of Primary Health Care. U.S. Department of Health and Human Services. Substance Abuse and Mental Health Services Administration, Emergency Management. U.S. Department of Homeland Security. Federal Emergency Management Agency. U.S. Department of Labor. Occupational Safety and Health Administration, Healthcare.
Next Step	Review and complete tasks in Module 7 Action Sheet

MODULE 7 Action Sheet
Creating Functional and Hazard-Specific Emergency Operations Plan Annexes

Goal
Understand how to determine and develop EOP annexes to detail specific response functions, or responses to hazards with the greatest potential negative impact to your health center's staff, patients, and surrounding community.

Download Tools & Templates	
7 A. Federal Emergency Management Agency. (2021). Developing and Maintaining Emergency Operations Plans: Comprehensive Preparedness Guide (CPG) 101: Version 3.0.	

Key Step / Action	Who is Responsible	Start Date	Completion Date
Preparation ☐ Review module's key terms and definitions (See **Glossary**) ☐ Review documents and tools in the Module 7 **Resources** section			

7.1 Determine the EOP annexes needed to support response to the top 3-5 hazards/threats identified through your health center HVA
 	
 ☐ Develop annexes for the top 3-5 hazards/threats identified through your health center's HVA after completing the EOP base plan and Communications Plan.
 ☐ Apply the same planning process used for EOP base plan and Communications Plan development for annex creation.
    o EM Committee designates priorities for planning and mitigation activities and creates a specific development timeline for each annex within the overall workplan.
        ▪ Ensure timelines reflect the key activities and timing specific to each annex.
    o EM Committee assigns specific individuals for each writing and planning task in the annex timelines, and adjusts, as needed.
    o Include considerations for the Mitigation, Preparedness, Response, and (short-term) Recovery phases.
    o Include considerations for vulnerable populations, based on the demographics and requirements of your health center's particular community/patient population to support accurate planning assumptions and courses of action.
 ☐ Develop a combination of functional and hazard- or threat-specific annexes to define and detail anticipated response activities.			

○ Examples of functional annexes include the Communications Plan and those for mass prophylaxis, supply management, or creating surge capacity.
    ○ Examples of hazard-specific annexes include those for responding to an infectious disease pandemic, or a severe weather emergency.
☐ Include Job Aids for all annexes, as needed.
    ○ Examples of Job Aids include how to properly don and doff personal protective equipment (PPE), how to administer a vaccination, or how to complete emergency-specific documentation for patient visits.			

7.2 Use SMEs to guide content development for each annex ☐ Identify SMEs to guide content development for each annex. ○ SMEs can be identified from within the health center organization, or from external partners such as local/state public health and EM agencies; local hospitals; colleges or universities; or medical schools. ☐ Use SMEs to help identify the key response considerations for each annex; direct the EM Committee to valuable references/resources; and provide final review of an annex when it is completed. ☐ Ensure that SMEs and the individual(s) assigned to write annexes work closely together.			

7.3 Identify key sources of information and write annexes
 	
☐ Determine if there is guidance for required content before beginning the planning process if your health center is part of a larger organization.
☐ Determine the best sources for information based on each annex topic/focus.
☐ Check the following sources for guidance, training, exercise templates, plan templates, and other tools to support emergency planning:
    ○ Professional organizations (e.g., Primary Care Association (PCA), National Association of Community Health Centers (NACHC), National Nurse-Led Care Consortium (NNCC))
    ○ Local/state public health and EM agencies
    ○ Federal agencies, such as the Centers for Disease Control and Prevention (CDC), Health Resources and Services Administration (HRSA), Occupational Safety and Health Administration (OSHA), and Federal Emergency Management Agency (FEMA).
    ○ Adapt planning materials geared towards hospitals and other non-health center settings for your health center's specific circumstances.			

☐ Search and review relevant resources for hazard or threat-specific annex development at <u>ASPR TRACIE</u>. ○ Access an extensive library of Topic Collections through the Technical Resources domain of TRACIE. ○ Submit a request for assistance identifying resources in response to a specific question through the Assistance Center. ○ Engage with peers in the Information Exchange domain. ☐ Review annexes created by other health centers in your geographic area, and/or that serve similar patient populations. ☐ Review regulatory requirements to ensure your health center's EM plans comply. ☐ Share approved drafts with all staff, and all locations within the network, if applicable. ○ Annexes may be shared more broadly, at your health center's discretion, depending upon the roles identified for supporting organizations. ☐ Keep a record of distribution for each annex.			
7.4 Ensure that annexes and the EOP base plan are cross-referenced ☐ Cross-reference each annex with the EOP base plan, and with each other, e.g., with hyperlinks in electronic files. ○ Update cross-references as plan documents are updated or the electronic locations of the files change.			
7.6 Define a strategy for plan implementation and maintenance ☐ Document a process for reviewing and revising each annex, including the frequency of review, responsibility for review, review process, and responsibility for plan updating. ○ This should include a description of how evaluation findings from training and exercises will inform review and revision, and how lessons learned from real events will be identified and incorporated into annexes. ☐ See <u>Module 8</u>, <u>Module 9</u>, and <u>Module 10</u> for more information on training, exercises, and improvement planning.			
☐ Add additional steps here as needed			
☐ Add additional steps here as needed			

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MODULE 8- Preparing and Supporting Staff

Goal

Understand why health centers must prepare their staff and support them during response and recovery and describe strategies for doing so.

Key Terms

- o Personal Preparedness Plan
- o Integrated Preparedness Cycle (IPC)
- o Personal Protective Equipment (PPE)
- o Integrated Preparedness Plan (IPP)

Overview

The best emergency response plans will not work if your health center team is not prepared to implement them. Training is critical to ensure that staff know what the plans are, how response will be managed, and what their specific roles and responsibilities are during emergencies or disasters. Health center staff must be supported during response, as they may experience burnout and stress, and will likely be worried about their loved ones and pets. Such feelings could negatively impact staff members' health, as well as their ability to perform their assigned duties effectively. These factors may also result in absenteeism when staff are most needed. Health centers also have a responsibility to keep their staff members safe, such as by ensuring they have the appropriate personal protective equipment (PPE) for their roles, and the training needed to use it properly.

Key Steps

8.1   Prepare staff to respond to emergencies and disasters

Health center staff must be prepared to perform their assigned tasks for emergency response plans to be implemented successfully. Training is critical to ensure that staff know what the plans are, how response will be managed, and what their specific roles and responsibilities are during emergencies or disasters. Training helps healthcare workers feel capable and ready to respond, but it may not be enough to bring staff to work during and after an emergency or disaster. Health center leaders should also assist staff with addressing concerns about their loved ones and pets, and the ability to travel safely to and from work (or at all), because such concerns can negatively influence health center staff members' willingness to work. Providing guidance and tools for staff to create personal preparedness plans can support their individual preparedness and ability to "bounce back" after a crisis, making them more likely to report to work when they are needed most.

Train staff

To comply with the 2016 CMS EP Rule and 2019 CMS EP Rule revisions, health center staff are required to receive EM-related training during orientation and then at least every 2 years during their term of employment, or when significant plan changes are made. Have staff responsible for EM work with your health center's

training team to develop, schedule, and track EM-related training. Training should cover the basic content of your health center's EOP base plan and functional- and hazard-specific annexes. <u>Staff should be provided with the appropriate level of detail depending upon their respective roles</u>. Staff that must alter how they perform their normal duties or are assigned to tasks outside of their normal responsibilities (e.g., supporting the command structure through data collection and/or reporting using specific EM-focused protocols and tools) should be provided with hands-on practice time during training. Staff should also practice donning and doffing PPE that they are expected to wear while performing their EM-related duties. Adult learning principles should be applied to the design and conduct of training.

Training plans should be documented in your health center's Integrated Preparedness Plan (IPP). The IPP defines your organization's preparedness priorities; describes how they were identified (e.g., through risk assessment and capability assessments); and lists the activities your health center will undertake to enhance preparedness related to the priorities. The IPP should cover a 3-year planning cycle, and a detailed schedule of trainings should be listed in the multi-year "Schedule of Preparedness Activities" template included in HSEEP. Knowledge checks/quizzes should be completed by participants and trainings evaluated in real-time. The EM Committee should review feedback and update materials accordingly. Efforts should be made to ensure that staff complete all required training courses in the assigned timeframe. Consider offering incentives to staff to complete training, such as paid time to attend; personal time to be used at a later time; snacks or meals during sessions; or gift cards to local coffee shops. If possible, allow staff to complete portions of the training in a self-directed manner, such as by viewing content electronically or via hard copy and submitting a knowledge check/quiz to ensure learning objectives have been met. Whenever possible, crosstrain staff for different positions to give your health center greater flexibility in emergency staffing.

Help staff members develop personal preparedness plans

It is difficult to imagine all the issues that may arise during an incident to keep staff from reporting to work. However, creating a personal preparedness plan focused on addressing barriers can help staff think through what challenges they might experience, and what possible solutions they may be able to put in place before an emergency or disaster happens. This process may also help your health center to identify common barriers among staff so that organization-wide solutions may be found (e.g., creating an emergency staff transportation plan, or offering flexibility in hours to accommodate family schedules).

Help staff to complete their personal preparedness plans by providing a template and learning session to review them. Ready.gov is a good place to find templates that may be adapted. Encourage preparedness within your organization. Ways to do this include working with staff to create an emergency kit for the facility or providing "Go-Kit" bags and/or contents (e.g., flashlights, portable radios, batteries, etc.) as incentives for completing EM-related training on time.

8.2 Support the safety and well-being of staff throughout emergency response and recovery

Burnout and stress can negatively impact your health center staff during emergencies and disasters. Potentially longer work hours, new challenges in caring for patients and/or victims, fear of losing their jobs, and concern for loved ones and their own safety can be overwhelming. To support and retain your staff members, think about the mental/behavioral health services you can offer them, policies that may be modified, and ways to help them feel connected and valued. Consider these strategies:

- Offer mental/behavioral health support during and after emergencies through your Employee Assistance Program (EAP) or contracted mental health providers.
- Give staff flexibility, when possible, such as through modified work hours or allowing them to work from home some days, or full-time, depending on their role.
- Adjust personal time off (PTO) policies to give staff more time, and/or expand the definition of acceptable circumstances for time off.
- Offer frontline staff hazard pay, assistance with childcare, or other incentives to recognize their dedication and encourage them to report to work.
- Hold regular meetings with staff to check in with them, remind them of available support, and express appreciation for their work.
- Demonstrate appreciation and incentivize employees regularly throughout emergency response (e.g., by providing pizza every Friday for lunch, bagels every Monday for breakfast, or gift cards for simple contests).
- Maintain connections among clinical care teams to allow them to coordinate patient care (virtually, if necessary).
- Try to retrain and reassign staff before furloughing or terminating their employment.
- Hold a "Recognition Ceremony" when emergency operations slow down significantly or end to acknowledge staff contributions to response.

Your health center staff must also be kept safe. Ensure they have the appropriate personal protective equipment (PPE) for their roles, and the training needed to use it properly. Train staff on plans (e.g., those for evacuation, shelter-in-place, respiratory protection, and infection control) and exercise them regularly to reinforce protocols and identify areas for improvement.

Tools & Templates		
	8.A	Federal Emergency Management Agency. (2020). HSEEP Policy and Guidance. (Preparedness Toolkit)
	8.B	Ready.gov. (2025). Make a Plan.
	8.C	ASPR TRACIE. (2024). Disaster Behavioral Health: Resources at Your Fingertips. U.S. Department of Health and Human Services, Office of the Assistant Secretary of Preparedness and Response.

	8.D	ASPR TRACIE. (2022). <u>Tips for Retaining and Caring for Staff after a Disaster.</u> U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response.
	8.E	Association for Professionals in Infection Control and Epidemiology. (2014). <u>2014 Donning and Doffing PPE Competency Validation Checklist.</u> RPP Toolkit.
	8.F	Community Health Care Association of New York State. (2021.) <u>Human Resource Policies and Procedures for Federally Qualified Health Centers During Public Health Emergencies: Template and Guidance Document</u>.
	8.G	Community Health Care Association of New York State. (2020). <u>Respiratory Protection Program Toolkit</u>.
	8.H	National Nurse-led Care Consortium and Community Health Care Association of New York State. (2022). <u>All Hazards Emergency Preparedness and Response Competencies for Health Center Staff</u>. National Nurse-led Care Consortium.
Additional Resources		Abela, J. (2009). <u>Adult Learning Theories and Medical Education: A Review</u>. Malta Medical Journal. 21(01):11-18. ASPR TRACIE. (2019). <u>Disaster Behavioral Health Self Care for Healthcare Workers Modules.</u> ASPR TRACIE. (2020). <u>Training and Workforce Development Topic Collection</u>. Centers for Disease Control and Prevention. (2018). <u>Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health</u>. Centers for Medicare and Medicaid Services. (2016). <u>Emergency Preparedness Final Rule.</u> Centers for Medicare and Medicaid Services. (2019). <u>Omnibus Burden Reduction Final Rule</u>. (Including revisions to *CMS EP Final Rule of 2016*). Center for the Study of Traumatic Stress. (n.d.). <u>Stress Management for Health Care Providers.</u> (Accessed 11/27/2022.) Uniformed Services University School of Medicine. Conner, M.L. (n.d.). <u>How Adults Learn</u>. Ageless Learner. (Accessed 11/27/2022.) Fairbanks, B. (2021). <u>7 Adult Learning Theories and Principles to Enhance Your Education.</u> University of Phoenix. *(CHCANYS does not endorse University of Phoenix or its services, but this article contains valuable information on adult learning.)* Federal Emergency Management Agency. (2022). <u>Training and Education</u>. National Association of County and City Health Officials. (2022). <u>Building Workforce Resilience through the Practice of Psychological First Aid: A Course for Leaders and Teams.</u>

National Institute for Occupational Safety and Health. (n.d.). Emergency Response Resources: Personal Protective Equipment. Centers for Disease Control and Prevention. (Accessed 4/13/2025.)

Office of the Assistant Secretary for Preparedness and Response. (2016). 2017-2022 Health Care Preparedness and Response Capabilities for Health Care Coalitions. U.S. Department of Health and Human Services.

Russell, S.S. (2006). An Overview of Adult Learning Processes. Society of Urologic Nurses and Associates. (Free registration required to access the content.)

State and local emergency management requirements.

Substance Abuse and Mental Health Services Administration, Disaster Technical Assistance Center. (2024). Tips for Disaster Responders: Preventing and Managing Stress. U.S. Department of Health and Human Services.

Valamis. (2020). Adult Learning Principles. *(CHCANYS does not endorse this company or its services, but this article contains valuable information on adult learning.)*

Next Step	Review and complete tasks in Module 8 Action Sheet

MODULE 8 Action Sheet
Preparing and Supporting Staff

Goal
Understand why health centers must prepare their staff and support them during response and recovery and describe strategies for doing so.

Download Tools & Templates	
8.A Federal Emergency Management Agency. (2020). HSEEP Policy and Guidance. (Preparedness Toolkit) 8.B Ready.gov. (2025). Make a Plan. 8.C ASPR TRACIE. (2024). Disaster Behavioral Health: Resources at Your Fingertips. U.S. Department of Health and Human Services, Office of the Assistant Secretary of Preparedness and Response. 8.D ASPR TRACIE. (2022). Tips for Retaining and Caring for Staff after a Disaster. U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response. 8.E Association for Professionals in Infection Control and Epidemiology. (2014). 2014 Donning and Doffing PPE Competency Validation Checklist. 8.F Community Health Care Association of New York State. (2021.) Human Resource Policies and Procedures for Federally Qualified Health Centers During Public Health Emergencies: Template and Guidance Document. 8.G Community Health Care Association of New York State. (2020). Respiratory Protection Program Toolkit. 8.H National Nurse-led Care Consortium and Community Health Care Association of New York State. (2022). All Hazards Emergency Preparedness and Response Competencies for Health Center Staff. National Nurse-led Care Consortium.	

Key Step / Action	Who is Responsible	Start Date	Completion Date
Preparation ☐ Review module's key terms and definitions (See Glossary) ☐ Review documents and tools in the Module 8 Resources section			
8.1 Prepare staff to respond to emergencies and disasters *Train staff* ☐ Provide health center staff with EM-related training during orientation and then annually during their term of employment to comply with the 2016 CMS EP Rule and 2019 CMS EP Rule revisions.			

☐ Have staff responsible for EM and your health center's training lead work together to develop, schedule, and track EM-related training.
☐ Ensure that training covers the basic content of your health center's EOP base plan, as well as functional- and hazard-specific annexes.
  o Provide staff with the appropriate level of detail depending upon their respective roles.
  o Review potential impacts on the health center, how response will be managed, and what each staff member's specific roles and responsibilities are during emergencies or disasters.
☐ Provide hands-on practice time for staff that must alter how they perform their normal duties or are assigned to tasks outside of their normal responsibilities (e.g., supporting the command structure through data collection and/or reporting using specific EM-focused protocols and tools).
☐ Have staff practice donning and doffing PPE that they are expected to wear while performing EM-related duties.
☐ Apply adult learning principles to the design and conduct of training.
☐ Document training plans in your health center's Integrated Preparedness Plan (IPP) under the relevant priorities.
  o The IPP should cover a 3-year planning cycle.
☐ List trainings in the multi-year "Schedule of Preparedness Activities" template included in HSEEP.
☐ Include knowledge checks/quizzes and real-time evaluation for all trainings.
  o The EM Committee should review feedback and update training materials accordingly.
☐ Consider offering incentives to staff to complete all required training in the assigned timeframe, such as paid time for participation; personal time earned; snacks or meals during training times; or gift cards to local coffee shops.
☐ Allow staff to complete portions of the training in a self-directed manner, such as by viewing content electronically or via hard copy and submitting a knowledge check/quiz to ensure that learning objectives have been met.
☐ Whenever possible, crosstrain staff for different positions to give your health center greater flexibility in emergency staffing.
 	
Help staff members develop personal preparedness plans
 	
☐ Help staff to complete their personal preparedness plans by providing a template and learning session to review them.			

o Ready.gov is a good place to find templates that may be adapted. ☐ Have your EM Committee work with leadership to reinforce a preparedness within your organization. Ideas include: o Invite staff to help create an emergency kit for the facility. o Provide "Go-Kit" bags and/or contents (e.g., flashlights, portable radios, batteries, etc.) as incentives for completing EM-related training on time.			
8.2 Support the safety and well-being of staff throughout emergency response and recovery ☐ Consider ways to support and retain your staff members by helping them feel connected and valued. Consider these strategies: o Offer mental/behavioral health support through your Employee Assistance Program (EAP) or contracted providers. o Give staff flexibility when possible, such as through modified work hours or by allowing them to work from home, depending on their role. o Adjust personal time off (PTO) policies to give staff more time, and/or expand the definition of acceptable circumstances for time off. o Offer frontline staff hazard pay, assistance with childcare, or other incentives to recognize their dedication and encourage them to report to work. o Hold regular meetings with staff to check in with them, remind them of available support, and express appreciation for their work. o Demonstrate appreciation and incentivize employees regularly throughout emergency response, e.g., by providing pizza every Friday for lunch, bagels every Monday for breakfast, or gift cards for simple contests. o Maintain connections among clinical care teams to allow them to coordinate patient care (virtually, if necessary). o Try to retrain and reassign staff before furloughing or terminating their employment. o Hold a "Recognition Ceremony" when emergency operations slow down significantly or end to acknowledge staff contributions to response. ☐ Take action to keep your health center staff safe. o Ensure they have the appropriate personal protective equipment (PPE) for their roles, and the training needed to use it properly. o Train staff on plans (e.g., those for evacuation, shelter-in-place, respiratory protection, and infection control).			

○ Exercise plans regularly to reinforce protocols and identify areas for improvement.			
☐ Add additional steps here as needed			
☐ Add additional steps here as needed			

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MODULE 9 - Testing Emergency and Continuity Plans Through Exercises

Goal

Understand the importance of exercising response plans and describe ways for health centers to effectively plan and conduct successful exercises.

Key Terms

- HSEEP
- Integrated Preparedness Cycle
- Integrated Preparedness Planning Workshop (IPPW)
- Integrated Preparedness Plan (IPP)

- HSEEP Cycle
- Discussion-based (exercise)
- Operations-based (exercise)
- Progressive approach (to exercise planning)

Overview

Exercising emergency and continuity plans is a critical step in the Integrated Preparedness Cycle to help build EM-related capabilities among health center staff in support of effective response. Staff must understand their respective roles in organizational plans, and plans must be tested to identify potential failure points and solutions to address them in advance of an incident. Testing EM-related plans is also a requirement of 2016 CMS EP Rule and 2019 CMS EP Rule revisions. Health centers must conduct a full-scale, community-based exercise or an individual, facility-based functional exercise every 2 years. An additional exercise of the health center's choice must be conducted on the alternate years. Real-world activation of a health center's emergency plans satisfies the requirement for the next scheduled full-scale or functional exercise. The Homeland Security and Exercise Evaluation Program (HSEEP) provides guidance and templates for designing, conducting, and evaluating exercises to inform improvement planning.

Key Steps	
	9.1 Review and refer to the Homeland Security Exercise and Evaluation Program (HSEEP) Planning, conducting, and evaluating exercises can feel overwhelming to health center staff that are often responsible for multiple roles. HSEEP uses a common methodology for planning, conducting, and evaluating exercises, as well as for improvement planning. The HSEEP *Cycle* (see Appendix 3) refers to the continuous process of exercise development, conduct, evaluation, and improvement planning. HSEEP is based on national best practices and provides detailed guidance and template documents for exercise program management. Health center staff can adapt HSEEP tools to customize them to their organization's specific exercises. **9.2 Determine preparedness priorities** Plan exercises that support your health center's preparedness priorities. Priorities should be aligned across the organization, and may be determined by several factors, including:

- Your organization's annual HVA.
- Gaps identified from prior exercises.
- Gaps identified from prior and/or current real events.
- Regulatory requirements/Accreditation standards (e.g., from CMS, HRSA, State regulations, The Joint Commission, etc.)
- Intent and guidance of executive level staff. (THIS IS A MUST!)

HSEEP provides guidance for conducting an Integrated Preparedness Planning Workshop (IPPW) to define priorities and ensure that all exercises are planned to support the organization's emergency preparedness goals. The IPPW process also accounts for training in support of the exercises that are planned. If the IPPW process is burdensome for your health center, implement strategies that respect the limited time stakeholders may have to allow them to contribute as efficiently as possible. Consider scheduling a few smaller meetings to achieve the desired outcomes or incorporating a survey into the process to gather and/or present draft priorities, etc. as a starting point for the IPPW discussion.

9.3 Define the exercises needed to support preparedness priorities

There are different types of exercises your health center may conduct, depending upon what the objectives are for a particular exercise. Broadly, there are 2 categories of exercises: Discussion-based and Operations-based. Selecting the right type of exercise is important for achieving the goals of an exercise.

Discussion-based exercises

Discussion-based exercises include seminars, workshops, tabletop exercises (TTXs), and games. Conduct a discussion-based exercise to:

- Familiarize players with, or develop new, plans, policies, agreements, and procedures; and/or
- Focus on strategic, policy-oriented issues.

Discussion-based exercises are less complex than operations-based exercises. They require less planning than operations-based exercises and do not have to be conducted in real time. They usually include scenarios accompanied by discussion questions to guide participants to identify key issues/challenges, and solutions for addressing them.

Operations-based exercises

Operations-based exercises include drills, functional exercises (FEs), and full-scale exercises (FSEs). Operations-based exercises are conducted to:

- Validate plans, policies, agreements, and procedures.
- Clarify roles and responsibilities for participating agencies/organizations.
- Identify resource and planning gaps.

Players act as if a real incident has occurred in an operations-based exercise. Exercise activities can occur in multiple locations simultaneously, and response actions are carried out in real time. Operations-based exercises are more complex than discussion-based exercises and take longer to plan and prepare for.

Exercises should be planned with a "progressive approach." This means that individual exercises test individual plans/aspects of plans, but your health center's exercises are designed and executed as part of a series with the overall goal of building capacity and capabilities in support of your organizations' preparedness. When applying this approach to exercise planning, each exercise builds on previous exercises using more sophisticated simulation techniques or requiring more preparation time, personnel, and/or planning. Each step should be supported with training resources. This prevents your health center from conducting complex exercises too early in a planning process. Consider this example for scheduling exercises:

- The first exercise in a series may be a tabletop exercise to discuss communications plans.
- Then your health center might conduct a few drills to test communications protocols and equipment.
- Lastly, a full-scale exercise could be conducted to test ICS activation; emergency notification of staff, patients, and external partners (such as your PCA and local/state Health Depts.); conduct of an ICS meeting and preparation of a Situation Report; providing updated situational awareness to staff and partners as the "response" unfolds; and implementing policies and procedures to address the hazard response plans being tested.

See Appendix 4 for a graphic depiction of the "progressive approach" to exercises.

9.4 Document priorities and supporting exercises in your health center's 3-year Integrated Preparedness Plan (IPP)

Exercise plans should be documented in your health center's Integrated Preparedness Plan (IPP). This document compiles information gathered through the IPPW process about your organization's preparedness priorities and how they were identified (e.g., through risk assessment and capabilities assessments). It also lists the activities your health center will undertake to enhance preparedness related to its priorities. The IPP should cover a 3-year planning cycle and list a detailed schedule of exercises in the multi-year "Schedule of Preparedness Activities" template included in HSEEP.

9.5 Implement strategies to support successful exercises

Exercises should be conducted to test existing plans and capabilities. This is especially true for operations-based exercises. Plan your health center's exercises based on its current preparedness status—not on where it might be in a year. This is especially important for conducting operations-based exercises. Seminars and

workshops are the exception, as they may be used to create new policies and procedures.

Staff should be trained in advance to do whatever is being tested in an exercise. If they are not made aware of plans and related policies and procedures, they cannot understand their roles and responsibilities in executing those plans. Asking staff to implement plans they are not at least familiar with can lead to exercise failure. There is also the risk of creating a perception among staff that exercises are simply a "waste of time." If this happens, executive level support and overall staff acceptance of the importance of conducting exercises may be lost.

Exercise objectives should be realistic and based on the development stage of plans. If objectives are not reflective of plans, they cannot be met, and an exercise is automatically a failure. Objectives should also be SMART (especially for operations-based exercises):

- Specific: Who, what, when, where, and why.
- Measurable: Include numeric or descriptive measures that define quantity, quality, cost, etc. on observable actions and outcomes.
- Achievable: Within the control, influence, and resources of exercise play and participant actions.
- Relevant: Instrumental to the mission of the organization and link to its goals or strategic intent.
- Time-bound: A specified and reasonable timeframe should be incorporated into all objectives.

Example: Utilize communication protocols to notify all affected patients of a site closure within 2 hours.

Incorporating these principles and strategies significantly reduces the chance of your health center wasting significant time and resources on an exercise that does not provide useful information to enhance its preparedness.

9.6 Engage staff from across the organization to develop and conduct exercises

The entire health center team must work together to support a successful emergency response. For this to happen, staff need to be trained and given the opportunity to practice their response roles through exercises. To make exercises valuable to all staff, each respective team/organizational unit needs to be represented in exercise planning teams. The varied and extensive expertise of staff from across the organization should be leveraged to develop and execute an exercise program that helps all staff prepare. This broad base of input into exercise development reinforces the validity of exercise assumptions and evaluation plans. It can also improve stakeholder commitment to exercises.

9.7 Identify barriers to conducting exercises and solutions to address them

Health centers often operate with limited resources, both in terms of finances and personnel. This translates into limited time to deliver patient care while also

ensuring that the health center and its staff are meeting regulatory and licensure requirements. Staff may also be reluctant to participate in exercises if they feel like poor exercise performance could affect the normal employee review process. The effects of limited resources and other potential barriers need to be determined during the exercise planning process so that they may be mitigated. Some strategies to address barriers include:

- Schedule exercises during spring and summer months when clinics are less overwhelmed with sick patients and/or holidays.
- Maintain a robust, ongoing training program for new staff to counteract personnel turnover and ensure that staff are prepared for exercise participation.
- Make sure that staff understand that exercises are used to test policies and procedures, not individuals.
- Bring together staff from multiple sites when a health center has multiple sites within its larger organization to share ideas and create a single exercise (or exercise series) for all sites.
- Look to existing resources for exercise scenarios, tools, and templates your health center can adapt, such as those from HSEEP, FEMA, your PCA, or local/state EM and public health agencies.
- Participate in exercises being managed by partners (e.g., your PCA, or local/state EM and public health agencies) to benefit from the exercise while not having the burden of developing, conducting, and evaluating it on your own.

9.8 Ensure that improvement planning is part of your health center's exercise program

In addition to creating plans, training staff to implement those plans, and then exercising them, your health center must regularly evaluate how well its emergency plans work, and if they require changes. Improvement planning is a best practice in EM, and a critical step in both the IPC and HSEEP Cycle for building capabilities among staff. In addition, the CMS EP Rule requires health centers to "analyze the RHC or FQHC's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the RHC or FQHC's emergency plan, as needed." An Evaluation Plan should be created for each exercise to assign individuals who are not "players" to evaluate it in real time. After each exercise, an after-action review should be conducted to identify strengths and areas for improvement; revise plans; and purchase additional resources as per lessons learned. Staff need to be retrained in new policies and procedures before testing them again. Plans are only valuable if they work. Your health center's improvement planning process helps to ensure that they will. See Module 10 for additional information on improvement planning.

Tools & Templates	9 A. Federal Emergency Management Agency. (2020). HSEEP Policy and Guidance. (Preparedness Toolkit)
	9 B. Federal Emergency Management Agency (FEMA). (2018). IS-120.C: An Introduction to Exercises.

| Additional Resources | ASPR TRACIE. (2020). Exercise Program Topic Collection.

Centers for Disease Control and Prevention. (2018). Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health.

Centers for Medicare and Medicaid Services. (2016). Emergency Preparedness Final Rule.

Centers for Medicare and Medicaid Services. (2019). Omnibus Burden Reduction Final Rule. (Including revisions to *CMS EP Final Rule of 2016*).

Office of the Assistant Secretary for Preparedness and Response. (2016). 2017-2022 Health Care Preparedness and Response Capabilities. U.S. Department of Health and Human Services.

State and local emergency management requirements. |
|---|---|
| Next Step | Review and complete tasks in Module 9 Action Sheet |

MODULE 9 Action Sheet
Testing Emergency and Continuity Plans Through Exercises

Goal
Understand the importance of exercising plans and describe ways for health centers to effectively plan and conduct successful exercises.

Download Tools & Templates	
9 A. Federal Emergency Management Agency. (2020). HSEEP Policy and Guidance. (Preparedness Toolkit) 9 B. Federal Emergency Management Agency (FEMA). (2018). IS-120.C: An Introduction to Exercises.	

Key Step / Action	Who is Responsible	Start Date	Completion Date
Preparation ☐ Review module's key terms and definitions (See **Glossary**) ☐ Review documents and tools in the Module 9 **Resources** section			
9.1 Review and refer to the Homeland Security Exercise and Evaluation Program (HSEEP) ☐ Use HSEEP to guide your health center through the exercise process. ☐ Adapt and customize HSEEP tools to meet your health center's needs.			
9.2 Determine preparedness priorities ☐ Develop your health center's exercise plan to support its preparedness priorities, which should be aligned across the organization. ☐ Consider the following to determine preparedness priorities: o Your organization's annual HVA. o Gaps identified from prior exercises. o Gaps identified from prior and/or current real events. o Regulatory requirements/Accreditation standards (e.g., from CMS, HRSA, State regulations, The Joint Commission, etc.) o Intent and guidance of executive level staff. (THIS IS A MUST!)			

☐ Consult HSEEP for guidance on conducting an Integrated Preparedness Planning Workshop (IPPW) to define priorities and ensure that all exercises planned support the organization's emergency preparedness goals.
☐ Consider modifying the IPPW process to use stakeholders' time as efficiently as possible:
  o Schedule a few smaller meetings to achieve the desired outcomes.
  o Incorporate a survey into the process to gather and present draft priorities, etc. as a starting point for the IPPW discussion.			

9.3 Define the exercises needed to support preparedness priorities
☐ Plan exercises with a "progressive approach."
  o Individual exercises test individual plans/aspects of plans, but all exercises are designed and executed as part of a series, with the overall goal of building capacity and capabilities in support of your organization's preparedness.
  o Build each exercise on previous ones using more sophisticated simulation techniques or requiring more preparation time, personnel, and/or planning.
  o Support each step with training resources.
  o Conduct discussion-based exercises (i.e., seminars, workshops, tabletop exercises (TTX), and games/simulations) to familiarize players with, or develop new plans, agreements, policies, and procedures; focus on strategic, policy-oriented issues.
  o Conduct operations-based exercises (i.e., drills, functional exercises (FEs), and full-scale exercises (FSEs)) to validate plans, agreements, policies, and procedures; clarify roles and responsibilities for participating agencies/organizations; and identify resource and planning gaps.			

9.4 Document priorities and supporting exercises in your health center's 3-year Integrated Preparedness Plan (IPP) ☐ Document exercise plans in your health center's Integrated Preparedness Plan (IPP) under the relevant priorities. o The IPP should cover a 3-year planning cycle. ☐ List exercises in the multi-year "Schedule of Preparedness Activities" template included in HSEEP.			
9.5 Implement strategies to support successful exercises ☐ Only conduct operations-based exercises when there is an existing plan to test. ☐ Plan your health center's exercises based on where its preparedness is today—not on where it might be in a year.			

○ Seminars and workshops are the exception, as they may be used to create new protocols and procedures. ☐ Train staff in advance on the plans, policies, and procedures being tested in exercises to help them succeed. ☐ Create realistic exercise objectives based on the content and development stage of plans. ☐ Create SMART objectives for each exercise: ○ Specific: Who, what, when, where, and why. ○ Measurable: Include numeric or descriptive measures that define quantity, quality, cost, etc. on observable actions and outcomes. ○ Achievable: Within the control, influence, and resources of exercise play and participant actions. ○ Relevant: Instrumental to the mission of the organization and link to its goals or strategic intent. ○ Time-bound: A specified and reasonable timeframe should be incorporated into all objectives.			
9.6 Engage staff from across the organization to develop and conduct exercises ☐ Ensure that each respective team/organizational unit is represented in exercise planning teams. ☐ Leverage the varied and extensive expertise of staff from across the organization to develop and execute an exercise program that helps <u>all</u> staff prepare and improves stakeholder commitment to exercises.			
9.7 Identify barriers to conducting exercises and solutions to address them ☐ Implement strategies to address barriers, as needed: ○ Schedule exercises during spring and summer months when clinics are less overwhelmed with sick patients and/or holidays. ○ Maintain a robust, ongoing training program for new staff to counteract personnel turnover and ensure that staff are prepared for exercise participation. ○ Make sure that staff understand that exercises are used to test policies and procedures, not individuals. ○ Bring together staff from multiple sites when a health center has multiple clinics within its larger organization to share ideas and create a single exercise (or exercise series) for all sites. ○ Look to existing resources for exercise scenarios, tools, and templates your health center can adapt, such as those from HSEEP, FEMA, your PCA, or local/state EM and public health agencies.			

o Participate in exercises being managed by partners (e.g., your PCA, or local/state EM and public health agencies) to benefit from the exercise while not having the burden of developing, conducting, and evaluating it on your own.			
9.8 Ensure that improvement planning is part of your health center's exercise program ☐ Create an Evaluation Plan for every exercise and assign individuals who are not playing in an exercise to evaluate it. ☐ Conduct an after-action review after each exercise and real incident to identify lessons learned, revise plans, and purchase additional resources, as necessary. ☐ Retrain staff on new policies and procedures before testing them again. ☐ See Module 10 for additional information on improvement planning.			
☐ Add additional steps here as needed			
☐ Add additional steps here as needed			

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MODULE 10 - Improvement Planning

Goal

Understand the importance of improvement planning as part of a continuous cycle of preparedness.

Key Terms

- o Integrated Preparedness Cycle (IPC)
- o HSEEP Cycle
- o Evaluation
- o Exercise Evaluation Guide (EEG)
- o Hotwash

- o After-Action Review
- o After-Action Report (AAR)
- o After-Action Meeting (AAM)
- o Improvement Plan/Planning

Overview

Preparedness is an ongoing and ever-evolving process. The Integrated Preparedness Cycle (IPC) shows how planning, organizing/equipping, training, exercising, and evaluation and improvement planning should occur in a continuous loop (see Appendix 2). Improvement planning links the HSEEP Cycle with the IPC and is critical to "completing" a round of the IPC to build EM-related capabilities. The identification and incorporation of lessons learned from an exercise/exercise series, or a real incident is vital to building a strong CEMP for your health center. Stakeholders from across the organization should be engaged to provide input into improvement planning.

Key Steps	10.1 **Conduct meaningful evaluations of every exercise or real incident response**
	Exercises should be evaluated as they happen, based on exercise objectives and capabilities being tested. HSEEP includes templates for Exercise Evaluation Guides (EEGs) that may be adapted for health center use. The Exercise Planning Team should identify and train evaluators, who should ideally have little to no involvement in exercise design. Staff that regularly perform evaluation or quality improvement functions should be considered for this role. Depending upon their knowledge of your health center's EM-related plans, evaluators may need to be provided with targeted training to ensure they understand response expectations for the exercise. Evaluation consists of the observations and data compiled by exercise evaluators, as well as the feedback provided by participants during the post-exercise "Hotwash" (i.e., feedback session) and in their Participant Feedback Forms (see HSEEP for a template).
	Responses to actual emergencies/disasters should be formally evaluated after the acute response phase is over. Situation Reports and other documentation produced during an incident should be kept as key data sources for the analysis of your organization's response.

In general, design data collection tools to be as objective (i.e., closed-ended) as possible. Objective data is easier and faster to analyze and develop conclusions from. Subjective (i.e., open-ended) questions may be better for evaluating a newer plan or capability, as you may not want to have restrictions on response options. Subjective data takes longer to analyze but may offer more nuanced information than objective data. Build in the appropriate amount of time for data analysis when determining after-action review timelines.

10.2 Conduct an After-Action Review and document findings

Evaluation results should be compiled and analyzed to identify strengths and areas for improvement. Document findings in an After-Action Report (AAR). Share the draft AAR for comment, and present evaluation findings to stakeholders during an After-Action Meeting (AAM). The AAM is a forum to discuss AAR results, determine any needed edits to the AAR, and agree upon corrective actions listed in the Improvement Plan (IP) to address areas identified for improvement from an exercise or incident. Every corrective action in the IP should be clearly defined and include target timing for completion, an expected outcome, and a stakeholder assigned to complete it.

10.3 Compile findings from each exercise or incident IP and track progress

Corrective actions from IPs should be compiled and tracked until they are completed. Assign a staff member to enter this information into a document or database that your health center's EM Committee will review on a regular schedule (e.g., monthly). Using Excel or database software allows the information to be sorted and reported in ways that make the best sense for your health center.

10.4 Involve as many staff as possible in improvement planning

Help staff to see the value of exercise participation by contributing to the identification of strengths and areas for improvement and applying their expertise and experience in support of corrective action implementation. Staff will be more invested in EM-related training and exercises when they see that their input is valued and impacts the development of the organization's preparedness plans. Your health center's response will be strengthened by the commitment of its staff to becoming as prepared as possible for emergencies or disasters.

10.5 Modify your health center's CEMP and response plans, as appropriate, after every exercise or emergency activation

Improvement planning is only valuable if it translates into more comprehensive and accurate plans, and better prepared staff who understand how to perform their emergency response roles. Your CEMP and related plans should be updated to reflect lessons learned after every exercise or real incident experienced by your health center. Apply the steps and principles of the IPC to support the continuous improvement of your health center's preparedness.

Tools & Templates	10.A	Federal Emergency Management Agency. (2020). HSEEP Policy and Guidance. (Preparedness Toolkit)
	10.B	U.S. Department of Homeland Security, Federal Emergency Management Agency. (2018). IS-130.A: How to be an Exercise Evaluator.
Additional Resources		Harvard T.H. Chan School of Public Health. (n.d.). Emergency Preparedness Research, Evaluation & Practice (EPREP): Toolkits and Models. (Accessed 4/16/2025.)
Next Step		Review and complete tasks in Module 10 Action Sheet

MODULE 10 Action Sheet
Improvement Planning

Goal
Understand the importance of improvement planning as part of a continuous cycle of preparedness.

Download Tools & Templates	
10 A. Federal Emergency Management Agency. (2020). HSEEP Policy and Guidance. (Preparedness Toolkit) 10 B. U.S. Department of Homeland Security, Federal Emergency Management Agency. (2018). IS-130.A: How to be an Exercise Evaluator.	

Key Step / Action	Who is Responsible	Start Date	Completion Date
Preparation ☐ Review module's key terms and definitions (See **Glossary**) ☐ Review documents and tools in the Module 10 **Resources** section			

10.1 Conduct meaningful evaluations of every exercise or real incident response
 	
 ☐ Evaluate exercises as they happen, using Exercise Evaluation Guides (EEGs) based on exercise objectives and capabilities being tested. (See **HSEEP** for templates.)
    o Exercise evaluation consists of the observations and data compiled by exercise evaluators, as well as the feedback provided by participants during the post-exercise "Hotwash" (i.e., feedback session) and contained in their Participant Feedback Forms. (See **HSEEP** for templates.)
 ☐ Identify and train staff that have little to no involvement in exercise design to be evaluators.
    o Consider staff that regularly perform evaluation or quality improvement functions.
    o Provide evaluators with targeted training to ensure they understand exercise response expectations.
 ☐ Evaluate responses to actual emergencies/disasters after the acute response phase is over.
    o Review Situation Reports and other documentation produced during an incident to analyze your organization's response.			

☐ Design data collection tools to be as objective (i.e., closed-ended) as possible. Use subjective (i.e., open-ended) questions for evaluating a newer plan or capability, or whenever you do not want restrictions on response options. ☐ Build in the appropriate amount of time for data analysis when determining after-action review timelines.			

10.2 Conduct an after-action review and document findings

☐ Compile and analyze evaluation results to identify strengths and areas for improvement.
☐ Document findings in an After-Action Report (AAR).
☐ Share the draft AAR for comment, and present evaluation findings to stakeholders during an After-Action Meeting (AAM).
☐ Develop and agree upon corrective actions in an Improvement Plan (IP) during the AAM.
  o Ensure that every corrective action in the IP is clearly defined, and has target timing for completion, an expected outcome, and a stakeholder assigned to complete it.

10.3 Compile findings from each exercise or incident IP and track progress

☐ Compile and track corrective actions identified and documented in IPs from your health center's various AARs until they are completed.
☐ Assign a staff member to create and manage a database for tracking corrective actions.
  o Use Excel or database software so information may be sorted and reported in ways that make the best sense for your health center.
☐ Have your EM Committee review the status of corrective actions on a regular schedule (e.g., monthly).

10.4 Involve as many staff as possible in improvement planning

☐ Help staff to see the value of exercise participation by contributing to the identification of strengths and areas for improvement and applying their expertise and experience in support of corrective action implementation.

10.5 Modify your health center's CEMP and response plans, as appropriate, after every exercise or emergency activation

☐ Update your CEMP and related plans to reflect lessons learned after every exercise or real incident experienced by your health center.

☐ Apply the steps and principles of the Integrated Preparedness Cycle (IPC) to continuously improve your health center's preparedness.			
☐ Add additional steps here as needed			
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GENERAL REFERENCES

Emergency Management Principles and Practices for Healthcare Systems, Second Edition (June 2010). The Institute for Crisis, Disaster, and Risk Management (ICDRM) at the George Washington University (GWU) for the Veterans Health Administration (VHA), US Department of Veterans Affairs (VA). Washington, D.C.

Federal Emergency Management Agency. (2021). Developing and Maintaining Emergency Operations Plans: Comprehensive Preparedness Guide (CPG) 101: Version 3.0.

Federal Emergency Management Agency. (n.d.). ICS Resource Center. (Accessed 4/16/2025.) (Includes Glossary of Related Terms: ICS 300.)

Haddow, G., Bullock, J & Coppola, D. (2014). *Introduction to emergency management (5th ed.).* Waltham, MA: Butterworth-Heinemann, an imprint of Elsevier, 2014.

U.S. Department of Homeland Security. (2008). DHS Risk Lexicon. (See "Definitions.")

U.S. Department of Homeland Security. (2020). Homeland Security Exercise and Evaluation Program.

APPENDICES

APPENDIX 1

Emergency Management Program Workplan-Template and Instructions

Instructions: Use this template as a guide to create a workplan for your health center's Emergency Management (EM) Program. Edit and/or add to the content, as needed. The EM Committee should use a workplan to guide its efforts, and progress on each project/plan should be tracked regularly when the committee meets. It is recommended that the workplan be created in Excel so that different aspects of your EM program may be tracked in separate worksheets but as part of the same workplan, and the content may be more easily sorted. Contact CHCANYS if you would like to receive the sample Excel file.

Sheet 1: Current Year (Focus on detailed planning for each item during the current year.)

Columns include:

- Preparedness Priority
- Project/Plan Name
- Overall Outcomes for Project/Plan (i.e., for the entire project upon completion)
- Current year goals
- Action items/Tasks
- Target completion dates
- Responsibility (i.e., EM committee member(s) responsible for each item)
- Status
- Year 2 goals

Preparedness Priority	Project/Plan Name	Overall Outcomes for Project/Plan	Current year goals	Action items/Tasks	Target completion dates	Responsibility	Status	Year 2 goals

Sheet 2: Years 2-3 Goals (Focus on high-level goals for each project, by year.)

Columns include:

- Preparedness Priority
- Project/Plan name
- Overall Outcomes for Project/Plan
- Year 2 Goals
- Year 3 Goals

Preparedness Priority	Project/Plan Name	Overall Outcomes for Project/Plan	Year 2 Goals	Year 3 Goals

Sheet 3: Review and Update Schedule (Plans must be reviewed and updated at least every 2 years, or when significant changes are needed following an exercise or real incident.)

Columns include:

- Project/Plan Name
- Next Planned Review Date
- Review Responsibilities (usually all, or a subset of the EM Committee)
- Update Responsibilities (i.e., the individual, or individuals that will revise the documents)
- Actual Review Date/Reason (e.g., training, exercise, real incident lessons learned)
- Who Reviewed/Updated? (i.e., the individual(s) responsible for the interim review and/or update)

Project/Plan Name	Next Planned Review Date	Review Responsibilities	Update Responsibilities	Actual Review Date/Reason	Who Reviewed/Updated?

Sheet 4: Training and Exercises (Include basic info in the CEMP workplan and details in the Integrated Preparedness Plan and individual project planning timelines)

Columns include:

- Preparedness Priority
- Project/Plan Name
- Training or Exercise
- Event Title
- Part of a series? (Y/N) (i.e., is the event a single occurrence unconnected to other events, or is it part of a training or exercise series?)
- Date (i.e., date of event)
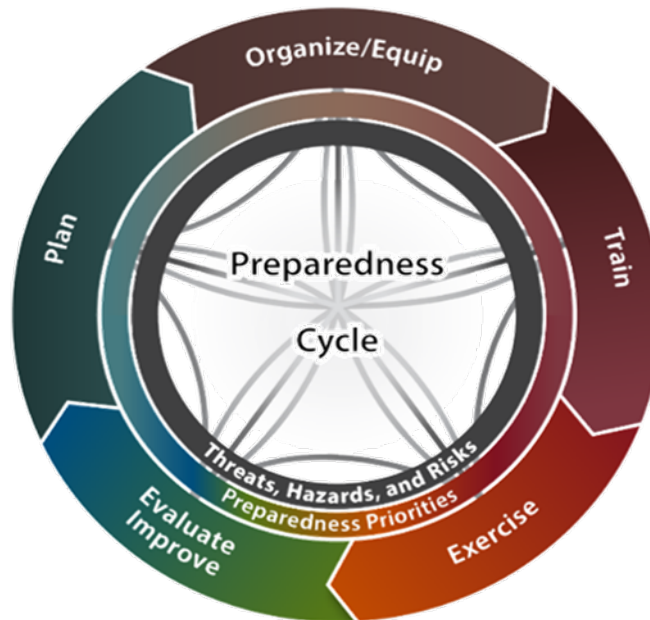- Organizational Lead (i.e., who is responsible for making sure the training or exercise is developed and held?)

Preparedness Priority	Project/Plan name	Training or Exercise	Event Title	Part of a series? (Y/N)	Date	Organizational Lead

APPENDIX 2

Integrated Preparedness Cycle

Source: U.S. Department of Homeland Security. (2020). Homeland Security Exercise and Evaluation Program.
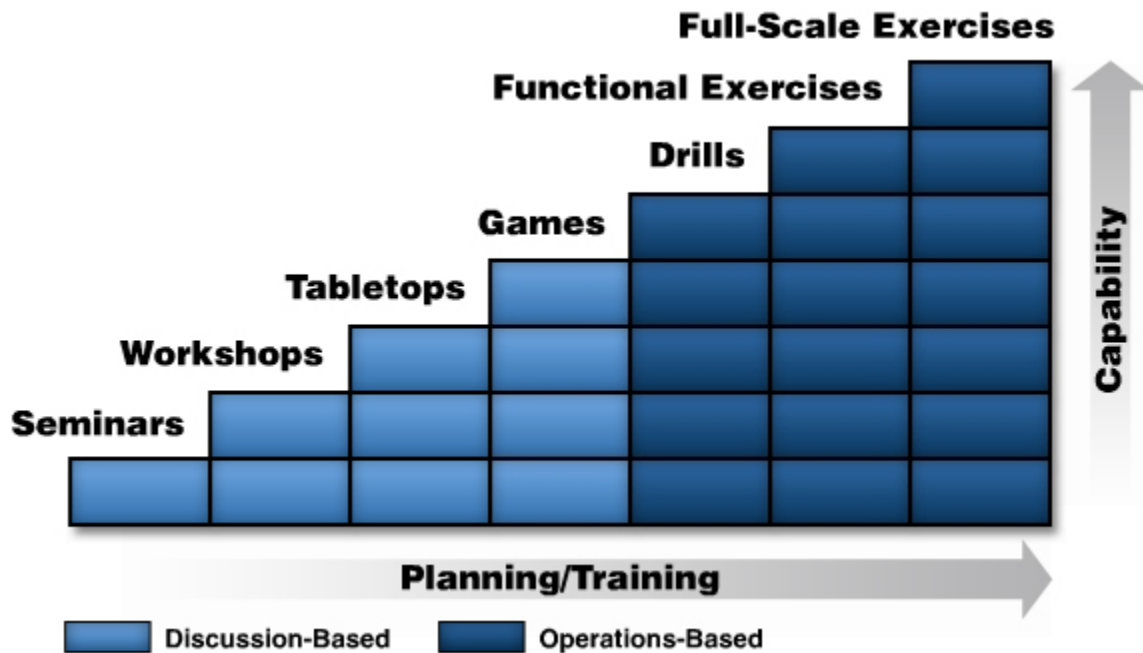
APPENDIX 3

HSEEP Cycle

Source: U.S. Department of Homeland Security. (2020). Homeland Security Exercise and Evaluation Program.

APPENDIX 4

Progressive Approach to Exercise Scheduling and Design

Source: U.S. Department of Homeland Security. (2020). Homeland Security Exercise and Evaluation Program.