



# Recommended Disaster Core Competencies For Hospital Personnel

Revised Spring 2011



## **Message from the Department of Health, Division of Emergency Medical Operations**

Dear Hospital Partner:

We are pleased to present you with the **2011 Edition of Florida's Recommended Disaster Core Competencies for Hospital Personnel**. This third version of Florida's Recommended Disaster Core Competencies, reflects the latest in federal and state guidance and the current state of the art preparedness for Chemical, Biological, Radiological, Nuclear, and high-yield Explosive events (CBRNE).

This document is designed to assist hospitals with planning for response to all hazards, determining job specific competencies and training personnel. The 2011 edition builds on three levels of proficiency: awareness, mid-level, and advanced.

The list of core competencies reflects disaster preparedness and response knowledge, skills, and abilities applicable to various hospital personnel roles, and offers a consistent approach for assessing hospital 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.

The department recognizes the contributions of our hospital partners and extends a special thank you to all who provided input and assistance in the development and review of the 2011 Edition of the Florida Recommended Disaster Core Competencies.

Thank you to all of our hospital partners for your continued participation in local and statewide efforts for preparedness and response.

This document will also available on the Florida Department of Health website at:  
[www.floridashealth.com/prepare/hospprepared.html](http://www.floridashealth.com/prepare/hospprepared.html)



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# Recommended Disaster Core Competencies for Hospital Personnel

## Background

The 2011 Recommended Disaster Core Competencies for Hospital Personnel is an update to the 2006 published version. Competencies were developed and updated by the Hospital Surge Capabilities Team Core Competencies Workgroup supported by the Florida Department of Health, Bureau of Preparedness and Response and the Florida Hospital Association. This project is made possible by grant funds from the U.S. Health and Human Services Office of the Assistant Secretary for Preparedness and Response and Services Administration (ASPR).

The Department of Homeland Security has identified National Preparedness Guidelines to support a capabilities-based planning process to define critical tasks and activities in order to achieve the national mission areas of “Prepare, Prevent, Protect, Respond and Recover.” A Target Capabilities list was developed that includes Medical Surge—the capability to rapidly expand the capacity of the healthcare system in order to provide triage and medical care for a patient surge that can potentially overwhelm routine medical capacity. It should be anticipated that there will be a need for additional clinical and non-clinical personnel, support functions, and services such as laboratory and radiological, physical space (emergency department/outpatient and inpatient treatment areas including the use of alternate care sites) and logistical support (clinical and non-clinical equipment and supplies).

The key outcomes for Medical Surge are:

- Injured or ill from the event are rapidly and appropriately cared for
- Continuity of care is maintained for non-incident related illness or injury<sup>1</sup>

The disaster events of Hurricane Katrina in 2005 and the Haiti Earthquake in 2010 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. Competencies need to therefore include all-hazards performance measures in addition to hazard-specific ones.

Florida population includes those who are at risk or vulnerable to decompensation of their medical status in disasters. Hospitals 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.<sup>2</sup>

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<sup>1</sup> Department of Homeland Security, Federal Emergency Management Administration. Target Capabilities List. September 2007, <http://www.llis.dhs.gov/docdetails/details.do?contentID=26724>, page 449, accessed October 10, 2010.

<sup>2</sup> National Commission of Children and Disasters. 2010 Report to the President and Congress. October 2010, <http://www.ahrq.gov/prep/nccdreport/nccdreport.pdf>, accessed October 12, 2010.

## Scope

Disaster response requires a unique set of capabilities related to knowledge, skills, and abilities. The disaster core competencies are intended to establish a baseline of knowledge for all levels of hospital personnel. This will enable staff in assigned disaster roles to function efficiently and effectively during disaster events. Individuals may begin their employment at a hospital 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 had a role in their Hospital's Incident Command Team. There will always be a need to orient and refresh hospital personnel for hospital-specific emergency codes, notification processes, organizational resources, and relationships the hospital has with community partners.

A disaster or catastrophic level response may stress the hospital to an extraordinary level. This requires additional advance preparation to be able to successfully mitigate and manage a surge of patients and a potential impact on hospital infrastructure. The 2011 Core Competencies reflect the need for teamwork within and across organizations to manage preparedness, response, and recovery.

## Purpose

This core competencies list the disaster preparedness and response knowledge, skills and abilities needed by relevant types of hospital personnel given the current state of the art of CBRNE hazards and healthcare system vulnerabilities. Applying these competencies will assist hospitals in the development, implementation, coordination, and evaluation of disaster preparedness and response training programs. Standardized competencies are also intended to increase consistency within levels of training for acute care hospitals in Florida.

"The healthcare system is rapidly expanding ...This growth has stimulated a need to better define the hospital core competencies...The new Core Competencies provide a framework for all hospitals to continue to address challenges in our daily practice and to improve upon our profession."

---Connie Bowles BSN, RN, CEN, CHEC, Disaster Preparedness Coordinator, Lee Memorial Health System

The 2011 Florida Recommended Disaster Core Competencies builds upon the 2006 version in recognizing three levels of preparedness:

- Awareness level
- Mid-level
- Advanced level

All hospital personnel should be trained to the awareness level. Mid-level competencies build on the awareness competencies and are applicable to clinical, non-clinical, and specialty trained personnel, dependent upon response role. Advanced level competencies build on the previous two levels and are suggested for personnel who are a part of a specialty team such as the hospital mass decontamination team or the incident command team. It is also recommended for clinicians whose response role requires them to be subject matter experts for assisting persons who have traumatic injuries from an intentional or unintentional event, and / or have been exposed to chemical, biological, or radiological agents.

It is up to each individual hospital to determine who needs to be trained to which level, based on their primary and/or cross-trained roles. The preparation for hospital staff is intended to be dynamic, with ongoing training, so that individuals can be trained to progress to higher levels of capability.

Hospitals that participate in the ASPR Hospital Preparedness Program are expected to be compliant with the National Response Framework (NRF) and National Incident Management System (NIMS). An acceptable progressive competency would be 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 Florida Disaster Core Competencies with existing accreditation standards, competencies are organized across the various capability levels using familiar Joint Commission Emergency Management Standard's broad categories:

- General (including planning, hazard vulnerability analysis, detection, and evaluation & exercises)
- Communications (including notification, back-up systems, and ICS)
- Resources and Assets
- Security and Safety
- Staff (to include hospital staff, Medical Staff and Volunteers)
- Utilities
- Patient Support

Over 92% of Florida hospitals are Joint Commission accredited and certified.<sup>3</sup> This supports maintaining continuous compliance with federal regulations and includes requirements for standards and associated elements of performance. The standards include Environment of Care, Emergency Management, Human Resources, Infection Prevention and Control, Information Management, Leadership, Life Safety, Provision of Care, Treatment and Services, Performance Improvement, and others. Emphasis is placed on having structures and processes in place to provide safe quality care, treatment, and services.<sup>4</sup> Unannounced on-site surveys within a timeframe of every 18 to 39 months are conducted by experienced subject matter experts to validate the

“Florida leads the nation in public health preparedness in several areas. Following this new version of our Hospital Core Competencies ensures our hospitals can maintain that position.”

---Dan Simpson, FPEM Regional Coordinator, RDSTF-4 Health and Medical

<sup>3</sup> The Joint Commission website:

[http://www.qualitycheck.org/consumer/searchResults.aspx?ddstatelist2=FL&ddcitylist=&st\\_cd=&st=FL&st\\_nm=FLORIDA&cty\\_nm=&cty\\_id=-1&provGrpId=2&provGrpIdtracker=2](http://www.qualitycheck.org/consumer/searchResults.aspx?ddstatelist2=FL&ddcitylist=&st_cd=&st=FL&st_nm=FLORIDA&cty_nm=&cty_id=-1&provGrpId=2&provGrpIdtracker=2) (accessed October 25, 2010).

<sup>4</sup> The Joint Commission on Accreditation of Healthcare Organizations. 2010 Hospital Accreditation Standards.



assessment process and support an objective of transforming healthcare into a high-reliability industry.<sup>5</sup> There are other national healthcare accreditation organizations, however, they do not yet have a significant presence in Florida.

The competencies selected for inclusion in the 2011 recommendations are performance-oriented and determined to be critical for an efficient and effective disaster response. They will also promote resilience for the staff and the healthcare organization so that they are prepared for, able to respond to, and recover from events. Incorporation of the competencies into the skill sets of their personnel 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.<sup>6</sup> In Florida, it is critical to be prepared for no-notice events in addition to ensuring better management of higher probability and anticipated tropical weather events.

### **Building Organizational Competencies**

This document is organized into sections that include:

- Core Competencies for each level including awareness, mid and advanced
- Core Competencies across levels

Within each category, the progression of response capability skills can be demonstrated using a building block framework. A specific example within the Communications category for Notification is:

Awareness Level:

- State personal response to internal/external notification during an emergency or disaster
- State employee hotline number
- Describe downtime documentation procedures

Mid-Level:

- Demonstrate use of situational awareness resources & process to share threat information with staff
- Demonstrate processes to rapidly notify department staff, patients and patients families of events and keep them updated

Advanced Level

- Explain process for hospital to receive official notification of threats or events
- Explain how public health and/or emergency management will be notified of a threat or event at the hospital

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<sup>5</sup> The Joint Commission website, <http://www.jointcommission.org> (accessed October 10, 2010).

<sup>6</sup> U.S. Department of Health & Human Services. National Health Security Strategy of the United States of American. December 2009, <http://www.phe.gov/Preparedness/planning/authority/nhss/strategy/Documents/nhss-final.pdf> (accessed October 10, 2010).

- 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
- Demonstrate ability to contact vendors for essential supplies, services & equipment during an emergency
- Demonstrate access to 24/7 list of critical contacts for organization, community partners and external authorities

It is understood that persons who achieve the advanced level competency have completed competencies associated with the awareness and mid-level.

It is strategic planning for hospital leadership to determine how many staff members are trained to each competency level and how many persons are needed for sufficient capacity within assigned or cross-trained roles. The “3-deep” concept is used in incident command to ensure that there is a designated person per role, an alternate person, and a backup to the alternate. Attention must be paid to the number of persons within specific roles but also the availability of the team mix needed to manage an incident. Caring for patients typically requires a multidisciplinary team approach, for example, in the event of emergency evacuation or to receive contaminated casualties.

“Core competencies are a valuable tool that can be utilized in all aspects of the emergency management cycle...Core competencies can be utilized as a progression guide, helping move the staff from a novice to being a useful partner in the planning and response phase.”

--- Karen Ketchie RN, PMD  
Certified HSEEP provider

Competency checks can be conducted for:

- Each staff member to ensure personal preparedness and readiness for their assigned roles in disasters
- Leaders of departments to ensure their staff’s performance and functioning of their particular service area
- 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 will need to 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 Florida Department of Health supports the development of training materials and courses that can be used for competency development. This document includes tips and tools to assist hospital partners in applying the recommended core competencies. The department’s hospital preparedness webpage provides links to additional resources for training and exercises. [www.floridashealth.com/prepare/hospprepared.html](http://www.floridashealth.com/prepare/hospprepared.html)



# **CORE COMPETENCIES FOR EACH LEVEL**

**Awareness Level**

**Mid-Level**

**Advanced**



## **AWARENESS LEVEL**

Competencies at this level are common for all hospital personnel, regardless of the type of emergency or disaster.

### **General Competencies:**

1. Describe the department's all-hazards response for an event
2. Describe overall key threats for hospital
3. Explain key components of personal/family preparedness plans
4. Complete attestation for personal preparedness plan
5. List indicators that can signal the onset of a threat<sup>1</sup>
6. Describe immediate actions and precautions to protect oneself and others from harm in a disaster or public health emergency
7. Demonstrate active participation in hospital exercises<sup>2</sup>
8. State who to report to during an event

### **Communication Competencies:**

1. State personal response to internal/external notification during an emergency or disaster
2. State hospital employee hotline number
3. Describe downtime documentation procedures
4. Demonstrate use of backup systems for communications
5. Demonstrate successful use of internal & external radios sending & receiving transmissions

### **Resources Competencies:**

1. Identify departmental resources during an emergency
2. Describe how to conserve resources if directed

### **Safety and Security:**

1. Describe how to restrict department and facility access & control movement of unauthorized persons in department and facility
2. Demonstrate successful response to threats<sup>3</sup>
3. Demonstrate how to support chain of custody for personal belongings and valuables of casualties
4. Describe how the hospital will provide information about a situation or threat
5. Describe how to maintain situational awareness at home and in hospital role

### **Staff:**

1. State primary (and cross-trained) disaster role(s) and responsibilities
2. Demonstrate how to access the facility and departmental emergency plans
3. Provide completed Disaster Awareness course certificate<sup>4</sup>
4. Demonstrate correct use of department's disaster equipment
5. Demonstrate correct donning and doffing of Level D PPE
6. Verbalize departmental respiratory protection plan

7. Demonstrate awareness of resources for CBRNE agent identification & appropriate treatment (For ER, Emergency Response Team, Security, CMO)

**Utilities:**

1. Demonstrate use of generator backup electrical outlets for critical equipment
2. Demonstrate process to manually shut off medical gases and notify staff
3. Locate battery powered or manual backup "power out" staff and patient equipment

**Patient Support:**

1. Identify departmental and hospital support mechanisms for persons with special needs<sup>5</sup>
2. Explain department surge plan and procedures
3. Demonstrate how to evacuate patients<sup>6</sup>
4. Demonstrate patient tracking capability
5. Demonstrate psychological first aid practices for patients and colleagues

<sup>1</sup> Includes natural, unintentional and terrorist

<sup>2</sup> Includes Tabletop, Functional and Full Scale Exercises

<sup>3</sup> Includes unknown object, fire, bomb threat, evacuation, cyber security threat;

<sup>4</sup> Includes description of NIMS, ICS, HICS

<sup>5</sup> Includes personnel, equipment, processes, space for patients of all ages

<sup>6</sup> Includes horizontal & vertical patient evacuation using equipment /carries, routes & locations of evacuation staging areas

**A checklist that can be used to track individual achievement of the awareness level competencies is included in the Appendix.**

## MID-LEVEL

Competencies at this level build on the awareness level competencies and are applicable as appropriate to clinical, non-clinical, specialty trained personnel, and department managers dependent upon response role. Includes personnel whose response role may require them to protect and assist persons exposed to CBRNE agents and / or trauma related to an emergency or disaster; and / or control the spread of CBRNE agents either from person to person or in the hospital environment. Examples of personnel who will need to receive mid-level training and competency checks include Administration; HICS Team; Department Leaders; Emergency Response Team members; Security; Maintenance; Infection Preventionists and Radiation Safety Officer

### General Competencies:

1. Describe the facility's Emergency Operations Plan (EOP) – for all hazards and hazard-specific threats
2. State how to operationalize EOP and lead staff in departmental implementation;
3. Verbalize risks associated with high-priority threats
4. Describe departmental and hospital disaster risk management activities
5. Describe how to operationalize immediate actions & precautions to protect staff, facility & patients from harm
6. Demonstrate active participation in hospital exercises and after-action reviews<sup>1</sup>
7. Demonstrate participation in departmental and organizational corrective action improvement planning
8. Demonstrate integration of corrective action recommendations into departmental processes

### Communication Competencies:

1. Demonstrate use of situational awareness resources and process to share threat information with staff
2. Demonstrate processes to rapidly notify department staff, patients and patients families of events and keep them updated
3. Exercise departmental use of back-up systems and monitor success
4. Monitor for successful hospital roll-call checks using back-up communications equipment
5. Maintain communication back-up systems for continued 24/7 operability

### Resources Competencies:

1. Maintain readiness and access to department and hospital disaster equipment;
2. Communicate triggers for requesting additional resources
3. Identify ready and accessible sources for surge equipment and supplies
4. Communicate guidelines for triage and allocation of scarce resources

### Safety and Security:

1. Direct assignments for those assuming role of deputized security
2. Direct identification and containment of contaminated vehicles
3. Demonstrate scalable crowd control measures

**Staff:**

1. Assume an ICS functional role below section chief in an emergency or disaster
2. Provide IS-100.HC and IS-700 or equivalent course certification
3. Provide completed Disaster mid-level (Operations) course certification
4. Identify departmental JIT resource personnel for staff and emergency credentialed personnel on job roles and responsibilities and use of disaster equipment
5. Monitor use of agent identification and patient treatment internal and external resources during events<sup>2</sup>
6. Demonstrate disaster triage skills
7. Demonstrate decontamination skills for persons of all ages, ambulatory and non-ambulatory<sup>3</sup>
8. Demonstrate correct donning and doffing of Level C PPE
9. Monitor physical and behavioral health of staff and engage resources to actively support those in need

**Utilities:**

1. Actively institute fall prevention measures for staff and patients during reduction in lighting or evacuation
2. Provide for heating/cooling emergency protection measures as needed
3. Verbalize battery backup times of critical patient equipment<sup>4</sup>
4. Verbalize department capabilities during load-shedding

**Patient Support:**

1. Coordinate hospital, community, and public health resources for persons with special needs within vulnerable populations
2. Operationalize scalable patient surge plan for department
3. State overall hospital scalable patient surge plan
4. Conduct triage of patients for emergency evacuation including type of carry, equipment and transportation assignment
5. Post hospital internal behavioral health resources and location of list of community behavioral health resources for patients in need

<sup>1</sup> Includes Tabletop, Functional and Full-Scale Exercises

<sup>2</sup> Includes Poison Control, agent identification websites, MSDS and others

<sup>3</sup> Includes decon for infant, toddler, child, elderly, for those with access or functional needs and service animals

<sup>4</sup> Includes IV pumps, ventilators, balloon pumps and others

**A checklist that can be used to track individual achievement of the mid-level competencies is included in the Appendix.**



## Recommendations for Staff Assignments to Mid-Level Competencies

Competency	Staff Assigned
<b>GENERAL</b>	
Describe the facility's EOP- all hazards and hazard-specific threats	Admin; HICS Team; Emerg Mgt Coord; Dept Leaders; RSO; ICP
State how to operationalize EOP and lead staff in departmental implementation	Admin; HICS Team; Emerg Mgt Coord; Dept Leaders; RSO; ICP
Verbalize risks associated with high-priority threats	Admin; HICS Team; Emerg Mgt Coord; Dept Leaders; RSO; ICP
Describe departmental and hospital disaster risk management activities	Admin; HICS Team; Emerg Mgt Coord; Dept Leaders; RSO; ICP
Describe how to operationalize immediate actions and precautions to protect staff, facility and patients from harm	Admin; HICS Team; Emerg Mgt Coord; Dept Leaders; RSO; ICP
Demonstrate active participation in hospital exercises and after-action reviews	Admin; HICS Team; Emerg Mgt Coord; Dept Leaders; RSO; ICP
Demonstrates participation in departmental and organizational corrective action improvement planning	Admin; HICS Team; Emerg Mgt Coord; Dept Leaders; Environment of Care Committee
Demonstrates integration of corrective action recommendations into departmental processes	Emerg Mgt Coord; Dept Leaders
<b>COMMUNICATIONS</b>	
Demonstrate use of situational awareness resources & process to share threat information with staff	Admin; HICS Team; Emerg Mgt Coord; Dept Leaders; Communications
Demonstrate processes to rapidly notify department staff, patients and patients families of events and keep them updated	Admin; HICS Team; Emerg Mgt Coord; Dept Leaders; Communications
Exercise departmental use of back-up systems & monitor success	Emerg Mgt Coord; Dept Leaders; Communications
Monitor for successful hospital roll-call checks using back-up communications equipment	Emerg Mgt Coord; Dept Leaders; Communications
Maintain communication back-up systems for continued 24/7 operability	Emerg Mgt Coord; Dept Leaders; Communications
<b>RESOURCES</b>	
Maintain readiness and access to department and hospital disaster equipment	Emerg Mgt Coord; Dept Leaders
Communicate triggers for requesting additional resources	Dept Leaders
Identify ready & accessible sources for surge equipment and supplies	HICS Logistics Chief; Emerg Mgt Coord; Dept Leaders
Communicate guidelines for triage and allocation of scarce resources	Chief Medical Officer; Dept Leaders; Legal; Admin

<b>Competency</b>	<b>Staff Assigned</b>
<b>SAFETY &amp; SECURITY</b>	
Direct assignments for those assuming role of deputized security	Security
Direct identification and containment of contaminated vehicles	Security
Demonstrate scalable crowd control measures	Security; Dept Leaders
<b>STAFF</b>	
Assume an ICS functional role below section chief in an emergency or disaster	Dept Leaders; HICS Team
Provide IS-100.HC and IS-700 or equivalent course certification	Dept Leaders; HICS Team; ERT; Emerg Mgt Coord
Provide completed Disaster Operations level course certification	HICS Team; ERT; Emerg Mgt Coord; Security; Maintenance; ICP; RSO
Identify departmental JIT resource personnel for staff and emergency credentialed personnel on job roles and responsibilities and use of disaster equipment	Dept Leaders; Education
Monitor use of agent identification and patient treatment internal and external resources during events	Dept Leaders; Emerg Mgt Coord
Demonstrate disaster triage skills	ERT; ER; Education
Demonstrate decontamination skills for persons of all ages, ambulatory and non-ambulatory	ERT; ER; Education
Demonstrate correct donning and doffing of Level C PPE	ERT; ER; Education
Monitor physical & behavioral health of staff and engage resources to actively support those in need	Dept Leaders; Employee Health; HICS Team
<b>UTILITIES</b>	
Actively institute fall prevention measures for staff and patients during reduction in lighting or evacuation	Maintenance; Engineering; Dept Leaders; ERT; HICS Team
Provide for heating/cooling emergency protection measures as needed	Maintenance; Engineering; Dept Leaders; ERT; HICS Team
Verbalize battery backup times of critical patient equipment	Biomed; Dept Leaders
Verbalize department capabilities during load-shedding	Engineering; Dept Leaders; IC; HICS Liaison Officer

Competency	Staff Assigned
<b>PATIENT SUPPORT</b>	
Coordinate hospital, community, and public health resources for persons with special needs within vulnerable populations	Dept Leaders; Liaison Officer; Social Services; Case Management
Operationalize scalable patient surge plan for department	Dept Leaders; HICS Team; Admin; HICS Operations Chief
State overall hospital scalable patient surge plan	Dept Leaders; HICS Team; Admin; HICS Operations Chief
Conduct triage of patients for emergency evacuation including type of carry, equipment & transportation assignment	Charge Nurses; Dept Leaders; HICS Planning Chief; HICS Operations Chief
Post hospital internal behavioral health resources and location of list of community behavioral health resources for patients in need	Dept Leaders; HICS Liaison Officer

## ADVANCED LEVEL

Competencies at this level build on the awareness and mid-level with specific knowledge, skills and abilities appropriate for clinical, specialty trained personnel, administrators, and designated and alternate staff assigned to the Hospital Incident Command System team. Personnel trained at the advanced level will have sufficient experience and knowledge to demonstrate necessary competencies for their response role. The level of training is contingent upon job function and response roles, and is at the discretion of each facility.

### General Competencies:

1. Describe how to activate and operationalize EOP from response through recovery, including continuity of operations, for the organization
2. Describe annual review process for EOP including training of organization
3. Conduct hazard vulnerability assessment for facilities associated with hospital
4. Document situational awareness of potential threats
5. Prioritize HVA potential emergencies with community partners
6. Identify community's capability to meet potential needs
7. Initiate organizational steps to mitigate risks
8. Participate in leadership role in hospital exercises and events<sup>1</sup>
9. Participate in the development and approval process for MYTEP
10. Participate in the development and approval of the hospital's continuous improvement plan
11. Integrate corrective actions into EOP

### Communication Competencies:

1. Explain process for hospital to receive official notification of threats or events
2. Explain how public health and/or emergency management will be notified of a threat or event at hospital
3. Demonstrate successful communication of messaging to staff throughout the organization internally and externally through mass notification mechanisms & hotlines
4. Demonstrate successful staffing callback rates from drills and events
5. Demonstrate ability to contact vendors for essential supplies, services and equipment during an emergency<sup>2</sup>
6. Demonstrate access to 24/7 list of critical contacts for organization, community partners and external authorities
7. Activate use of backup systems during an event
8. Provide for sufficient capacity and capability for redundant and backup communication systems throughout hospital organization
9. Provide for capacity and capability of ham radio access and equipment support
10. Demonstrate competency in using internal and external radio systems
11. Monitor organizational success rate using internal and external back-up systems

**Resources Competencies:**

1. Coordinate information with external authorities on agent identification
2. Conduct annual review of MOA's with vendors or other facilities
3. Identify trained organizational members to serve as clinical rounding team for triage & scarce allocation of resource process

**Safety and Security:**

1. State organizational protective actions for threats/events
2. Share instructions from public health or law enforcement authorities with facility for protective actions
3. Review MOA with local law enforcement to supplement security personnel during an event
4. Activate control of pedestrian and vehicle access on campus and within facility
5. Define organizational response to situation threats and monitor results
6. Define process to communicate and coordinate with local, county, regional, state, and federal partners to enhance health security during an event

**Staff:**

1. Assume an ICS functional role of section chief or higher
2. Identify appropriate personnel to complete ICS courses per response role;
3. Demonstrate access and use of ICS forms
4. Demonstrate documentation in event management software or process
5. Demonstrate process for generation of situation unit reports
6. Demonstrate reporting of bed availability on ESS
7. Demonstrate Incident Command certification for response role<sup>3</sup>
8. Demonstrate patient tracking process during an event<sup>4</sup>
9. State role of PIO and how to work with Joint Information Center (JIC)
10. Identify readily accessible and trained surge staff, equipment & supplies, and treatment space for all levels of care<sup>5</sup>
11. Identify organizational JIT training personnel to support staff, credentialed and volunteer personnel
12. Activate emergency credentialing procedures and assign supervisors for credentialed personnel
13. Monitor ongoing overall hospital personnel physical and behavioral health and safety during response and recovery
14. List personnel who have completed HAZWOPER course certification
15. Manage staff assignments and movement during disasters or evacuation<sup>6</sup>

**Utilities:**

1. State hospital reserve capacity and capabilities for utilities
2. Notify external authorities when on back-up power
3. Conduct load shedding to support critical services

**Patient Support:**

1. Maintain patient support and tracking during evacuation of patients<sup>7</sup>
2. Operationalize disaster behavioral health resources and processes for patients

3. Activate scalable patient surge capacity
4. Ensure appropriate and accessible equipment and practices for individuals with special needs<sup>8</sup>

<sup>1</sup> Includes Tabletop, Functional, and Full-Scale Exercises

<sup>2</sup> Includes annually-reviewed 24/7 vendor listing, MOA's & resource inventory list for disaster supplies, essential medical, non-medical, pharmaceuticals, PPE, water, fuel & other critical resources and assets

<sup>3</sup> Includes IS-100.HC, IS-200, IS-700 and IS-800 course certification for section chiefs; ICS 300 and ICS 400 for Hospital Incident Commander and/or Hospital Liaison Officer

<sup>4</sup> Includes family notification during facility emergency evacuation

<sup>5</sup> Includes Red, Yellow, Green, Black (deceased & expectant)

<sup>6</sup> Includes for internal use or to other facilities if evacuated

<sup>7</sup> Includes records, supplies, staff support, and appropriate transportation assets

<sup>8</sup> Includes pediatric, geriatric, persons with disabilities, and persons with access or functional needs (formerly special needs)

**A checklist that can be used to track individual achievement of the advanced level competencies is included in the Appendix.**

## Recommendations for Staff Assignments to Advanced Level Competencies

Competency	Staff Assigned
<b>GENERAL</b>	
Describe how to activate and operationalize EOP from response through recovery (COOP) for the organization	HICS Team; Admin; Dept Leaders; ERT; Emerg Mgt Coord
Describe annual review process for EOP including training of organization	Emerg Mgt Coord.; Education; Environment of Care Committee; Admin
Conduct hazard vulnerability assessment for facilities associated with hospital	Emerg Mgt Coord; Security; Maintenance; ICP;
Document situational awareness of potential threats	Emerg Mgt Coord; ICP; IC
Prioritize HVA potential emergencies with community partners	Emerg Mgt Coord; Security; Maintenance; ICP; IC
Identify community's capability to meet potential needs	Emerg Mgt Coord; IC
Initiate organizational steps to mitigate risks;	Emerg. Mgt Coord; Security; IC; Admin; HICS Team; Dept Leaders
Participate in leadership role in hospital exercises, events and after-action reviews	HICS Team; Admin; Dept Leaders; ERT; Emerg Mgt Coord
Participate in the development and approval process for MYTEP	Emerg Mgt Coord; ICP; HICS Team; Education; IC; Environment of Care Committee
Participate in the development and approval of hospital continuous improvement plan	Emerg Mgt Coord; ICP; HICS Team; Education; IC; Environment of Care Committee
Integrate corrective actions into EOP	HICS Team; Admin; Emerg Mgt Coord
<b>COMMUNICATIONS</b>	
Explain process for hospital to receive official notification of threats or events	Emerg Mgt Coord; ICP; HICS Team; Admin;
Explain how public health and/or emergency management will be notified of a threat or event at hospital	Emerg Mgt Coord; ICP; HICS Liaison Officer; IC; Security;
Demonstrate successful communication of messaging to staff throughout the organization internally & externally through mass notification mechanisms & hotlines	HICS Team; Dept Leaders; Communications; Emerg. Mgt Coord; Admin
Demonstrate successful staffing callback rates from drills and events	Communications; Emerg Mgt Coord; HICS Team; Dept Leaders
Demonstrate ability to contact vendors for essential supplies, services and equipment during an emergency	HICS Logistics Chief

<b>Competency</b>	<b>Staff Assigned</b>
Demonstrate access to 24/7 list of critical contacts for organization, community partners and external authorities	HICS Liaison Officer; IC
Activate use of backup systems during an event	IC; Communications; Security
Provide for sufficient capacity and capability for redundant & backup communication systems throughout hospital organization	IC; Communications; Emerg Mgt.Coord
Provide for capacity and capability of ham radio access & equipment support	IC; Communications; Emerg Mgt.Coord
Demonstrate competency in using internal and external radio systems	HICS Liaison Officer; Communications; IC; HICS team
Monitor organizational success rate using internal & external back-up systems	Communications; Emerg Mgt Coord; Environment of Care Committee
<b>RESOURCES</b>	
Coordinate information with external authorities on agent identification	HICS Liaison Officer; Medical Staff Officer;
Conduct annual review of MOA's with vendors or other facilities	HICS Logistics Chief
Identify trained organizational members to serve as clinical rounding team for triage & scarce allocation of resource process	Administration; Legal; Risk Management; Medical Staff
<b>SAFETY &amp; SECURITY</b>	
State organizational protective actions for threats/events	Emerg Mgt Coord; Security; Maintenance; HICS Team; IC
Share instructions from public health or law enforcement authorities with facility for protective actions	Emerg Mgt Coord; ICP; HICS Liaison Officer; IC; Security
Review MOA with local law enforcement to supplement security personnel during an event	Emerg Mgt Coord; Security; Maintenance; HICS Team; IC
Activate control of pedestrian and vehicle access on campus and within facility	Security; Maintenance; IC
Define organizational response to situation threats & monitor results	Emerg Mgt Coord; Security; Maintenance; HICS Team; IC; Environment of Care Committee
Define process to communicate & coordinate with local, county, regional, state and federal partners to enhance health security during an event	Emerg Mgt Coord; Security; IC
<b>STAFF</b>	
Assume an ICS functional role of section chief or higher	HICS Team



<b>Competency</b>	<b>Staff Assigned</b>
Identify appropriate personnel to complete ICS courses per response role	Emerg. Mgt Coord; Education; IC
Demonstrate access and use of ICS forms	Emerg Mgt Coord; HICS Team; Education
Demonstrate documentation in event management software or process	Emerg Mgt Coord; HICS Team; Education
Demonstrate process for generation of situation unit reports	Emerg Mgt Coord; HICS Planning Chief and Team; Education
Demonstrate reporting of bed availability on ESS	Emerg. Mgt Coord; Patient Flow Coordinator; HICS Operations Chief
Demonstrate Incident Command certification for response role (IS-100.HC, IS-200, IS-700, IS-800 for Section Chiefs; ICS 300 and ICS 400 for Incident Commander and/or Liaison Officer)	HICS Team
Demonstrate patient tracking process during an event	HICS Operations Chief; HICS Planning Chief
State role of PIO and how to work with Joint Information Center (JIC);	HICS PIO Officer; IC; Emerg Mgt. Coord
Identify readily accessible and trained surge staff, equipment and supplies, and treatment space for all levels of care	HICS Planning Chief; HICS Operations Chief
Identify organizational JIT training personnel to support staff, credentialed and volunteer personnel	HICS Team; Education; Dept Leaders
Activate emergency credentialing procedures and assign supervisors for credentialed personnel	HICS Planning Chief; HICS Operations Chief; Education
Monitor ongoing overall hospital personnel physical and behavioral health and safety during response and recovery	Employee Health; Dept Leaders; Security; HICS Team
List personnel who have completed HAZWOPER course certification	Education; Emerg Mgt Coordinator; Environmental Services; Emergency Response Team
Manage staff assignments and movement during disasters or evacuation	HICS Planning Chief
<b>UTILITIES</b>	
State hospital reserve capacity and capabilities for utilities	HICS Logistics Chief; Incident Commander; HICS Liaison Officer; Engineering; Maintenance; Emerg Mgt Coord
Notify external authorities when on back-up power	HICS Liaison Officer

<b>Competency</b>	<b>Staff Assigned</b>
Conduct load shedding to support critical services	Maintenance; Engineering
<b>PATIENT SUPPORT</b>	
Maintain patient support and tracking during evacuation of patients	HICS Planning Chief; HICS Operations Chief
Operationalize disaster behavioral health resources and processes for patients	HICS Operations Chief; Behavioral Health Team
Activate scalable patient surge capacity	HICS Operations Chief; HICS Team; Department Leaders
Ensure appropriate and accessible equipment and practices for individuals with special needs	HICS Logistics Chief



# CORE COMPETENCIES

## ACROSS LEVELS



CORE COMPETENCIES ACROSS LEVELS BY CATEGORY			
Category	Awareness Level	Mid Level	Advanced Level
<b>GENERAL</b>			
<b>Planning</b>	<ul style="list-style-type: none"> <li>Describe the department's all-hazards response for an event;</li> <li>Explain key components of personal/family preparedness plans;</li> <li>Complete attestation for personal preparedness plan;</li> <li>State who to report to during an event;</li> </ul>	<ul style="list-style-type: none"> <li>Describe the facility's EOP- all hazards and hazard-specific;</li> <li>State how to operationalize EOP and lead staff in departmental implementation;</li> </ul>	<ul style="list-style-type: none"> <li>Describe how to activate and operationalize EOP from response through recovery (COOP) for the organization;</li> <li>Describe annual review process for EOP including training of organization;</li> </ul>
<b>HVA</b>	<ul style="list-style-type: none"> <li>Describe overall key threats for hospital;</li> </ul>	<ul style="list-style-type: none"> <li>Verbalize risks associated with high-priority threats;</li> <li>Describe departmental and hospital risk management activities;</li> </ul>	<ul style="list-style-type: none"> <li>Conduct hazard vulnerability assessment for facilities associated with hospital;</li> <li>Document situational awareness of potential threats;</li> <li>Initiate organizational steps to mitigate risks;</li> <li>Prioritize HVA potential emergencies with community partners;</li> <li>Identify community's capability to meet potential needs</li> </ul>
<b>Detection</b>	<ul style="list-style-type: none"> <li>List indicators for the onset of a threat (natural, unintentional and terrorist);</li> <li>Describe immediate actions and precautions to protect oneself and others from harm in a disaster or public health emergency;</li> </ul>	<ul style="list-style-type: none"> <li>Describe how to operationalize immediate actions and precautions to protect staff, facility and patients from harm;</li> </ul>	<ul style="list-style-type: none"> <li>State organizational protective actions for threats/events;</li> <li>Explain how public health and/or emergency management will be notified of threat or event at hospital;</li> </ul>
<b>Evaluation &amp; Exercises</b>	<ul style="list-style-type: none"> <li>Demonstrate active participation in hospital exercises (TTX, FE, FSE)</li> </ul>	<ul style="list-style-type: none"> <li>Demonstrate active participation in hospital exercises &amp; after-action reviews;</li> <li>Demonstrate participation in departmental and organizational corrective action improvement planning;</li> <li>Demonstrate integration of corrective action recommendations into departmental processes;</li> </ul>	<ul style="list-style-type: none"> <li>Participate in leadership role in hospital exercises (TTX, FE, FSE) and events;</li> <li>Participate in the development and approval process for MYTEP;</li> <li>Participate in the development and approval of hospital Continuous Improvement Plan;</li> <li>Integrate corrective actions into EOP</li> </ul>

**CORE COMPETENCIES ACROSS LEVELS BY CATEGORY**

Category	Awareness Level	Mid Level	Advanced Level
<b>COMMUNICATIONS</b>			
<b>Notification</b>	<ul style="list-style-type: none"> <li>• State personal response to internal/external notification during an emergency or disaster;</li> <li>• State employee hotline number;</li> <li>• Describe downtime documentation procedures;</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrate use of situational awareness resources &amp; process to share threat information with staff;</li> <li>• Demonstrate processes to rapidly notify department staff, patients and patients families of events and keep them updated;</li> </ul>	<ul style="list-style-type: none"> <li>• Explain process for hospital to receive official notification of threats or events;</li> <li>• Explain how public health and/or emergency management will be notified of a threat or event at hospital;</li> <li>• Demonstrate successful communication of messaging to staff throughout the organization internally &amp; externally through mass notification mechanisms &amp; hotlines;</li> <li>• Demonstrate successful staffing callback rates from drills and events;</li> <li>• Demonstrate ability to contact vendors for essential supplies, services &amp; equipment during an emergency;</li> <li>• Demonstrate access to 24/7 list of critical contacts for organization, community partners and external authorities;</li> </ul>
<b>Back-Up Systems</b>	<ul style="list-style-type: none"> <li>• Demonstrate use of backup systems for communications;</li> <li>• Demonstrate successful use of internal and external radios sending and receiving transmissions;</li> </ul>	<ul style="list-style-type: none"> <li>• Exercise departmental use of back-up systems &amp; monitor success;</li> <li>• Monitor for successful hospital roll-call checks using back-up communications equipment;</li> <li>• Maintain communication back-up systems for continued 24/7 operability;</li> </ul>	<ul style="list-style-type: none"> <li>• Activate use of backup systems during an event;</li> <li>• Provide for sufficient capacity and capability for redundant &amp; backup hospital organization communication systems;</li> <li>• Provide for capacity and capability of ham radio access &amp; equipment support;</li> <li>• Demonstrate competency using internal and external radio systems;</li> <li>• Monitor organizational success rate using internal &amp; external back-up systems;</li> </ul>

CORE COMPETENCIES ACROSS LEVELS BY CATEGORY			
Category	Awareness Level	Mid Level	Advanced Level
ICS	<ul style="list-style-type: none"> <li>State who to report to during an event;</li> <li>Demonstrate Disaster Awareness course certificate (includes description of NIMS, ICS, HICS)</li> </ul>	<ul style="list-style-type: none"> <li>Assume an ICS functional role below section chief in an emergency or disaster; Demonstrate IS-100.HC and IS-700 or equivalent course certification;</li> </ul>	<ul style="list-style-type: none"> <li>Assume an ICS functional role of section chief or higher;</li> <li>Demonstrate documentation in event management software;</li> <li>Identify event management capabilities including location of critical contacts list for internal/external authorities;</li> <li>Demonstrate how to generate situation unit reports;</li> <li>Demonstrate organizational use of ICS forms;</li> <li>Demonstrate reporting of bed availability on ESS; Demonstrate IS-100.HC, IS-200, IS-700 and IS-800 course certification for all section chiefs; ICS 300 and 400 for incident commander and/or Liaison Officer;</li> <li>State role of PIO and how to work with Joint Information Center (JIC);</li> </ul>
<b>RESOURCES &amp; ASSETS</b>			
	<ul style="list-style-type: none"> <li>Identify departmental resources during an emergency;</li> <li>Describe how to conserve resources if directed;</li> </ul>	<ul style="list-style-type: none"> <li>Maintain readiness and access to department and hospital disaster equipment;</li> <li>Communicate triggers for requesting additional resources;</li> <li>Identify ready &amp; accessible sources for surge equipment and supplies;</li> <li>Communicate guidelines for triage and allocation of scarce resources;</li> </ul>	<ul style="list-style-type: none"> <li>Coordinate information with external authorities on agent identification;</li> <li>Conduct annual review of MOA's with vendors or other facilities (including activation during exercise);</li> <li>Identify trained organizational members to serve as clinical rounding team for triage &amp; scarce allocation of resource process;</li> </ul>

**CORE COMPETENCIES ACROSS LEVELS BY CATEGORY**

Category	Awareness Level	Mid Level	Advanced Level
<b>SAFETY &amp; SECURITY</b>			
	<ul style="list-style-type: none"> <li>• Restrict access and control movement of unauthorized persons in facility;</li> <li>• Demonstrate successful response to unknown object, fire, bomb threat, evacuation, cybersecurity etc;</li> <li>• Support chain of custody for personal belongings and valuables of casualties;</li> <li>• Describe how hospital will provide information about a situation or threat;</li> <li>• Demonstrate situational awareness in role;</li> </ul>	<ul style="list-style-type: none"> <li>• Direct assignments for those assuming role of deputized security;</li> <li>• Direct containment of contaminated vehicles;</li> <li>• Demonstrate scalable crowd control measures;</li> </ul>	<ul style="list-style-type: none"> <li>• Review MOA with local law enforcement to supplement security personnel during an event;</li> <li>• Activate control of pedestrian and vehicle access on campus and within facility;</li> <li>• Define organizational response to situation threats &amp; monitor results;</li> <li>• Define process to communicate &amp; coordinate with local, county, regional, state and federal partners to enhance health security during an event;</li> <li>• Share instructions from public health or local law enforcement authorities with facility for protective actions;</li> </ul>
<b>STAFF RESPONSE</b>			
	<ul style="list-style-type: none"> <li>• State primary disaster role and responsibilities;</li> <li>• List additional cross-trained roles and responsibilities;</li> <li>• Demonstrate how to access the facility and departmental emergency plans;</li> <li>• Demonstrate correct use of department's disaster equipment;</li> <li>• Don and doff Level D PPE;</li> <li>• Verbalize department respiratory protection plan;</li> <li>• Provide disaster awareness course certification;</li> <li>• Demonstrates awareness of resources to support CBRNE agent identification &amp; treatment;</li> </ul>	<ul style="list-style-type: none"> <li>• Identify departmental JIT resource personnel for staff and emergency credentialed personnel on job roles and responsibilities and use of disaster equipment;</li> <li>• Demonstrate disaster triage skills;</li> <li>• Demonstrate decontamination skills for persons of all ages, ambulatory and non-ambulatory;</li> <li>• Don and doff Level C PPE;</li> <li>• Demonstrate Operations level course certification;</li> <li>• Monitors use of resources during events (Poison Control, agent identification websites);</li> <li>• Monitor physical &amp; behavioral health of staff and engage resources to actively support those in need;</li> </ul>	<ul style="list-style-type: none"> <li>• Identify organizational JIT personnel to support staff, credentialed and volunteer personnel;</li> <li>• Identify readily accessible surge staff, equipment &amp; supplies, and treatment space for Red, Yellow, Green, Black (including expectant) levels of care;</li> <li>• Activate emergency credentialing procedures and assign supervisors for credentialed personnel;</li> <li>• Monitor ongoing overall hospital personnel physical and behavioral health and safety during response and recovery;</li> <li>• List personnel who have completed HAZWOPER course certification;</li> <li>• Coordinate information with external authorities on agent identification;</li> </ul>



CORE COMPETENCIES ACROSS LEVELS BY CATEGORY			
Category	Awareness Level	Mid Level	Advanced Level
<b>UTILITIES</b>			
	<ul style="list-style-type: none"> <li>• Demonstrate use of generator backup electrical outlets for critical equipment;</li> <li>• Demonstrate process to manually shut off medical gases and notify staff;</li> <li>• Locate battery powered or manual backup "power out" staff and patient equipment;</li> </ul>	<ul style="list-style-type: none"> <li>• Actively institute fall prevention measures for staff and patients during reduction in lighting;</li> <li>• Provide for heating/cooling emergency protection measures as needed;</li> <li>• Verbalize battery backup times of critical patient equipment (IV pumps, transport ventilators etc);</li> <li>• Verbalize department capabilities during load-shedding;</li> </ul>	<ul style="list-style-type: none"> <li>• State hospital reserve capacity and capabilities for utilities;</li> <li>• Notify external authorities when on back-up power;</li> <li>• Conduct load shedding to support critical services;</li> </ul>
<b>PATIENT SUPPORT</b>			
	<ul style="list-style-type: none"> <li>• Identify departmental and hospital support mechanisms (personnel, equipment, processes, space) for persons with special needs (all ages);</li> <li>• Explain department surge plan and procedures;</li> <li>• Demonstrate horizontal and vertical patient evacuation using equipment and/or carries, routes and location of evacuation staging areas;</li> <li>• Demonstrate patient tracking capability during an event;</li> <li>• Demonstrates psychological first aid practices for patients and colleagues;</li> </ul>	<ul style="list-style-type: none"> <li>• Coordinate hospital, community and public health resources for persons with special needs within vulnerable populations;</li> <li>• Operationalize scalable patient surge plan for department;</li> <li>• State overall hospital scalable patient surge plan;</li> <li>• Conduct triage of patients for emergency evacuation including type of carry, equipment &amp; transportation assignment;</li> <li>• Identify location of list of community behavioral health resources for staff or patients in need;</li> </ul>	<ul style="list-style-type: none"> <li>• Operationalize disaster behavioral health resources and processes for patients and staff;</li> <li>• Activates scalable patient surge capacity;</li> <li>• Ensures appropriate and accessible equipment and practices for individuals with special needs;</li> <li>• Maintains patient support and tracking during evacuation of patients with records, supplies, staff support and appropriate transportation assets and informs families of patients of evacuation;</li> </ul>

# PLANNING AND MITIGATION STRATEGIES

## Select Personnel



# PLANNING AND MITIGATION STRATEGIES

## Select Personnel

*Note: It is recognized that all hospitals may not use the same titles for the positions or departments mentioned. In such cases, the next closest position or department carrying out those functions should be substituted.*

### Hospital Senior Administrator

- Commit and allocate resources for mitigation, preparation, response and recovery from an emergency;
- Establish a hospital emergency incident command system for all hazards / all emergencies consistent with the National Incident Management System;
- Determine designated and alternate Command staff, Section Chiefs, and Department leaders needed for HICS implementation;
- Identify the institutional experts for all emergencies, in consultation with CMO and CNO;
- Ensure the most recent and updated Joint Commission accreditation emergency management standards are met.

### Hospital Chief Financial Officer (CFO)

- Estimate the costs of emergency management during an emergency;
- Develop a plan for cost distribution either to a single emergency cost code or by departments of the hospital;
- Determine the impact of emergency management on the budget of other hospital operations;
- Explore all possibilities for insurance, third party, local, state or federal governmental reimbursement for the cost of emergency management preparedness, mitigation, response and recovery;
- Develop protocols and policies regarding professional billing and insurance reimbursement for services rendered during different types of emergencies, with oversight from Chief Medical Officer;
- Consider developing a policy for compensation for exposed or injured employees.

### Chief Medical Officer

- Oversee the development of a policy by Human Resources or other relevant section chiefs for emergency credentialing of outside licensed independent professionals;
- Determine at what point the hospital will initiate cancellation of non-critical admissions and elective surgeries and/or at what clinics will be cancelled;
- Identify the staff experts in infectious disease, toxicology and radiation illness;
- Oversee Human Resource planning for medical staff surge during emergencies, including communication and notification in coordination with the Communications Chief;
- Develop a plan for educating medical staff about their roles and responsibilities during different kinds of emergencies;
- Oversee a “Protocol/Policy” to be developed by the financial office regarding professional billing and insurance reimbursement for services rendered during different types of emergencies.

### **Chief Nursing Officer**

- Work with Hospital Emergency Manager in planning scalable primary and alternate treatment locations for emergencies;
- Work with Hospital Emergency Manager to pre-determine the number and locations of Airborne Infection Isolation Rooms or Isolation Floors for infectious patients;
- Oversee human resource planning for a surge in the nursing staff capacity and other clinical and non-clinical support staff capacity during emergencies, including communication and notifications - coordinate with Communications Chief;
- Develop a plan for a surge in hospital bed capacity (medical-surgical, telemetry, intensive care), and specialty beds (psychiatric, LDRP, pediatric, burn, trauma) during emergencies. For example, conversion of single patient rooms into double patient rooms or identifying patients who can be discharged to a pre-designated “discharge lounge” from where they can go home with out-patient, home nursing, or a hospital clinic follow up, or converting endoscopy suites, elective cardiac catheterization labs, or other space into patient care areas;
- Develop a plan, in conjunction with the Pharmacy Section Chief, Infection Prevention Coordinator, Radiation Safety Officer and local public health officials, for administration and distribution of vaccines, prophylactic medications, antidotes and countermeasure medications; Biological/Chemical/Radiological agents;
- Develop a plan for staff support including housing, feeding, child care services, behavioral health and employee assistance programs;
- Develop a plan to decrease elective/non-urgent surgeries and admissions to free up staff for emergency operations;
- Consult with CEO/CMO to develop a protocol for transferring patients to other floors or institutions during an emergency due to capability, capacity or contamination issues;
- Develop a plan for educating nursing staff about their roles and responsibilities during different kinds of emergencies;
- Develop protocol for disposition of patients from a designated discharge area.
- Oversee Human Resource plan for the emergency credentialing of nurses from other institutions, so they may perform nursing duties during an MCI;
- Coordinate with Social Services/Pastoral Care/Mental Health and Hospital Emergency Manager to assign a location for a Family Assistance Center during emergencies.

### **Hospital Emergency Management Coordinator**

- Perform annual Hazard Vulnerability Analysis with community partners and local emergency management for the hospital and campus facilities;
- Develop a written plan, updated annually and compliant with JCAHO standards, for Mitigation, Preparedness, Response and Recovery for all-hazard emergencies based on the results of Hazard Vulnerability Analysis and using the Hospital Incident Command System;
- Coordinate/integrate the institution’s emergency management plan with the community agencies/resources including EMS, local health department, regional poison control, regional radiation safety and others;
- Coordinate plan for patient tracking with ESF-8 and local emergency management;

- Coordinate plans for sheltering of staff and their families with community emergency manager, including child care, elder care, pet care and special needs;
- Coordinate plans for Family Assistance Center and location;
- Develop a plan for acquiring, maintaining, inventorying and servicing disaster equipment.

### **Public Information Officer**

- Prepare press releases and community messaging to explain/educate the public about hospital emergency management procedures;
- Plan how information will be disseminated during an emergency;
- Plan for the coordination and control of media access to the facility;
- Coordinate the Hospital's "Emergency Public Information Plan" with other Public Information Officers. Train and exercise joint information systems (JIS) / Joint Information Centers (JIC) with health and response Public Information Officers (PIO's) in the community;
- Establish a dedicated and redundant communication link for the PIO office;
- Have a plan in place to maintain situation awareness including monitoring of local, regional, state, national and world events;
- Have a "Rumor Control" protocol in place;
- Act as the identified spokesperson for media contacts. Prepare and develop liaison relationships with local media personnel.

### **Radiation Safety Officer**

- Develop a "Radiation Safety Plan" for suspected or identified Radiological/Nuclear exposure and/or emergencies. Coordinate with Hospital Emergency Management Coordinator;
- Arrange for the acquisition of dosimeters, radiation monitoring equipment, communications, and personal protective equipment (PPE) for the staff doing assessment, monitoring and/or decontamination;
- Develop a safety and security plan for receipt, storage and disposal of radioisotopes/radiological material;
- Develop a radiological decontamination plan in consultation with the CMO/CNO, and determine where in the institution these patients will be decontaminated and treated;
- In consultation with CMO and Pharmacy, acquire the pharmaceuticals or countermeasures for internal decontamination;
- In consultation with CMO/CNO, develop education/training programs related to Radiological/Nuclear exposure and/or emergencies for hospital staff;
- Work with EMS and local/regional radiation safety offices to coordinate emergency management of radiologically contaminated patients and disposition of contaminated materials;
- Support Employee Health efforts to avoid contamination of employees, and arrange for treatment for exposed employees.

### **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 hospital 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 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 hospitals 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 hospital 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 hospital 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, 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 healthcare facilities and also within the healthcare 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 hospital 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 hospital 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 hospital or on the hospital 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 hospital 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 hospital and 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 Hospital Emergency Manager and community Emergency Management;
- Provide warm water and ability to contain contaminated water at the decontamination site for the hospital;
- 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 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 hospitals for the victims of MCI.

### **Hospital 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 hospital 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 healthcare facility to the point of care within the facility;
- Coordinate Syndromic Surveillance with Public Health officials;
- Provide and refresh hospital staff with training in standard precautions and transmission-based precautions for infection control;
- Oversee the development of protocols for conversion of portions of the hospital 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 hospital 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 hospital operations for disasters;

### **Linen Service**

- Develop an emergency procurement plan for a reserve of linen, blankets, hospital 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 hospitals;
- Identify supply and resupply needs for hospital alternate care sites;

### **Medical Services**

- Identify hospital capacity and capabilities for medical specialties needed for various types of MCI's;
- Identify hospital 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 hospital's capacity including space, supplies and trained staff to manage a surge in fatalities;
- Increase the hospital'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 hospital or to other facilities;
- Plan alternate routes to move patients, staff and equipment in case of contamination or damage to an area of the hospital;
- 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 hospital 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 hospital 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 hospitals or outside vendors;
- Develop a plan to augment respiratory therapy staffing by enlisting/supervising cross-trained non-respiratory department personnel to perform temporary assisted ventilation;
- Set a protocol for providing respiratory support for chemically and radiologically contaminated critically ill patients in the decontamination area;
- 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 hospital's emergency management plan;

- Provide risk management guidance to reduce the hospital's 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 Hospital 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 healthcare facility.
- Maintain a plan for controlling vehicular and pedestrian access on the hospital 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 hospital 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 healthcare 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 hospital 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 Hospital 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 hospital'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**

**AIIR:** Airborne Infection Isolation Room

**ASPR:** Assistant to the Secretary for Preparedness and Response

**Awareness Level:** This level includes competencies common for all hospital personnel, regardless of the type of emergency or disaster encountered.

**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

**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

**Mid-Level:** This level builds on the awareness level competencies and is applicable to clinical, non-clinical, specialty trained personnel, department managers, and those assigned to an incident command system response role. Personnel whose response role may require them to protect and assist persons exposed to CBRNE agents and / or trauma related to an emergency or disaster; and / or control the spread of CBRNE agents either from person to person or in the hospital environment, should be trained at this level.

**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

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# 2011 Recommended Disaster Core Competencies for Hospital Personnel

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# Appendix

## Tools and Tips for using the 2011 Recommended Disaster Core Competencies for Hospital Personnel

“Knowing is not enough; we must apply. Willing is not enough; we must do.”  
-- Goethe



## **Tips for Using the 2011 Recommended Core Competencies**

The 2011 Recommended Core Competencies for Hospital Personnel are just that - recommendations. Some hospitals may be tempted to put the document on-a-shelf feeling overwhelmed or burdened by the scope of the list of competencies. These recommendations however, can be used to enhance and standardize the systems that hospitals already have in place for emergency preparedness and response.

Recommended core competencies were selected to comply with federal regulations and standards for performance. Recommended competencies can enable hospitals and 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 hospital medical capacity.

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

Achieving competencies are part of every hospital’s standard operating procedures. Recommended core competencies define measurable tasks and capabilities to achieve national all-hazard competency standards. Tips and tools contained in this Appendix can help hospitals create options for use and implementation.

### **Tips for Using Core Competencies for Planning**

Integrating core competencies into hospital disaster preparedness activities can simplify planning. Hospitals can incorporate core competencies into:

- Determination of necessary personnel and qualifications necessary to meet critical tasks and activities
- Development of hospital Emergency Operation Plans (EOP)
- Assessment of gaps in ability to independently meet hospital surge activities and respond to disasters
- Determination of need for Mutual Aid Agreements
- Assessment of overall hospital 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 hospital 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. Hospitals can incorporate core competencies into:

- Assessment of individual 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 hospital disaster preparedness activities can lead to the development of job descriptions that will allow hospitals 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

### **How Hospitals Have Used the Competencies:**

When it was not feasible to have all senior administrators take the three day ICS 300 course, a hospital selected and trained a liaison to the command staff who could complete the required training and provide this expertise to senior administrators.

When it was not feasible to have all senior administrators take the three day ICS 400 course, a hospital had a staff certified as an ICS 400 trainer and that person provided non certificate overview training to other staff.

Hospitals have developed systems for tracking individual staff training to meet specific competencies.

Hospitals have incorporated training on competencies into orientation and annual refresher training sessions.

## Awareness Level Staff Competencies Checklist

This checklist can be used to track individual achievement of the awareness level competencies included in the 2011 Edition of Florida's Recommended Disaster Core Competencies for Hospital Partners.

Based on the structure of your agency, there may be some variation in personnel competency requirements. If a competency is not appropriate for a specific staff it can be marked as not applicable (N/A). Additional hospital specific competencies can be added to the checklist.

**Employee Name/ID Number:**

**Department:**

Awareness Level Competency	Date
<b>GENERAL</b>	
Describe the department's all-hazards response for an event	
Describe overall key threats for hospital	
Explain key components of personal/family preparedness plans	
Complete attestation for personal preparedness plan	
List indicators that can signal the onset of a threat	
Describe immediate actions and precautions to protect oneself & others from harm in a disaster or public health emergency	
Demonstrate active participation in hospital exercises	
State who to report to during an event	
<b>COMMUNICATIONS</b>	
State personal response to internal/external notification during an emergency or disaster	
State hospital employee hotline number	
Describe downtime documentation procedures	
Demonstrate use of backup systems for communications	
Demonstrate successful use of internal & external radios sending & receiving transmissions	
<b>RESOURCES</b>	
Identify departmental resources during an emergency	
Describe how to conserve resources if directed	
<b>SAFETY &amp; SECURITY</b>	
Describe how to restrict department/facility access & control movement of unauthorized persons	
Demonstrate successful response to threats	
Demonstrate how to support chain of custody for personal belongings/valuables of casualties	

Employee Name/ID Number:

Department:

Awareness Level Competency	Date
Describe how hospital will provide information about a situation or threat	
Describe how to maintain situational awareness at home & in hospital role	
<b>STAFF</b>	
State primary (and cross-trained) disaster role(s) and responsibilities	
Demonstrate how to access the facility and departmental emergency plans	
Provide Disaster Awareness course certificate	
Demonstrate correct use of department's disaster equipment	
Demonstrate donning and doffing of Level D PPE	
Verbalize departmental respiratory protection plan	
Demonstrate awareness of resources for CBRNE agent identification & appropriate treatment (For ER, Emergency Response Team, Security, CMO)	
<b>UTILITIES</b>	
Demonstrate use of generator backup electrical outlets for critical equipment	
Demonstrate process to manually shut off medical gases and notify staff	
Locate battery powered or manual backup "power out" staff & patient equipment	
<b>PATIENT SUPPORT</b>	
Identify departmental and hospital support mechanisms for persons with special needs;	
Explain department surge plan and procedures;	
Demonstrate how to evacuate patients;	
Demonstrate patient tracking capability;	
Demonstrate psychological first aid practices for patients and colleagues	
<b>OTHER</b>	

Evaluator Name/ID/Title: \_\_\_\_\_

Comments:

## Mid-Level Staff Competencies Checklist

This checklist can be used to track individual achievement of the mid-level competencies included in the 2011 Edition of Florida's Recommended Disaster Core Competencies for Hospital Partners.

Based on the structure of your agency, there may be some variation in personnel competency requirements. If a competency is not appropriate for a specific staff it can be marked as not applicable (N/A). Additional hospital specific competencies can be added to the checklist.

**Employee Name/ID Number:**

**Department:**

Mid-Level Competency	Date
<b>GENERAL</b>	
Describe the facility's EOP- all hazards and hazard-specific threats	
State how to operationalize EOP and lead staff in departmental implementation	
Verbalize risks associated with high-priority threats	
Describe departmental and hospital disaster risk management activities	
Describe how to operationalize immediate actions and precautions to protect staff, facility and patients from harm	
Demonstrate active participation in hospital exercises and after-action reviews	
Demonstrates participation in departmental and organizational corrective action improvement planning	
Demonstrates integration of corrective action recommendations into departmental processes	
<b>COMMUNICATIONS</b>	
Demonstrate use of situational awareness resources and process to share threat information with staff;	
Demonstrate processes to rapidly notify department staff, patients and patients families of events and keep them updated	
Exercise departmental use of back-up systems and monitor success	
Monitor for successful hospital roll-call checks using back-up communications equipment	
Maintain communication back-up systems for continued 24/7 operability	
<b>RESOURCES</b>	
Maintain readiness and access to department and hospital disaster equipment	
Communicate triggers for requesting additional resources	
Identify ready & accessible sources for surge equipment and supplies	
Communicate guidelines for triage and allocation of scarce resources	
<b>SAFETY &amp; SECURITY</b>	
Direct assignments for those assuming role of deputized security	

**Employee Name/ID Number:**

**Department:**

<b>Mid-Level Competency</b>	<b>Date</b>
Direct identification and containment of contaminated vehicles	
Demonstrate scalable crowd control measures	
<b>STAFF</b>	
Assume an ICS functional role below section chief in an emergency or disaster	
Provide IS-100.HC and IS-700 or equivalent course certification	
Provide completed Disaster Operations level course certification	
Identify departmental JIT resource personnel for staff and emergency credentialed personnel on job roles and responsibilities and use of disaster equipment	
Monitor use of agent identification and patient treatment internal and external resources during events	
Demonstrate disaster triage skills	
Demonstrate decontamination skills for persons of all ages, ambulatory and non-ambulatory	
Demonstrate correct donning and doffing of Level C PPE	
Monitor physical & behavioral health of staff and engage resources to actively support those in need	
<b>UTILITIES</b>	
Actively institute fall prevention measures for staff and patients during reduction in lighting or evacuation	
Provide for heating/cooling emergency protection measures as needed	
Verbalize battery backup times of critical patient equipment	
Verbalize department capabilities during load-shedding	
<b>PATIENT SUPPORT</b>	
Coordinate hospital, community, and public health resources for persons with special needs within vulnerable populations	
Operationalize scalable patient surge plan for department	
State overall hospital scalable patient surge plan	
Conduct triage of patients for emergency evacuation including type of carry, equipment & transportation assignment	
Post hospital internal behavioral health resources and location of list of community behavioral health resources for patients in need	
<b>OTHER</b>	

**Employee Name/ID Number:**

**Department:**

Mid-Level Competency	Date

**Evaluator Name/ID/Title:** \_\_\_\_\_

**Comments:**



## Advanced Level Staff Competencies Checklist

This checklist can be used to track individual achievement of the advanced level competencies included in the 2011 Edition of Florida's Recommended Disaster Core Competencies for Hospital Partners.

Based on the structure of your agency, there may be some variation in personnel competency requirements. If a competency is not appropriate for a specific staff it can be marked as not applicable (N/A). Additional hospital specific competencies can be added to the checklist.

**Employee Name/ID Number:**

**Department:**

Advanced Level Competency	Date
<b>GENERAL</b>	
Describe how to activate and operationalize EOP from response through recovery (COOP) for the organization	
Describe annual review process for EOP including training of organization	
Conduct hazard vulnerability assessment for facilities associated with hospital	
Document situational awareness of potential threats	
Prioritize HVA potential emergencies with community partners	
Identify community's capability to meet potential needs	
Initiate organizational steps to mitigate risks	
Participate in leadership role in hospital exercises, events and after-action reviews	
Participate in the development and approval process for MYTEP	
Participate in the development and approval of hospital continuous improvement plan	
Integrate corrective actions into EOP	
<b>COMMUNICATIONS</b>	
Explain process for hospital to receive official notification of threats or events	
Explain how public health and/or emergency management will be notified of a threat or event at hospital	
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	
Demonstrate ability to contact vendors for essential supplies, services and equipment during an emergency	
Demonstrate access to 24/7 list of critical contacts for organization, community partners and external authorities	
Activate use of backup systems during an event	
Provide for sufficient capacity and capability for redundant & backup communication systems throughout hospital organization	
Provide for capacity and capability of ham radio access & equipment support	



**Employee Name/ID Number:**

**Department:**

<b>Advanced Level Competency</b>	<b>Date</b>
Demonstrate competency in using internal and external radio systems	
Monitor organizational success rate using internal and external back-up systems	
<b>RESOURCES</b>	
Coordinate information with external authorities on agent identification	
Conduct annual review of MOA's with vendors or other facilities	
Identify trained organizational members to serve as clinical rounding team for triage & scarce allocation of resource process	
<b>SAFETY &amp; SECURITY</b>	
State organizational protective actions for threats/events	
Share instructions from public health or law enforcement authorities with facility for protective actions	
Review MOA with local law enforcement to supplement security personnel during an event	
Activate control of pedestrian and vehicle access on campus and within facility	
Define organizational response to situation threats & monitor results	
Define process to communicate & coordinate with local, county, regional, state, and federal partners to enhance health security during an event	
<b>STAFF</b>	
Assume an ICS functional role of section chief or higher	
Identify appropriate personnel to complete ICS courses per response role	
Demonstrate access and use of ICS forms	
Demonstrate documentation in event management software or process	
Demonstrate process for generation of situation unit reports	
Demonstrate reporting of bed availability on ESS	
Demonstrate Incident Command certification for response role	
Demonstrate patient tracking process during an event	
State role of PIO and how to work with Joint Information Center (JIC);	
Identify readily accessible and trained surge staff, equipment & supplies, and treatment space for all levels of care	
Identify organizational JIT training personnel to support staff, credentialed and volunteer personnel	
Activate emergency credentialing procedures and assign supervisors for credentialed personnel	
Monitor ongoing overall hospital personnel physical and behavioral health and safety during response and recovery	
List personnel who have completed HAZWOPER course certification	

**Employee Name/ID Number:**

**Department:**

<b>Advanced Level Competency</b>	<b>Date</b>
Manage staff assignments and movement during disasters or evacuation	
<b>UTILITIES</b>	
State hospital reserve capacity and capabilities for utilities	
Notify external authorities when on back-up power	
Conduct load shedding to support critical services	
<b>PATIENT SUPPORT</b>	
Maintain patient support & tracking during evacuation of patients	
Operationalize disaster behavioral health resources and processes for patients	
Activate scalable patient surge capacity	
Ensure appropriate and accessible equipment and practices for individuals with special needs	
<b>OTHER</b>	

**Evaluator Name/ID/Title:** \_\_\_\_\_

**Comments:**



**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.



## Recommended Disaster Core Competencies for Hospital Personnel Feedback Form

Your help is requested in evaluating the value and use of the “2011 Recommended Disaster Core Competencies for Hospital Personnel.” Please respond to the following and return by email to DEMO\_PHP@doh.state.fl.us or fax to 850-245-4580. Your comments will help ensure that the best possible, most valuable information is available for the state’s healthcare system and the department’s hospital partners.

Name \_\_\_\_\_ Date \_\_\_\_\_

Hospital \_\_\_\_\_ County \_\_\_\_\_

Is the document easy to understand? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments \_\_\_\_\_

Was guidance and information provided helpful? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments \_\_\_\_\_

Which information did you find most helpful? \_\_\_\_\_

\_\_\_\_\_

Which information did you find least helpful? \_\_\_\_\_

\_\_\_\_\_

Is there any additional guidance / information you would have liked to have had included? \_\_\_\_\_

\_\_\_\_\_

Did you use any of the tools included in the Appendix? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, how did you use them? \_\_\_\_\_

Do you have tools you would be willing to share with other hospitals? \_\_\_\_\_

Do you have other comments or suggestion to improve this document or information provided?  
(Please use additional sheet if necessary) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you for your feedback!

# Recommended Disaster Core Competencies For Hospital Personnel

Revised Spring 2011

