All Hazards Emergency Preparedness and Response Competencies for Health Center Staff, v. 4.1

Background

Health centers have a responsibility to ensure their patients receive quality health care before, during, and after an emergency or disaster. Better integration of health centers with their communities' health care 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), hospitals, and other health care partners, which often disadvantage health centers. 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 Center Association of New York State (CHCANYS) developed competencies to improve the emergency and disaster preparedness of ALL health center staff. The competency set is intended to serve as the foundation for health center staff education and preparedness for all-hazards emergency and disaster response, enabling health centers to direct their limited training time and resources to the most essential aspects of preparedness. Competency achievement will benefit clinical and non-clinical staff, ensuring they can continue to deliver care and support an integrated health care response and recovery. Supporting staff in achieving competency supports organizational preparedness and the achievement of Centers for Medicare & Medicaid Services (CMS), Health Resources and Services Administration (HRSA), and state regulatory requirements and expectations.

To develop this new set of competencies for health centers, we reviewed the literature to identify existing medical and public health competencies and drew on prior work and knowledge in this area to draft the initial version. Primary Care Associations (PCAs) were invited through the Emergency Management Advisory Coalition (EMAC) to review the draft and provide comments via online poll. This feedback was used to revise the draft set of competencies.

Competency	Sub-competencies	Overview	Select Key Resources[1]
1: Demonstrate knowledge of the basic principles of emergency management (EM).	1.1 Define "all hazards" preparedness and response. 1.2 Describe the four (4) phases of emergency management: mitigation, preparedness, response, and recovery. 1.3 Describe the primary benefits and basic features of an organized system for managing emergencies (e.g., the Incident Command System (ICS)). 1.4 Understand the purpose and value of preparedness planning, training, exercises, and improvement planning to enhance an organization's preparedness and response capabilities.	Through achievement of these competencies, health center staff will understand: • 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.	Centers for Medicare and Medicaid Services. (2016). Emergency Preparedness Final Rule. Centers for Medicare and Medicaid Services. (2019). Omnibus Burden Reduction Final Rule. (Including revisions to *CMS Emergency Planning Final Rule of 2016*). Federal Emergency Management Agency. (2020). HSEEP Policy and Guidance. (Preparedness Toolkit) Federal Emergency Management Agency. (2018). IS-100.C: Introduction to the Incident Command System. Federal Emergency Management Agency. (2019). IS-200.C: Basic Incident Command System for Initial Response.

[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. 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. See also: NNCC EM resource page

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			Federal Emergency Management Agency. (2021). IS-230.D: Fundamentals of Emergency Management. Office of the Assistant Secretary for Preparedness and Response. (2016). Health Care Preparedness and Response Capabilities for Health Care Coalitions. U.S. Department of Health and Human Services. State and local emergency management requirements.
2: Demonstrate knowledge of one's expected role(s) in organizational response plans activated during a disaster or public health emergency.	2.1 Explain the potential roles of one's organization in responding to a range of community-level emergencies. 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. 2.3 Act within the scope of one's role and legal authority and understand when to refer	Through achievement of these competencies, health center staff will understand: • How their health center will generally respond to a range of emergencies or disasters. • What their health center's all-hazards emergency management structure is expected to be. • Their role in organizational response and recovery plans, and if and how their scope of work and/or scope of practice	Individual Health Center Emergency Operations Plan (EOP). Individual Health Center training and exercise schedule. ASPR TRACIE. (2019). Hospital-Based Incident Command Systems: Small and Rural Hospitals webinar. Association of Healthcare Emergency Preparedness Professionals. (2014). HICS

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	matters up through the health center's chain of command. 2.4 Practice one's role and how to solve problems under emergency conditions, through regular participation in training and exercises offered by one's organization and/or external partners.	may change during emergencies or disasters. • What information/incidents do 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.	(Hospital Incident Command System) for Small Hospitals. California Emergency Medical Services Authority. (2017). Hospital Incident Command System. Federal Emergency Management Agency. (2018). IS-100.C: Introduction to the Incident Command System. Federal Emergency Management Agency. (2019). IS-200.C: Basic Incident Command System for Initial Response. Federal Emergency Management Agency (FEMA). (2018). IS-120.C: An Introduction to Exercises.
3: Demonstrate knowledge of general communications principles and organization-specific communications policies and procedures to be implemented during a disaster or public health emergency.	3.1 Describe who is authorized to notify health center staff of emergency plan activation, and how staff will be notified. 3.2 Describe who is responsible for providing incident-related information and updates to health center staff, and how such information will be shared	Through achievement of these competencies, health center staff will understand: • Key emergency communication protocols for staff notification, activation, and incident-related information sharing. • The health-related needs of the health center's patients	Individual Health Center Communication Plans. Centers for Disease Control and Prevention. (2018). Crisis & Emergency Risk Communication (CERC)|CDC. National Child Traumatic Stress Network.

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	before, during, and after a disaster or public health emergency. 3.3 Identify the specific needs of the health center's patients and the surrounding community that must be considered in the development and sharing of information and risk communications in a disaster or public health emergency. 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. 3.5 Describe basic rules for communicating with patients during a disaster or public health emergency.	and the surrounding community, and how these factors shape how the health center creates and shares information with patients and community members. • What and how different elements of information will be shared, and who at the 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 should be applied during patient encounters.	National Nurse-Led Care Consortium. (2026). Health Center Communications Plan Template.
4: Demonstrate knowledge of personal health and safety measures that can be implemented in a disaster or public health emergency.	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.	Through achievement of these competencies, health center staff will understand: • The health, safety, and security risks that may affect them while performing their duties	Individual Health Center Health and Safety Plans/Human Resources Policies and Procedures. ASPR TRACIE. (2024). Disaster Behavioral Health: Resources at Your Fingertips. U.S.

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	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. 4.3 Describe how to recognize stress reactions in oneself and in one's co-workers, and strategies to reduce them.	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.	Department of Health and Human Services, Office of the Assistant Secretary of Preparedness and Response. National Child Traumatic Stress Network. (n.d.). About PFA. (Accessed 1/23/2026.) Ready.gov. (2025). Make a Plan.
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.	5.1 Describe strategies for preparing patients so that they are able to recover from the health effects of disasters and public health emergencies more easily. 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. 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	Through achievement of these competencies, health center staff will understand: • How health centers can support patients in emergency or disaster recovery by helping them prepare beforehand. • How and why health center operations and individual roles may change during emergencies or disasters. • How health centers can collaborate with governmental and non-governmental organizations (NGOs) to connect their patients and the larger community	Individual Health Center Emergency Operations Plan (EOP). Individual Health Center mutual aid plans or partnership agreements. ASPR TRACIE. (2025). Major Hurricanes: Potential Public Health and Medical Implications. ASPR TRACIE. (2021). Durable Medical Equipment in Disasters. Community Health Care Association of New York State. (2021.) Human Resource Policies and Procedures for Federally Qualified Health Centers During Public Health

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	before, during, and/or after a disaster or public health emergency.	to services and resources to support their physical and mental health before, during, and after a disaster or public health emergency.	Emergencies: Template and Guidance Document. New York City Department of Health and Mental Hygiene. (2020). Disaster Preparedness for Children with Disabilities: Durable Medical Equipment. Ready.gov. (2025). Make a Plan. Substance Abuse and Mental Health Services Administration. (2022). Disaster Behavioral Health Resources.

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