



EVHC
Eastern Virginia
Healthcare Coalition

Building Partnerships in Preparedness

**Core Competencies
for
Health Care Emergency
Management Professionals**

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This document will also be available in the “Document Section” on the Virginia Healthcare Alerting and Status Systems (VHASS) website at: <https://www.vhha-mci.org/>

Core Competencies for Health Care Emergency Management Professionals

Introduction

This document reflects the latest in federal and state guidance and the current state of the art preparedness for health care.

This document is designed to assist all health care facilities within Eastern Virginia planning for response to all hazards, determining job specific competencies and training of Health Care Emergency Managers. As reference health care facilities in this document are but not limited to all facilities that fall under Center's for Medicare and Medicaid Services Emergency Preparedness Rule.

The list of core competencies reflects disaster preparedness and response knowledge, skills, and abilities applicable to health care emergency management personnel in the Eastern region, and offers a consistent approach for assessing health care readiness for no-notice as well as anticipated disaster events.

The appendix to the Core Competencies includes tips and tools for using the competencies along with ready to print copies of the individual Competency Check Lists.

Background

The U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR) leads the country in preparing for, responding to, and recovering from the adverse health effects of emergencies and disasters. ASPR's Hospital Preparedness Program (HPP) enables the health care delivery system to save lives during emergencies and disaster events that exceed the day-to-day capacity and capability of existing health and emergency response systems. ASPR developed the 2017-2022 Health Care Preparedness and Response Capabilities guidance to describe what the health care delivery system, including Healthcare Coalitions (HCCs), hospitals, and emergency medical services (EMS), have to do to effectively prepare for and respond to emergencies that impact the public's health. Each jurisdiction, including emergency management organizations and public health agencies, provides key support to the health care delivery system.

The disaster events of Hurricane Katrina in 2005, Super Storm Sandy in 2012 and the recent triple devastating hurricanes in 2017 have highlighted the need to advance planning for catastrophic health events including mass casualty incidents and public health emergencies with a sustained patient surge. There is a continued need to support capabilities to manage biological, chemical, radiological, and explosive events in addition to naturally occurring incidents. Complex events could also occur that involve a combination of agents, such as a radiological source with an explosive delivery mechanism. Utilities can fail on "sunny day" at a facility leading to short and sometimes long duration outages. Hurricanes in the Caribbean Islands in 2017 led to months without primary power for some. Competencies need to therefore include all-hazards performance measures in addition to hazard-specific ones.

The Eastern region's population includes those who are at risk or vulnerable to decompensation of their medical status in disasters.

Health care facilities routinely care for persons with special needs, however certain groups such as children, older adults and persons with disabilities will have unique needs requiring trained competent staff, dedicated equipment and supplies and space considerations.

Scope

Disaster response requires a unique set of capabilities related to knowledge, skills, and abilities. These disaster core competencies are intended to establish a baseline of knowledge for Health Care Emergency Managers (EM) and Health Care System (Corporate) Emergency Managers (SEM), in the Eastern Region. This will enable EM's to function and lead other health care staff efficiently and effectively during disaster events. Emergency Managers may begin their employment at a health care facility without any foundation of disaster-related knowledge, skills, or abilities. Others may transfer from a facility in which they were an emergency response team member or strictly in a Safety/Security role.

There will always be a need to orient and refresh health care personnel on health care facility-specific emergency procedures and roles, notification and communications, training and exercise processes, organizational resources, and relationships the health care facility has with community partners.

A disaster or catastrophic level response may stress the health care facility to an extraordinary level. This requires advance preparation to be able to successfully mitigate and manage a surge of patients and a potential impact on health care infrastructure. The Recommended Disaster Core Educational Competencies for Health Care Emergency Manager Professionals reflect the need for teamwork within and across organizations to manage mitigation, preparedness, response, and recovery.

Achieving competencies are part of every health care facility's standard operating procedures. Recommended core competencies define measurable tasks and capabilities to achieve national all-hazard competency standards.

This core competencies list the disaster mitigation, preparedness, response and recovery knowledge, skills and abilities needed by relevant types of emergency managers or facility administrators in various health care facilities given the current state of health care system vulnerabilities.

These facilities may be but are not limited to acute care facilities, free standing Emergency Departments, Long Term Care/Skilled Nursing facilities, Community Health Centers, local clinics and surgical centers.

These competencies and affiliated training matrix create a roadmap for Health Care EM Professionals that will take anywhere from 2 to 5 years to successfully complete and should not be used as a hiring guide or orientation guide for new staff.

Purpose

The Recommended Core Competencies for Health Care EM Professionals are just that; recommendations. Some health care facilities may be tempted to put the document on-a-shelf feeling overwhelmed or burdened by the scope of the list of competencies.

Recommended core competencies were selected to comply with federal regulations and accreditation standards for performance. Recommended competencies can enable health care facility staff to successfully perform the critical tasks and activities necessary to "Prepare, Prevent, Protect, Respond, and Recover" when it comes to natural or man-made disasters that can strain daily the health care facility's medical capacity.

Recommended core competencies provide common standards that can make it easier for health care facilities to work together at the local and regional level in responding to health care emergencies.

Standardized competencies for Health Care Emergency Manager Professionals are also intended to increase consistency at all health care facility in the Eastern Virginia Healthcare Coalition (EVHC) region.

Each individual health care facility needs to determine what other position(s) and departments need to be trained in disaster response roles recognizing that one or two people at each facility will not be enough to develop and sustain an effective health care emergency management program.

The preparation for health care staff is intended to be dynamic, with ongoing training, so that individuals can be trained to progress to higher levels of capability.

Health Care systems and facilities that participate in the ASPR Hospital Preparedness Program and Centers for Medicare & Medicaid Services (CMS) are expected to be compliant with the National Response Framework (NRF) and National Incident Management System (NIMS). An acceptable progressive competency includes documentation of attendance at training that discusses NRF and NIMS for skills at the awareness level, and FEMA certifications as evidence of training for mid and advanced levels. Incident Command System (ICS) training serves as a mechanism to help ensure consistency of response within and among organizations locally, statewide, and nationally.

Alignment of Competencies

In order to promote alignment of the Health Care Emergency Manager Professionals Competencies with existing accreditation standards, competencies are organized across the various capability levels using familiar emergency management standard's broad categories:

- Emergency Operations Plan (including planning, hazard vulnerability analysis, and detection)
- Communications (including notification, back-up systems Area-Wide and HEART Radio systems, and Virginia Healthcare Alerting and Status System (VHASS))
- Policies and Procedures to cover:
 - Staff (to include health care staff, Medical Staff and Volunteers)
 - Resources and Assets
 - Security and Safety
 - Utilities
 - Patient Support
- Training and Testing

Emphasis with these accreditation standards is placed on having structures and processes in place to provide safe quality care, treatment, and services.

Many of the competencies selected for inclusion in these recommendations are performance-oriented and determined to be critical for an efficient and effective disaster response.

They will also promote resilience for the staff of the health care organization so that they are prepared for, able to respond to, and recover from events. Incorporation of the competencies into staff skill sets will assist them in sustaining the critical infrastructure and maintaining medical treatment and services. Building resilience is considered a foundation for public health emergency preparedness, per the recently published U.S. National Health Security Strategy. In the Eastern Virginia, it is critical to be prepared for no-notice events in addition to ensuring better management of higher probability and anticipated hazardous weather events.

Competency checks can be conducted for:

- Leaders of facilities to ensure their emergency preparedness staff's performance and functioning in Preparedness, Response, Recovery and Mitigation
- Leaders of the organization to ensure their capability to serve in an incident command role or as a subject matter expert

Competencies can be demonstrated through training, exercises, deployment during an event or by examination. Initial and refresher competency checks should occur to maintain skill and performance levels. Participation in exercises and events will sustain a level of efficiency and effectiveness for the organization overall.

The Eastern Virginia Healthcare Coalition supports the development of training materials and courses that can be used for competency development. This document includes tips and tools to assist health care partners in applying the recommended core competencies. The EVHC maintains Health Care Emergency Management Professional Training Matrix that includes a list of courses and training plans that can be used to meet the competencies.

**HEALTH CARE
EMERGENCY MANAGEMENT
CORE COMPETENCIES**

Competency
Emergency Operations Plans
Describe the facility's EOP- all hazards and hazard-specific threats
Describe how to write, activate and operationalize EOP from Response through Recovery including Continuity of Operations Plan (COOP) for the organization
Operationalize EOP and lead staff in departmental implementation
Describe annual review process for EOP including training of the organization
Conduct Hazard Vulnerability Assessment (HVA) for the facility and all facilities associated with health care facility. After analysis and document HVA.
Verbalize risks associated with high-priority threats
Describe departmental and health care disaster risk management activities
Prioritize and analysis HVA results with community partners
Identify mitigation strategies to address the risks identified by the HVA
Initiate organizational steps to mitigate risks;
Identify community's capability to meet facility's potential needs
Familiar with National Fire Protection Association Standard 1600 - Standard on Disaster/Emergency Management and Business Continuity/Continuity of Operations
Familiar with National Fire Protection Association Standard 99 - Health Care Facilities Code
Recognize general public health (epidemiological) indicators that may signal the onset, exacerbation, or ending of a disaster or emergency
Assess specific treatment and access to care needs for vulnerable populations; incorporate how to address needs into Emergency Operations Plan (EOP)
Demonstrate the ability to make critical decisions needed to reduce the potential threats to life and property using an "all hazards" approach to disaster management
Demonstrate the ability to understand the components of the overall health care system
Demonstrate the ability to lead others during an incident
Demonstrate the ability to understand the Emergency Planning Process
Lead or co-lead facility's Emergency Management Planning Committee
Lead or co-lead facility's Emergency Response Team
Demonstrate the ability to understand general Emergency Management Principles
Identify surge capacity assets that can be utilized in organizational, agency, and/or community response plans
Differentiate between a tactical and strategic emergency management
Recognize the importance of Continuity of Operations (COOP) planning at the local level
Recognize critical resource management in times of scarce resources
Identify statutes and regulations related to health care delivery that may be activated or modified under a declaration of disaster or emergency
Understand role of the health care facility under a waiver declared by the HHS Secretary, in accordance with section 1135 of the Act, in the provision of care and treatment at an alternate care site identified by emergency management officials

Competency
Recognize and plan for in the EOP a facility request for 1135 Waivers - Hospitals
Recognize that Scope of Practice can be modified during a declared Emergency
Describe legal and regulatory issues likely to be encountered in disasters and public health emergencies
Participate in educational sessions related to legal and regulatory issues within Health Care Emergency Management
Promote synergy between the facility HVA and the jurisdictional Emergency Management HVA or Threat and Hazard Identification Risk Assessment (THIRA)
EOP describes a means to shelter patients, staff, and volunteers onsite who remain in the facility.
Recognize the needs for disaster finance accountability
Be aware of resources (e.g., physical, psychological, community systems, social) for short- and long-term recovery
Recognize the process for returning the community back to normal functioning
Describe the use of volunteers in an emergency, including emergency staffing strategies, such as the role and process for integration of state or federally designated health care professionals to address surge needs during an emergency
POLICY AND PROCEDURES – Healthcare Emergency Operations
Demonstrate Incident Command certification for response roles (IS-100.HC, IS-200, IS-700, IS- 800 for Section Chiefs; ICS 300 and ICS 400 for Incident Commander and/or Liaison Officer)
Identify appropriate personnel to complete ICS courses per response role
Assume an ICS functional role of section chief or higher
Describe the role of an Incident Action Plan (IAP) in maintaining situational awareness
Describe types of documents required during a disaster or emergency
Demonstrate access and use of ICS forms
Demonstrate reporting of bed availability on Virginia Healthcare Alerting and Status (VHASS)
Demonstrate patient/resident tracking process during an event internally and on VHASS
Attend VA-211 System Orientation as it relates to patient tracking
Demonstrate the ability of documenting on the VHASS Event Board and Log
Demonstrate process for generation of situation unit reports
Identify the multiple roles and responsibilities of the HCC/EOC (Emergency Operations Center), including the legal authorities and requirements of the Healthcare Command Center (HCC)
Build and manage effective organizational structures within an HCC
Discuss the importance of designing and integrating enhanced technology into HCC operations
Promote effective HCC operations through plans, procedures, coordination, and documentation

Competency
Describe the relationship between the HCC and the on-scene Incident Command System (ICS) structure
Identify staffing, information, systems, and equipment needs at the HCC
Determine whether participants' HCC organizations are conducive to effective coordination
Develop a strategy and schedule for reviewing HCC resource requirements and technology needs
Identify potential alternate locations suitable for HCC operations including virtual off-site should the primary HCC becomes damaged or inoperable
Relate situational awareness and common operating pictures to HCC operations
Describe the role and challenges of an HCC during the transition to recovery
Demonstrate the ability to activate the Eastern Virginia Healthcare Coalitions (EVHC) Regional Healthcare Coordination Center (RHCC)
Demonstrate the ability to activate and request EVHC Mobile Medical Assets (MMA) as a Sending Facility
Demonstrate the ability to activate and request EVHC MMA as a Receiving Facility
Demonstrate familiarization with VHASS Inventory Manager
State role of PIO and how to work with Joint Information Center (JIC);
Identify readily accessible and trained surge staff, equipment and supplies, and treatment space for all levels of care
Identify departmental JIT resource personnel for staff and emergency credentialed personnel on job roles and responsibilities and use of disaster equipment
Activate emergency credentialing procedures and assign supervisor for credentialed personnel
Demonstrate familiarization with the Virginia Hospital Evacuation Guidelines
Familiar with staff assignments and patient movement during disasters and evacuation
Familiar with staff assignments and patient Shelter-In-Place
Identify types of mass casualty events and their potential impact
Demonstrate knowledge of Mass Casualty Incident (MCI) response and disaster triage skills
Demonstrate knowledge of decontamination skills for persons of all ages, ambulatory and non-ambulatory
Demonstrate knowledge to correctly don and doff Level B and C PPE
Monitor use of CBRN agent identification and patient treatment internal and external resources during events
Demonstrate knowledge and skills of safely dealing with a highly infectious patient per facility protocols
Identify principles of isolation and quarantine
List personnel who have completed Health Care Haz-Mat course certification

Competency
Monitor ongoing overall health care facility's personnel physical and behavioral health and safety during response and recovery
Identify strategies for increasing the resilience of individuals and communities affected by a disaster or public health emergency
Discuss public health considerations for the recovery of all ages and populations affected by a disaster or public health emergency
POLICY AND PROCEDURES – COMMUNICATIONS
Demonstrate access to 24/7 list of critical contacts for the facility, community partners and external authorities including Staff, Physicians, other a like facilities, volunteers, entities providing services under arrangement, relevant federal, state, tribal, regional, and local emergency preparedness staff and other sources of assistance
Identify communication barriers that may occur during a disaster or emergency
Identify and implement communication strategies during disasters
Explain the value of internal and external communication during an emergency or disaster
Identify barriers to effective multicultural communication during disasters
Explain how public health and/or emergency management will be notified of a threat or an event at the health care facility
Demonstrate processes for communicating information about the general condition and location of patients under the organization's care to public and private entities assisting with disaster relief
Demonstrate HIPPA compliant processes, in the event of an evacuation, to release patient information to family, patient representative, or others responsible for the care of the patient
Demonstrate use of the Virginia Healthcare Alerting and Status System (VHASS) for situational awareness and common operating picture and process to share critical information with staff
Identify credible sources for information updates such as VHASS, official government social media accounts, the Health Alert Network (HAN) etc.
Demonstrate processes to rapidly notify department staff, patients and patients families of an event and keep them updated
Describe mechanisms for reporting actual and potential health threats through the chain of command/authority established in a disaster or public health emergency
Exercise departmental use of back-up systems & monitor success
Demonstrate competency in using internal and external radio systems including Area – Wide Radio and emergency use of the HEART radio system
Maintain communication back-up systems for continued 24/7 operability
Provide for capacity and capability of ham radio access & equipment support
Monitor for successful health care facility roll-call checks using back-up communications Area-Wide Radio and HEART systems

Competency
Maintains documentation of completed and attempted contact with the local, state, tribal, regional, and federal emergency preparedness officials in its service area. This contact is made for the purpose of communication, and where possible collaboration, on coordinated response planning for a disaster or emergency situation
Describe principles of crisis and emergency risk communication to meet the needs of all ages and populations in a disaster or public health emergency
Identify cultural issues and challenges in the development and dissemination of risk communication in a disaster or public health emergency
Describe the role of social media in crisis communication
Develop a method for EMR - medical documentation for patients under the facilities care, as necessary, with other health care providers to maintain the continuity of care.
Identify the need for a communication plan involving disabled, functionally impaired, and vulnerable populations, to include pets and service animals
Demonstrate ability to contact vendors for essential non- medical supplies, services and equipment during an emergency including food, bedding, and other provisions consistent with the hospital's plan for sheltering on site) that will be required throughout the phases of an emergency
Demonstrate ability to contact vendors for essential supplies, services and equipment during an emergency
Activate use of backup systems during an event
Provide for sufficient capacity and capability for redundant & backup communication systems throughout health care facility organization
Monitor organizational success rate using internal & external back-up systems
Identify and communicate with agencies that monitor threat indicators such as the Virginia State Police Fusion Center
Implement a system to track the location of on-duty staff during an emergency
Practice use of the media, including a portable emergency radio to monitor emergency alert channels (e.g., weather, evacuation, isolation)
POLICY AND PROCEDURES – RESOURCES
Identify ready & accessible sources for surge equipment and supplies internally and external to the facility
Communicate triggers for requesting additional resources internally and externally
Describe the sequential activation of coordinated local, state, and federal response as incident complexity increases
Describe the actions that need to be taken to lessen the likelihood impacts of the hazards listed in the facilities HVA
Maintain readiness and access to department and facility disaster equipment
Maintain readiness of and access to EVHC MMA

Competency
Maintain a list of contact information of staff or department location for keys to EVHC MMA storage areas
Maintain monthly inventory sheets of EVHC MMA inspection
Identify tools (e.g., air sampling, water sampling) used to monitor general indicators and epidemiological
Conduct annual review of MOA's with vendors or other facilities
Recognize existing guidelines for ethical standards regarding scarce resources during a disaster or emergency
Explain the role of triage as a basis for prioritizing or rationing health care services for all ages and populations affected by a disaster or public health emergency
Integrate disaster recovery into EOP and Policy and Procedures to include details on insurance coverage and plans. Key contact information for insurance agents and details for procuring emergency funds
Identify health care facility structural and non-structural mitigation techniques and processes
Ensure health care facility structural and non-structural techniques and processes are part of the facility's Policy and Procedures
POLICY AND PROCEDURES - SAFETY & SECURITY
Describe measures to maintain situational awareness before, during, and after a disaster or public health emergency
State organizational protective actions for threats/events
Describe how to operationalize immediate actions and precautions to protect staff, facility and patients from harm
Describe risk reduction measures that can be implemented to mitigate or prevent hazardous exposures in a disaster or public health emergency
Recognize and assist with implantation of staff protective (force protection) measures
Oversee development and updates to facility Lockdown Policy and Procedures
Oversee development and updates to facility Civil Threats and Acts of Violence Policy and Procedures
Direct identification and containment of contaminated vehicles
Demonstrate scalable crowd control measures
Activate control of pedestrian and vehicle access on campus and within facility
Share instructions from public health or law enforcement authorities with facility for protective actions during a community incident
Review any agreements with local or private law enforcement to supplement security personnel during an event
Define process to communicate & coordinate with local, county, regional, state and federal partners to enhance health security during an event
POLICY AND PROCEDURES - UTILITIES
Maintain health care facility redundancy X2 minimum and reserve capacity and capabilities for all utilities including medical and non-medical gases

Competency
Emergency generator inspection and testing. Implement emergency power system inspection, testing, and maintenance requirements
Maintain an onsite or offsite fuel source to power emergency generators and have a plan for how it will keep emergency power systems operational
Provide for heating/cooling emergency protection measures as needed
Verbalize battery backup times of critical patient equipment
Know the process for conduct load shedding to support critical services
Verbalize department capabilities during load- shedding
Notify external authorities when on back-up power
Actively institute fall prevention measures for staff and patients during reduction in lighting or evacuation
Describe the process and assist with implementation of disaster and emergency recovery plans for each department
POLICY AND PROCEDURES - PATIENT SUPPORT
Demonstrate knowledge of principles and practices for the clinical management of all ages and populations affected by disasters and public health emergencies, in accordance with professional scope of practice
Identify all ages and populations with functional and access needs who may be more vulnerable to adverse health effects in a disaster or public health emergency
Identify the location of at-risk populations in the community
Coordinate health care facility, community, and public health resources for persons with special needs within vulnerable populations
Identify evacuation plans involving disabled, functionally impaired, and vulnerable populations, to include pets and service animals
Coordinate with the community, and public health resources for persons with special needs within vulnerable populations to assess medical transport needs for these populations
Describe common public health interventions to protect the health of all ages and populations affected by a disaster or public health emergency
Define what constitutes surge capacity for an institution or locale
Identify the requesting process for alternative surge assets (e.g., local, regional, state, federal)
Identify anticipated length of time before surge assets could be available/functioning in the community
State and Operationalize scalable patient surge plan for department
State overall health care facility scalable patient surge plan
Demonstrate the ability to track the location of patients sheltered on site during an emergency. This includes documentation of the name and location of the receiving facility or alternate site in the event a patient is relocated during the emergency
Recognize the need for the protection of privacy and confidentiality during a disaster

Competency
Describe ethical issues and challenges associated with critical resource management in a disaster or public health emergency
Describe legal issues and challenges associated with critical resource management in a disaster or public health emergency
Discuss common physical and mental health consequences for all ages and populations affected by a disaster or public health emergency
Identify the principles and practices of family reunification
POLICY AND PROCEDURES - TRAINING AND TESTING
Recognize the components and concepts of a robust exercise and improvement program such as the Homeland Security Exercise and Evaluation Program (HSEEP)
Participate in the development of a Multiyear Training and Exercise Plans (MYTEP) to meet assessed needs and results of the HVA.
Participate in leadership role in health care facility exercises, events and after-action reviews
Identify the needs of at-risk populations, through Table-Top, Functional, or Full-Scale Exercises
Create a test, training and exercise plan for critical HCC operations
Practice drills involving health care surge within your area, organization, or community
Describe the components and concepts of an After-Action Report and Improvement Plan (AAR/IP)
Demonstrate active participation in the health care facility exercises and After-Action Reviews
Demonstrates participation in departmental and organizational corrective action improvement planning
Demonstrates integration of corrective action recommendations into departmental processes
Provide Initial and ongoing training relevant to their emergency response roles is provided to staff, volunteers, and individuals providing on-site services under arrangement
Training is documented and then reviewed and updated annually and when these roles change. Staff demonstrate knowledge of emergency procedures through participation in drills and exercises, as well as post-training tests, participation in instructor-led feedback (for example, questions and answers), or other methods determined and documented by the organization
Describe the functions of an exercise planning team
Demonstrate successful communication of messaging to staff throughout the organization internally & externally through mass notification mechanisms & hotlines
Demonstrate successful staffing callback rates from drills and events

PLANNING AND MITIGATION STRATEGIES

By Department



PLANNING AND MITIGATION STRATEGIES

By Department

Note: It is recognized that all health care facilities may not have or use the same titles for the departments mentioned. In such cases, the next closest position or department carrying out those functions should be substituted. Omit the departments that may not apply to your facility.

Anesthesia Services

- Develop anesthesia protocols for patients suffering from toxic effects of industrial chemicals or chemical warfare agents;
- Consider training anesthesia staff to safely care for a contaminated patient; Develop protocol for contamination of anesthesia machines due to patients with respiratory contamination from a radiological incident;
- Coordinate plans with the Decontamination Team for an “Intubations Corner” in the decontamination area, if intubations are needed prior to decontamination;
- Plan with Surgical Services for provision of anesthesia services to a temporary Operating Room if needed;
- Identify anesthesia machines that can serve as surge ventilators if needed.

Behavioral Health/Case Management/Pastoral Care

- Provide behavioral health training for all health care professionals emphasizing disaster stress, normal reactions, how to provide psychological first aid and support resources;
- Provide guidance to staff regarding procedures for dealing with a possible surge of fearful patients and family members during disasters;
- Provide guidance to staff regarding procedures for dealing with a possible surge with access and functional needs;
- Provide guidance to staff regarding procedures for dealing with “at risk” patients;
- Provide support for staff to communicate with family members during disasters;
- Coordinate with Mental Health and Employee Health in establishment of a crisis counseling team serving the staff;
- In coordination with Employee Health, establish protocols for mental health evaluations and treatment of staff;
- Establish a protocol to provide Mental Health Triage;
- Establish a protocol to provide mental health counseling and treatment to patients and their family members, in coordination with other community mental health resources;
- In coordination with Mental Health and similar community resources, establish protocols for providing pastoral or spiritual counseling to patients and their family members in emergencies;
- Identify private space for patients and family members to meet with Mental Health/Social Services/Pastoral Care;
- Develop a plan to assist families in identifying and locating victims, including communicating with the Red Cross and Medical Examiner;
- Support the development of mass fatality management protocols for providing appropriate religious/cultural observances rites for the deceased, both contaminated and non-contaminated.

Biomedical Engineering

- Have a plan in place for monitoring, decontamination, performance maintenance certification of equipment such as IV pumps, portable suction devices, portable monitors, pulse oximeters, ventilators, etc.
- Identify backup battery times for critical patient equipment;
- Provide portable electrical extension support for critical patient equipment during emergency evacuation;
- Make arrangements with suppliers, other facilities or manufacturers for the emergency re-supply of equipment.

Central Sterile Supply

- Develop a plan to increase capacity of the central sterile supply area for cleaning and sterilizing the instruments and/or equipment during emergencies;
- Consider stocking a supply of available disposable and/or reusable instruments and supplies;
- Arrange for an alternate site for sterilization in case of contamination of the primary central sterile supply” site;
- Establish who in the institution will be responsible for decontaminating durable equipment.

Clinical Laboratory

- Determine the extent of toxicological and microbiologic testing that can be done at the health care facility and what will be referred out and where;
- Develop protocols for obtaining samples from contaminated patients and assuring that appropriate PPE is available to persons collecting the specimens;
- Develop protocols for safe transportation of contaminated samples to the point where they will be tested;
- Establish protocols for early recognition of unusual isolates or multiple isolates of the same organism;
- Establish a protocol for the lab to handle radioactive lab specimens and proper PPE for lab technicians to work with a radiology contaminated patient;
- Establish protocols to increase the capacity of the Blood Bank and technicians on short notice;
- Work with all clinical departments to establish minimum and absolutely necessary blood/lab work needed for different types of Mass Casualty Incidents (MCI) and assist in educating medical staff about this;
- Have contact phone numbers for reporting/consultation with Public Health Officials;
- Identify alternate labs for use in the event of contamination of the health care lab;
- Consider acquiring equipment to do basic labs which can be used for blood from patients with certain Biological agents (e.g. VHF);
- Ensure that laboratory personnel handling the contaminated specimens are properly educated and trained.

Communications

- Establish a secure and redundant communication system that ensures connectivity, internally and externally, during an emergency. Internal communications must include Security, Pharmacy, Respiratory, Senior Administration, Central Supply, Emergency Departments, ICU's, OR's, Maintenance and Medical Staff Office.

- External communications must include local and state health departments, EMS, Regional Healthcare Coordination Center (RHCC) law enforcement and intelligence agencies, emergency operation centers and various federal emergency management and public safety agencies;
- Systems should also be established to ensure secure, real-time communication with other local and regional health care facilities and also within the health care facility campus and/or system;
- Establish a system for Decontamination Team members to communicate with casualties and with the Decon Team Leader while working in their PPE.
- Maintain an updated list of Hazmat/Decontamination Team members and establish a mechanism to contact them on a 24/7 timely basis for no-notice events;
- Establish a mechanism to conduct mass notification of health care facility staff, on a timely basis, at anytime;
- Have a backup plan (e.g. runners and HAM radio operators) if communication systems are compromised;
- Evaluate the use of event management software to advance communications between HICS team members and for access to resource information.

Critical Care Units

- Have protocol in place for surge capacity for critical care beds, staff and supplies;
- Plan for isolation of critically ill, highly contagious patients;
- Develop a plan to decompress ICU to create space for surge critical patients;

Dialysis Unit

- Plan for the availability of purified water for dialysis in case of contamination or disruption of the institution's water supply;
- Have additional "Disposable Dialysis Packs" available or a mechanism to acquire them on short notice;
- Develop a mutual aid agreement for the institution's dialysis patients to be transferred to other dialysis service providers in the area;
- Develop a plan for dialysis patients to maintain them during an emergency;
- Designate an alternate area in the health care facility for a temporary dialysis unit, if the dialysis unit gets contaminated.

Emergency Department

- Develop the capacity and capability to handle a surge of disaster patients on a 24/7 basis from an MCI, WMD or public health emergency;
- Train staff in accomplishing communication, triage, assessment and life-saving treatment while in PPE;
- Establish an alternate site and plan for ED operations in case the facility becomes contaminated, damaged or destroyed by a secondary terrorist attack.
- Establish protocols to evaluate, stabilize and, if needed, transfer victims of a terrorist attack;
- Establish protocols to conduct chemical and radiological decontamination;
- Develop protocols for WMD event recognition, including identifying features indicative of a potential terrorism event, safety issues, notifications and algorithms for treatment of WMD Patients;
- Demonstrate respiratory protection process for potentially infectious patients;

- Coordinate with the CNO to plan for Emergency Department Surge Capacity including identification of an alternate staffed and supplied location within the campus to create room for incoming patients from emergency incidents;
- Plan for continuity of services for emergency non-event patients;
- Develop a plan in coordination with security and community law enforcement to restrict pedestrian and vehicular access to the campus, including the ED;
- Demonstrate preparedness of staff and supplies for care of pediatric patients in a disaster.

Employee Health / Occupational Health

- Provide seasonal and event-specific vaccinations as prophylaxis for biological agent exposure;
- Maintain a log on departmental employee immunization status;
- Conduct eligibility assessment, medical monitoring and follow-up of Decontamination team members;
- Develop protocol to monitor employee well-being during event, including provision of Medical Threat Assessment to the Incident Commander;
- Develop protocol to address employee need for post -exposure immunizations and/or prophylactic antibiotics. Coordinate with local public health officials and CNO;
- Develop protocol for post-event employee evaluation for exposure, counseling, treatment and follow-up.

Environmental Services

- Determine the level of WMD training needed for Environmental Service employees, from awareness to operation level, and ensure the availability of mid level (operations- trained staff on all shifts);
- Develop a plan coordinated with Human Resources to increase the surge capacity for personnel and equipment;
- Determine Environmental Service's role in decontamination of disaster equipment, the facility and environmental monitoring;
- Develop a plan for storage of evidence and disposal of contaminated waste water and other contaminated materials and Biomedical Waste;
- Cross-train employees in stretcher handling.

Facilities and Engineering

- Develop plans to isolate the ventilation system/air handlers in selected areas of the building, if needed, due to airborne contamination;
- Maintain functionality of Airborne Infection Isolation Rooms and portable HEPA filtration and report availability and location to CNO;
- Develop a plan to monitor and centrally control the elevators in an emergency;
- Plan for quick set-up and availability of air, oxygen, vacuum and water for newly created patient care spaces in an emergency;
- Develop an alternate plan for providing electricity, water, air-conditioning, air, oxygen and suction in case these are lost during an emergency, coordinate with the Health Care Emergency Manager and community Emergency Management;
- Provide warm water and ability to contain contaminated water at the decontamination site;

- Establish pedestrian and vehicular access barriers as needed;
- Plan for continuity of critical functions during power outage;
- Identify scalable load-shedding that can be conducted and inform Incident Command Team of capabilities during an event.

Food and Nutrition Services

- Plan to obtain additional food and water in a timely manner for scalable events for patients, staff and family members;
- Conduct annual review and exercise for food and water supply/re-supply agreements;
- Identify and sustain potable water reserves;

HIM/Medical Records

- Develop a process with available and surge staff, software and equipment access to generate medical records on patients presenting at all potential points of care in the facility;
- Create a backup system of paper records in case the electronic record system is not functioning;
- Develop a process to support medical record numbers for a surge in unidentified patients;
- Establish and exercise a process to ensure security of medical records and HIPPA Compliance during a disaster event;
- Develop a mechanism for handling and transcribing records accompanying contaminated patients;
- Establish a process to link triage tag number, patient valuable tag number and other file formats with medical records to maintain patient identification;
- Design a system to allow for complete documentation of times, volume and conditions of patients, and retain them for an appropriate length of time;
- Establish a time-efficient plan for obtaining old medical records, if needed, from other health care facilities for the victims of MCI.

Epidemiology / Infection Control

- Establish criteria for early recognition of various syndromes;
- Identify personal protective equipment for specific biological agents/diseases including those on the CDC "Bioterrorism List" and arrange/provide training, fit testing and monitoring for personnel in its PPE use and respiratory protection protocols;
- Establish protocols/procedures for isolation and movement of patients with suspected/or established exposure or manifestation of a biological agent on the CDC Bioterrorism list, from the point of entry in the health care facility to the point of care within the facility;
- Coordinate Syndromic Surveillance with Public Health officials;
- Provide and refresh staff with training in standard precautions and transmission-based precautions for infection control;
- Oversee the development of protocols for conversion of portions of the health care facility to isolation areas beyond existing AIIR's for an infectious disease patient surge;

Human Resources

- Maintain a master call-in list for staff;
- Maintain and update a list of operations level and HAZMAT trained personnel

- Develop a protocol for health care facility response to the arrival of non-physician and non-nursing volunteers;
- Maintain the records of employee participation in biological or HAZMAT incidents;

Legal Services

- Integrate regulatory guidance for EMTALA, HIPAA, OSHA, EPA into health care facility operations for disasters;

Linen Service

- Develop an emergency procurement plan for a reserve of linen, blankets, health care facility clothing, scrubs, pajamas, slippers and pediatric/infant clothing;
- Maintain a backup supply of staff uniforms and linen;
- Set protocol for handling potentially contaminated laundry;

Mail Room

- Establish a protocol for handling suspicious packages;
- Initiate screening for mail/packages to be screened for WMD hazards (Biological, Chemical, Radiological or Explosive) hazards if a threat is received;

Material Management/Purchasing

- Maintain 20% above baseline par levels of critical patient care equipment and supplies to accommodate a patient surge;
- Establish a rotation system based on the shelf life of disaster supplies;
- Develop a system for handling, inventorying, inspecting, delivering and resupplying PPE and other materials;
- Stock disposable and reusable supply items if shortage is anticipated;
- Have a Surge Capacity plan with mutual aid agreements with vendors, community partners and other health care facilities;
- Identify supply and resupply needs for health care facility alternate care sites;

Medical Services

- Identify health care facility capacity and capabilities for medical specialties needed for various types of MCI's;
- Identify facility capacity and capabilities for pediatric specialty;
- Designate medical surge staff that will be responsible for managing non-MCI medical patients in need of admission to be moved out of the emergency department;
- Provide medical staff for an alternate site(s) for patient care;

Mortuary Service

- Increase the health care facility capacity including space, supplies and trained staff to manage a surge in fatalities;
- Increase the health care facility's capacity including space, supplies and trained staff to manage a surge in expectant patients through the provision of palliative care:
- Identify site for storage of contaminated bodies;

- Define procedures for security of morgue, storage of bodies, log ingress/egress, patient identification, evidence preservation, notification of Medical Examiner;
- Coordinate plans with medical examiner and community funeral homes to support surge capacity;
- Develop protocols, coordinated with Social Services/Pastoral Care, for providing family support and appropriate cultural/religious rites for the deceased, both contaminated and non-contaminated.

Patient Accounts and Billing

- Determine what Current Procedural Terminology (CPT) codes are used for decontamination, antidotes, vaccines etc;
- Define the level of documentation needed for these codes;
- Establish reimbursement rates for WMD Response related codes from third party payers;
- Track expenses that can be reimbursed by third party payors including state and federal agencies.

Patient Transport

- Increase the capacity to safely move or evacuate patients, staff and equipment within the health care facility or to other facilities;
- Plan alternate routes to move patients, staff and equipment in case of contamination or damage to an area of the health care facility;
- Plan for horizontal or vertical movement of patients, staff and equipment in case of elevator breakdown or power outage.
- Coordinate plans for transport of decontaminated patients with Decontamination Team.
- Plan for the decontamination of patient transportation vehicles and equipment.

Pediatric Services

- Increase the capacity and capabilities of the facility to manage pediatric casualties with trained staff, designated age-appropriate supplies and infant incubators/pediatric beds;
- Maintain an agreement with a pediatric referral site for access to expertise or transfer of patients;
- Designate an alternate site for pediatric patient care in case pediatric service floor(s) are contaminated, damaged or capacity is exceeded;
- Maintain a pediatric supplies cart within any treatment area(s) that could receive pediatric disaster casualties.

Pharmacy

- Maintain an inventory and immediate access for of pharmaceuticals, drugs, antidotes, antibiotics, and vaccines needed for treatment/prophylaxis of patients exposed to various CBRNE agents;
- Coordinate distribution plans with CNO and ensure timely allocation within the institution;

- Set protocols for augmenting the institution's inventory by obtaining additional supplies from outside vendors and/or other pharmacies and/or other institutions including county health departments, state caches or Strategic National Stockpile;
- Set protocols for the emergency department to communicate pharmaceutical needs to the Pharmacy during an MCI or WMD event;
- Set protocols for accountability and billing for the stock during a WMD event;
- Develop a plan for the replacement of expired medications with fresh supply.

Quality / Accreditation Department

- Work with the Health Care Emergency Manager to develop and write an Emergency Management Plan in accordance with accreditation standards;
- Educate staff to compliance standards for emergency management.

Radiology / Nuclear Medicine

- Plan for an alternate location with X-Ray capability in case the department becomes contaminated or damaged;
- Set protocols for use of portable equipment in the areas with contamination;
- Develop an increased index of suspicion for a WMD event on the basis of pattern recognition (e.g. widened mediastinum in a patient with fever and shortness of breath);
- Keep appropriate equipment and containers available for handling of clothing and personal effects for a patient surge with radioactive contamination or radioactive foreign bodies;
- Work with clinical departments to determine the minimum and absolutely necessary radiological studies for the victims of different kinds of MCI's and then help educate Medical Staff on this;

Respiratory Therapy

- Maintain an inventory of available ventilators and surge ventilator equipment that is updated annually;
- Have a plan in place to acquire additional ventilators in a timely manner, either from other health care facility or outside vendors;
- Work with security to develop a plan for oxygen reservoir tank protection;
- Develop an alternate plan for oxygen supply availability if the main oxygen reservoir is contaminated or damaged.

Risk Management

- Integrate guidance from HIPAA, EMTALA, Joint Commission, OSHA, EPA and other local/state/federal regulations with the health care facility's emergency management plan;
- Provide risk management guidance to reduce the health care facility liability exposure during different aspects/phases of the Emergency Response Plan and establish a plan to minimize its impact;
- Review the institution's Hazard Vulnerability Analysis and provide risk management guidance to mitigate risk;

- Review institutional liability for volunteers including outside licensed independent providers who assist during a disaster;
- Coordinate compliance with the Health Care Emergency Manager, Human Resources, CNO, CMO, Infection Control and Employee Health.

Security

- Establish protocol and procedures, in coordination with community law enforcement, for total facility access control, crowd control and maintaining order in and around the health care facility.
- Maintain a plan for controlling vehicular and pedestrian access on campus, including its decontamination site and also access within the facility;
- Develop a coordinated plan for augmentation of the security force through use of trained deputized staff and local law enforcement;
- Establish a plan for a media staging location and for control;
- Develop a plan to screen patients at other entrances to the health care facility for contamination, while maintaining an orderly patient flow through decontamination and triage areas;
- Demonstrate restraint techniques while in Personal Protective Equipment;
- Enforce a system for identification of authorized personnel;
- Plan for alternate traffic patterns and entrances if needed;
- Train all security personnel with operations level certification;
- Plan to control vehicle access to vulnerable and/or sensitive structures, and restrict parking areas close to critical buildings;
- Establish a plan to tow unattended vehicles near critical buildings or sensitive structures;
- Establish a plan to rapidly erect barriers to protect entrances;
- Consider a plan for a sign-in process for checking of all bags, suitcases, brief cases and packages at each access point;
- Develop a plan for strictly enforcing a visitor's policy and for checking the identification of all visitors, without exception;
- Develop a protocol for evidence collection and chain of custody transfer to appropriate law enforcement or public health agency.
- Cross train security employees in stretcher handling.

Surgical Services

- Develop protocols for handling contaminated or forensic material removed from patients;
- Work with Engineering to ensure that the health care facility's ventilation system is capable of preventing the contamination of operating rooms;
- Designate an alternate site for performing surgery in case the OR becomes contaminated;
- Designate medical and nursing staff that will be responsible for managing the non- MCI surgical patients moved out of emergency departments to create room for MCI patients;
- Implement a plan to increase Operating Room (OR) capacity during an MCI;
- Work with Anesthesia to ensure anesthesia capabilities for a temporary OR;

Volunteers

- Determine what role volunteers will play in the Health Care Emergency Management Plan.
- Have a contingency plan for functions dependent upon volunteers, in case they are not able to carry out those functions in an emergency;
- Develop a system for training and supervision of volunteers;
- In conjunction with Risk Management, determine the health care facility's liability for volunteer injury, illness, exposure to WMD agents and psychological injury, and make necessary provisions;
- Predetermine an area for volunteers to report in and receive assignments during an emergency.

GLOSSARY of TERMS

ASPR: Assistant to the Secretary for Preparedness and Response

CBRNE: Refers to hazardous material (Chemical, Biological, Radiological, Nuclear and Explosive) that physically remains on or in people, animals, the environment, or equipment, thereby creating a continuous risk of direct injury or a risk of exposure.

CMO: Chief Medical Officer

CNO: Chief Nursing Officer

Competency: Knowledge, skills, and judgment needed to perform indicated objectives satisfactorily.

CPT: Current Procedural Terminology

Decontamination: The physical or chemical process of removing unwanted chemical, radioactive, or biological impurities or toxins from land or a person or object.

EMTALA: Emergency Medical Treatment and Active Labor Act

EM: Emergency Management

EMS: Emergency Medical Services

EOC: Emergency Operations Center

EOP: Emergency Operations Plan

EPA: Environmental Protection Agency

ESF-8: Emergency Support Function for Health and Medical

HIPAA: Health Insurance Portability and Accountability Act

JIC: Joint Information Center

Level C PPE: Personal Protective Equipment with skin protection that is liquid splash-resistant in addition to being chemically and biologically resistant clothing (tyvek) and air purifying respiratory protection. Acceptable in a warm zone environment of potentially contaminated patients.

Level D PPE: Personal Protective Equipment equivalent to work uniform or “splash protection” gown or coveralls, goggles and surgical masks or face shields. Acceptable for use in a cold zone environment.

MCI: Mass Casualty Incident

OR: Operating Room

OSHA: Occupational Safety and Health Administration

PAPR: Powered Air Purifying Respirator

PIO: Public Information Officer

PPE: Personal Protective Equipment. Refers to the respiratory equipment, garments, and barrier materials used to protect medical personnel from exposure to biological, chemical and radioactive hazards.

WMD: Weapons of Mass Destruction

Appendices

APPENDIX A

Tools and Tips for using the Recommended Disaster Core Educational Competencies for Health Care Personnel

Tips for Using the Recommended Disaster Core Educational Competencies

Tips for Using Core Competencies for Planning

Integrating core competencies into health care disaster preparedness activities can simplify planning. Health care facilities can incorporate core competencies into:

- Determination of qualifications necessary to meet critical tasks and activities
- Development of health care facilities Emergency Operation Plans (EOP)
- Assessment of gaps in ability to independently meet health care surge activities and respond to disasters
- Determination of need for Mutual Aid Agreements
- Assessment of overall health care facility units and staffing preparedness levels and needs
- Assessment of individual, departmental, or organization response during exercises

Tips for Using Core Competencies for Training

Integrating core competencies into health care disaster preparedness activities can lead to competency based education and training that focuses on the application and demonstration of skills and abilities necessary for response. The health care facility can incorporate core competencies into:

- Assessment of emergency management staff needs during new staff orientation and annual reviews
- Selection of specific competencies as a basis for training with site specific information
- Development of curriculum to meet assessed needs
- Establishment of Individual Development Training Plans (IDTP)
- Identification of courses that address selected competencies
- Improvement and standardization of existing training to meet assessed needs and improve competencies
- Development and use of competency checklists for individual performance expectations
- Development and use of competency checklists for specific work units
- Development of Multiyear Training and Exercise Plans (MYTEP) to meet assessed needs

Tips for Using Core Competencies for Developing Specific Job Descriptions

Integrating core competencies into health care disaster preparedness activities can lead to the development of job descriptions that will allow health care facilities to select personnel with the appropriate skills, knowledge, and education to perform critical disaster response activities.

Competency based job descriptions can:

- Clarify functions and avoid confusion and duplication of responsibilities
- Provide a realistic picture of the roles and responsibilities during emergency preparation, response, and recovery
- Guide the selection of candidates to fulfill emergency response roles
- Serve as a basis for emergency response Job Action Sheets

Employee Name/ID Number:

Department:

Evaluator Name/ID/Title: _____

Comment

APPENDIX B Sample Individual Development Plan Template based on Core Competencies

Staff Name _____

Position Title _____

Required Competency	Self Evaluation			Competency Validation			Training Recommended
	No Exp or Trng	Need to Review	Can Perform	Date Completed	Evaluator	Validation*	

Staff signature _____ Initial Plan Assessment / Review Date _____

Follow up Review Dates _____

* Validation methods can include: Test; Simulation; Demonstration; Verbalization; Observation; Course Record; etc.

