

HEALTH CENTER

Emergency Operations Plan Template

Version 2.1 | July 2026



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Health Center Emergency Operations Plan Template Version 2.1

Updated July 2026

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Instructions for Use

This document is to be used as a guide for the development of a health center emergency operations plan, or EOP. Health centers should modify suggested language, policies, and/or protocols to reflect current operations and organizational approaches to the Emergency Management (EM) program's structure and ongoing maintenance. It must be reviewed and updated annually, or as needed following exercises, real incidents, or policy and procedure changes to ensure compliance with the November 2016 *Centers for Medicare and Medicaid Services (CMS) [Emergency Preparedness \(EP\) Final Rule](#)*, and the 2019 CMS [Omnibus Burden Reduction Final Rule](#) (including revisions to CMS EP Final Rule of 2016).

Reviews and updates should be clearly documented, as per sections II and III.

The **yellow, highlighted text** that appears in brackets provides direction/placeholders for customizing this plan to align with your health center's policies and procedures. Note that directions are italicized, and placeholders/suggested text is not. Please see attachments for additional information and templates that may be incorporated into your health center's final plan document.

If you are seeking additional information on a specific emergency management topic or planning area, please contact Jillian Bird at jbird@phmc.org.

Key

[text] = placeholders, parts that need to be substituted, e.g. **[Staff Title/Committee]**

[text] = instructions, additional explanation, e.g. **[Edit as appropriate.]**

bold italics = name of a document being referenced, e.g., ***PIO Contact List***

I. Authorization

The following agree to support and uphold the [Health Center] Emergency Operations Plan.

Name	
Title	
Signature	

Name	
Title	
Signature	

Name	
Title	
Signature	

Name	
Title	
Signature	

II. Documentation of Biennial Plan Review

Review Date	Reviewed by	Items Reviewed
		☐ Base Plan only ☐ Base Plan + Attachments [please specify] ☐ Specific sections or portions of documents [please specify]
		☐ Base Plan only ☐ Base Plan + Attachments [please specify] ☐ Specific sections or portions of documents ([please specify])
		☐ Base Plan only ☐ Base Plan + Attachments [please specify] ☐ Specific sections or portions of documents [please specify]
		☐ Base Plan only ☐ Base Plan + Attachments [please specify] ☐ Specific sections or portions of documents [please specify]
		☐ Base Plan only ☐ Base Plan + Attachments [please specify] ☐ Specific sections or portions of documents [please specify]
		☐ Base Plan only ☐ Base Plan + Attachments [please specify] ☐ Specific sections or portions of documents [please specify]
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		☐ Base Plan only ☐ Base Plan + Attachments [please specify] ☐ Specific sections or portions of documents [please specify]
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		☐ Base Plan only ☐ Base Plan + Attachments [please specify] ☐ Specific sections or portions of documents [please specify]
		☐ Base Plan only ☐ Base Plan + Attachments [please specify] ☐ Specific sections or portions of documents [please specify]

III. Interim Plan Revisions

The following are plan updates based on incidents, exercises, and/or policy changes that have been approved by [Staff Title/Committee] at [Health Center]. These edits will be formally incorporated into the document as part of its regular review, which occurs at least every 24 months, and whenever there are major policy or procedure changes, or lessons learned from real events.

[illegible]

IV. Record of Distribution

Name	Title	Organization	Number of Copies	Date

*Note: Please specify if the materials were distributed electronically (E) or physically (P).

Section 1 - Program Administration

1.1 Executive Summary

This Emergency Operations Plan (EOP) has been developed by [Health Center] and is hereby approved for implementation and intended to supersede all previous versions. It describes actions intended to: save lives; protect the health and ensure the safety of [Health Center] staff, patients, and facilities; alleviate damage and hardship; and reduce future vulnerability to hazards that may disrupt normal health center operations. This document confirms [Health Center]'s commitment to ongoing planning, training, and exercise activities that promote preparedness and build capabilities to respond to internal or external emergencies and disasters.

[REMEMBER to include specific language in your EOP describing your health center's Integrated Health Care System (IHS) structure if you choose this approach for organizing your emergency management program as described by CMS. For example, you may consider modifying the first sentence, as follows:

This unified Emergency Operations Plan has been developed by [Health Center] with the active involvement of each of its facilities or sites and is hereby approved for implementation.]

[If using the IHS approach, LIST each separately certified health care facility or site. DESCRIBE how each facility participates in the IHS, and indicate whether any facilities in the network choose not to participate in IHS and instead have their own separate EOP.

[Health Center] consists of multiple separately certified health care facilities or sites, including the following facilities/sites:

1. [List name and address here]
2. [List name and address here]
3. [List name and address here]
4. [List name and address here], etc.]

[If using the IHS approach, REMEMBER to also include information in Section 9 – Plan Development and Maintenance on how the IHS program is reviewed with all participating facilities.]

1.2 Purpose

The purpose of [Health Center]'s EOP is to define strategies to plan for, respond to, recover from, and mitigate the adverse outcomes of emergencies and disasters. The plan establishes an “all-hazards” approach to coordinate timely and integrated actions in response to a wide range of incidents or events that may disrupt normal health center operations.

This EOP outlines actions to support the following objectives:

- Provide a safe environment and protection from injury for patients, visitors, and staff.
- Ensure all individuals requiring medical attention in an emergency are attended to promptly and efficiently.
- Outline a logical and flexible chain of command that supports the effective use of resources.
- Restore essential services as quickly as possible following an incident.
- Safeguard facilities, property, and equipment.
- Collaborate with public health and emergency management authorities, and other stakeholders, to support preparedness and response activities for the health center, and the larger community.
- Meet all applicable emergency management-related regulatory and accreditation requirements.

1.3 Scope

Within the context of this plan, an emergency is any event that disrupts, or threatens to disrupt, health center operations. A disaster is an event with effects that go beyond the individual health center and may overwhelm the community's emergency response capacity. This "all-hazards" plan describes the general policies and procedures [Health Center] will follow to mitigate, prepare for, respond to, and recover from the effects of emergencies. It includes considerations that apply to the emergency management of natural, or manmade, disasters. Annexes and attachments that describe specific all-hazards functions (e.g., communications, incident management) and hazard-specific response operations (e.g., flooding, loss of power) are included.

1.4 Emergency Management Committee

The role of the [Health Center] Emergency Management Committee (EMC) is to coordinate the development and maintenance of the Comprehensive Emergency Management Program (CEMP) and associated plans, ensure the EMP meets relevant standards and requirements, and provide and/or coordinate program activities, including training and exercises.

The committee is multidisciplinary and includes representation from various departments. The committee is chaired by the [Staff Title] or designee.

The Emergency Management Committee meets on a [monthly or quarterly] basis and is composed of the following staff members:

Name	
Title	
Phone	
Email	

Name	
Title	
Phone	
Email	

Name	
Title	
Phone	
Email	

Name	
Title	
Phone	
Email	

The EM Committee uses an ***Emergency Management Program Workplan*** to track the CEMP and related projects. The Workplan may be found attached to this EOP, as [Appendix A](#).

Section 2 - Situation and Assumptions

2.1 Description of Patient Population

[DESCRIBE here the health center's patient population, noting the vulnerabilities within the population from an emergency management perspective.]

2.2 Key Plan Assumptions

The following assumptions are reflected in this plan:

- As a Health Resource and Services Administration (HRSA) Grantee; and Centers for Medicare and Medicaid Services (CMS) provider, the health center is required and

expected to conduct emergency preparedness activities, including those described in this plan.

- The health center may prepare primarily for the most significant hazards and incidents identified in its Hazard Vulnerability Analysis (HVA) but may also experience negative impacts of lesser hazards listed in the HVA, and/or future incidents that may occur.
- A major disaster could occur at any time, and at any place. In many cases, dissemination of warning to the public and implementation of increased readiness measures may be possible; however, many emergency situations occur with little or no warning.
- A single site incident (e.g., fire, gas main breakage) could occur at any time without warning and the employees affected cannot, and should not, wait for direction from local response agencies. Action is required immediately to save lives and protect property.
- There may be injuries of varying degrees of seriousness to staff and/or patients; rapid and appropriate response will reduce the number and severity of injuries.
- Outside assistance from local fire, law enforcement, and emergency managers will be available in most serious incidents. However, it takes time to request and dispatch external assistance, so it is essential to be prepared to carry out the initial incident response at the health center until responders arrive at the incident scene.
- Proper prevention, protection, and mitigation actions, such as maintaining the environment of care and conducting fire inspections, will prevent or reduce incident-related losses.
- Maintaining this plan and providing frequent opportunities for stakeholders (staff, patients, first responders, and health care system partners, etc.) to exercise the plan can improve readiness to respond to incidents.
- Every effort will be made to offer the essential services identified in EOP section 4.2 during an emergency or disaster, but circumstances may not always be favorable for this to happen. Notifications to federal, state, and local authorities, as well as to patients and health care partners, will be made regarding services offered during emergencies or disasters, as appropriate.

2.3 Hazard Vulnerability Analysis

[Health Center] has conducted a Hazard Vulnerability Analysis (HVA) to evaluate hazards, their risk of actual occurrence, and the impact on life, property, and business should the hazard occur. The HVA identifies the top risks to the health center to prioritize mitigation and planning efforts.

An HVA is conducted at least every 2 years, after an emergency event, and as deemed necessary by the [Staff Title or Committee]. [Separate HVAs are conducted for each individual facility within the organization's network.] In addition, community-based risks are assessed and are also considered. The [Staff Title] is responsible for ensuring that the HVA is conducted, for securing approval of the HVA by the EMC, and for ensuring that all necessary policies and procedures to address the most significant hazards identified through the HVA are developed. To complete the HVA, the EMC uses [a modified version of] the [Hazard and Vulnerability Assessment Tool](#) developed by Kaiser Permanente. [NOTE Kaiser Permanente's HVA tool is considered industry-standard for health care entities and is thus recommended for use. However, you may consider using other HVA tools if you find those more applicable / appropriate for your health center. CMS does not require use of any particular HVA tool.]

The current HVA was last completed on [date]. The top [5-10] hazards identified are as follows:

- | | |
|----------------|-----------------|
| 1. [List Here] | 6. [List Here] |
| 2. [List Here] | 7. [List Here] |
| 3. [List Here] | 8. [List Here] |
| 4. [List Here] | 9. [List Here] |
| 5. [List Here] | 10. [List Here] |

The current HVA may be found in [Appendix B](#). The completed HVA along with an analysis and recommendations for any plan changes are submitted to the EMC for review and approval at least every 2 years (on an annual basis, when possible). Based on the HVA results, hazard-specific plans that address the top [5-10] risks [are in progress/have been created (see Annexes [XX])].

Section 3 - Command and Control

3.1 Incident Command System

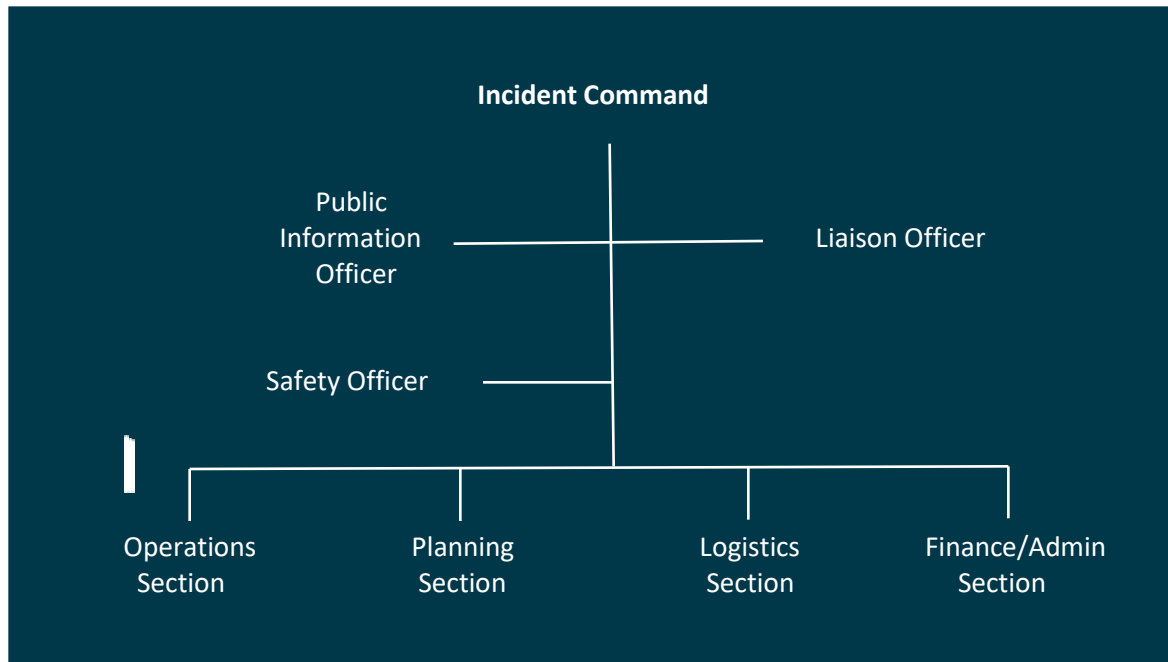
[Health Center] uses the principles of the Incident Command System (ICS), as described in FEMA's [National Response Framework](#) to manage emergencies that impact normal operations. ICS is a management structure with defined responsibilities, clear reporting channels, and standardized terms. The designated **Incident Commander** (IC) has overall authority and responsibility for conducting and managing incident operations. The Command Staff reports to the IC and consists of the following positions:

- **Public Information Officer** - responsible for interfacing with the public and media or with other agencies with incident-related information requirements.
- **Liaison Officer** - responsible for coordinating with representatives from cooperating and assisting agencies/organizations.
- **Safety Officer** - responsible for monitoring and assessing safety hazards or unsafe situations, and for developing measures for ensuring personnel safety.

The General Staff consists of four Section Chiefs, appointed by the IC. Each Section Chief may designate additional personnel to specialized roles. The four sections include:

- **Logistics** - responsible for providing facilities, services, and materials for the incident.
- **Planning** - responsible for the collection, evaluation, and dissemination of information related to the incident, and for the preparation and documentation of Incident Action Plans.
- **Finance/Administration** - responsible for all incident costs and financial considerations.
- **Operations** - responsible for all tactical operations at/for the incident.

This structure is illustrated in the ICS Organizational Chart shown below.



ICS positions are temporary assignments and only necessary positions are filled upon activation. It is the responsibility of the IC to determine which positions are required and to whom they are to be assigned. An *ICS Assignment List* may be found in [Attachment A](#).

Each ICS position has a Job Action Sheet (JAS), which describes the duties of the person assigned to the role. Following a JAS will allow an employee to carry out responsibilities that may not be part of his/her normal duties. The JAS will also define that person's reporting responsibilities. *Job Action Sheets* for each of the positions are included in [Attachment B](#). Copies are available in the Command Center, or Emergency Operations Center (EOC).

3.2 Authority to Activate ICS and Emergency Plans

The [Staff Title(s)] or designee has the authority to activate the health center's ICS and will serve as the health center's Incident Commander (IC) until relieved, or until ICS deactivation.

3.3 Activation of ICS and Emergency Plans

Upon notification of an incident, the [Staff Title] or designee conducts a rapid assessment of the situation, considering the following decision factors for ICS activation:

- The impact of the incident on operations, patients, staff, and resources
- The anticipated duration of the incident

When the ICS is activated, a formal announcement is made via [communication method(s)]. Those assigned to an ICS role are asked to report to the Command Center, or EOC, located at

[building, floor, and room number]. See [Attachment A](#) for *Instructions for ICS Activation*. Additional instructions and information for response will be provided to all staff following the first ICS meeting.

3.4 Deactivation of ICS and Emergency Plans

Prior to deactivation, the IC will assess the situation, considering the ongoing impact on operations. Based on the factors considered and ability to return to normal operations, the IC will determine when to formally deactivate ICS and return to normal operations. When the decision has been made to deactivate ICS, a formal announcement will be made via [communication channel(s)] to [indicate to whom announcement will be made, including staff and any external partners].

3.5 Incident Documentation, Data Collection, and Information Sharing

A record of actions taken to manage an incident from initial notification or detection of the incident, staff notification, implementation of ICS and of the incident-specific protocols that may have been activated, is critical for performance improvement, regulatory scrutiny, and possible insurance reimbursement for damages and expenses. Defining and collecting the right information at the right time (essential elements of information) is required for effective decision-making by ICS leadership. Staff need the necessary information and situational awareness to protect their personal safety and perform their response-related tasks effectively.

Meeting notes will be taken at all ICS meetings by Planning Section members. Situation Updates will be provided by each member of the ICS leadership team at the start of each meeting. This information will be used to create regular situation reports (SITREPS). When an incident extends beyond one operational period, an Incident Action Plan (IAP) containing general objectives reflecting the overall strategy for managing an incident will be developed by the IC and the Planning Section Chief. It may include the identification of operational resources and assignments. It may also include attachments that provide direction and important information for management of the incident. The IAP and SITREPS will be shared with ICS members at the start of each operational period. Staff will be provided with briefer versions of these documents, at the discretion of the IC. [Health center] will define the operational period and essential elements of information, based on incident circumstances. These will be modified, as necessary, as an incident evolves.

The health center will collect and maintain all electronic communications, meeting notes, communication logs, and any other documentation related to emergency activation and operations for the use of after-action improvement planning, plan revisions, training modifications, and/or exercise development, as applicable. Documentation will be kept on file by the health center for a period of [INSERT length of time materials will be kept here], as per guidance of legal counsel.

See [Attachment C](#) for a combined ***Incident Action Plan/Situation Report Template***. A ***Communications Log*** is included in [Annex B, Communications Plan](#).

3.6 Roles and Responsibilities

There are four phases of emergency management, as defined below:

Mitigation: Actions taken to lessen the severity and impact that a potential disaster or emergency might have on a health center's operations.

Preparedness: Preparedness activities are undertaken to build capacity and identify resources that may be used should a disaster or emergency occur.

Response: Refers to the steps taken to control the negative effects of emergency situations.

Recovery: Comprises those actions that are directed at restoring essential services and resuming normal operations. Recovery planning should occur almost concurrently with response activities.

[NOTE that your health center may not have plans that include all partners listed below. Fill in the information only for the ones that apply and delete the others.]

Anticipated organizational roles and responsibilities under each phase of emergency management are listed below. The partners noted are not signatories to this organization-specific plan, and their actual roles and responsibilities may change under the law, or at their own discretion (as applicable).

[Health Center]

- **Mitigation** - [LIST HERE, e.g., ensure that facility insurance policies are up to date and know what they cover and what documentation will be needed for reimbursement; identify sources and enter contracts for emergency supplies; develop back-up plans and secure any needed contracts/MOUs for records management, refrigeration for medications and vaccines, etc.].
- **Preparedness** - [LIST HERE, e.g., meet all state and federal regulatory requirements for emergency planning, training, and exercising; test communication protocols and equipment for staff, patients, and partners; participate in local/regional/state coalitions to build partnerships for preparedness and response, etc.].
- **Response** - [LIST HERE, e.g., report any incidents to state and federal regulatory bodies within specified timeframes; maintain situational awareness through communication and collaboration with partners, etc.].
- **Recovery** - [LIST HERE, e.g., document all expenses for potential reimbursement; notify patients and staff of resumption of normal operations and hours; ensure that any

information collected outside of the electronic medical records system during a disaster or emergency is incorporated into the system, etc.).

State Primary Care Association

[NOTE that this list should be adjusted as necessary.]

- **Mitigation** - Share resource information and help identify potential collaborations to support or enhance mitigation efforts.
- **Preparedness** - Provide tools and templates to assist in health center planning, training, exercising, and community integration.
- **Response** - Maintain situational awareness among health centers through notifications and information sharing. Collect and report data on operational status and needs to local, state and federal partners and request resources on behalf of health centers when necessary. *[NOTE that your primary care association may assist with requesting resources but may not be the primary entity to address needs].*
- **Recovery** – Continue to provide support with resource requests, and collect information to assess financial and operational impacts on health centers

Local/Regional Coalitions *[LIST EACH SEPARATELY] (Confirm/develop roles and responsibilities with coalition(s) your health center is a part of.)*

- **Mitigation** - *[LIST HERE, e.g., assist with hazard vulnerability and risk analysis; support identification of partnerships for resource-sharing and development of pre-event agreements, investigate organizations for ability to support the surge capacity of the health center leading up to and during an emergency response, etc.].*
- **Preparedness** - *[LIST HERE, e.g., facilitate participation in local, statewide, and regional trainings and exercises; facilitate sharing of subject matter expertise and best practices among members; share expenses for training and exercises; support development of community-wide preparedness plans, etc.].*
- **Response** - *[LIST HERE, e.g., facilitate sharing of subject matter expertise and best practices; facilitate communication and information sharing among members to support situational awareness, etc.].*
- **Recovery** - *[LIST HERE, e.g., facilitate communication with local, state, and federal partners for after action reporting and/or reimbursement; coordinate collection of post-event lessons learned and translation into best practices for future planning and response efforts, etc.].*

HRSA *(Confirm roles and responsibilities with HRSA Project Officer)*

- **Mitigation** – *[LIST HERE, e.g., assist health centers with annual verification of coverage under the Federal Tort Claims Act (FTCA), etc.].*

- **Preparedness** – [LIST HERE, e.g., provide guidance to ensure compliance with federal emergency preparedness regulations; share planning, exercise, and training resources available from federal partners; provide technical assistance in support of planning, training, and exercising, etc.].
- **Response** – [LIST HERE, e.g., provide guidance on, and ensure facilitation of modifications to federal scope of project, as needed; provide guidance and technical assistance to ensure compliance with federal emergency response regulations and requirements, etc.].
- **Recovery** – [LIST HERE, e.g., administer funding for recovery or future preparedness as authorized and appropriated, etc.].

State Partners [LIST EACH SEPARATELY] [Develop with State Partners based on state-specific policies and plans.] (e.g., Health Department, Office of Emergency Management)

- **Mitigation** - [LIST HERE, e.g., provide technical assistance and funding to support mitigation activities, etc.].
- **Preparedness** - [LIST HERE, e.g., provide technical assistance and funding to support planning activities, etc.].
- **Response** - [LIST HERE, facilitate statewide situational awareness among partners; suspend/modify regulatory requirements, as appropriate, to support health center response; provide resources to health centers, as necessary and as possible, etc.].
- **Recovery** - [LIST HERE, e.g., coordinate collection of post-event lessons learned and translation into best practices for future planning and response efforts among health centers across the state; provide guidance and/or facilitate reimbursement, etc.].

Local/County Partners [LIST EACH SEPARATELY] [Develop with local/county partners based on local policies and plans.]. (e.g., Health Department, Office of Emergency Management, Law Enforcement, other Health Centers, Hospitals, etc.)

- **Mitigation** - [LIST HERE]
- **Preparedness** - [LIST HERE]
- **Response** - [LIST HERE]
- **Recovery** - [LIST HERE]

Section 4 - Continuity of Operations/Business Continuity

[Name of Health Center] has developed plans to support continuity of operations during a disaster or emergency. Key elements of these plans are noted below. A complete *Business Continuity Plan (BCP)*, including insurance information, may be found in [Annex A](#). [NOTE: Include insurance info in the BCP or modify this section to note where insurance info is found].

4.1 Delegations of Authority and Orders of Succession

Roles and responsibilities or authorities of [Name of Health Center] staff members may be changed to maintain operational continuity when [DEFINE the criteria to activate procedures for transition of successors and/or delegations of authority]. Orders of Succession/Delegations of Authority are activated [DESCRIBE the activation process, including who may activate orders/delegations, how they do so, and how personnel are notified upon implementation of succession and/or delegations of authority]. Delegations of authority will be terminated when [DEFINE the circumstances under which Orders of Succession will be rescinded and/or delegations of authority would be terminated]. [DESCRIBE procedures for notifying appropriate personnel upon termination of succession and/or delegations of authority]. A list of each staff member with key continuity-related responsibilities, their potential successor(s), and associated delegations of authority, is included in the BCP found in [Annex A](#).

4.2 Essential Services/Functions

[Name of Health Center] has identified and prioritized the following [5-10] essential services/functions (i.e., those that must continue during an emergency or disaster) and related supporting processes and recovery time objectives, as follows:

Priority Number	Essential Service/ Function	Supporting Processes	Recovery Time Objective

Every effort will be made to provide the essential services noted above. To address services needed that cannot be provided by the health center during an emergency as part of continuity of operations and services, [Name of Health Center] will *[DESCRIBE HERE how the health center will assist patients with accessing needed services.]*

4.3 Medical Documentation and Availability of Records

To ensure that patient records are secure and readily available to support continuity of care during an emergency, [Name of Health Center] has a system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains availability of records. These policies and procedures comply with the Health Insurance Portability and Accountability Act (HIPAA), Privacy and Security Rules at 45 CFR parts 160 and 164, which protect the privacy and security of an individual's personal health information. Details for this system may be found in [Annex A-Business Continuity Plan](#).

Section 5 - Communications

5.1 Communications Planning Overview

Information shared during an emergency must be timely, accurate, comprehensive, authoritative and relevant. Coordination of messaging among all partners is critical to ensuring that staff, patients, and partners all receive the information they need to take the appropriate steps in response to an emergency or disaster. [Health Center's] **Communications Plan** (See [Annex B](#)) includes the following:

- Protocols for communicating with organization staff (including senior leadership and network-level management).
- Protocols for communicating with patients.
- Protocols for communicating and coordinating with local, state, federal, and other partners.
- Protocols for sharing patient information and documentation for continuity of care.
- Contact information for stakeholders, or instructions for accessing this information.
- Identification of primary and back-up communication methods.
- Draft messages based on current response plans.
- Emergency codes.
- Procedures for the collection, maintenance, and testing of data, equipment/software, as well as all communication protocols; and
- Designation of a Public Information Officer (PIO)/Spokesperson and a brief description of their role and responsibilities.

[Health Center's] ***Communications Plan*** complies with all federal, state, and local laws and/or professional licensing requirements.

Section 6 - Buildings, Utilities, Safety and Security

6.1 Facilities Management

[Health Center] maintains all facilities [owned and/or occupied] by the health center in accordance with activities that mitigate hazards and facilitate emergency response. As part of normal operations, [Health Center] maintains a safe environment of care for its staff, patients, and visitors. In doing so, [Health Center] conducts [monthly or quarterly] inspections at each health center location to monitor compliance with all mitigation efforts. [DESCRIBE any additional considerations if renting or sharing space with another agency / organization.]

6.2 Evacuation Planning/Shelter-in-Place Plans

Depending on the type of emergency, and whether it is internal or external to the facility, it may be necessary to evacuate the facility, or to shelter-in-place. [Staff Title] is authorized to issue evacuation, and/or shelter-in-place orders for [Health Center]. The decision to evacuate or shelter-in-place will be made based on pre-determined scenarios, and the best available information, at the time of an incident. Direction from law enforcement, emergency management, and public health authorities will also impact the decision to evacuate or shelter in place. When a shelter-in-place is in effect, no one will be allowed to exit or enter the health center and operations may be limited or modified. Staff and patients expected to arrive during the shelter-in-place order will be contacted to make them aware of the situation, and patient visits will be re-scheduled, as needed. Signage will also be placed on the entrance doors. All [Health Center] locations have posted evacuation plans indicating evacuation routes, and the location of emergency exits and emergency equipment. The health center conducts evacuation drills [monthly or quarterly]. **Evacuation/Shelter-in-Place Plan(s)** may be found in [Annex C](#). (NOTE that your Evacuation and Shelter-in-Place plans should contain accountability procedures, which will identify how the health center will account for all staff and patients that were in the facility that day ensuring no one is left behind in the event of evacuation.)

6.3 Fire Safety

The health center maintains a **Fire Safety Plan** in accordance with local ordinances including emergency procedures and contact information. The health center conducts fire drills [monthly or quarterly]. The **Fire Safety Plan** may be found in [Annex D](#).

6.4 Utility Mapping

On-site personnel have access to utility maps, which specify the locations and instructions for accessing/shutting down building systems including [alarms, electrical, gas, water, and HVAC]. These maps are located [INSERT location here]. **Instructions for Responding to Utility Disruption** or system failures may be found in [Attachment D](#).

6.5 Safety and Security

[Health Center]'s current safety and security protocols for staff and patients are described in [LIST applicable plans/policies]; [staff title(s)] [is/are] responsible for implementing the plan(s).

[DESCRIBE how these policies would be applied in an emergency; consider staff identification, security/access control, lock-down, workplace violence, etc. as needed and add them to the annex list, as appropriate]

Section 7 – Finance, Logistics, and Resource Management

7.1 Emergency Operations Center Set-up

[Health Center] has designated the [location - building, floor, and room number] as the organization's Emergency Operations Center (EOC). This is the location where situational assessments are conducted and decisions are made; it also serves as the hub for internal and external communications. The EOC will be set up by [Staff Title or assigned ICS role] with supplies available from [list locations]. Set up of the EOC should take approximately [# minutes/hour(s)]. If the primary EOC is compromised, the alternate location will be [building, floor and room number]. A **Supply List for Health Center EOC** may be found in [Attachment E](#).

7.2 Emergency Supplies and Equipment

[Health Center] engages in planning efforts to effectively manage resources available for emergency response and recovery. This includes engaging partners and vendors, and proactively monitoring logistics and resources to ensure critical supply and equipment inventories are documented and current. Emergency supplies and equipment are located [INSERT location here]. *[NOTE-Whenever possible, distinctions between supplies (medical and non-medical) used for normal operations and those held in reserve for emergency response should be made.]*

[Health Center] may receive aid through non-governmental organizations or governmental channels and has implemented processes to ensure resources associated with response/recovery are documented and tracked. As part of ongoing planning, [Health Center] has identified potential logistical partners and critical suppliers to promote cooperation and expedite response for the allocation of supplies, and/or delivery of services during an emergency. *[NOTE that the suppliers utilized should be outside of the local area, if possible, in case the emergency affects the city, county, or state. In such situations, the local supplier may also be impacted and/or overwhelmed by orders from other facilities in the local community and unable to meet demands.]*

Emergency supplies and equipment are tracked and paid for according to [Health Center]'s finance policies. *[DESCRIBE or refer to finance protocols, as needed. If there is a specific supply tracking form that will be used, attach it to this plan (with finance protocols.)]*

A **Vendor Contact List** may be found in the Communications Plan.

7.3 Emergency Staffing Strategies

[Health Center] has developed policies and procedures that could be implemented during an emergency to reduce non-essential health care visits and slow surge within the facility. This includes [the use of telehealth, telephone triage, and re-scheduling of non-urgent visits until

emergency conditions are resolved.] During a larger-scale event that affects the community's health care system more broadly, [Health Center] will communicate and coordinate with partners to maintain situational awareness of how it may be impacted. [It will also assist in meeting health care system surge needs, if possible, and when appropriate.] This coordination will primarily occur through [Health Center]'s partnership with [its Primary Care Association, and/or state and local public health authorities, and/or local hospitals.]

[Health Center] may require additional staff to support patient surge at its site(s), and/or to fulfill basic staffing needs during extended emergencies that result in significant staff absences (e.g., a particularly bad flu season, an emerging infectious disease pandemic). Staff schedules and/or roles may also be modified to ensure that essential services, and/or emergency-related services, are offered to meet patient care needs. In these situations, [Health Center] may take the following actions:

- *[INSERT here emergency staffing strategies. Use separate bullets for each strategy. Will you use contract agencies? If so, are contracts in place? Will you modify shifts? If so, how? Will you change roles and responsibilities of certain staff members? If yes, how will you do so? Are there documents that support these strategies? If so, note where they can be found. Are they attached to this EOP? Update attachment listings, as needed.]*

In some situations, [Health Center] may need to reduce its hours of operation based on the status of the facility or significant decrease in patient visits (e.g., during a “lockdown” order by public health authorities). Staff hours may need to be reduced accordingly. Scheduling will be determined by [Staff Title] in accordance with the **Emergency Management Related Human Resource Policies** found in [Attachment F](#).

[INCLUDE the following information on volunteer management if your health center will use volunteers. Alternatively, clearly state that your health center will not use volunteers for emergency/surge staffing and delete the sample text.]

[Health Center] may utilize volunteers in the event of a disaster that hinders the ability of this health center to render care and services to its community. Due to regulations and/or restrictions, the health center has developed specific volunteer protocols, including:

- When volunteers will be needed.
- How to identify volunteers.
- How to request volunteers.
- How to credential, assign, and train volunteers.
- How to supervise and evaluate volunteers in the health center.

Details may be found in the **Volunteer Management Plan** ([Annex E](#)).

7.4 Staff Care

[Health Center] recognizes the value of its staff, especially during emergencies and disasters. It will work with staff to maintain their personal health and safety. This will include:

- Providing appropriate personal protective equipment (PPE) when needed, and training staff in the proper way to use it.
- Ensuring that staff get breaks to rest, stay hydrated, and eat.
- Providing mental health services as per section 8.4 below and [Attachment H](#) for ***Emergency Mental Health Protocols for Staff and Patients.***
- *[DESCRIBE other staff support available (e.g., childcare services, transportation) or delete.]*

7.5 Timekeeping, Payroll, and Related Human Resource Considerations

Human Resource management is a critical component of emergency management planning.

[Health Center] has processes to ensure staff time and effort associated with response/recovery is documented and tracked. *[DESCRIBE or refer to any protocols and/or tracking codes for use during emergency response/recovery, as well as any HR policies covering payroll changes or contingency plans. Attach them to this plan.]*

Emergency Management Related Human Resource Policies may be found in [Attachment F](#).

Section 8 - Community Integration

8.1 Identification of Planning and Response Partners

[Health Center] has identified and engaged key planning partners including [Primary Care Association (PCA), hospitals or other medical facilities, public health/response agencies community-based organizations, and/or local businesses] that may assist the health center during an emergency, or that the health center may be called upon to assist during a disaster. To effectively plan for and respond to a disaster, the health center will work with its partners to integrate the health center's plans with their plans via [regular planning meetings, joint trainings, and/or joint exercises]. [Health Center] communicates information regarding its emergency management plans to members of the community via [online postings, newsletters, signage, and/or recorded messages]. All publicly shared information is approved by [the PIO] before it is distributed.

8.2 Coalitions

To support health care community integration, [Health Center] participates in [local, regional, other—LIST] coalitions, which includes [LIST activities - e.g., meetings, trainings, exercise, sending/receiving information]. Prior to participating in a coalition or community-wide activity, [Health Center] determines what information will be shared with its partners and what information is proprietary.

8.3 Agreements

To establish a formal partnership, [Health Center] utilizes a formal agreement, such as a Memorandum of Understanding (MOU). [Health Center] [has considered the following planning partners for establishing formal agreements/has entered into agreements with the following partners]:

[REPLACE *bullet points below with descriptions of any agreements in place or in progress, and add or delete items, as necessary*].

- State PCA
- Health Care System Partners (Hospitals, Other Health Centers, Dialysis Centers, etc.)
- Emergency Medical Services (EMS)
- Local/Regional Coalitions
- Disaster Relief Organizations
- Vendors/Suppliers
- The Medical Reserve Corps
- Local Department of Health
- State Department of Health

- County Emergency Management Agencies.

[REFER TO [Attachment G](#) - **MOU Template** for a sample document. Add any current agreements to this EOP as part of Attachment G.]

8.4 Emergency Mental Health

[Health Center] recognizes that psychological reactions to disasters are common, and while most people do not require long-term mental health treatment following a disaster, crisis intervention to alleviate acute psychological stress may be necessary. [Health Center] has protocols to address the mental health needs of staff and patients related to emergency response and/or post-disaster situations. The [Staff Title or Department] is responsible for ensuring the availability of timely and appropriate screening and treatment for emergency mental health services and maintaining available materials including [a screening tool, Psychological First Aid (PFA) information, brochures on trauma/PTSD, and a current list of mental health resources in the community.] Whenever possible, written materials are made available in multiple languages to meet community needs. [NOTE if there are referral agreements with other providers.]

[In addition, the health center has designated [Staff Title(s) or Department] as Emergency Mental Health Coordinator(s). Coordinators are trained in PFA, and responsible for helping and providing materials to staff and patients. Additional staff members may be trained and designated as coordinators using a just-in-time (JIT) training model during an incident.]

See [Attachment H](#) for **Emergency Mental Health Protocols for Staff and Patients**.

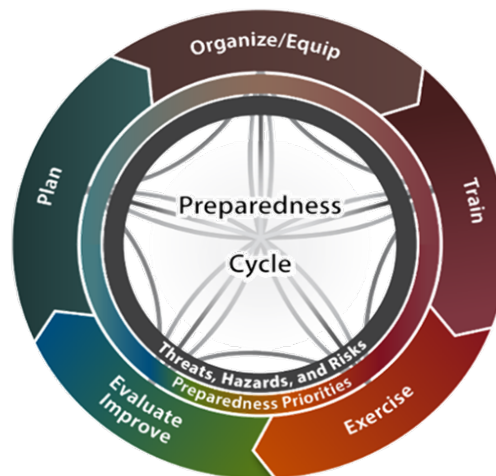
Section 9 - Plan Development and Maintenance

9.1 Plan Development, Review, and Storage

The [Emergency Management Committee] is responsible for developing, maintaining, and distributing this plan. The plan will be reviewed every 2 years, and as required, to incorporate lessons learned from real incidents, exercises, or trainings; new state, federal, and/or regional guidelines or directives; and/or to address significant operational gaps. Changes may include additions of new or supplementary material and/or deletions of outdated information. No proposed change should contradict or override authorities or other plans contained in statute or regulation. All changes will be approved by the [Staff Title/ Committee] prior to incorporation and distribution. The final plan is submitted to the Health Center's Board of Directors for [annual/biennial] approval. The master copy of this plan is stored electronically [location] and a hard copy is available [location].

9.2 Training, Exercises, Evaluation, and Improvement Planning

[Health Center] has established an employee training and exercise program based on the health center's **Emergency Operations Plan**, risk assessment, policies and procedures, and **Communications Plan**. This program follows the principles of the [Homeland Security Exercise and Evaluation Program \(HSEEP\)](#) and the Integrated Preparedness Cycle (IPP).



The health center's EM Committee plans preparedness activities for up to [3 years], and documents them in an Integrated Preparedness Plan (IPP) ([Appendix C](#)). The Committee reviews annually the results of trainings and exercises, and progress on meeting IPP priorities, to ensure the frequency and content are appropriate for maintaining preparedness among health center staff.

[Health Center] provides staff with emergency preparedness-focused training as part of employee orientation and then at least every 2 years on a continuous basis. At minimum, topics will include:

- Overview of the Health Center's **Emergency Operations Plan**, and related policies and procedures.
- Fire response and evacuation plans.
- Overview of the Health Center's **Communications Plan**, with a focus on staff notification and emergency plan activation.
- Infectious disease preparedness and use of PPE.
- Overview of the Incident Command System (ICS) for managing emergencies, including the health center's specific ICS.
- Individual staff roles and responsibilities for emergency response, and how to prepare (e.g., reviewing policies and procedures, reading JAS, participating in other trainings and exercises, etc.).
- [Psychological First Aid.]
- [ADD or DELETE trainings in this section.]

All staff will receive emergency preparedness training in accordance with their anticipated emergency response roles and responsibilities. Trainings are planned by [Staff Title/Committee]. [INCLUDE details here of how training will be delivered at your health center, e.g., online vs. in-person; by job titles or scheduling convenience; during or after business hours, etc.]

All training will be evaluated, and staff knowledge gained from training will be assessed. Evaluation and assessments will be used to improve the trainings, and modify training curricula, as needed. [NOTE how staff knowledge will be assessed, and if strategies will vary by training topics and/or roles.] Participation in trainings is documented by [Staff Title]. Documentation is maintained [NOTE where/how to find documentation of trainings completed and staff knowledge assessments for CMS compliance].

[In addition to the standard training requirements for all staff, Command and General ICS staff must complete [FEMA Independent Study courses](#) IS 100.C and IS 200.C. Upon successful completion of these courses, staff should submit their certificates to the [Staff Title or Department].]

[NOTE that these ICS training requirements should be decided by the health center. They are not mandated by CMS, however, the knowledge of the role and functions of each of the ICS

command staff positions will be necessary for interaction with entities outside of the health center during an emergency response and thus, these are highly recommended].

[Health Center] conducts exercises to assess emergency management protocols and identify gaps for plan refinement and additional staff training. Observations of staff response during scheduled events is used to identify strengths, challenges, and potential improvements. Exercise scenarios are based on the top risks identified by the HVA ([Appendix B](#)). A minimum of 2 exercises will be conducted every 2 years to meet CMS EP Rule requirements and ensure that the health center is prepared to respond to emergencies or disasters. The health center will participate in a community-based exercise (i.e., an exercise that includes one or more partners that work together for emergency response) whenever possible and appropriate. Organization-specific exercises will be planned by [Staff Title and members of the EM Committee] and staff participation in exercises will be documented [*DESCRIBE here how exercise participation will be documented*].

All participants will be asked to evaluate their exercise experience and impression of the exercise's effectiveness at improving the health center's preparedness. Following each exercise, a "hotwash" will also be conducted to discuss player experiences, and strengths and areas for improvement for the health center. This information will be compiled in an After-Action Report (AAR) and Improvement Plan (IP) in accordance with [HSEEP templates](#). Findings and recommendations will be reported to the EM Committee and senior leadership, and used to inform training, exercises, and plan modifications to improve the health center's preparedness and the capabilities of its staff. Progress towards completing corrective actions noted in IPs will be regularly tracked by the [EM Committee and senior leadership].

Section 10 - Hazard Specific Plans

[Health Center] has developed or is currently developing the following hazard-specific plans/policies/procedures based on the top risks identified from the HVA. (See Section 2.3 and Appendix B for more details.)

[LIST each hazard-specific plan/policy/procedure and attach each as an Annex to this EOP base plan. Note the status of each: completed; in progress; not yet started.]

Section 11 - Standards, Regulations, and Guidelines

- ASPR TRACIE. (2021). [Rural Health Clinic / Federally Qualified Health Center Requirements: CMS Emergency Preparedness Final Rule \(Updated\)](#).
- Centers for Medicare and Medicaid Services. (2016). [Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers](#).
- 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 For Every Emergency](#).
- Centers for Medicare and Medicaid Services. (2021). [Emergency Preparedness Rule](#).
- Emergency Management Accreditation Program (EMAP). (2019). [EMAP 5-2019 Emergency Management Standard](#).
- Health Resources & Services Administration (HRSA). (2022). [FTCA Policies and Program Guidance](#).
- Health Resources & Services Administration (HRSA). (2020/Updated 2022). Program Assistance Letter 2020-05 - [Requesting a Change in Scope to Add Temporary Service Sites in Response to Emergency Events](#).
<http://bphc.hrsa.gov/programrequirements/pdf/pal201405.pdf>
- Health Resources & Services Administration (HRSA). (2022). [What is the Federal Tort Claims Act?](#)
- Health Resources & Services Administration (HRSA). (2024.) [Temporary Privileging of Clinical Providers by Deemed Public Health Service Employee Health Centers Impacted by Certain Declared Emergencies or Other Emergency Situations](#).
- National Fire Protection Association. (2024). [NFPA 1660: Standard for Emergency, Continuity, and Crisis Management: Preparedness, Response, and Recovery](#).
- The Joint Commission. [Emergency Management, and Environment of Care Standards for Ambulatory Programs](#). (Available for purchase)
- The Joint Commission. (2021). [Big Book of EC, EM, and LS Checklists](#).
- U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response. (2016). [Health Care Preparedness and Response Capabilities for Health Care Coalitions](#).

Plan Appendices, Attachments, and Annexes

Appendices

[Appendix A](#) – Emergency Management Program Workplan

[Appendix B](#) - Hazard Vulnerability Analysis (HVA)

[Appendix C](#) – Integrated Preparedness Plan (IPP) (including multi-year schedule of events)

Attachments

[Attachment A](#) - ICS Assignment List and Instructions for ICS Activation

[Attachment B](#) - Job Action Sheets

[Attachment C](#) - Combined Incident Action Plan/Situation Report Template

[Attachment D](#) - Instructions for Responding to Utility Disruptions and Utility Maps

[Attachment E](#) - Supply list for Health Center EOC

[Attachment F](#) - Emergency Management Related Human Resource Policies

[Attachment G](#) - MOU Template

[Attachment H](#) - Emergency Mental Health Protocols for Staff and Patients

[Attachment I](#) - Emergency Management Acronyms

Annexes

[Customize the attached/linked templates or use existing plans you already have.]

[Annex A](#) – Business Continuity Plan

[Annex B](#) – Communications Plan (see

<https://nurseledcare.phmc.org/documents/item/1929:emergency-preparedness-resources-for-health-centers.html>)

[Annex C](#) – Evacuation/Shelter-in-Place Plans

[Annex D](#) - Fire Safety Plan

[Annex E](#) - Volunteer Management Plan

[Additional Annexes](#) - Hazard-Specific Plans or Functional Annexes

[ADD plans as developed. Update plan text to refer to them. Update list of plan attachments.]

Appendix A – Emergency Management Program Workplan

[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 B – Hazard Vulnerability Analysis

[Tool available online <https://calhospital.org/updated-hva-tool-kaizer-permanente/>]

[INSERT most recent HVA scoring sheets here.]

Appendix C – Integrated Preparedness Plan (including multi-year schedule of events)

[INSERT current IPP and multi-year schedule of events here. Template below has been adapted from [HSEEP](#).]

[Health Center NAME]

Integrated Preparedness Plan

[Time Period Covered]

[Date]

Integrated Preparedness Planning Team

[NOTE-You may list the EM Committee members if they are developing the IPP. Use the “POC” titles below to help include the right health center staff members in this process.]

[Training POC:]

[Name]

[Title]

[Agency]

[Street Address]

[City, State ZIP]

[xxx-xxx-xxxx (office)]

[xxx-xxx-xxxx (cell)]

[e-mail]

[Exercise POC:]

[Name]

[Title]

[Agency]

[Street Address]

[City, State ZIP]

[xxx-xxx-xxxx (office)]

[xxx-xxx-xxxx (cell)]

[e-mail]

[Budget POC:]

[Name]

[Title]

[Agency]

[Street Address]

[City, State ZIP]

[xxx-xxx-xxxx (office)]

[xxx-xxx-xxxx (cell)]

[e-mail]

[Planning POC:]

[Name]

[Title]

[Agency]

[Street Address]

[City, State ZIP]

[xxx-xxx-xxxx (office)]

[xxx-xxx-xxxx (cell)]

[e-mail]

[Recovery & Mitigation POC:]

[Name]

[Title]

[Agency]

[Street Address]

[City, State ZIP]

[xxx-xxx-xxxx (office)]

[xxx-xxx-xxxx (cell)]

[e-mail]

[Hazard Analysis/Risk Assessments POC:]

[Name]

[Title]

[Agency]

[Street Address]

[City, State ZIP]

[xxx-xxx-xxxx (office)]

[xxx-xxx-xxxx (cell)]

[e-mail]

Purpose

This IPP is intended to combine efforts across components of the Integrated Preparedness Cycle (IPC) to make sure that [Health Center] has the capabilities to handle threats and hazards. It was developed and is managed by the EM Committee, through an [Integrated Preparedness Planning Workshop (IPPW)/a collaborative process modeled on the Integrated Preparedness Planning Workshop (IPPW) model]. This IPP covers [INSERT time of 2 or 3 years]. It will be reviewed at least annually, and adjustments will be made, as needed. The EM Committee will repeat the [IPPW/IPPW process] at the end of the applicable time period, or when planning priorities change significantly.

Preparedness Activity Considerations

[In this area, briefly describe how the organization decided upon its preparedness priorities by listing the factors for consideration and subsequent decisions from the Integrated Preparedness Planning Workshop (IPPW). As appropriate, discuss how existing strategy documents, Hazard Vulnerability Analyses (HVAs), Local Hazard Mitigation Plans, capabilities assessments, corrective actions, and past After-Action Reports (AARs) and Improvement Plans (IPs) informed the development of the priorities. Then, identify the specific priorities for the time period addressed in the IPP and briefly describe each priority. Include as many priorities as appropriate.]

The health center considered the following factors when determining its planning priorities for this multi-year cycle of preparedness activities:

Threats, Hazards, and Risks

[Provide a brief description of the jurisdiction/organization specific threats, hazards, and risks that informed the development of the preparedness priorities.]

Capability Assessments, Corrective Actions, and Improvement Plans

[Provide a brief description of the capabilities, areas for improvement, and corrective action considerations that informed the development of the preparedness priorities.]

External Sources and Requirements

[Provide a brief description of the external sources and requirements that informed the development of the preparedness priorities.]

Accreditation Standards and Regulations

[Provide a brief description of the accreditation standards and regulations that informed the development of the preparedness priorities.]

Preparedness Priorities

Based on the above-mentioned considerations, the IPPW participants determined the following priorities will be the focus for the multi-year cycle of preparedness activities:

Preparedness Priorities	
	•
	•
	•
	•
	•

[In the section below, LIST each priority, the corresponding capabilities, rationale, and the preparedness cycle elements that will support the priority and associated capabilities. Copy and paste the section outline and add content for priorities and related info, as needed.]

[Priority]

[Briefly describe the priority.]

Corresponding Capabilities:

[Identify the capabilities associated with addressing the specified priority.]

Rationale:

[As applicable, reference any items from past After-Action Reports (AAR)/IPs, threat/hazard identifications, national strategies/guidance, etc. that relate to the specified priority.]

Planning Factors:

[Provide a brief description of plans, policies, procedures, and checklists applicable to this priority.]

Organization and Equipment Factors:

[Provide a brief description of organization and equipment factors applicable to this priority.]

Supporting Training Courses:

[Identify training courses—including course numbers and names—that support the specified priority and associated capabilities. List only those training courses that the organization will choose to conduct over the agreed upon multi-year timeframe.]

Supporting Exercises:

- *[List any exercises that will support the specified priority and associated core capabilities. List only those exercises that the organization will choose to conduct over the agreed upon multi-year timeframe.]*

Program Reporting

[In this section, discuss the preparedness activities and how they are intended to influence capability improvement. Include the organization's methodology for prioritizing, assigning, monitoring, tracking, and reporting the progress made toward resolution of issues identified during exercises and real-world incidents as well as capability improvement projects and the overall impact these actions have on capabilities.]

[Health Center] will regularly monitor progress towards achieving improvement goals identified through exercises, real-world incidents, and capability improvement projects, and documented as corrective actions in Improvement Plans. This assessment will inform future Integrated Preparedness Cycle activities by assisting the health center to identify preparedness capabilities that have been achieved, and those requiring improvement.

Program reporting is an extension of improvement planning, and includes the following activities, led by the EM Committee:

- Compiling and recording areas for improvement from exercises and real-world incidents.
- Determining actions and linking capabilities needed to address identified areas for improvement and associated corrective actions.
- Prioritizing, assigning, tracking, reporting, and updating corrective action progress.
- Considering changes, completed corrective actions, identified potential best practices, and lessons learned for future iterations of the health center's Integrated Preparedness Cycle and Integrated Preparedness Plan.
- Incorporating changes into the health center's emergency-related plans, based on lessons learned, best practices, and/or capability achievement.

Multi-year Schedule of Preparedness Activities

[Health Center] has developed the following Multi-year Schedule of Preparedness Activities, based on its Integrated Preparedness Plan (IPP).

[The following instructions are provided to guide you in filling in the multi-year schedule template in Excel (found in HSEEP templates); however, any format can be used. The template can be modified to meet the requirements of the organization. The guidelines in this section will assist you in entering the appropriate information into the template.]

[Go to the Q1 Y1 tab representing Quarter 1 of the first year of the planning period.

Enter the appropriate quarter and year in the upper left corner.

Each Quarter tab is broken down by month along the left side and by preparedness priority along the top. The table is then further broken down within in each month by preparedness activity type: Planning, Organizing, Equipping, Training, and Exercises.

Repeat Steps 1-3 for Q2-Q4 of Year 1.

Review the Year 1 tab. All events entered in the quarter sheets is automatically populated in the Year 1 sheet.

Repeat steps 1-5 for additional years. Then review “Multi-Year View” tab for accuracy and completeness; all data entered in Years 1, 2, and 3 tabs is automatically populated in “Multi-Year View” tab.

If necessary, wording within each cell can be color-coded by organization.

Remember to consider the cycle, mix, and range of preparedness activities.]

Integrated Preparedness Schedule Q1 Y1 2021

[NOTE: This is just an example of what the table would look like in the Excel-based Multi-Year Schedule Template; however, if needed, the organization can utilize this table in Word or any other method it prefers. Templates are only provided as a starting point and their use is not mandatory.]

January 2027

Activity	Priority 1	Priority 2	Priority 3	Priority 4	Priority 5
Plan					
Organize					
Equip					
Train					
Exercise					

February 2027

Activity	Priority 1	Priority 2	Priority 3	Priority 4	Priority 5
Plan					
Organize					
Equip					
Train					
Exercise					

March 202

Activity	Priority 1	Priority 2	Priority 3	Priority 4	Priority 5
Plan					
Organize					
Equip					
Train					
Exercise					

Attachment A – ICS Assignment List and Instructions for ICS Activation

ICS Role	Description	Primary Staff Assigned	Secondary Staff Assigned
Incident Commander			
Public Information Officer			
Liaison Officer			
Safety Officer			
Operations Section Chief			
Planning Section Chief			
Logistics Section Chief			
Finance and Administration Section Chief			
Other			

Instructions for ICS Activation

[INSERT *instructions specific to your health center—who decides to activate; who does the actual activation; what needs to happen for EOC set-up.*]

See [Annex B, Communications Plan](#), for additional details on staff notification and emergency communications protocols.

Attachment B - Job Action Sheets

[INSERT JAS specific to your health center. Sample Job Action Sheets in Word and PDF formats can be found online at:

[http://hicscenter.org/SitePages/Job%20Action%20Sheets%20\(JASs\).aspx](http://hicscenter.org/SitePages/Job%20Action%20Sheets%20(JASs).aspx)]

Attachment C – Combined Incident Action Plan/Situation Report Template

Combined Incident Action Plan/Situation Report Template

Incident name:	Operational period # [Enter number-1,2, etc.]
Date From: [Enter start date] To: [Enter end date]	Time period From: [Enter start time] To: [Enter end time]
Incident Description: [Briefly describe what the incident is, when it began, who/what is being impacted by the incident. This is background/baseline information.]	
Overall Incident Objectives [Add or delete bullets, as needed.] • [Obj. 1] • [Obj. 2] • [Obj. 3] • [Obj. 4] • [Obj. 5]	
Factors that could affect achievement of objectives [Add or delete bullets, as needed.] • [Factor 1] • [Factor 2] • [Factor 3] • [Factor 4] • [Factor 5]	
Current Incident Status and Information Needs [Include information for the current operational period. Provide updates/status on essential elements of information as defined by the ICS. Note if objectives from prior operational period have been achieved. Define additional information needed and where it is needed from to support response. Delete old information for each new report.]	

Planned Actions for THIS operational period <i>[Add or delete rows, as needed. Complete after discussion at ICS meeting.]</i>		
Actions by Incident Objective	Resources	Challenges
[Obj. 1] [Action 1; Action 2; Etc.]	[Resources assigned/needed]	[Challenges/concerns]
[Obj. 2] [Action 1; Action 2; Etc.]	[Resources assigned/needed]	[Challenges/concerns]
[Obj. 3] [Action 1; Action 2; Etc.]	[Resources assigned/needed]	[Challenges/concerns]
[Obj. 4] [Action 1; Action 2; Etc.]	[Resources assigned/needed]	[Challenges/concerns]
[Obj. 5] [Action 1; Action 2; Etc.]	[Resources assigned/needed]	[Challenges/concerns]
Prepared by Planning Section Chief: [Name and signature]		
Approved by Incident Commander: [Name and signature]		

Attachment D – Instructions for Responding to Utility Disruptions and Utility Maps

[INSERT necessary information and graphics here. Include instructions for gas, water, electricity, and how disruptions may affect HVAC systems, specific to your health center.]

Attachment E –Supply List for Health Center EOC

[Below is a **SAMPLE** list of items to consider including in your Command Center/EOC location(s). Modify as needed for your health center.]

Communication Equipment

- Cellular phone(s) and charger(s)
- Analog phone (s) and lines
- Governmental Emergency Telecommunications System (GETS) card(s)
- Public address system
- Two-way radio network (stationary & portable/handheld) with the ability to communicate with security, safety staff, public safety, other sites in network, etc.
- Bullhorn

Electronic Equipment

- Weather radio – hand-cranked or battery operated
- Fax machine
- Copy machine
- Television/Cable/Satellite Service
- Laptops/computer terminals
- Printer/scanner
- Overhead projector with screen
- Surge protectors
- Digital camera

Food and Water

- Bottled water and shelf-stable food

Reference and Resource Materials

- Insurance Information
- Communications Plan (including vendor, staff, and external partner contact lists)
- Emergency Operations Plan (EOP)
- Business Continuity Plan

- ICS Forms/Notebooks to record EOC activities
- Reference materials (blueprints, maps, facility policy and procedure manuals)

Furniture

- Tables and chairs
- Flip chart, easel & pad
- White boards and markers
- Bulletin board

Office Supplies

- Miscellaneous office supplies (i.e., staplers, staples, staple removers, envelopes of various sizes, paper clips, push pins, masking/scotch tape, pencils, pens in assorted colors, assorted rubber bands, binders, writing pads, note pads, name tags, markers)
- Batteries for equipment

Safety Equipment and Supplies

- Flashlights, headlamps & batteries
- Light sticks
- First aid kit
- Cleaning wipes
- Hand sanitizer
- Duct tape

Personal Protective Equipment (PPE)

- Face shields
- N95 respirators
- Disinfecting wipes
- Surgical masks
- Nitrile gloves

Attachment F – Emergency Management Related Human Resource Policies

[REFER to and/or MODIFY the following template for your organization.]

Human Resource Policies and Procedures for Federally Qualified Health Centers During Public Health Emergencies

Template and Guidance Document

Developed by the Community Healthcare Association of New York State
(CHCANYS)

With development support by ARH Health Consulting, LLC

Legal review by Feldesman, Tucker, Leifer, Fidell LLP

March 2021

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How to use this document

Federally qualified health centers (FQHCs; health centers) should use this template and guidance document to develop an annex to their Emergency Operations Plans (EOPs) that is meant to supplement existing Human Resource Policies and Procedures during a public health emergency declared by local, state, and/or federal authorities.

- Each policy is numbered using the format “HR-EM-#” (Human Resources-Emergency Management-#). Health centers may modify or delete the policy numbers at their discretion.
- Blue shaded areas within brackets indicate where FQHCs should edit and customize this document for their organization.
- “For Consideration” questions are provided to assist FQHCs with identifying issues likely to arise during public health emergencies, so that they are addressed in this document.
- Additional information in response to the questions should be added to this document accordingly, and as applicable.
- FQHCs should delete or modify anything in this template that does not apply to them.
- The annex that is developed should be written to be shared with employees.
- The annex should be reviewed and updated at least every 2 years.

Disclaimer

This template and guidance document is published with the understanding that CHCANYS is not engaged in rendering legal, financial, or other professional service. If legal advice or other expert assistance is required, the services of a competent professional should be sought. This document is not a substitute for legal advice.

Human Resource Policies and Procedures for [Name of Federally Qualified Health Center] During Public Health Emergencies

Policy HR-EM-1: This document describes Human Resource (HR) policies and procedures for [Name of FQHC] during public health emergencies. It is an addendum to [Name of FQHC]’s existing (i.e., “standard”) HR policies and procedures. The **policies and procedures contained in this document will be activated and put into effect** when a public health emergency is declared by local, state, and/or federal authorities. “Standard” HR policies will be back in effect at the conclusion of the declared public health emergency or as otherwise determined by [Name of FQHC].

Date: [Insert date]

Contact: For questions about any of the policies contained in this document, please contact [Insert name of document “owner”].

The policies and procedures described in this document will be activated by [Title of individual authorized to activate these policies and procedures] when a public health emergency is declared by local, state, and/or federal authorities, and such emergency adversely affects the employees and/or operations of [Name of FQHC]. All employees will be notified of the activation of these policies and procedures [via e-mail or other communication] from [Title of individual authorized to activate these policies and procedures]. Notification will also be posted to [Name of FQHC]’s intranet page.

[Title of individual authorized to activate these policies and procedures] may deactivate these policies and procedures when the emergency declaration is rescinded or expires, or sooner if the health center’s employees and/or operations are no longer adversely impacted by the emergency. Notification of deactivation and return to “standard” HR policies and procedures will be made via e-mail to all employees and if available posted to [Name of FQHC]’s intranet page.

Policy HR-EM-2: [Name of FQHC] will follow incident-specific guidance from public health, and labor authorities throughout the duration of the public health emergency.

[Name of FQHC] will refer to the best available incident-specific recommendations from local, state, and federal public health, and labor authorities to inform any additions or modifications to these policies and procedures throughout the course of the public health emergency. Sources will include:

- State/Local/Regional Department of Health
- U.S. Centers for Disease Control and Prevention (CDC)
- State Department of Labor
- Occupational Safety and Health Administration (OSHA)
- [Add any others here, if desired.]

[If part of a network, indicate if guidance will be provided to each site from the main administrative office.]

Policy HR-EM-3: [Name of FQHC] will take into consideration any current collective bargaining agreements that [Name of FQHC] is party to when developing the policies and procedures described in this document (and any incident-specific addenda).

[Name of FQHC] will consider any current collective bargaining agreements that it is party to in the development and implementation of the policies and procedures described in this document, and in any incident-specific addenda that may be added to this document. [Add to this section as needed using the questions below, and/or any other related resource.]

For Consideration

- Are you familiar with the related provisions in any collective bargaining agreements that your FQHC is party to?
- Will your FQHC seek modifications to collective bargaining agreements to ensure employee safety and meet business needs during and after a public health emergency?
- Does your FQHC have an established protocol for collaborating with union representatives and FQHC employees on modifications to any such collective bargaining agreements?

Policy HR-EM-4: [Name of FQHC]'s existing sick leave policies and procedures will be modified as described in this document when a public health emergency is declared by local, state, and/or federal authorities, and for the duration of the emergency.

During a declared public health emergency, [Name of FQHC] may implement modified sick leave policies and procedures, as follows:

- [Insert here a bulleted list to describe modified sick leave policies and procedures that will be enacted by your FQHC during a public health emergency.]

For Consideration

- How much time will “Exempt” (i.e., salaried) employees sent home with symptoms suggestive of illness related to the public health emergency be paid for?
- How much time will “Non-Exempt” (i.e., paid hourly) employees sent home with symptoms suggestive of illness related to the public health emergency be paid for?
- Will employees out sick in compliance with isolation and/or quarantine guidelines or orders require a doctor’s note for their absence to be excused and paid?
- Will employees out sick in compliance with isolation guidelines or orders be paid for all related sick days, regardless of sick leave balance at the time they must begin isolation?
- Will employees out sick in compliance with quarantine guidelines or orders be paid for all related sick days, regardless of sick leave balance at the time they must begin quarantine, and the route of exposure (e.g., if infected at work vs. infected in the community)?
- Will there be limits (e.g., per calendar year) to isolation/quarantine-related benefits provided to employees during an extended public health emergency?

- Are such limits applicable to situations where an employee is required to quarantine because of exposure in the workplace (vs. voluntary participation in community activities) while performing their assigned duties?
- Will employees who must care for dependent minors and/or other family members requiring assistance when those family members must comply with isolation and/or quarantine guidelines or orders be paid for sick days?
 - Will they be paid regardless of sick leave balance at the time of their isolation or quarantine?
 - Will there be limits (e.g., per calendar year) to this “dependent care” benefit? Would additional leave to care for family members who must isolate, or quarantine may need to be taken in accordance with your FQHC’s standard sick leave policies and procedures?

NOTE: The number of days for which employees may be paid for compliance with isolation and/or quarantine guidelines or orders should be determined by the best available incident-specific recommendations from local, state, and federal public health authorities, and current applicable labor laws, at the time the sick leave occurs.

- Will an employee out sick due to illness unrelated to the public health emergency, be required to take leave in accordance with your FQHC’s standard sick leave policies and procedures?
- Will an employee who wishes to use sick leave to care for ill family members unrelated to the public health emergency, be required to take leave in accordance with your FQHC’s standard sick leave policies and procedures?
- If an employee needs to take additional time off after accessing benefits through modified and/or existing sick leave policies and procedures to care for themselves and/or other family members (including for dependent minors attending school from home due to the public health emergency), who should the employee speak with to determine eligibility for leave under local, state, and/or federal legislation? Will an employee’s time off start while the employee is completing the paperwork to request leave?

NOTE: This may include:

- Federal Family and Medical Leave Act (FMLA)
- State Family and Medical Leave Act
- State Paid Sick Leave
- State Temporary Disability Program

- Will employees who become ill due to exposure in the workplace while performing their assigned duties be eligible for Workers’ Compensation? If so, whom at your FQHC should they speak with for assistance?

NOTE: This document should refer employees to your FQHC’s standard sick leave policies and procedures for more information on eligibility and applying for leave under local, state, and/or federal law. Any incident-specific changes to eligibility and application procedures should be communicated to employees and included in an addendum to this document.

Policy HR-EM-5: [Name of FQHC] may need to close one or more sites temporarily, and/or furlough employees.

A decrease in patient visits may result from suspension of non-urgent services, local- or state-issued “Stay-at-Home” orders, and/or general fear of seeking medical care among [Name of FQHC]’s patient population. In addition, unavailability of staff due to illness, risk factors for illness, fear of coming to work, and/or need to stay home to care for dependents may necessitate modification of workflows. To meet business needs, [Name of FQHC] may need to close one or more sites and/or to furlough employees temporarily. In such instances, [Name of FQHC] will do the following:

- [Insert a bulleted list of what your FQHC will do if sites need to be closed and/or employees need to be furloughed]

For Consideration

- Defining and providing to employees clear and documented criteria for determining who will be furloughed.
- Will any employees be reassigned to a different function and/or location? If so, which employees may be included? Pregnant employees? Employees in defined risk groups for severe illness and death?
- Will your FQHC consider volunteers first for furloughs?
- Will your FQHC honor voluntary furlough requests if business needs allow?
 - Would an employee who takes a voluntary leave of absence be eligible for paid sick leave under local, state, and/or federal legislation? Should the employee speak with someone in your FQHC’s HR department for assistance?
- Are there defined increments of time for which non-exempt employees will be furloughed (e.g., half a day vs. full day)?
- Are there defined increments of time for which exempt employees will be furloughed (e.g., 1 full day)?
- Have labor laws been reviewed to confirm legal requirements regarding furlough policies and procedures? If so, what are the rules?
- How much notice will employees that are to be furloughed be given prior to the start of their furlough period? Will notice be given in writing?
- Will furloughs occur on a “rolling” basis? If so, will a schedule be provided to all staff, if applicable?
- Will a pre-determined furlough schedule be subject to change? If so, will staff be notified that the schedule may change to meet patient demand and/or potential staff shortages that may arise?
- Will your FQHC keep care teams together for workflow continuity and to cohort staff to limit illness exposure and spread?

[Name of FQHC] will recall employees as follows:

- [Insert here a bulleted list of the policies and procedures for recalling staff]

For Consideration

- Has your FQHC defined and documented clear criteria for return to work for employees?
- Will your FQHC bring all staff back at the same time, or will a phased approach be used?
- Will your FQHC create a ranked list of employees for recall based on clearly defined criteria that supports business needs and reflects the status of the public health emergency when recalls are implemented? If so, is the ranking protocol documented in the return-to-work criteria?
- How will return to work orders be communicated to employees (e.g., via e-mail, post to the intranet, and/or weekly live meetings)?
- Will each employee receive an official letter from your FQHC describing the terms of their employment upon recall?
 - Will this letter and/or any other communications contain the most current scientific knowledge about the status of the emergency, known risk to employees, and safety measures being taken by your FQHC to reduce the risk to returning employees (e.g., by providing personal protective equipment (PPE) and teaching employees how to effectively use it)?
- Will employees be asked to respond to symptomatic and risk assessment screening questions and/or provide evidence of a negative test result before returning to work, in accordance with the most current public health guidelines? If so, will applicable screening or testing requirements be included in recall letters and/or other communications?
- Will employees be asked to respond to symptomatic and risk assessment screening questions and/or laboratory testing to determine infection status each day that they report for work? If so, will this requirement be included in recall letters and/or other communications?
- Will employees be asked to comply with Personal Protective Equipment (PPE), infection control, and social distancing requirements as “essential functions” of their job? If so, will this requirement be included in recall letters and/or other communications? Will employee job descriptions be changed permanently to reflect this?
- Will employees be asked to complete an attestation confirming that they have read and understand the requirements for returning to work before they may do so?
- Will your FQHC review requirements with employees before they are recalled? How will this meeting occur (e.g., live, phone, video call)? Will employees be paid for time spent learning about recall requirements?
- If an employee cannot return because they lack childcare, will your FQHC hold their job for them? If so, for how long? Will the employee be paid while their position is being held? If so, how/how much?
- Discuss with Legal Counsel if an employee that feels unsafe to return to work upon being recalled may file for unemployment without losing their job. Clearly note policy in this document.

NOTES: If an employee is recalled and refuses to return to their job, that employee may no longer be eligible to receive state unemployment benefits. An employee who cannot return to work due to lack of childcare may be eligible to take unpaid leave and have their job held for them, pending incident-specific extensions of the federal and/or state family and medical leave acts. Refer employees to your FQHC’s HR representative for more information.

Compensation of furloughed employees, either due to site closure or to meet changing business needs will be handled as follows:

- Furloughed employees not receiving compensation from [Name of FQHC] may file for unemployment benefits.
- Furloughed employees who continue to be paid by [Name of FQHC] while a site is closed and/or they are furloughed may not file for unemployment.
- If an employee that is still being paid during a site closure and/or while furloughed, and files for unemployment, [Name of FQHC] will assume that the employee has resigned from [Name of FQHC] and will cease to pay that employee and hold their job for him or her. A letter will be sent to the employee to document this.
- Furloughed employees do not qualify for benefits under the federal Family and Medical Leave Act (FMLA).

Policy HR-EM-6: [Name of FQHC] may reassign staff and/or modify the duties of some staff to meet business needs during a public health emergency.

[Name of FQHC] may deem it necessary to reassign staff and/or modify the duties of some staff to meet business needs during a public health emergency. Some [Name of FQHC] employees may request to have their duties modified, or to be reassigned to different roles due to personal health and safety concerns. In any such instances, [Name of FQHC] will notify employees in writing that they are being reassigned and/or their duties are being modified; clearly state how their duties are being modified; and indicate how long their duties will be modified. Employees being reassigned/having their duties modified will be provided with all necessary training before beginning their new or modified assignments. [Name of FQHC] may cross-train staff in different roles to meet emergency-related scheduling and shift changes, or to implement modified workflows to maintain the safety of all employees and patients through adherence to public health guidelines for infection control, cleaning, social distancing, and PPE use.

Changes to employees' assigned duties will be made in accordance with all licensure, registration or certification requirements defined by the NY State Office of the Professions, including any emergency modifications to professional scopes of practice. Add to this section as needed using the questions below, and/or any other related resource.

For Consideration

- Will your FQHC offer hazard pay for individuals assigned to care for patients suspected of having the illness of concern?
- What happens if an employee refuses to accept reassignment or modified duties?
- Does reassignment affect National Health Service Corps (NHSC) or other loan repayment requirements? If so, describe them in this document or note where employees can find the information.

Policy HR-EM-7: [Name of FQHC] employees out sick with illness resulting from the public health emergency may be subject to symptomatic and risk assessment screening and/or proof of a negative laboratory test result before they may return to work after being ill, in accordance with local, state, and or federal public health guidelines.

[Name of FQHC] employees returning to work after being out sick with illness resulting from the public health emergency may be subject to symptomatic and risk assessment screening and/or proof of a negative laboratory test result before they may return to work, in accordance with local, state, and or federal public health guidelines.

[Name of FQHC] employees returning to work from furlough may also be subject to symptomatic and risk assessment screening and/or proof of a negative laboratory test result before they may return to work, in accordance with local, state, and or federal public health guidelines. Incident-specific screening and testing requirements will be noted in an addendum to this document and shared with employees to ensure that they understand post-illness and post-furlough return to work requirements. Add to this section as needed using the question below, and/or any other related resource.]

For Consideration

- If an employee requires accommodations upon returning to work, will a note from a physician describing what is needed specifically be required?
- How does the Americans with Disabilities Act (ADA) process get triggered at the health center? (Redirect to standard HR Policies and Procedures, as applicable.)

NOTE: All screening and testing protocols must be devised to maintain employee confidentiality.

If [Name of FQHC] conducts screening and/or on-site testing, procedures will be put in place to ensure that it will be confidential and in accordance with federal, state, and local laws and public health guidelines:

- There will be a dedicated space for employees to undergo screening or testing.
- Only the employee responsible for conducting screening and/or testing will discuss screening questions with the employee being screened and/or or tested.
- Specific individual responses to screening questions will not be recorded.
- Daily temperature information (if applicable) will not be recorded.
- Only a log that includes the employee's name and whether they "passed" screening will be maintained.
 - Daily logs will be stored separately from other personnel files.

[Add to this section as needed using the questions below, and/or any other related resource.]

For Consideration

- Discuss with Legal Counsel how long screening logs should be kept on file and who should have access to them. Add the information to this document.

- May employees be tested by approved medical providers, pharmacies, or laboratories outside of your FQHC if that is their preference?
- Do results of outside tests need to be provided to your FQHC? If so, how?

Policy HR-EM-8: [Name of FQHC] employees returning from vacations to locations deemed “high risk” for community transmission as per local, state, and/or federal health authorities may be subject to quarantine, symptomatic and risk assessment screening and/or proof of a negative laboratory test result before they may return to work, in accordance with local, state, and or federal public health guidelines.

Any employee that travels to a location deemed “high risk” for community transmission may be subject to quarantine, symptomatic and risk assessment screening and/or proof of a negative laboratory test result before they may return to work. The following will be considered when determining if an employee must quarantine, be screened and/or produce a negative test result before the employee is allowed to return to work after travel outside the home community:

- Incident-specific local, state, and or federal public health guidelines regarding what defines “high risk” locations during the public health emergency, and what actions should be taken upon return from these locations.
- What travel method(s) was/were used to travel to and from the location?
- What activities were undertaken while traveling?
- How often did employee go out into the community?
- Was employee exposed to anyone who was ill or had symptoms suggestive of infection?
- Did employee take all recommended mitigation actions while traveling (e.g., wearing a face covering; staying at least 6 feet from others outside of household group; practicing proper hand hygiene)?

[Name of FQHC] will work with an employee before they travel, and upon their return to the home community, to identify ways to minimize risk to the employee and to ensure that the most appropriate course of action to maintain the safety of all employees and patients of [Name of FQHC] is taken. All related communications and decisions will be documented by [Title of HR contact].

See [Policy HR-EM-7](#) for additional information regarding confidential screening and/or on-site testing protocols.

Policy HR-EM-9: [Name of FQHC] employees may be subject to symptomatic and risk assessment screening in accordance with local, state, and/or federal public health guidelines and/or regulations each day that they report for work during the public health emergency. [They may also be subject to [weekly/bi-weekly] laboratory testing in accordance with local, state, and/or federal public health guidelines and/or regulations (pending test availability).]

[Name of FQHC] employees may be subject to symptomatic and risk assessment screening, as well as laboratory testing each day that they report for work during the public health emergency in accordance with local, state, and/or federal public health guidelines and/or regulations.

Incident-specific screening and testing requirements will be noted in an addendum to this document and shared with employees to ensure that they understand screening and testing requirements intended to support a safe workplace environment for [Name of FQHC] employees.

See [Policy HR-EM-7](#) for additional information regarding confidential screening and/or on-site testing protocols.

For Consideration

- Will employee arrival times be staggered to minimize the amount of time each employee will spend to be screened and/or tested?
- Will employees who spend more than 15 minutes to go through the screening and/or testing process be paid for their time at their normal pay rate?
- Will employees that are authorized to work remotely (see [Policy HR-EM-11](#) on remote work below) be instructed to screen themselves for symptoms and risk of exposure and report their results to your FQHC daily?
 - If so, what will the process be for self-screening and reporting? Online screening tool? Email to HR? Call-in number? Describe in this policies and procedures document.
- Will your FQHC provide a weekly count of employees who test positive for illness via e-mail to all employees and a post to its intranet?
 - If so, will this communication include the last day any employee known to have tested positive was on site at that employee's work location?

NOTE: Unless an employee gives permission for their positive test result to be shared, no identifying information may be provided to other employees.

Policy HR-EM-10: [Name of FQHC] will make every effort to maintain a safe working environment during a public health emergency, in accordance with the best available guidance from local, state, and/or federal public health authorities.

[Name of FQHC] will take the following actions to maintain a safe working environment during a public health emergency, in accordance with the best available guidance from local, state, and/or federal public health authorities:

- [Insert here a bulleted list of how your FQHC will strive to maintain a safe working environment for its employees]

For Consideration:

- Describe how your FQHC will adhere to all PPE requirements/recommendations from public health authorities.
 - Will your FQHC procure the appropriate PPE for its employees?
 - Will your FQHC fit-test its employees as necessary, and provide PPE to its employees based on fit-testing results (as long as that specific PPE is available)?
 - Will your FQHC provide training to all employees in the proper donning, doffing, and use of the PPE they are expected to wear in performance of their duties?

- Will employees be re-trained if supply chain issues require that substitutions be purchased?
- If there is insufficient quantity or types of PPE, will PPE be prioritized for employees that have direct interaction with patients?
- Will approved PPE conservation strategies (e.g., mask re-use, mask sanitization) be implemented if warranted?
- Will your FQHC work with employees who require and/or request a reasonable accommodation related to PPE to find a solution that ensures the safety of all its employees and patients?
 - Will this include use of alternative PPE and/or modification of duties?
 - Do employee requests for accommodation, and all related communications, need to be submitted in writing to your FQHC's HR department?

NOTE: Employees are requested to adhere to all PPE requirements of [Name of FQHC], in performance of their professional duties as an employee of [Name of FQHC], which shall be based on guidance provided by public health authorities.

- Describe how your FQHC will adhere to all infection control and cleaning protocols defined by public health authorities as being effective in curbing the spread of the infectious agent associated with the public health emergency.
- Will your FQHC adjust workplace hours, implement staggered shifts, stagger lunch breaks, modify workflows, and/or eliminate points of congregation (e.g., coffeemaker; water cooler) to reduce density in the workplace?
- Will your FQHC send a sick employee home and advise all sick employees, or employees showing symptoms suggestive of illness due to the public health emergency, to remain home in accordance with public health guidelines and recommendations? (See [Policy HR-EM-4](#) for additional information on modified sick leave policies and compensation.)
- Will your FQHC prohibit employees from bringing their children to work?
- Has your FQHC discussed with employees the need for them to create a Family Plan to determine how they will address any childcare, pet care, and/or eldercare needs to allow them to come to work during an emergency or disaster?
- Will your FQHC reassign and/or modify duties of pregnant employees, and employees in defined risk groups for severe illness and death? (See [Policy HR-EM-6](#) for additional information on reassignment and/or modification of duties.)
- If an employee feels unsafe for any reason, whom should the employee notify? Should this notification be in writing, and include the specific concerns the employee has?
- Ensure that additional incident-specific safety measures, or modifications to these safety measures, are recorded in an addendum to this document.

Any employee reporting unsafe working conditions will not be retaliated against for making such a report.

Policy HR-EM-11: [Name of FQHC] may authorize certain employees for remote work during the public health emergency, as necessary and appropriate.

[Name of FQHC] may authorize certain employees to work remotely during the public health emergency. This may include employees whose job duties do not include direct patient care, and those employees who may provide direct patient care via telehealth. Specific criteria for determining which employees qualify for remote work, by job title/classification, will be noted in an addendum to this document. [Add to this section as needed using the questions below, and/or any other related resource.]

NOTE: The incident-specific circumstances will dictate who may work from home, and how many days per week they may do so.

For Consideration

- Will employees be authorized to work remotely on a weekly/monthly basis?
- Will additional authorizations to work remotely be given only to employees who meet certain expectations, and the incident-specific criteria determined at the time of an emergency?
- Can providers work remotely from out of state?
- Will employees authorized to work remotely be expected to:
 - Have a positive performance review within the past 12 months, with a demonstrated ability to work independently and meet the productivity expectations for their job title/classification?
 - Adhere to your FQHC's dress code policy (e.g., business casual attire is acceptable for employees working remotely)?
 - Adhere to your FQHC's drug and alcohol use policy? Will use of illicit drugs or alcohol during the time an employee is performing assigned duties on behalf of your FQHC be cause for immediate termination?
 - Have a private space to work where patient information may be kept confidential?
 - Demonstrate proficiency in the use of technology required to successfully complete their assigned work remotely?
 - Work all assigned hours and be available during their scheduled working hours (to be determined at the time employee is authorized to work remotely)?
 - How should Non-exempt employees track their hours (e.g., online vs. paper timesheets; daily vs. weekly tracking)? How often should they do so?
 - How should Exempt employees track their time? Do they need to track their time?
- Log into any internal systems and/or tracking software during their assigned working hours? If so, provide details on what they need to log into, when they need to log in, and how they log in.
- Use FQHC-issued equipment/WiFi (e.g., computer, phone, internet hot spot) in the performance of their assigned duties, in accordance with your FQHC's Technology Acceptable Use policies?
- Participate in regular (online? phone? E-mail?) check-ins with their supervisor on an agreed-upon schedule between the supervisor and employee?
- Consistently meet milestones and deadlines for assigned work?
- Be on time for all patient-related meetings and appointments (e.g., telemedicine appointments; pre-visit meetings), as well as all internal FQHC meetings?

- Come to your FQHC to obtain work-related supplies? If so, where exactly may they get supplies from? If not, do they have a stipend for purchasing supplies?
- Report to their onsite work location, if directed to do so by their supervisor?

NOTE: Employees who are unable or unwilling to meet the expectations described in this policy document and incident-specific criteria determined at the time of an emergency may have their remote working privileges revoked at any time.

To support employees working remotely, [Name of FQHC] will:

- [Insert here a bulleted list of how your FQHC will support its remote employees]

For Consideration

- Will your FQHC provide employees with equipment or WiFi (e.g., computer, phone, internet hot spot?) to perform their assigned duties, in accordance with its Technology Acceptable Use policies?
- Will your FQHC provide clear expectations and instructions to employees working remotely to support the successful completion of their assigned duties?
- Will your FQHC provide clear evaluation criteria for assessing remote work performance?
- Will your FQHC cross-train employees to allow as many staff as possible to have the opportunity to work from home?

Policy HR-EM-12: [Name of FQHC] may determine that a need for a Reduction in Force (RIF), or salary reductions exist upon facility/facilities' reopening after a temporary closure due to the public health emergency to reflect changes in patient demand; changes in how patient care is delivered; and/or inability to offer certain patient care services during and/or after the public health emergency.

If [Name of FQHC] determines that a Reduction in Force (RIF) is needed to reflect updated business needs and care delivery models, [Name of FQHC] will do the following:

[Insert here a bulleted list of what your FQHC will do if it determines that a RIF is needed]

For Consideration

- Will your FQHC provide employees with documented rationale and criteria for the determination of which positions will be eliminated?
- Will your FQHC offer severance pay to employees whose positions are being eliminated using a standard formula, and in accordance with applicable federal and state labor laws?
- Will your FQHC provide employees whose positions are being eliminated with written notice, or as soon as is practicable if your FQHC eliminates positions due to unforeseeable business circumstances? How far in advance will notice be given to employees whose positions are being eliminated (90 days is ideal but in no case less than 60 days)?
- Refer to the WARN Act and the NY State WARN Act, as well as the Older Worker Benefit Protection Act for additional guidance.

If salary reductions are deemed necessary:

[Insert here a bulleted list of how salary reductions will be determined and communicated to employees, and how new hires may be addressed]

For Consideration

- Will salary reductions be applied using a standard formula by job title?
- Will an employee be given written notice or be notified as soon as is practicable due to unforeseeable business circumstances, if their salary will be reduced? How far in advance will notice be provided (90 days is ideal)?
- Will salary reductions be permanent or temporary?
- Will the notices sent to employees state the timeframe for which salary reductions will be in effect?
- If applicable, will wage concession discussions with union representatives occur in accordance with collective bargaining agreements?
- If business needs dictate that new positions be added during, or after, the public health emergency, will your FQHC consider bringing back furloughed staff and/or staff whose positions were eliminated before hiring new individuals?

Policy HR-EM-13: [Name of FQHC] will reference incident-specific legislation and/or regulatory changes as they are implemented and will modify these policies and procedures accordingly.

Incident-specific circumstances may result in regulatory changes (e.g., extensions of laws related to family and medical leave or unemployment; emergency changes to health professional scopes of practice, etc.) at the federal, state, and/or local level during a public health emergency. [Name of FQHC] will reference any such changes to modify these policies and procedures accordingly. Updates will be noted in an addendum to this document and shared with employees via e-mail and post to [Name of FQHC]'s intranet as they are made.

Policy HR-EM-14: [Name of FQHC] will make every effort to maintain ongoing, timely communication with its employees for the duration of the public health emergency.

[Name of FQHC] is committed to transparency and ongoing communication with all its employees, and will do the following during a public health emergency:

- [Insert here a bulleted list of things your FQHC will do to maintain ongoing communications with its employees]

For Consideration

- How will incident-related communications be sent to employees (e.g., via e-mail and/or posted to the intranet)?

- How frequently will information be shared, at minimum (e.g., weekly)? Will information deemed “urgent” be shared as quickly as possible?
- Will your FQHC hold a weekly live meeting (in person vs. online vs. teleconference) that all employees should attend?
 - How long will the meeting be?
 - What will the format and agenda be (e.g., will your CEO communicate incident-related information, and answer employee questions)?
 - Will your FQHC close during this time so that all employees may participate?
- Will your FQHC provide a weekly count of employees who test positive for illness? If so, how will it be sent (e.g., via e-mail to all employees and a post to the intranet)?
 - Will this communication include the last day any employee known to have tested positive was on site at their work location? (Unless an employee gives permission for their positive test result to be shared, no identifying information will be provided to other employees.)

NOTE: Unless an employee gives permission for their positive test result to be shared, no identifying information may be provided to other employees.

Policy HR-EM-15: [Name of FQHC] will provide employees with free resources through its Employee Assistance Program (EAP) and other behavioral health initiatives to support employees’ emotional well-being.

[Name of FQHC] maintains an Employee Assistance Program (EAP) to aid employees. Our EAP includes the following services:

- [Insert a bulleted list of services available through FQHC’s EAP. Include a brief description for each item, as well as how to get more information/access each service.]

Policy HR-EM-16: [Name of FQHC] will offer vaccination to employees if, and when, a vaccine becomes available during a public health emergency, in accordance with local, state, and or federal guidance, including guidance on risk stratification of employees.

[Name of FQHC] will offer vaccination to employees if, and when, a vaccine becomes available during a public health emergency, in accordance with local, state, and or federal guidance, including guidance on risk stratification of employees. [Add to this section using the questions below and any other relevant resources.]

For Consideration

- Are there any collective bargaining agreements pertaining to vaccination that must be consulted?

- May employees receive their vaccination from a provider outside of your FQHC, e.g., from an approved physician, pharmacy, or laboratory (pending vaccine availability)?
- Would proof of vaccination from outside entities need to be provided to your FQHC?
- Will employees be eligible to take any paid leave to obtain their vaccination from an outside entity during their workday? If so, how much paid leave could they take?

[Name of FQHC] will implement protocols to protect the privacy and safety of employees who choose to receive their vaccination from [Name of FQHC], as follows:

[Insert here bulleted list describing how the vaccination process will run at your FQHC]

For Consideration

- Describe provisions for employee privacy and safety.
- How and when should an employee request vaccination?
- How and when does an employee complete vaccination paperwork?
- What is done with paperwork?
- How is vaccination recorded and reported for public health authorities?
- Where will vaccinations be administered in your FQHC?
- Will there be a post-vaccination waiting area to monitor for adverse events? Will employees need to wait there for 15 minutes post-vaccination?

[Name of FQHC] will provide reasonable accommodations to employees with qualified disabilities and to those who have objections based on religious beliefs, as required by the Americans with Disabilities (ADA) and Title VII of the Civil Rights Act of 1964, respectively. Employees must disclose any such disabilities or objections in writing to [insert Title of HR contact]. [Name of FQHC] will document the decisions of those who choose not to be vaccinated and their reasoning. This information will be kept separately from employee personnel files.

[Employees who receive a vaccination either from [Name of FQHC] or from an approved outside entity will receive [insert incentive here, if desired.]]

References and Additional Resources

AARP. (2020). [Workers' Rights: What Your Boss Can and Can't Do During the Pandemic.](#)

The Center for Infectious Disease Research and Policy (CIDRAP). (2009). [Doing Business During an Influenza Pandemic: Human Resource Policies, Protocols, Templates, Tools, & Tips.](#)

Marsh McLennan Agency. [Family and Medical Leave Laws by State.](#)

National Association of Community Health Centers. (2020). [https://colemanassociates.com/wp-content/uploads/2020/04/1.-Reduced-Workflows-and-Staffing-Guidance-for-Non-Clinical-Operations.pdf.](https://colemanassociates.com/wp-content/uploads/2020/04/1.-Reduced-Workflows-and-Staffing-Guidance-for-Non-Clinical-Operations.pdf)

National Conference of State Legislatures. [Paid Leave: State Family and Medical Leave Laws.](#)

U.S. Congress. (1990.) [S.1511 - Older Workers Benefit Protection Act.](#)

U.S. Department of Justice, Civil Rights Division. [ADA Guidance and Resource Materials.](#)

U.S. Department of Labor. (2020). [Fact Sheet #70: Frequently Asked Questions Regarding Furloughs and Other Reductions in Pay and Hours Worked Issues.](#)

U.S. Department of Labor. [Family and Medical Leave Act.](#)

U.S. Department of Labor. [Worker Adjustment and Retraining Notification \(WARN\) Act Compliance Assistance.](#)

U.S. Department of Labor. [State Labor Offices.](#)

U.S. Equal Employment Opportunity Commission (EEOC). [Title VII of the Civil Rights Act of 1964](#)

Attachment G – MOUs

[REFER to and/or MODIFY this template for your health center's MOUs.]

Emergency Management Memorandum of Understanding Template¹

Emergency Management Memorandum of Understanding (MOU) between _____
(Health Center) and (Partner) _____ which calls for both authorities to establish and maintain a coordinated program for enhancing Emergency Management

WHEREAS, _____ (Health Center) and (Partner) _____ are subject to danger and damage anytime from flooding, tornadoes, high winds, lightning, hazardous material incidents and other acts of nature or terrorism; and

WHEREAS, _____ (Health Center) and (Partner) _____ propose this Emergency Management Memorandum of Understanding (MOU) to establish a formal working Mutual-Aid relationship between (Partner) _____ and the _____ (Health Center) in support of Emergency Management planning, response and recovery programs; and

WHEREAS, (Partner) _____ and _____ (Health Center) have established emergency response plans to reduce the loss of life and property and protect citizens from all types of hazards through a comprehensive, risk-based, all-hazards emergency management program of mitigation, preparedness, response and recovery; and

WHEREAS, in light of their respective common goals to reduce the loss of life and property from natural or man-made emergencies or disasters, _____ (Health Center) and (Partner) _____ recognize the need to maintain a strong coordination at a level that ensures efficient use of all available resources, consistent with the principles of each entity; and

WHEREAS, _____ (Health Center) and (Partner) _____ agree to encourage, coordinate, promote, and support an ongoing relationship between both entities and to hold periodic partnership meetings to focus on, but not limited to, identifying and assessing an all hazards approach and associated risks, particularly as they relate to _____ (Health Center) and (Partner) _____ and

WHEREAS, _____ (Health Center) and (Partner) _____ would benefit from the development and adoption of this MOU; and

WHEREAS, both parties agree, but not limited to the following:

¹ Adapted from National Center for the Study of Preparedness and Catastrophic Event Response (PACER) Toolkit- Emergency Management Memorandum of Understanding Template (Section 7-5, page 146)
<http://www.pacercenter.org/media/29523/pacer-mor-758%20emergency%20toolkit%20-%20final.pdf.pdf>

- *Cooperate in all areas of mutual interest as it relates to Emergency Management: sharing data, information, planning, response, recovery, and other operational support programs;*
- *Enhance and maximize both Emergency Management program capabilities of both participants for the purpose of protecting the public health and safety, the (Health Center) environment, and to preserve and safeguard property;*
- *In the event of an emergency or disaster declared by the jurisdiction, provide a rapid coordinated and effective response with full utilization of all resources of both participant jurisdictions, including any resources on hand or available that are essential to the safety, care and welfare of those impacted.*
- *Each jurisdiction shall appoint an individual representative to serve as a point of contact for matters relevant to this MOU.*
- *This MOU becomes effective on the date of execution and shall remain in effect unless terminated, by written notification, by either jurisdiction to the other.*
- *This MOU may be amended by written mutual agreement.*

WHEREAS, _____ (Health Center) has considered this Multi-Jurisdictional MOU and has determined that it is in the best interest of the (Health Center) to approve such an MOU,

NOW, THEREFORE, BY THESE PRESENTS BE IT HEREBY CONFIRMED BY THE _____ (Health Center) IN THAT (Partner) _____ and the _____ (Health Center) Memorandum of Understanding (herein referred to as the “Emergency Management MOU”) therein is hereby approved and that upon adoption of the MOU by (Partner) _____ and all previous versions are hereby abrogated.

EXECUTED THIS _____ DAY OF _____ 20__.

Name, (Executive Director/Owner/Responsible Party)

(Health Center)

Name, (Executive Director/Owner/Responsible Party)

(Partner)

Attachment H – Emergency Mental Health Protocol for Staff and Patients

[INCLUDE tools/links to tools with protocol, e.g., Psychological First Aid (PFA) screening tool, brochures on trauma/PTSD, and a current list of mental health resources in the community. Visit www.samhsa.gov for available resources.]

Attachment I - Emergency Management Acronyms

A

AAC	After-Action Conference
AAR	After-Action Report

B

BC(P)	Business Continuity (Plan/Planning)
BIA	Business Impact Analysis

C

CEMP	Comprehensive Emergency Management Program
CEO	Chief Executive Officer (also known as Agency Executive)
CHCANYS	Community Health Care Association of New York State
CMS	Centers for Medicare and Medicaid Services
COOP	Continuity of Operations

D

DHS	Department of Homeland Security (Federal)
DHHS	Department of Health and Human Services (Federal)

E

EEG	Exercise Evaluation Guide
EMAC	Emergency Management Assistance Compact
EMC	Emergency Management Committee
EMI	Emergency Management Institute (FEMA)
EMS	Emergency Medical Services
EMP	Emergency Management Program
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
EP	Emergency Preparedness

F

FEMA Federal Emergency Management Agency

H

HCC Health Care Coalition

HICS Hospital Incident Command System

HRSA Health Resources and Services Administration

HSEEP Homeland Security Exercise and Evaluation Program

HVA Hazard Vulnerability Analysis/Assessment

I

IAP Incident Action Plan

IC Incident Commander

ICP Incident Command Post

ICS Incident Command System

IEMS Integrated Emergency Management System

IMT Incident Management Team

IPC Integrated Preparedness Cycle

IPP Integrated Preparedness Plan

IPPW Integrated Preparedness Planning Workshop

IS Independent Study

IT/IS Information Technology/Information Services

J

JAS Job Action Sheet

JC Joint Commission

JIC Joint Information Center

JIS Joint Information System

M

MAC Multi-Agency Coordination (Centers)

MOA Memorandum of Agreement

MOU Memorandum of Understanding

MRC Medical Reserve Corps

N

NIMS National Incident Management System

NNCC National Nurse-Led Care Consortium

NRP National Response Plan

P

PFA Psychological First Aid

PHMC Public Health Management Corporation

PIO Public Information Officer

PPE Personal Protective Equipment

PTSD Post Traumatic Stress Disorder

R

R&D Research and Development

RHCC Regional Hospital Coordination Center

RPO Recovery Point Objective

RTO Recovery Time Objective

S

SEOC State Emergency Operations Center

SME Subject Matter Expert

SOP/G Standard Operating Procedure/Guideline

Annex A – Business Continuity Plan

[INSERT your organization's Business Continuity Plan here.]

Annex B – Communications Plan

[REFER to and/or MODIFY the Communications Plan Template found at <https://nurseledcare.phmc.org/documents/item/1929:emergency-preparedness-resources-for-health-centers.html> for your organization's use.]

Annex C – Evacuation/Shelter-in-Place Plans

[INSERT *your organization's policies and procedures here.*]

Annex D – Fire Safety Plan

[INSERT *your organization's plan here.*]

Annex E – Volunteer Management Plan

[REFER to and/or MODIFY this template for your organization's use.]

[ALTERNATIVELY: clearly state that your organization will not utilize volunteers during emergencies or disasters here and delete the Volunteer Management Plan.]

Emergency/Disaster Volunteer Management Policies and Procedures for Federally Qualified Health Centers (FQHCs)

Note: This document should be added as an annex to the FQHC's Emergency Operations Plan (EOP) and updated every 2 years. Areas shaded blue within brackets indicate where FQHCs should edit and customize this document for their organization. Yellow-highlighted text in brackets are instructions that should be deleted.

Policy: Use of [clinical/non-clinical] volunteers to support emergency response and/or business continuity operations for [Name of FQHC] during an extended emergency or following a disaster.

Date: [Insert date]

Contact: [Insert name of document "owner"]

Conditions Under Which [Name of FQHC] May Accept Volunteers

[Name of FQHC] may accept volunteers during an extended emergency or following a disaster when it must remain open and:

- A significant staff shortage and/or patient surge results from the emergency or disaster; and
- The FQHC is unable to meet its emergency and/or business continuity staffing needs with existing employees or through executed memoranda of agreement with other healthcare organizations to share staff.

Authority to Grant Temporary Clinical Privileges

[Name of FQHC]'s [CEO or Executive Director, or their designee] is authorized to grant temporary clinical privileges in accordance with this policy and its associated procedures. The [Position Title] will serve as the Volunteer Coordinator, and will assist the [CEO or Executive Director, or their designee] with credentialing and privileging of volunteers. Temporary privileges may be granted to [physicians; physician assistants; nurse practitioners; dentists; podiatrists; others TBD].

Roles and Responsibilities of Volunteer Coordinator

[Name and Title of Volunteer Coordinator at FQHC] will serve as the Emergency Volunteer Coordinator, and will be responsible for submitting requests for volunteers; maintaining communication with voluntary organizations, as applicable; verifying volunteer credentials; providing and/or ensuring

orientation and training for volunteers; monitoring volunteers' performance and tracking hours worked; demobilization of volunteers; and demobilization reporting to voluntary organizations, as applicable. They will obtain additional support from within the FQHC organization, as needed.

Potential Roles and Responsibilities of Volunteers

[Name of FQHC] may use non-clinical volunteers for the following:

- [Patient scheduling.
- Patient check-in/check-out.]

[Name of FQHC] may use clinical volunteers for the following:

- [To maintain preventive and disease management services either through in-person visits or telehealth methods to keep patients with chronic illness out of hospitals;
- To triage/pre-screen patients for potential illness during disease outbreaks or public health emergencies either in person or via telehealth methods;
- To treat lower acuity illness or injury patients either through in-person visits or telehealth methods to help decompress hospital emergency departments during surge responses;
- To administer vaccinations following a natural disaster (e.g., for tetanus) or during disease outbreaks or public health emergencies (naturally occurring or human-caused);
- To assist with diagnostic testing during disease outbreaks or public health emergencies;
- To provide follow-up care and monitoring during the disaster recovery phase.]

Volunteer Sources and Request Protocols

[Name of FQHC] will request volunteers [from its HRSA-approved/deemed list of volunteer health professionals, from the state's Emergency System for Advanced Registration of Volunteer Health Professionals (ESAR-VHP) registry, or a Medical Reserve Corps (MRC) unit nearby, in that order].

[Name of FQHC] **will NOT**, under any circumstances, accept spontaneous unaffiliated volunteers to support emergency response and/or business continuity operations for [Name of FQHC] during an extended emergency or following a disaster.

HRSA-Deemed Volunteers

[NOTE: Health centers must determine if this policy is current when seeking to have volunteers "deemed."]

FQHCs having "deemed" status with HRSA may submit applications to have volunteers "deemed" by HRSA throughout the year for initial deeming and along with [Name of FQHC]'s application for redeeming, as per guidance found in the HRSA Program Assistance Letter (PAL), *Calendar Year 2027 Volunteer Health Professional Federal Tort Claims Act (FTCA) Deeming Sponsorship Application Instructions* ([PAL 2026-02](#)) (note that these are updated annually). Volunteers who are not licensed or certified are not eligible for VHP coverage. VHPs are not automatically eligible for liability protections under the Health Center FTCA Program. Deemed health centers must apply to HRSA for such protections for each individual volunteer through a Volunteer Health Professional (VHP) deeming sponsorship

application. [Name of FQHC] will maintain a current list of all HRSA-deemed volunteers and their contact information. Volunteers from this list may be activated directly by [Name of FQHC] at its discretion anytime during the deemed timeframe.

Requesting MRC Volunteers

[NOTE: Health centers must verify and update the following procedures with their local/regional/state Medical Reserve Corps (MRC) units.]

To request MRC volunteers, the Volunteer Coordinator at [Name of FQHC] will compile and submit the following information to [INSERT CONTACT NAME AND INFO]:

- a. Name of requesting facility/health center
- b. Name and location of Response Site
- c. Role Assignment(s) or Position Title(s) needing to be filled
- d. Description of volunteer role(s), including:
 - o Profession or licensure needed to fill the role
 - o Preferred or necessary skillsets
 - o Number of volunteers needed at each site by profession and skillset (maximum of [##] permitted)
 - o Language requirement if any
- e. Shift dates and times
- f. FQHC Response Site Point of Contact (i.e., FQHC Volunteer Coordinator) name, email, and telephone number
- g. FQHC Administrative Office Point of Contact name, email, and telephone number (if different from the Response Site Point of Contact)
- h. Other pertinent information (e.g., room numbers; cross streets; availability of PPE; uniform requirements; etc.)

If the request is approved by the MRC leadership, [DESCRIBE how the MRC unit will share volunteer opportunities with volunteers, how assignments are made, what happens if all assignments are not filled in the requested time, and how assignments and volunteer information are communicated to the health center.]

If the request is NOT approved by the MRC leadership, [DESCRIBE here what happens if the request is denied initially, e.g., can the health center modify the request and re-submit it?]

Requesting ESAR-VHP Volunteers

[NOTE: Health centers must verify and update the following procedures with their state ESAR-VHP program.]

To request ESAR-VHP volunteers, the Volunteer Coordinator at [Name of FQHC] will compile and submit the following information to [INSERT CONTACT NAME AND INFO]:

- a. Name of requesting facility/health center
- b. Name and location of Response Site

- c. Role Assignment(s) or Position Title(s) needing to be filled
- d. Description of volunteer role(s), including:
 - Profession or licensure needed to fill the role
 - Preferred or necessary skillsets
 - Number of volunteers needed at each site by profession and skillset (maximum of [##] permitted)
 - Language requirement if any
- e. Shift dates and times
- f. FQHC Response Site Point of Contact (i.e., FQHC Volunteer Coordinator) name, email, and telephone number
- g. FQHC Administrative Office Point of Contact name, email, and telephone number (if different from the Response Site Point of Contact)
- h. Other pertinent information (e.g., room numbers; cross streets; availability of PPE; uniform requirements; etc.)

If the request is approved by the ESAR-VHP Coordinator, [DESCRIBE how the ESAR-VHP Coordinator will share volunteer opportunities with volunteers, how assignments are made, what happens if all assignments are not filled in the requested time, and how assignments and volunteer information are communicated to the health center.]

If the request is NOT approved by the ESAR-VHP Coordinator, [DESCRIBE here what happens if the request is denied initially, e.g., can the health center modify the request and re-submit it?]

Identification and Credentialing

All volunteers who have not been “deemed” in advance by HRSA will be asked to complete a *Volunteer Application/Agreement* in advance of their first shift at [Name of FQHC] and submit it to the Volunteer Coordinator with the required documentation, as described below. Volunteers will be credentialed in accordance with, Temporary Privileging of Clinical Providers by Federal Tort Claims Act (FTCA) Deemed Health Centers in Response to Certain Declared Emergency Situations, even if they will not be granted FTCA coverage by [Name of FQHC], including the following steps: [2024-01](#), *Temporary Privileging of Clinical Providers by Federal Tort Claims Act (FTCA) Deemed Health Centers in Response to Certain Declared Emergency Situations*, even if they will not be granted FTCA coverage by [Name of FQHC], including the following steps:

- All volunteers must present a valid government-issued identification (e.g., driver’s license or passport), as well as proof of current licensure/certification when applying to volunteer.
- Primary source verification of licensure/certification for each clinical volunteer will be completed by the [Name of FQHC] Volunteer Coordinator within 72 hours of a volunteer beginning their assignment. All volunteers must have a valid license or certification in good standing (i.e., without any pending disciplinary actions). Health professional licensure and certifications will be verified by the [State Office of the Professions]. Information on disciplinary actions taken against a provider will also be checked.

- Clinical volunteers must provide a secondary source copy of their most recent National Practitioner Data Bank (NPDB) query. If this is not possible, the volunteer may attest that they have had no claims within the last 12 months, or if such claims exist, the volunteer should provide information for each.
- Each volunteer must provide copies of privileging forms and/or at least one reference from their current or most recent employer, which demonstrates the individual can perform the duties and services that will be requested. Recent graduates may provide secondary sources, such as a statement or other documentation from the degree-issuing institution.

[Name of FQHC] will issue [temporary identification (ID) cards/username and passwords to access the building, medical records system, etc.] to all volunteers. Identification cards will clearly note “VOLUNTEER” on them and will include expiration dates. [ESAR-VHP and MRC volunteers will also wear their MRC-issued ID cards.] Temporary privileges can be granted for no more than 90 days. After the 90-day period, [Name of FQHC] should have completed all the necessary verification for standard credentialing and privileging and granted full privileges based on that information.

Orientation and Training

Volunteers will be provided with an orientation to [Name of FQHC]’s facility and operations before being asked to perform their assigned duties. During orientation, volunteers will receive information on [Name of FQHC]’s emergency procedures, how to report and/or address safety issues, as well as policies and procedures for obtaining personal protective equipment (PPE) and other supplies. [A detailed Job Action Sheet (JAS) describing roles and responsibilities for each assigned volunteer role will be provided to every volunteer to help guide them. JAS will also include detailed protocols for use of information technology (IT) platforms used by the FQHC.] Orientation will take no more than [4] hours.

After orientation [and review of the JAS for their respective roles], volunteers will be assigned a mentor from within the FQHC organization to shadow for [Insert amount of time to shadow] before performing their duties independently. Volunteers will practice using electronic medical records, telehealth technology, and any other IT platforms used by the FQHC to provide patient care, while shadowing their mentor.

In addition to the training that volunteers will receive during orientation, for those volunteers who continue to work with [Name of FQHC] after the emergency or disaster has passed, [Name of FQHC] will provide emergency preparedness training at least every 2 years. All training must be documented to demonstrate volunteer staff knowledge of emergency procedures.

Monitoring Volunteer Performance and Tracking Hours Worked

When a volunteer begins working independently, [the Medical Director, or their designee] will observe the volunteer for [Insert amount of time and number of days to observe] to assess performance. The [Medical Director, or their designee,] will also review each volunteer’s clinical records every day and address any concerns with the volunteer immediately upon discovering any potential problems. Any concerns brought to the volunteer’s attention will be documented and shared with the Volunteer Coordinator. The [Volunteer Coordinator and Medical Director, or their designee] will determine if a volunteer will continue after the initial 72 hours of their assignment. Volunteers that are approved to continue will be given assignments in [1-week] intervals, and their performance will be re-evaluated on an ongoing basis, as described. The Volunteer Coordinator is responsible for tracking volunteer hours for

reporting to voluntary organizations and other partners who may request this information on a weekly basis

A volunteer may be dismissed by [Name of FQHC] at any time, for any reason. The agency/agencies that deployed the volunteer will be notified immediately by [Name of FQHC] when they are dismissed.

A *Volunteer Assignment and Tracking Form* will be used to record assignments and hours worked by each volunteer.

Demobilization of Volunteers

Volunteers will be fully demobilized when [Name of FQHC] is able to meet its patient care demands utilizing its regular staffing plans and employees. Volunteers may be deactivated individually, or all at once in the sole discretion of [Name of FQHC]. The agency/agencies that deployed the volunteers will be notified when a volunteer is demobilized. Demobilization is complete when all volunteers have been released and are no longer being used by [Name of FQHC].

Volunteers will be instructed to return ID cards to the Volunteer Coordinator at the end of their assignments. [Name of FQHC] will deactivate all volunteer usernames and passwords for IT systems as volunteers are released.

A list of emergency volunteers used for each incident will be maintained electronically by the FQHC. Supporting documentation for each volunteer will be maintained as per the FQHC's existing credentialing and privileging policies and procedures. If MRC volunteers are used, [Name of FQHC] will submit a list of confirmed MRC volunteers used, and the dates, shift times and number of hours worked by each volunteer during their deployment to [Name of FQHC] to the [MRC Unit Name and/or Contact Name and Contact Method] as soon as possible after emergency/disaster response has ended.

Liability Insurance and Worker's Compensation for Volunteers

Volunteers Deployed from the FQHC's List of HRSA-Deemed Volunteers

Through enactment of Section 9025 of the 21st Century Cures Act (Pub. L. 114-255), subsection 224(q) was added to the Public Health Service Act (42 U.S.C. § 233(q)), extending liability protections for the performance of medical, surgical, dental, and related functions to Volunteer Health Professionals (VHPs) at health centers that have also been deemed as employees of the Public Health Service (PHS). Deemed PHS employee status provides the covered individual with immunity from lawsuits and related civil actions resulting from the performance of medical, surgical, dental, and related functions that are determined or certified to be within the scope of their deemed employment. (See [What is the Federal Tort Claims Act?](#) | [Bureau of Primary Health Care](#) for more information).

Volunteers Deployed by State or Local Authorities

[DESCRIBE liability coverage and considerations for volunteers deployed by State or Local authorities. Delete this section if it does not apply.]

Additional Considerations

During a declared state of emergency at a local, state, regional, or national level by an authorized public official such as a governor, the U.S. Secretary of the Department of Health and Human Services, or the

President of the United States, [Name of FQHC] may choose to grant temporary privileges to volunteers in accordance with [HRSA Program Assistance Letter \(PAL\)2024-01](#) (see *Identification and Credentialing* section above), which would provide FTCA coverage to such volunteers. In addition, liability provisions may change for healthcare facilities and/or health professionals, during state-declared emergencies. FQHCs should stay current on legal authorities as emergencies evolve. Volunteers may also be covered under the provisions of the Public Readiness and Emergency Preparedness Act under certain circumstances. The PREP Act authorizes the U.S. Secretary of the Department of Health and Human Services (Secretary) (HHS) to issue a PREP Act Declaration (“Declaration”) that provides immunity from liability for any loss caused, arising out of, relating to, or resulting from administration or use of countermeasures to diseases, threats and conditions determined in the Declaration to constitute a present or credible risk of a future public health emergency. In general, the liability immunity applies to entities and individuals involved in the development, manufacture, testing, distribution, administration, and use of medical countermeasures described in a Declaration. The only statutory exception to this immunity is for actions or failures to act that constitute willful misconduct. [\(PREP Act\)](#) under certain circumstances. The PREP Act authorizes the U.S. Secretary of the Department of Health and Human Services (Secretary) (HHS) to issue a PREP Act Declaration (“Declaration”) that provides immunity from liability for any loss caused, arising out of, relating to, or resulting from administration or use of countermeasures to diseases, threats and conditions determined in the Declaration to constitute a present or credible risk of a future public health emergency. In general, the liability immunity applies to entities and individuals involved in the development, manufacture, testing, distribution, administration, and use of medical countermeasures described in a Declaration. The only statutory exception to this immunity is for actions or failures to act that constitute willful misconduct.

Volunteer Compensation

Volunteers will NOT receive any compensation for services performed on behalf of [Name of FQHC]. HRSA-deemed volunteers may receive repayment from the health center for reasonable expenses incurred in providing the service to a patient as agreed upon in the terms and conditions of their agreement with [Name of FQHC].

Attachments

Volunteer Application

Volunteer Agreement

Volunteer Assignment and Tracking Form

Volunteer Orientation and Training Guidance

Policy for the Use of Medical Reserve Corps or ESAR-VHP Volunteers [*NOTE: This is specific to your health center. Delete if not applicable or add policy for use of volunteers from other sources.*]

[Name of FQHC] Volunteer Application

Name of Volunteer: _____

Cell phone number: _____ E-mail address: _____

Licensure/Certification (Lic/Cert) and Number: _____

MRC Volunteer? (Yes / No)

HRSA-deemed/pre-approved? (Yes / No)

Date ID Verified*	Date Lic/Cert Verified*	Date Disciplinary Actions Checked*	Date NPDB Checked/Volunteer Attestation Made*	Date Privileging Forms and/or Reference(s) Checked*	Name of FQHC Staff Member That Verified Information

**Copies of verified documents are kept in volunteer's individual file, which may be found [Insert where files are kept].*

I certify that the above information is true and accurate, and that all the supporting documentation I have provided is current and credible. I understand that my volunteer assignment with [Name of FQHC] will be terminated immediately upon discovery that any of the above information is false, and/or that any of the documentation provided is fraudulent. In addition, I understand that misrepresentation of credentials, certifications, or qualifications will be interpreted as a criminal act and be subject to criminal prosecution.

Signature of Volunteer_____
Date

[Name of FQHC] Volunteer Agreement

Name of Volunteer: _____

Volunteer Assignment: _____

Duration of Assignment: _____

I understand that I have been assigned to the above role as a VOLUNTEER with [Name of FQHC] for the time period [Insert time period of assignment]. I understand that this assignment may be renewed for 1-week intervals after the initial performance period is complete, so long as my performance is deemed as being satisfactory by [Name of FQHC]. I have received an orientation about the facility and its operations, and training to support the performance of my specific role and responsibilities. I have been assigned a mentor/supervisor to oversee my performance and provide guidance for me, as necessary. I understand that my VOLUNTEER assignment may be terminated at any time and for any reason by [Name of FQHC].

As a VOLUNTEER, I will NOT:

- Attempt to access any facility areas other than those that I am assigned to or granted access to, as this may be treated as trespassing despite the issuance of an ID badge.
- Share any patient information with anyone other than [Name of FQHC] patient care providers involved in the care of that individual patient.
- Receive any compensation for the work I perform on behalf of [Name of FQHC].

As a VOLUNTEER, I WILL:

- Conduct myself in a professional and appropriate manner befitting my assigned role.
- Follow the direction and supervision of my assigned mentor/supervisor in the performance of my VOLUNTEER duties.
- Clearly identify myself as a VOLUNTEER at the start of each new patient interaction.
- Track all of my hours worked, as well as the duties I perform during these hours, on a daily basis.
- Follow all safety and security procedures of [Name of FQHC], as per the orientation and training provided to me.
- Follow all policies and procedures for obtaining, discarding, and/or returning personal protective equipment (PPE) and other supplies, as per the orientation and training provided to me.
- Participate in an out-processing procedure with [Name of FQHC] Human Resources staff at the conclusion of my VOLUNTEER assignment.
- Hold [Name of FQHC] harmless for any potential injury or illness that I may sustain while performing my assigned VOLUNTEER duties.

Signature of Volunteer_____
Date

[Name of FQHC] Volunteer Assignment and Tracking Form

Name of Volunteer: _____

Cell phone number: _____ E-mail address: _____

Licensure/Certification (Lic/Cert) and Number: _____

MRC Volunteer? (Yes / No)

HRSA-deemed/pre-approved? (Yes / No)

Volunteer Assignment: _____

Volunteer Mentor/Supervisor (Name and Title): _____

Date	Hours Worked	Brief Description of Work Performed	Approval

Volunteer Orientation and Training Guidance

Health centers may use this checklist as a guide for what to include in volunteer orientation and training materials.

Orientation and Training Element	Included
Overview of patient population and services offered.	
Walkthrough of facility.	
Review of safety and security policies and procedures (including how to report and/or address safety or security issues).	
Policies and procedures for obtaining, discarding, and/or returning personal protective equipment (PPE) and other supplies.	
Review of position roles and responsibilities and/or limitations to scope of practice as necessary. <i>(Note: If available and appropriate for position, volunteer to review detailed Job Action Sheet (JAS)).</i>	
Demonstration of use of electronic medical records, telehealth technology, and any other IT platforms used by the FQHC to provide patient care.	
Review of timekeeping policies and procedures.	
Introduction to mentor and supervisor, and review of volunteer performance monitoring policies and procedures (including need for volunteers to identify themselves as such to patients).	
Volunteer to sign Volunteer Agreement.	
Volunteer to practice using electronic medical records, telehealth technology, and any other IT platforms used by the FQHC to provide patient care, while shadowing their mentor and before being authorized to work independently.	

Policy for the Use of Medical Reserve Corps Volunteers or ESAR-VHP Volunteers

[NOTE: INSERT policy specific to your health center for use of volunteers from the MRC, ESAR-VHP, or other sources, or DELETE if not applicable.]

Additional EOP Resources

Select Key Planning Tools, Templates, and Information

ASPR. [Technical Resources, Assistance Center, and Information Exchange \(TRACIE\)](#). U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response.

ASPR TRACIE. (2018). [ASPR TRACIE Evaluation of Hazard Vulnerability Assessment Tools](#). U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response.

ASPR TRACIE. (2019). [Disaster Behavioral Health Self Care for Healthcare Workers Modules](#). U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response.

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.

ASPR TRACIE. (2025). [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.

Association of Healthcare Emergency Preparedness Professionals. (2014). [HICS \(Hospital Incident Command System\) for Small Hospitals](#).

California Hospital Association. (2014). [Hospital Incident Command System \(HICS\) Forms](#).

California Hospital Association. (2014). [Hospital Incident Command System Current Guidebook and Appendices](#). (includes Job Action Sheets)

Center for the Study of Traumatic Stress. (n.d.). [Stress Management for Health Care Providers](#). (Accessed 6/24/2025.) Uniformed Services University School of Medicine.

Centers for Disease Control and Prevention. (2018). [Crisis & Emergency Risk Communication](#).

Centers for Disease Control and Prevention. (2024). [Vaccine Storage and Handling Toolkit](#).

Community Health Care Association of New York State. (2025). [Emergency Preparedness Training and Technical Assistance Toolkit for Community Health Centers, v. 1.0](#).

Conner, M.L. (n.d.). [How Adults Learn](#). Ageless Learner. (Accessed 6/24/2025.)

Cybersecurity & Infrastructure Security Agency. (n.d.). [About Priority Telecommunications Services](#). (including GETS/WPS) (Accessed 6/24/2025.)

Federal Emergency Management Agency. (2024). [Continuity Guidance Circular](#).

Federal Emergency Management Agency. [ICS Resource Center](#). (n.d.) (Accessed 6/24/2025.)

Federal Emergency Management Agency. (2018). [ICS Forms](#).

Federal Emergency Management Agency. (2025). [Developing and Maintaining Emergency Operations Plans: Comprehensive Preparedness Guide \(CPG\) 101: Version 3.1](#).

Federal Emergency Management Agency. (2020). [Homeland Security Exercise and Evaluation Program](#).

Federal Emergency Management Agency. [FEMA Independent Study courses](#).

Federal Emergency Management Agency. (2017). [Federal Continuity Directive 2](#). (See guidance on identifying mission essential functions; conducting BPA; and conducting BIA.

[Health Center Resource Clearinghouse](#).

Health Resources and Services Administration. (2022). [Emergency Preparedness, Response, and Recovery Resources for Health Centers](#).

[Kaiser Permanente Hazards Vulnerability Analysis Tool](#). (2021). California Hospital Association.

National Association of County and City Health Officials. (2022). [Building Workforce Resilience through the Practice of Psychological First Aid](#).

Office of the Assistant Secretary for Preparedness and Response. (n.d.). [RISC Toolkit 2.0: Risk Identification and Site Criticality](#). U.S. Department of Health and Human Services. (Accessed 6/24/2025.)

Ready.gov. (2021). [Business Impact Analysis](#).

Ready.gov. (2021). [Business Continuity Planning Suite](#).

Substance Abuse and Mental Health Services Administration. (2020). [Tips for Healthcare Professionals: Coping with Stress and Compassion Fatigue](#).