

Recommended Hospital Staff
**Core Competencies for
Disaster Preparedness**

RECOMMENDED HOSPITAL STAFF
CORE COMPETENCIES FOR
DISASTER PREPAREDNESS



**State of Florida
Recommended Core Competencies &
Planning / Mitigation Strategies
For
Hospital Personnel**

Developed
By The Hospital Core Competency Sub Committee
and
Health, Medical, Hospital, and EMS Committee
Florida State Working Group

Co-Sponsored by
Florida Hospital Association

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RECOMMENDED CORE COMPETENCIES FOR HOSPITAL PERSONNEL

Purpose

The purpose of this document is to identify expected didactic and functional competencies and to assist trainers and administrators in understanding existing regulatory requirements. This document can be used to assess training, in order to ensure that it meets the minimum needs of hospital personnel in preparing for both man-made and natural disasters resulting in mass casualties.

Scope

This document was created to define the minimum competencies needed by hospital personnel to function adequately in both chemical and non-chemical environments where illness or injury results from a manmade or natural disaster/emergency. Response to an incident involving mass casualties of any type requires a certain level of competency and the ability to mobilize from every department in a hospital.

Within the document, one will find competencies relating to incidents involving chemical, biological, radiologic al, nuclear, and blast and burn injuries from an all-hazards approach. Competencies are arranged in a manner that allows training to be customized by each hospital to meet their individual needs. Within this document, one will also find the planning and mitigation strategies for select personnel and departments. The Training Matrix on pages 20-27 is intended to be a tool that hospitals can use to track the training needs of their personnel.

Methodology

The Committee researched and reviewed applicable Codes, Standards, Laws, Regulations and best practices in an effort to develop this document. It was developed using an “All Hazards” approach to mass casualty preparedness. It embodies the minimum core educational requirements and competencies necessary to support our community’s immediate patient care needs during a disaster/emergency situation.

Assumptions

- Incidents involving mass casualties are unique and complex.
- The core competencies document is outlined into basic responsibilities, with job responsibilities clarified by specific department, title, and/or, in some cases, by function. This document was developed as a guidance document, which each organization could use to assess their own needs based on the available resources and their own hazard analysis and risk assessment.
- Hospitals have adopted an Incident Management Structure. For this document we use the Hospital Emergency Incident Command Structure (HEICS), Incident Command System (ICS) and National Incident Management System (NIMS) interchangeably.
- References to specific departments, services or titles are considered “generic references”. Each organization will have to correlate the reference into their command structure based on their capabilities / resources and defined response.
- Training requirements are based on current regulatory standards and, in some instances, the consensus of the Committee. Our learning curve, as well as practical exercises, may result in refining the competencies.

DEFINITIONS

Basic Level Personnel - Personnel who, in the course of their normal duties, could be the first to encounter or discover contaminated victims infected by hazardous materials, biological exposure, radiological exposure or blast and burn, and who are expected to recognize the presence of such materials, protect themselves and others, call for trained personnel, notify proper authorities and secure the area.

Mid Level Personnel- Personnel who respond for the purpose of protecting nearby persons, the environment, or property from the effects of the release or exposure. They assist exposed or injured patients as part of the initial triage, treatment and decontamination of those victims. They are trained to respond in a defensive mode. Their function is to control the spread of chemical, radiological and infectious materials.

Advanced Level Personnel - Personnel with content expertise to contain, identify, and/or treat exposures to incidents involving chemical, biological, radiologic al, nuclear or explosive materials.

CBRNE (Chemical, Biological, Radiological, Nuclear, Explosive) -A hazardous material 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.

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

Decontamination - The physical or chemical process of reducing and preventing the spread of contaminants from persons and equipment.

Hazardous Materials Response Team - An organized group of trained response personnel operating under an emergency response plan and appropriate standard operating procedures, who handle and control actual or potential leaks or spills of hazardous materials, requiring possible close approach to the material.

Training Matrix – A guideline to be used in training personnel according to the HEICS Structure. Specific departments and titles are left to the decision of the organization, based on their resources and plans.

HOSPITAL CORE COMPETENCIES

All Personnel

Certain competencies are common for all trained personnel, regardless of the type of emergency encountered. Hospital personnel will be oriented and educated annually in the emergency management plan, its command structure, and how it is integrated into a community-wide response. Employees will be assigned roles and responsibilities, and will have sufficient training or experience to objectively demonstrate competencies in the following areas:

- Knowledge of the hospital's command structure and community interface
- Knowledge of general roles and responsibilities
- Knowledge of the back-up communication system and computer down time procedures during disruptions
- Recognition of the onset of an emergency situation requiring the activation of an emergency response
- Understanding of their individual role during an emergency/disaster situation.
- Knowledge of hospital emergency color coding system and other emergency announcement codes of the organization
- Knowledge of policies and procedures utilized for emergency operations
- Knowledge of infection control practices (i.e., standard precautions, isolation, hand hygiene, etc.)
- Knowledge of hazard communications
- Knowledge of policies and procedures associated with spills, suspicious packages, bomb threats, etc.
- Knowledge of various employee roles during severe weather, hurricanes, floods, tornados, lightning, power outage, medical gas failure and fire
- Ability to activate an emergency response

NOTE: Hospital Competencies are presented in the following pages in two formats for your convenience. The first set of charts is broken down into the three Personnel Levels. The second set of charts is broken down by Hazard Type. Both sets contain the same information presented in different formats, so that hospitals may use the one that works best for their needs.

BASIC LEVEL Competencies

These are the common requirements for Basic Level:

- Knowledge of how to activate the employer’s emergency response plan
- Understanding of the role of the Basic Level trained individual in the employer’s emergency response
- Knowledge and understanding of what Chemical, Biological, Radiological, Nuclear, Explosive (CBRNE) terrorism and the risks and trauma associated with the use of these agents
- Understanding of the potential outcomes associated with an emergency when a CBRNE terrorism incident occurs
- Understanding of secondary hazards associated with an emergency when a CBRNE incident occurs
- Understanding of the organization’s site security and scene control procedures for the basic level trained personnel
- Knowledge of basic hazard and risk assessment techniques
- Knowledge of how to select, use, inspect, and properly maintain the personal protective equipment used by Basic Level personnel
- Knowledge of how to manage personal belongings and chain of custody issues
- Knowledge of resources required to assist persons with special needs or the disabled

	Specific Requirements	Competencies
Chemical	Individuals who are likely to encounter or discover contaminated victims and who have been trained to initiate an emergency response sequence by notifying the authorities of the release. The Basic Level will have sufficient training or experience to objectively demonstrate necessary competencies.	<ul style="list-style-type: none"> • Ability to recognize the presence of hazardous substances in an emergency • Ability to identify the hazardous substance, if possible • Ability to use the US DOT’s Emergency Response Guidebook • Ability to use hospital reference resources such as Hospital Chemical Contamination Plan, Hospital Terrorism Plan, Janes, USAMRICD, Medical Management of Chemical Casualties Handbook, etc.
Biological	Individuals who are less likely to be part of a biological terrorism incident response, but may come in contact with a contaminated or infectious patient. They may need to initiate an emergency response sequence by notifying the proper authorities. Basic Level personnel will have sufficient training or experience to objectively demonstrate necessary competencies.	<ul style="list-style-type: none"> • Knowledge of indicators and effects of biological terrorism on individuals • Ability to recognize signs and symptoms common to initial victims of CDC Category A biological agents • Ability to access and use the hospital reference resources such as Hospital Bioterrorism Plan, USAMRIID, and the Medical Management of Biological Casualties Handbook
Radiological	Individuals who are less likely to witness or discover a radiological incident, but who may come in contact with infected patients, and may need to initiate an emergency response sequence by notifying the proper authorities of the incident. They will take no further action. Personnel at the basic level shall have sufficient training or experience to objectively demonstrate necessary competencies.	<ul style="list-style-type: none"> • Ability to recognize the presence of radioactive materials in an emergency • Knowledge of radiological protection of time, distance, and shielding
Blast/Burn	Individuals who are likely to be a part of a mass casualty event involving blast and burn injuries and who have been trained to initiate an emergency response sequence by notifying the proper authorities. Basic Level personnel shall have sufficient training or experience demonstrate necessary competencies.	<ul style="list-style-type: none"> • Ability to recognize the signs, symptoms, and potential injuries that occur post bombing

MID LEVEL Competencies

These are the common requirements for Mid Level:

- Knowledge and ability to demonstrate the competencies from Basic Level
- Knowledge of the basic hazard and risk assessment techniques
- Understanding of how to select and use personal protective equipment provided to the Mid Level trained personnel.
- Knowledge of relevant standard operational and termination procedures
- Ability to perform basic control, containment and/or confinement operations within the capabilities of the resources and personal protective equipment available
- Ability to determine and implement basic decontamination procedures
- Knowledge of how to implement the Incident Command System
- Knowledge of how to establish communications with outside agency command centers
- Understanding of relevant standard operating and termination procedures

	Specific Requirements	Competencies
Chemical	Individuals who respond for the purpose of protecting nearby persons, property, or the environment from the effects of the materials involved. They are trained to respond in a defensive mode to contain the spread of contamination and prevent additional exposures without actually trying to stop a release. Mid Level personnel shall have received training or experience to objectively demonstrate necessary competencies.	<ul style="list-style-type: none"> • An understanding of basic hazardous materials terms • Competency in using basic detection equipment (M -8, M -9, etc.) per job assignment
Biological	Individuals who respond to assist exposed patients as part of the initial triage and treatment of those victims. They are trained to respond in defensive mode. Their function is to contain the spread of infectious materials. Mid Level trained personnel shall have sufficient experience to objectively demonstrate necessary competencies.	<ul style="list-style-type: none"> • An understanding of basic biological terrorism terminology • An understanding of signs, symptoms, and modes of transmission for those biological agents determined to be the most likely used (based on the CDC Category A agents)
Radiological	Individuals who respond to radiological emergencies as part of the initial response to the site, for the purpose of protecting nearby persons, property, or the environment from the effects of the incident. They are trained to respond in a defensive mode. Their function is to contain the incident from a safe distance, keep it from spreading, and prevent exposures. Personnel at the Mid Level shall have had sufficient experience to objectively demonstrate necessary competencies.	<ul style="list-style-type: none"> • Understanding of basic radiological materials terms • Competency in using basic radiation survey meters
Blast/Burn	Individuals who are likely to be a part of a mass casualty event involving blast and burn injuries and who have been trained to initiate an emergency response sequence by notifying the proper authorities. Mid Level personnel shall have sufficient training or experience to objectively necessary competencies.	<ul style="list-style-type: none"> • Understanding of the signs, symptoms, and initial treatments of injuries associated with explosions • Understanding of the immediate treatment of severe burn injuries • Understanding of the agents that could cause severe chemical burns and the hazards associated with secondary exposure

ADVANCED LEVEL Competencies

These are the common requirements for Advanced Level:

- Knowledge and ability to demonstrate the competencies from Mid Level
- Knowledge of the classification, identification and verification of known and unknown materials by using field survey instruments and equipment
- Ability to select and use proper personal protective equipment provided to the Advanced Level trained personnel
- Ability to function within an assigned role in the Hospital Emergency Incident Management System
- Understanding of hazard and risk assessment techniques
- Knowledge of how air handlers function and an understanding of the areas served by the HVAC systems to advise plant operations and hospital administration personnel on when to control specific air handlers to avoid contamination of the rest of the hospital.
- Understanding of termination procedures
- Ability to perform advanced control, containment, and/or confinement operations within the capabilities of the resources and personal protective equipment available
- Understanding and supervision of decontamination procedures from set up to termination and clean up

	Specific Requirements	Competencies
Chemical Non Clinical	Individuals trained to initiate an emergency response sequence for internal chemical releases or spills. Advanced Non-Clinical Level trained personnel shall have had sufficient experience to objectively demonstrate necessary competencies.	<ul style="list-style-type: none"> • Understanding of basic hazardous materials terms and chemical and toxicological terminology and behavior • Knowledge of how to perform control, containment, or confinement operations within the capabilities of the resources and PPE available • Understanding of the relevant standard operating procedures and termination procedures
Chemical Clinical	Individuals who respond to assist exposed patients as part of the initial triage and treatment of those victims. They are trained to respond defensively. Advanced Level trained personnel shall have had sufficient experience to objectively demonstrate necessary competencies.	<ul style="list-style-type: none"> • Understanding of basic chemical and toxicological terminology and behavior • Understanding of the use of appropriate antidotal treatment and advanced definitive care for chemically injured patients
Biological	Individuals who respond to assist exposed patients as part of the initial triage and treatment of those victims. Their function is to contain the spread of infectious materials. Advanced Level trained personnel shall have had sufficient experience to objectively demonstrate necessary competencies.	<ul style="list-style-type: none"> • Knowledge of classification, identification, and verification of known biological materials by using differential diagnosis and laboratory testing • Understanding of the treatment protocols for each of the CDC most likely used agents • Understanding of the signs, symptoms, and routes of transmission for the CDC Category agents and other emerging infectious diseases
Radiological	Individuals who respond to radiological emergencies as part of the initial response to the site for the purpose of protecting nearby persons, property, or the environment from the effects of the incident. They are trained to respond defensively. Their function is to contain the incident from a safe distance, keep it from spreading, and prevent exposures. Personnel at the Advanced Level shall have had sufficient experience to objectively demonstrate necessary competencies.	<ul style="list-style-type: none"> • Understanding of how to calculate, access, and communicate radiological conditions • Understanding of spectroscopy systems to identify specific hazards per job description • Understanding of current treatment options for exposed patients
Blast/Burn	Individuals who respond to assist in mass casualties to provide initial triage and treatment of those victims. Their function is to provide care to victims who were injured from an explosion. Advanced Level trained personnel will have had sufficient experience to objectively demonstrate necessary competencies.	<ul style="list-style-type: none"> • Familiarity with the classification, identification, and verification process of known explosive, incendiary, and chemical bomb materials • Understand and be able to carry out the initial treatment protocols for bomb/blast thermal and chemical burns

**COMMON HOSPITAL COMPETENCIES FOR ALL HAZARD TYPES
All Levels**

Basic	<ul style="list-style-type: none"> • Knowledge of how to activate the employer’s emergency response plan • Understanding of the role of the Basic Level trained individual in the employer’s emergency response. • Knowledge and understanding of the risks and trauma associated with CBRNE terrorism • Understanding of the potential outcomes and secondary hazards associated with an emergency when a CBRNE terrorism incident occurs • Understanding of the organization’s site security and scene control procedures for the basic level trained personnel • Knowledge of basic hazard and risk assessment techniques • Knowledge of how to select, use, inspect, and properly maintain the personal protective equipment used by Basic Level personnel • Knowledge of how to manage personal belongings and chain of custody issues • Knowledge of resources required to assist persons with special needs or the disables
Mid-Level	<ul style="list-style-type: none"> • Knowledge and ability to demonstrate the competencies from Basic Level • Knowledge of the basic hazard and risk assessment techniques • Understanding of how to select and use personal protective equipment provided to the Mid Level trained personnel • Knowledge of relevant standard operational and termination procedures • Ability to perform basic control, containment and/or confinement operations within the capabilities of the resources and personal protective equipment available • Ability to determine and implement basic decontamination procedures • Knowledge of how to implement the Incident Command System • Knowledge of how to establish communications with outside agency command centers • Understanding of relevant standard operating and termination procedures
Advanced	<ul style="list-style-type: none"> • Knowledge and ability to demonstrate the competencies from Mid Level • Knowledge of the classification, identification and verification of known and unknown materials by using field survey instruments and equipment • Ability to select and use proper personal protective equipment provided to the Advanced Level trained personnel • Ability to function within an assigned role in the Hospital Emergency Incident Management System. • Understanding of hazard and risk assessment techniques • Knowledge of how air handlers function and an understanding of the areas served by the HVAC systems to advise plant operations and hospital administration personnel on when to control specific air handlers to avoid contamination of the rest of the hospital • Understanding of termination procedures • Ability to perform advanced control, containment, and/or confinement operations within the capabilities of the resources and personal protective equipment available • Understanding and supervision of decontamination procedures from set up to termination and clean up

COMPETENCIES BY HAZARD TYPE Chemical		
LEVEL	REQUIREMENTS	COMPETENCIES
Basic Level	These individuals are likely to encounter contaminated victims and have been trained to initiate an emergency response sequence by notifying the authorities of the release. The Basic Level will have sufficient training or experience to objectively demonstrate necessary competencies.	<ul style="list-style-type: none"> • Ability to recognize and identify (if possible) the presence of hazardous substances in an emergency • Ability to use the US DOT's Emergency Response Guidebook • Ability to use hospital reference resources such as Hospital Bioterrorism Plan, USAMRICD, Medical Management of Chemical Casualties Handbook, etc.
Mid Level	These individuals respond for the purpose of protecting nearby persons, property, or the environment from the effects of the materials involved. They are trained to respond in a defensive mode to contain the spread of contamination and prevent additional exposures without actually trying to stop a release. Mid level personnel will have received training or have sufficient experience to objectively demonstrate necessary competencies.	<ul style="list-style-type: none"> • An understanding of basic hazardous materials terms • Competency in basic detection equipment (ex. M-8, m-9, etc) per job assignment
Advanced Level Non Clinical	These individuals initiate an emergency response sequence for internal chemical releases or spills. Advanced Non-Clinical Level trained personnel shall have had sufficient experience to objectively demonstrate necessary competencies.	<ul style="list-style-type: none"> • Understanding of basic hazardous materials terms and chemical and toxicological terminology and behavior • Knowledge of how to perform control, containment, or confinement operations within the capabilities of the resources and PPE available • Understanding of the relevant standard operating procedures and termination procedures
Advanced Level Clinical	These individuals respond to assist exposed patients as part of the initial triage and treatment of those victims. They are trained to respond defensively. Advanced Level trained personnel shall have had sufficient experience to objectively demonstrate necessary competencies	<ul style="list-style-type: none"> • Understanding of basic chemical and toxicological terminology and behavior • Understanding of the use of appropriate antidotal treatment and advanced definitive care for chemically injured patients.

COMPETENCIES BY HAZARD TYPE Biological		
LEVEL	REQUIREMENTS	COMPETENCIES
Basic Level	Individuals who are less likely to be part of a biological terrorism incident response, but may come in contact with a contaminated or infectious patient. They may need to initiate an emergency response sequence by notifying the proper authorities. Basic Level personnel will have sufficient training or experience to objectively demonstrate necessary competencies.	<ul style="list-style-type: none"> • Knowledge of indicators and effects of biological terrorism on individuals • Ability to recognize signs and symptoms common to initial victims of CDC Category A biological agents • Ability to access and use the hospital reference resources such as Hospital Bioterrorism Plan, USAMRIID, and the Medical Management of Biological Casualties Handbook
Mid Level	Individuals who respond to assist exposed patients as part of their initial triage and treatment. They are trained to respond in a defensive mode. Their function is to contain the spread of infectious materials. Mid Level trained personnel will have had sufficient experience to objectively demonstrate necessary competencies.	<ul style="list-style-type: none"> • Understanding of basic biological terrorism terminology • Understanding of signs, symptoms, and modes of transmission of biological agents determined to be most likely used (based on the CDC Category A agents)
Advanced Level	Individuals who respond to assist exposed patients as part of the initial triage and treatment of those victims. Their function is to contain the spread of infectious materials. Advanced Level trained personnel shall have had sufficient experience to objectively demonstrate necessary competencies.	<ul style="list-style-type: none"> • Knowledge of classification, identification, and verification of known biological materials by using differential diagnosis and laboratory testing • Understanding of the treatment protocols for each of the CDC most likely used agents • Understanding of the signs, symptoms, and routes of transmission for the CDC Category agents and other emerging infectious diseases

COMPETENCIES BY HAZARD TYPE
Radiological

LEVEL	REQUIREMENTS	COMPETENCIES
Basic Level	Individuals who are less likely to witness or discover a radiological incident, but who may come in contact with infected patients, and may need to initiate an emergency response sequence by notifying the proper authorities of the incident. They will take no further action. Personnel at the basic level shall have sufficient training or experience to objectively demonstrate necessary competencies.	<ul style="list-style-type: none"> • Ability to recognize the presence of radioactive materials in an emergency • Knowledge of radiological protection of time, distance, and shielding
Mid Level	Individuals who respond to radiological emergencies as part of the initial response to the site, for the purpose of protecting nearby persons, property, or the environment from the effects of the incident. They are trained to respond in a defensive mode. Their function is to contain the incident from a safe distance, keep it from spreading, and prevent exposures. Personnel at the Mid Level shall have had sufficient experience to objectively demonstrate necessary competencies.	<ul style="list-style-type: none"> • Understanding of basic radiological materials terms • Competency in using basic radiation survey meters
Advanced Level	Individuals who respond to radiological emergencies as part of the initial response to the site for the purpose of protecting nearby persons, property, or the environment from the effects of the incident. They are trained to respond defensively. Their function is to contain the incident from a safe distance, keep it from spreading, and prevent exposures. Personnel at the Advanced Level shall have had sufficient experience to objectively demonstrate necessary competencies.	<ul style="list-style-type: none"> • Understanding of how to calculate, access, and communicate radiological conditions • Understanding of spectroscopy systems to identify specific hazards per job description • Understanding of current treatment options for exposed patients

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 2004 National Incident Management System.
- Determine potential Section Chiefs and command staff needed for HEICS implementation
- Identify the institutional experts for all emergencies, in consultation with CMO and CNO, and consider forming a disaster committee.
- Ensure that 2004 JCAHO requirements for hospital interface with community emergency response 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.
- Consider hazardous duty compensation for members of a decontamination team.
- Explore all possibilities for insurance, third party, local, state or federal governmental reimbursement for the cost of emergency management”.
- Develop protocols and policies regarding professional billing and insurance reimbursement for services rendered during different types of emergencies, with oversight from CMO.
- 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 personnel for medical, nursing, pharmacy, and mental health and EMT professionals.
- Determine at what point the hospital will be closed to all 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 primary and alternate treatment locations for emergencies.
- Work with Hospital Emergency Manager to pre-determine the number and locations of “Isolation/Negative Pressure/HEPA Filter” rooms for biological patients.
- Oversee human resource planning for a surge in the nursing staff capacity and other support staff capacity during emergencies, including communication and notifications - coordinate with Communications Chief.
- Develop a plan for a surge in hospital bed capacity (general and intensive care beds) 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 cath labs, or part of a cafeteria into patient care space.
- Develop a plan, in conjunction with the Pharmacy Section Chief and local public health officials, for administration and distribution of prophylactic medications and/or immunizations for Biological/Radiological agents.
- Develop a plan for housing and feeding the staff.
- Develop a plan to decrease the elective/non-urgent surgeries 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 locations in or nearby the institution for a “Victims Family Support Center” during emergencies.

PLANNING AND MITIGATION STRATEGIES
Select Personnel Continued.....

Hospital Emergency Manager /Disaster Coordinator

Note: This position is different from the Manager of Emergency Department

- Perform Hazard Vulnerability Analysis for the Healthcare Institution.
- 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 the Hospital Emergency Incident Command System
- Integrate the institution's "Emergency Management Plan" with the community agencies/resources.
- Coordinate the institution's Emergency Management Plan with EMS, Health Department, regional poison centers and regional radiation safety centers.
- Coordinate plan for patient tracking.
- 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 Victims Families' Support Center services and location.
- Develop a plan for acquiring, maintaining, inventorying and servicing decontamination equipment.

Public Information Officer

- Prepare Press Releases and "Citizen Public Materials" to explain/educate the public about hospital emergency management.
- 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 communication link for the PIO office.
- Have a plan in place to monitor world, national and local events during an emergency.
- Have a "Rumor Control" protocol in place.
- Act as the identified spokesperson. Prepare and develop liaison relationships with local media personnel.

Radiation Safety Officer

- Develop a "Radiation Safety Plan" for suspected or established Radiological/Nuclear exposure and/or emergencies. Coordinate with Hospital Emergency Manager.
- Arrange for the acquisition of Dosimeters, radiation monitoring equipment, appropriate radio, and personal protective equipment (PPE) for the staff doing assessment, monitoring and/or decontamination.
- Develop a radiological decontamination plan in consultation with the CMO/CNO, and determine where in the institution these patients will be decontaminated and housed.
- In consultation with CMO and Pharmacy, acquire the pharmaceuticals for internal decontamination.
- In consultation with CMO/CNO, develop education/training programs related to Radiological/Nuclear exposure and/or emergencies for the hospital staff.
- Work with EMS and local/regional radiation safety offices to coordinate emergency management of Radiology contaminated patients and disposition of contaminated materials
- Support Employee Health efforts to avoid contamination of employees, and arrange for treatment for exposed employees.

PLANNING AND MITIGATION STRATEGIES

Select Departments

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.

Behavioral Health/Case Management/Pastoral Care

- Provide behavioral health training for all hospital professionals emphasizing disaster stress, normal reactions, 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 victims 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 victims and their family members in emergencies.
- Identify private space for victims and family members to meet with Social Services.
- Develop a plan to assist families in identifying and locating victims, including communicating with the Red Cross and Medical Examiner.
- Support Mortuary Services’ development of protocols for providing appropriate religious rites for the deceased, both contaminated and non-contaminated.

Biomedical Engineering

- Have a plan in place for monitoring, decontamination and certification of equipment such as IV Pumps, Portable Suction Devices, Portable Monitors, Pulse Oximeters, Ventilators, etc.
- 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 Instruments/Supplies”.
- Make arrangements 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 how much Toxicological and Microbiologic Testing will 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 at a 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.

PLANNING AND MITIGATION STRATEGIES

Select Departments Continued....

Communications

- Establish a secure and redundant communication system that ensures connectivity, **internally and externally**, during an emergency.
 - ✓ Internal communications must include Security, Pharmacy, Senior Administration, Central Supply, Emergency Departments, ICU's, OR's and Maintenance.
 - ✓ External communications must include state and local 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.
- Establish a system for Decontamination Team members to communicate amongst each other and with command center while working in their PPE.
- Maintain an updated list of Hazmat/Decontamination Team members and establish a mechanism to contact them on a timely basis and at anytime.
- Establish a mechanism to contact hospital staff, on a timely basis, at anytime. Consider group page capability.
- Have a backup plan (e.g. runners and HAM radio operators) if the communication systems are compromised.

Critical Care Units

- Have protocol in place for surge capacity for critical care beds. Designate alternate sites within the institution for conversion into ICU if the need arises. Identify the equipment/supplies needed to convert an area into an ICU.
- Plan for isolation of critically ill, highly contagious patients.
- Develop protocol for critical care units to accommodate Radiology contaminated patients.
- Train ICU Staff in WMD events.
- Develop a plan to decompress ICU to create space for potentially contaminated critical patients
- Develop a plan to quickly transfer ICU skills to the non-ICU staff that will be required to take care of critical patients.
- Have a plan in place to convert part of the Emergency Department into a temporary ICU.
- Help establish ICU Packs for ICU Carts to be used in a temporary ICU.

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 at a short notice.
- Develop a Memorandum of Understanding for the institution's dialysis patients to be transferred to other dialysis units in the area.
- Develop a plan for dialysis patients to access the hospital 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 WMD patients on 24/7 basis.
- Emergency Department staff should be trained in accomplishing communication, assessment and 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 procure equipment and supplies needed for Chemical and Radiological decontamination of patients, staff and bystanders.
- Develop protocols for WMD event recognition, including identifying features indicative of a potential Bioterrorism event, safety issues, notifications and algorithms for treatment of WMD Patients.
- Provide WMD Training to the staff supporting item 6, above.
- Ensure that equipment and supplies are available for Radiological contamination detection and decontamination.
- Have Negative Pressure/Isolation/HEPA Filter room(s) available for appropriate Biological patients.
- Coordinate with the CNO to plan for Emergency Department Surge Capacity, including identification of an alternate location in the hospital to create room for incoming patients from emergency incidents. This could be either a "Discharge Lounge" (if patients can be rapidly discharged with outpatient follow-up) or a clinic or hallway with pre-assigned medical and nursing staff to manage them.
- Plan for continuity of services to the Emergent Non-MCI patients.
- Work with security to develop a plan to control the ingress/egress and access to the ED.
- (See the Pediatric Services section for more information)

PLANNING AND MITIGATION STRATEGIES Select Departments Continued....

Employee Health / Occupational Health

- Provide pre-event immunizations, where appropriate, for potential biological agent exposure.
- Maintain a log on Employee immunization statuses and contraindications to the smallpox vaccine.
- Assure compliance with OSHA and other regulatory agency requirements for emergency response, in conjunction with the hospital Risk Manager.
- Develop protocol for clearance in using PPE required for participation on a decontamination team.
- Develop protocol to monitor employee well-being during event, including provision of Medical Threat Assessment to the Incident Commander.
- Develop protocol for PPE training, level of PPE needed and monitoring of employee PPE use during an event.
- 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 operation-level trained people on all shifts.
- Develop a plan to increase the surge capacity for personnel (coordinate with Human Resources) and equipment.
- Determine Environmental Service's role in decontamination of 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.
- Address the on-site availability of an incinerator.
- 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 contamination.
- Determine the need for putting HEPA Filter on the HVAC system.
- Determine the number and location of the negative pressure isolation rooms (AII-Airborne Infection Isolation) with HEPA Filters, coordinate with CNO.
- Develop a plan to monitor and centrally control the elevators in an emergency.
- Plan for quick installation 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 water at the decontamination sites within the institution.
- Ensure ability to provide eye wash stations at the Decontamination Site.
- Consider providing radio protective barriers in an emergency.
- Evaluate and maintain all Healthcare facilities buildings for compliance with the NIOSH May 2002 document "Guidance for Protecting Building Environments from Airborne Chemical, Biological or Radiological Attacks".
- Help Establish Chemical/Radiological "Decontamination Area" for the Healthcare facility.
- If a decision is made by the hospital to convert a part of its facility to meet CDC "Type C" facility requirements to isolate and manage smallpox patients, work with Hospital Epidemiologists/Infection Control to accomplish this.
- Plan for continuity of critical functions during power outage.

Food and Nutrition Services

- Plan to obtain additional food and water in a timely manner for a large number of patients, staff and family members.
- Develop food and water supply/re-supply agreements with other hospitals.
- Stockpile potable water.
- Coordinate above three items with Hospital Emergency Manager and local Emergency Management plans.

HIM/Medical Records

- Develop a mechanism 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 mechanism to track outpatient visits for prophylactic antibiotics and vaccinations.
- Ensure the security of medical records and HIPPA Compliance.
- Develop a mechanism for handling and transcribing records accompanying the contaminated patients.
- Ensure proper identification of patients and "marry" them to their records to avoid mixing the records.
- 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 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 “Biological Agent Syndromes”.
- Identify personal protective equipment for biological agents on the CDC “Bioterrorism List” and arrange/provide training and fit testing for the hospital personnel in its use.
- Establish protocols/procedures for isolation and movement of the 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.
- Establish a protocol and HIPPA Compliant format for information exchange with other healthcare facilities and the health department.
- Help educate hospital staff in standard precautions and transmission-based precautions for infection control.
- Oversee the development of protocols for conversion of portions of the hospital to meet CDC “Type C” facility requirements for the isolation and management of smallpox patients, in consultation with Facilities and Engineering.
- Obtain air handler flow mapping from Engineering.

Human Resources

- Assure that call back rosters are current. Develop a master call-in list for staff and assign a person to maintain it.
- Maintain and update a list of operations level, 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 HAZMAT incidents
- Be familiar with laws relating to the compensation for injuries or death related to the smallpox vaccine.

Legal Services

- Help work out EMTALA, HIPPA, OSHA, EPA and other regulatory issues related to patient care during MCI.

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.
- Set protocol for handling potentially contaminated laundry.
- Consider stocking disposable uniforms/linen.

Mail Room

- Have a plan in place to address the need for mail/packages to be screened for Biological/Chemical/Radiologic hazard.
- Set a protocol for handling suspicious packages.
- Develop a plan to restrict deliveries and mail appropriately for the facility.

Material Management/Purchasing

- Determine the amount of supplies to be stored for use in an emergency. Ensure access and availability to this stock on a 24/7 basis.
- Establish a rotation system based on the shelf life of these supplies.
- Develop a system for handling, inventorying, inspecting, certifying and delivering PPE and other materials.
- Communicate with Hospital Emergency Manager in regard to obtaining additional supplies on a 24/7 basis.
- Be aware of Strategic National Stockpile program.
- Store pre-planned “Push Packs” ready for WMD/Emergency incident.
- Develop a plan to monitor incoming supplies for contamination.
- Stock disposable supplies.
- Have a Surge Capacity plan with mutual aid agreements with hospitals and by vendor managed inventories.
- Identify a central receiving point for supplies

Medical Services

- Designated medical and nursing staff that will be responsible for managing the Non-MCI medical patients moved out of the emergency.
- Designate an alternate site for patient care in case the Medical Service floor(s) becomes contaminated.

PLANNING AND MITIGATION STRATEGIES

Select Departments Continued...
Mortuary Service
<ul style="list-style-type: none"> • Determine the hospital's ability to store and safely transport contaminated bodies. • Identify alternate sites or contingency plans for storage of contaminated bodies. • Outline procedures for security of morgue, log ingress/egress and evidence preservation. • Coordinate plans with medical examiner and community funeral homes for Surge Capacity. • Develop protocols, coordinated with Social Services/Pastoral Care, for providing appropriate religious rites for the deceased, both contaminated and non-contaminated.
Patient Accounts and Billing
<ul style="list-style-type: none"> • Determine what 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 including state and federal agencies.
Patient Transport
<ul style="list-style-type: none"> • Assess the ability of the hospital to safely move patients, staff and equipment. • Plan alternate routes to move patients, staff and equipment in case of contamination of an area of the hospital. • Plan for 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
<ul style="list-style-type: none"> • Pre-designate medical and nursing staff that will be responsible for managing the Non-MCI pediatric patients moved out of emergency department to create room for MCI patients. • Have an alternate site designated for patient care in case Pediatric Service floor(s) are contaminated. • Have a pediatric supplies cart available for use in a temporary pediatric floor.
Pharmacy
<ul style="list-style-type: none"> • Maintain an inventory of pharmaceuticals, drugs, antidotes, antibiotics, and vaccines needed for treatment/prophylaxis of patients exposed to various CBRNE agents. Ensure immediate access to such items. • Coordinate distribution plans with CNO and HEM, ensuring 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 Strategic National Stockpile. • Set protocols for the emergency department to communicate pharmaceutical needs to the Pharmacy during a 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
<ul style="list-style-type: none"> • Work with the hospital Emergency Manager to develop and write an Emergency Management Plan in accordance with JCAHO standards.
Radiology / Nuclear Medicine
<ul style="list-style-type: none"> • Plan for an alternate location with X-Ray capability in case the department becomes contaminated. • 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 large number of patients 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. • Develop a plan for Decontamination of radiological equipment including Ultrasound/CT/MRI/Angio lab/Cardiac Cath lab equipment.
Respiratory Therapy
<ul style="list-style-type: none"> • Inventory available ventilators and update 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 non-respiratory department personnel to perform temporary assisted ventilation. • Set a protocol for providing respiratory support for chemically and radiology contaminated and 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.
PLANNING AND MITIGATION STRATEGIES

Select Departments Continued...
<p>Risk Management</p> <ul style="list-style-type: none"> • Review the “Emergency Management Plan” to assure compliance with HIPPA, EMTALA, OSHA, EPA and other local/state/federal regulations affecting hospital emergency management. • Review the institution’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. • Review institutional liability for volunteers including outside MD/RN’s who assist during Disaster/MCI. • Coordinate compliance with the Hospital Emergency Manager, Human Resources, CNO, CMO and Employee Health.
<p>Security</p> <ul style="list-style-type: none"> • Establish protocol and procedures, in coordination with community law enforcement, for total facility access control, crowd control and handling the unrest in and around the healthcare facility. • Plan for controlling access to the facility and its decontamination site. • Plan for augmentation of the security force. • Plan for media 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. • Implement a system for identification of authorized personnel. • Plan for alternate traffic patterns and entrances if needed. • Ensure that all security personnel have awareness training, and provide operations level training as needed. • Establish communications plan for backup arrangements with local law enforcement agencies. • 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. • Plan to erect barriers to protect entrances. • Consider a plan for a sign-in log and 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 protocol for evidence collection and transportation to appropriate law enforcement or public health agency. • Cross train security employees in stretcher handling.
<p>Surgical Services</p> <ul style="list-style-type: none"> • Develop protocols for handling contaminated or forensically important material removed from the 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.
<p>Volunteers</p> <ul style="list-style-type: none"> • 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.

**PERSONNEL TRAINING MATRIX
OVERVIEW**

Hospital Name: _____
 Training Coordinator: _____

The training matrix identifies recommended training for the various groupings of hospital staff under the Incident Command Structure. This chart is intended to be an overview of suggested competency levels.

PERSONNEL	Basic WMD Awareness	Annual for All	Incident Command System	Basic Level				Mid-Level				Advanced Level						
				Chemical	Biological	Radiological	Blast/Burn	Chemical	Biological	Radiological	Blast/Burn	Chemical Non-Clinical	Chemical Clinical	Biological	Radiological	Blast/Burn		
Incident and Command Staff	x	x	x	x	x	x	x											
Logistics	x	x	x	x	x	x	x											
Finance	x	x	x	x	x	x	x											
Planning	x	x	x	x	x	x	x											
Operations	x	x	x	x	x	x	x	x	x	x	x							
HAZMAT Team	x	x	x	x	x			x					x					

**PERSONNEL TRAINING MATRIX
 WORKSHEET FOR INDIVIDUAL HOSPITALS**

Hospital Name: _____
 Training Coordinator: _____

This worksheet provides suggested groupings of personnel according to the Incident Command Structure. It is up to each individual hospital to decide which personnel will be included in each group.

SUGGESTED PERSONNEL GROUPINGS	Basic WMD Awareness	Annual for All	Incident Command System	Basic Level				Mid-Level				Advanced Level							
				Chemical	Biological	Radiological	Blast/Burn	Chemical	Biological	Radiological	Blast/Burn	Chemical Non-Clinical	Chemical Clinical	Biological	Radiological	Blast/Burn			
Incident and Command Staff	x	x	x		x	x	x	x											
Chief Executive Officer																			
Chief Nursing Officer																			
Other Top Management																			
Public Information Officer																			
Administrative Supervisors Security																			
Liaison Officer																			

PERSONNEL TRAINING MATRIX

SUGGESTED PERSONNEL GROUPINGS	Basic WMD Awareness	Annual for All	Incident Command System	Basic Level				Mid-Level				Advanced Level							
				Chemical	Biological	Radiological	Blast/Burn	Chemical	Biological	Radiological	Blast/Burn	Chemical Non-Clinical	Chemical Clinical	Biological	Radiological	Blast/Burn			
Logistics	x	x	x		x	x	x	x											
Biomedical Engineering																			
Environmental Services																			
Food Services																			
Information Systems																			
Mail Room																			
Materials Management																			
Medical Records																			
Operators																			
Plant Ops																			
Security																			
Central Supply																			
Volunteers																			
Finance	x	x	x		x	x	x	x											
Budget Reimbursement																			
Internal Auditing																			
Patient Financial Services																			
Corporate Compliance																			
Risk Management																			

PERSONNEL TRAINING MATRIX

SUGGESTED PERSONNEL GROUPINGS	Basic WMD Awareness	Annual for All	Incident Command System	Basic Level				Mid-Level				Advanced Level							
				Chemical	Biological	Radiological	Blast/Burn	Chemical	Biological	Radiological	Blast/Burn	Chemical Non-Clinical	Chemical Clinical	Biological	Radiological	Blast/Burn			
Planning	x	x	x		x	x	x	x											
Admitting																			
Bed Control																			
Child Care																			
Education																			
Human Resources																			
Patient Information/ Tracking																			
Quality Improvement																			
Operations	x	x	x		x	x	x	x		x	x	x	x						
Nursing Services																			
Surgical Services																			
CCU / ICU / Burn																			
Dialysis																			
Diagnostic Imaging																			
Employee Health																			
*Epidemiology																			
*EMS (hospital based)																			
Helicopter																			
*Infection Control																			
Morgue																			

*It is recommended that these individuals be trained at all levels

(Continued on pg 24)

PERSONNEL TRAINING MATRIX

SUGGESTED PERSONNEL GROUPINGS	Basic WMD Awareness	Annual for All	Incident Command System	Basic Level				Mid-Level				Advanced Level						
				Chemical	Biological	Radiological	Blast/Burn	Chemical	Biological	Radiological	Blast/Burn	Chemical Non-Clinical	Chemical Clinical	Biological	Radiological	Blast/Burn		
Operations Continued....	x	x	x		x	x	x	x		x	x	x	x					
MD / Residents / Faculty / PA / Medical Staff																		
Pediatrics																		
Pharmacy																		
Physical Therapy																		
Radiological / Nuclear Medicine																		
Rehabilitation																		
Technician																		
Operations Nursing Services	x	x	x		x	x	x	x		x	x	x	x					
Medical/Surgical																		
Critical Care																		
Pediatrics																		
Surgical Services																		
Infection Control																		
Case Management																		
Behavioral Health																		

(Continued on page 25)

PERSONNEL TRAINING MATRIX

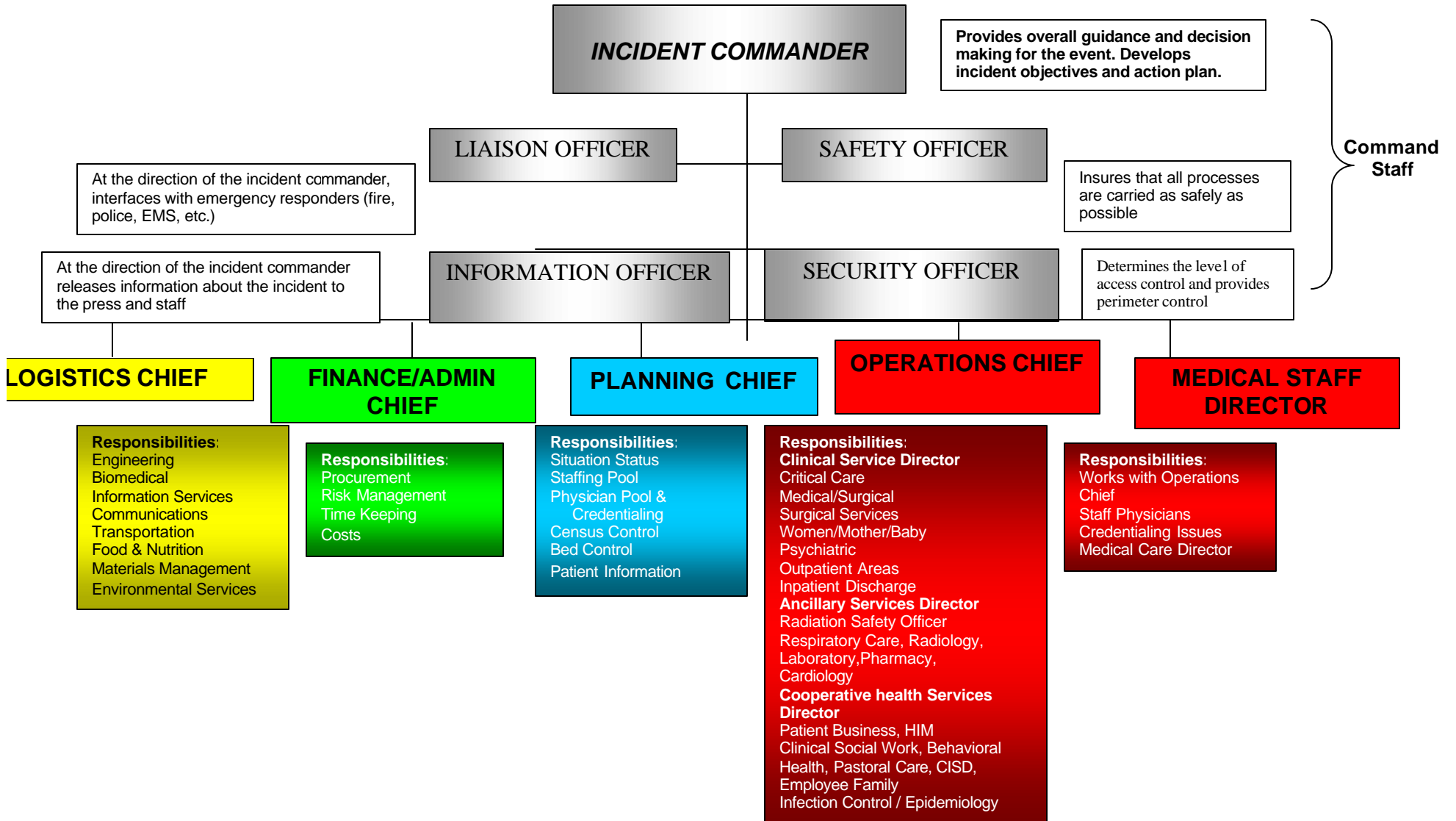
SUGGESTED PERSONNEL GROUPINGS	Basic WMD Awareness	Annual for All	Incident Command System	Basic Level				Mid-Level				Advanced Level						
				Chemical	Biological	Radiological	Blast/Burn	Chemical	Biological	Radiological	Blast/Burn	Chemical Non-Clinical	Chemical Clinical	Biological	Radiological	Blast/Burn		
Operations	x	x	x		x	x	x	x		x	x	x	x					
Nursing Services																		
Continued.....																		
Employee Health																		
Emergency																		
EMS/Paramedic (if hospital based)																		
Operations	x	x	x		x	x	x	x		x	x	x	x					
Ancillary																		
*Epidemiology																		
Lab																		
Radiology / Nuclear Medicine																		
Rehab Services																		
Respiratory Services																		
Pharmacy																		
Ambulance (if hospital based)																		
Morgue																		
Outpatient Center																		

* It is recommended that these individuals be trained at all levels

PERSONNEL TRAINING MATRIX

SUGGESTED PERSONNEL GROUPINGS	Basic WMD Awareness	Annual for All	Incident Command System	Basic Level				Mid-Level				Advanced Level						
				Chemical	Biological	Radiological	Blast/Burn	Chemical	Biological	Radiological	Blast/Burn	Chemical Non-Clinical	Chemical Clinical	Biological	Radiological	Blast/Burn		
Operations	x	x	x		x	x	x	x		x	x	x	x					
Medical Staff																		
Active Medical Staff																		
In-house Physicals																		
Residents / Interns																		
Emergency Physician																		
Hazmat Team	x	x	x		x					x					x			

INCIDENT COMMAND SYSTEM



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