

ALL HAZARDS EMERGENCY PREPAREDNESS AND RESPONSE COMPETENCIES FOR HEALTH CENTER STAFF

*Recommendations from the National Nurse-Led Care Consortium (NNCC) and
Community Health Care Association of New York State (CHCANYS).*

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BACKGROUND

Health centers have a responsibility for ensuring that their patients receive quality care during and after an emergency or disaster. Better integration of health centers with their communities' healthcare infrastructure will help them meet this responsibility. Improved coordination and collaboration may also address communication and resource allocation gaps among public health, emergency management (EM), hospital, and other healthcare partners that often place health centers at a disadvantage. To successfully perform their assigned emergency/disaster roles, health center staff must understand how their organization will respond to hazards, including the use of altered management structures and modified operations. While plans will vary widely across health centers, all health center staff should possess "baseline" knowledge of basic emergency management principles. Recognizing that a defined set of health-center-focused emergency or disaster competencies is a critical need for health centers, the National Nurse-Led Care Consortium (NNCC) and Community Health Care Association of New York State (CHCANYS) created a set of competencies to improve the emergency and disaster preparedness of ALL health center staff. The competency set is intended to form the foundation of health center staff education and preparedness for all-hazards emergency and disaster response, and will allow health centers to direct their limited training time and resources to cover the most essential preparedness aspects. Competency achievement will benefit clinical and non-clinical staff and ensure that they can continue to deliver care and support integrated healthcare response and recovery. Supporting staff in competency achievement supports organizational preparedness, and satisfies CMS, HRSA, and state regulatory requirements and expectations.

To create this new set of competencies for health centers, we reviewed the literature to find existing medical and public health competencies and drew on the prior work and knowledge in this area to create the initial draft. Primary Care Associations (PCAs) were invited through the PCA Emergency Management Advisory Coalition: (a peer group of state PCA representatives focused on EM for health centers) to review the draft and provide comments via online poll. This feedback was used to revise the draft set of competencies. A series of focus groups was conducted in early 2022 to share the revised draft with health center staff from across the country and their advice and feedback informed this final set of competencies. A training curriculum based on these competencies will be developed.



COMPETENCY	SUB-COMPETENCIES	OVERVIEW	SELECT KEY RESOURCES ¹
<p>1: Demonstrate knowledge of the basic principles of emergency management (EM).</p>	<p>1.1 Define “all hazards” preparedness and response.</p> <p>1.2 Describe the four (4) phases of emergency management: mitigation; preparedness; response; and recovery.</p> <p>1.3 Describe the primary benefits and basic features of an organized system for managing emergencies, (e.g., the Incident Command System (ICS)).</p> <p>1.4 Understand the purpose and value of preparedness planning, training, exercises, and improvement planning to enhance an organization’s preparedness and response capabilities.</p>	<p>Through achievement of these competencies, health center staff will understand:</p> <ul style="list-style-type: none"> • The basic principles of emergency management and how they form the foundation of a health center’s emergency management program and related plans. • The primary benefits and basic features of an organized system for managing emergencies. • Why preparedness planning, training, exercises, and improvement planning are important. 	<p>Centers for Medicare and Medicaid Services. (2016). Emergency Preparedness Final Rule.</p> <p>Centers for Medicare and Medicaid Services. (2019). Omnibus Burden Reduction Final Rule. (Including revisions to CMS Emergency Planning Final Rule of 2016).</p> <p>Federal Emergency Management Agency. (2020). HSEEP Policy and Guidance. (Preparedness Toolkit)</p> <p>Federal Emergency Management Agency. (2018). IS-100.C: Introduction to the Incident Command System.</p> <p>Federal Emergency Management Agency. (2019). IS-200.C: Basic Incident Command System for Initial Response.</p> <p>Federal Emergency Management Agency. (2021). IS-230.D: Fundamentals of Emergency Management.</p>

¹ This is not a complete list of all relevant resources, but rather a list of some key references to be used in development of the corresponding competency-focused training curriculum currently in development. Resource listings will be updated upon completion of the training content targeted to be completed in April 2023. Health centers may refer to these resources if they wish to begin development of their individualized training curricula to support their staff in the achievement of these competencies.

COMPETENCY	SUB-COMPETENCIES	OVERVIEW	SELECT KEY RESOURCES ¹
			<p>National Association of Community Health Centers. (2007). Emergencies Happen: An In-Depth Guide to Emergency Management for Health Centers.</p> <p>Office of the Assistant Secretary for Preparedness and Response. (2016). 2017-2022 Health Care Preparedness and Response Capabilities. U.S. Department of Health and Human Services.</p> <p>U.S. Department of Health and Human Services, Health Resources & Services Administration. (2007). Health Center Emergency Management Program Expectations (Program Information Notice (PIN) 2007-15).</p> <p>State and local emergency management requirements.</p>
<p>2: Demonstrate knowledge of one’s expected role(s) in organizational response plans activated during a disaster or public health emergency.</p>	<p>2.1 Explain the potential roles of one’s organization in responding to a range of community-level emergencies.</p> <p>2.2 Explain one’s role within the health center’s incident management hierarchy and chain of command established in response to a disaster or public health emergency.</p>	<p>Through achievement of these competencies, health center staff will understand:</p> <ul style="list-style-type: none"> • How their health center will respond, generally, to a range of emergencies or disasters. • What their health center’s all-hazards emergency management structure is expected to be. 	<p>Individual Health Center Emergency Operations Plan (EOP).</p> <p>Individual Health Center training and exercise schedule.</p> <p>Association of Healthcare Emergency Preparedness Professionals. (2014). HICS (Hospital Incident Command System) for Small Hospitals.</p>

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	<p>2.3 Act within the scope of one’s role and legal authority and understand when to refer matters up through the health center’s chain of command.</p> <p>2.4 Practice one’s role and how to solve problems under emergency conditions, through regular participation in trainings and exercises offered by one’s organization and/or external partners.</p>	<ul style="list-style-type: none"> • Their role in organizational response and recovery plans, and if and how their scope of work and/or scope of practice may change during emergencies or disasters. • What information/incidents they need to report up through their chain of command. • How their participation in emergency management-related training and exercises prepares them to perform their assigned roles and tasks. 	<p>California Emergency Medical Services Authority. (2017). Hospital Incident Command System.</p> <p>Dodge, B. (2019). Hospital-Based ICS Small-Rural Webinar.</p> <p>Federal Emergency Management Agency. (2018). IS-100.C: Introduction to the Incident Command System.</p> <p>Federal Emergency Management Agency. (2019). IS-200.C: Basic Incident Command System for Initial Response.</p> <p>Federal Emergency Management Agency (FEMA). (2018). IS-120.C: An Introduction to Exercises.</p> <p>Federal Emergency Management Agency. (2018). IS-139.a: Exercise Design and Development.</p>
<p>3: Demonstrate knowledge of general communications principles, and organization-specific communications policies and procedures to be implemented during a disaster or public health emergency.</p>	<p>3.1 Describe who is authorized to notify health center staff of emergency plan activation, and how staff will be notified.</p> <p>3.2 Describe who is responsible for providing incident-related information and updates to health center staff, and how such information will be shared before, during, and after a disaster or public health emergency.</p>	<p>Through achievement of these competencies, health center staff will understand:</p> <ul style="list-style-type: none"> • Key emergency communication protocols for staff notification, activation, and incident-related information sharing. 	<p>Individual Health Center Communication Plans.</p> <p>Centers for Disease Control and Prevention. (2018). Crisis & Emergency Risk Communication (CERC) CDC.</p> <p>National Child Traumatic Stress Network.</p>

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	<p>3.3 Identify cultural issues and challenges specific to the health center’s patients and surrounding community that must be considered in the development and sharing of information and risk communications in a disaster or public health emergency.</p> <p>3.4 Define who is authorized to share information and represent the health center with community partners; local, state, and federal partners; and the media/press/social media.</p> <p>3.5 Describe basic rules for communicating with patients during a disaster or public health emergency.</p>	<ul style="list-style-type: none"> • The cultural and socioeconomic characteristics of the health center’s patients and surrounding community, and how these factors affect the way the health center creates and shares information with patients and community members. • What and how different elements of information will be shared, and who from their health center is authorized to share emergency-related information with staff, patients, partners, press/media, and/or local, state, and federal authorities. • Basic emergency/disaster communication principles to be applied in their patient encounters. 	<p>National Nurse-Led Care Consortium. (2019). Health Center Communications Plan Template. (Free registration necessary to download Word version of template.)</p> <p>Substance Abuse and Mental Health Services Administration. (2022). Resources on Cultural Competency.</p>
<p>4: Demonstrate knowledge of personal health and safety measures that can be implemented in a disaster or public health emergency.</p>	<p>4.1 Explain the physical and mental health, safety, and security risks associated with working in a community health center during disasters and public health emergencies.</p> <p>4.2 Describe risk reduction measures that can be implemented to mitigate or prevent hazardous exposures to oneself in a disaster or public health emergency.</p> <p>4.3 Describe how to recognize stress reactions in oneself, and in one’s co-workers, and strategies to reduce them.</p>	<p>Through achievement of these competencies, health center staff will understand:</p> <ul style="list-style-type: none"> • The health, safety, and security risks that may affect them while performing their duties during emergencies/disasters. • Ways to minimize the potentially harmful effects these risks could have on their health and safety. • How to identify and address stress reactions in themselves, and in others. 	<p>Individual Health Center Health and Safety Plans/Human Resources Policies and Procedures.</p> <p>ASPR TRACIE. (2017). Disaster Behavioral Health: Resources at Your Fingertips. U.S. Department of Health and Human Services, Office of the Assistant Secretary of Preparedness and Response.</p> <p>National Child Traumatic Stress Network. (n.d.). About PFA. (Accessed 6/13/2022.)</p> <p>Ready.gov. (2021). Make a Plan.</p>

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<p>5: Demonstrate knowledge of how one’s organization will support the physical and mental health of its patients before, during, and after a disaster or public health emergency.</p>	<p>5.1 Describe strategies for preparing patients so that they are more resilient and able to recover from the health effects of disasters and public health emergencies more easily.</p> <p>5.2 Describe how operations may be adapted by one’s organization during the response phase of an emergency or disaster to provide emergency care or maintain the physical and mental health of its patients.</p> <p>5.3 Describe the partnerships one’s organization can use to connect its patients to services and resources to support their physical and mental health before, during, and/or after a disaster or public health emergency.</p>	<p>Through achievement of these competencies, health center staff will understand:</p> <ul style="list-style-type: none"> • How individual patient resiliency supports community resilience and recovery, and vice versa. • How resiliency leads to better outcomes after emergencies or disasters. • Strategies to support health center patients’ resiliency. • How and why health center operations may change during emergencies or disasters, and how their individual roles may change to support modified operations. • How health centers can collaborate with governmental and non-governmental organizations (NGOs) to connect their patients and larger community to services and resources to support their physical and mental health before, during, and after a disaster or public health emergency. 	<p>Individual Health Center Emergency Operations Plan (EOP).</p> <p>Individual Health Center mutual aid plans or partnership agreements.</p> <p>ASPR TRACIE. (2022). Major Hurricanes: Potential Health and Medical Implications.</p> <p>ASPR TRACIE. (2021). Durable Medical Equipment in Disasters.</p> <p>Community Health Care Association of New York State. (2021.) Human Resource Policies and Procedures for Federally Qualified Health Centers During Public Health Emergencies: Template and Guidance Document.</p> <p>Division for At-Risk Individuals, Behavioral Health, and Community Resilience (ABC). (2015). Community Resilience. U.S. Department of Health and Human Services. Office of the Assistant Secretary for Preparedness and Response.</p> <p>Listos California. (2021). Innovations for Equity in Disaster Resilience.</p>

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			<p>Listos California. (2021). Innovations for Equity in Disaster Resilience.</p> <p>New York City Department of Health and Mental Hygiene (2020). Disaster Preparedness for Children with Disabilities: Durable Medical Equipment.</p> <p>Ready.gov. (2021). Make a Plan.</p> <p>Substance Abuse and Mental Health Services Administration. (2022). Disaster Behavioral Health Resources.</p>

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