Appendix C

Healthcare Emergency Management Competencies: Competency Framework Final Report [1]

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Introduction

In December 2004, the Veterans Health Administration (VHA) Emergency Management Strategic Healthcare Group awarded the Institute for Crisis Disaster & Risk Management (ICDRM) a contract to participate in establishing innovative training and personal development curricula for the VHA Emergency Management Academy (VHA-EMA). The objective of the project was to develop a nationally peer-reviewed, National Incident Management System (NIMS) compliant, competency-based instructional outline and curriculum content upon which to base education and training courses. The curriculum is intended to educate VHA personnel for response and recovery in healthcare emergencies and disasters, to provide a resource for future VHA training programs, and to be placed in the public domain for use by other healthcare personnel.

The initial phase of the EMA project consisted of developing a competency framework (competency definition, structure and format, and critical elements) followed by development of peer-reviewed emergency response and recovery competencies for VHA-selected healthcare system job groups. The competencies describe knowledge, skills, and abilities essential for adequate job performance during the emergency response and recovery phases of an incident. Peer review was accomplished through a web-based survey of the proposed competencies, which was distributed to a select, nationwide sampling of emergency management personnel who were identified as having extensive experience or advanced expertise in healthcare emergency response. The survey process was designed to obtain a balanced expert opinion as to whether the project team's written competencies were valid, and to assess the appropriate level of proficiency for each primary competency (i.e., awareness, operations, or expert). The competencies developed during this initial phase were then used to guide the development of learning objectives for the instructional curriculum.

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An extensive research effort was conducted to understand the historical use of competencies, and to establish objective criteria for competency development.

Historical development of competencies

Competency modeling originated in business management research, and has evolved extensively over the past 25 years as other disciplines began adopting the practice.[2] The original intent of competency development was to enhance the then common "job analysis" *by relating a position's requisite knowledge, skills and abilities to the overall objectives of the organization* in which the position existed. This approach aligns the objectives (i.e., desired outputs) of individual jobs with the overall objectives of the organization, such that organizational objectives are achieved through effective individual job performance. While this was the original intent of competencies, their definition varied widely as time progressed. Competency definitions range from emphasizing *underlying characteristics* of an employee (e.g., a motive, trait, skill, aspects of one's self-image, social role, or a body of knowledge) that produce effective and/or superior performance [3] to *performance characteristics* (i.e., how an employee conducted their job in relation to the organization's objectives). [4]

The application of competencies across the many organizations that use them has also varied widely. The private sector has commonly employed competencies to define "superior performers"[5] and therefore, as a selection tool for hiring, promotion, and/or salary enhancement. In other organizations, competencies have been used for job-specific performance feedback and improvement. Still others have used competencies to guide future program training and development. Because of this variation in definition and application, it becomes critically important to address these vagaries at the outset of any competency development project. This concept was well-described by one competency research team:

> "The first step in the implementation of any competency-based management framework must be the organizational consensus on how to define 'competency.' This agreed upon definition will drive the methodology used to identify and assess the competencies within the organization." [6]

The GWU-ICDRM project team strongly agreed with this concept, and started the project by defining how the competencies within this initiative would be applied:

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[2] Newsome, Shaun, Victor M Catano, and Arla L. Day. *Leader Competencies: Proposing a Research Framework*. 2003. available at http://www.cleleadership.ca/paper/leader_competencies-proposing_a_research_framework.pdf

[3] Boyatzis, Richard. *The Competent Manager: A Model for Effective Performance* New York: Wiley, 1982.

[4] US Office of Personnel Management. *Executive Core Qualifications (ECQ's)*, accessed at http://www.opm.gov/ses/ecq.asp

[5] Klein AL. *Validity and Reliability for Competency-based Systems: Reducing Litigation Risks.* Compensation Benefits and Review, 28, 31-37, 1996. cited in "Newsome, Shaun, Victor M Catano, and Arla L. Day. Leader Competencies: Proposing a Research Framework. 2003.

[6] Newsome, Shaun, Victor M Catano, and Arla L. Day. *Leader Competencies: Proposing a Research* Framework. 2003. available at http://www.cleleadership.ca/paper/leader_competencies-proposing_a_research_framework.pdf

The project competencies are intended to serve as formative tools to guide healthcare system personnel in developing knowledge, skills and abilities for effective performance during emergency response and recovery. These competencies are also intended to serve as a guide for developing preparedness education and training, and therefore, to serve as a basis for the healthcare emergency management curriculum. Finally, the competencies may be employed as a tool for assessing the performance of individual healthcare personnel performance during emergency response and recovery operations.

Defining a competency framework

Despite an extensive search of published articles related to competencies, the GWU-ICDRM project team determined that no single authoritative source presented a consistent competency definition and competency framework to adequately support the VHA-EMA project needs. A framework was therefore developed, analyzed through pilot competency development, refined and completed before establishing the individual emergency response and recovery competencies for this project. The competency framework was therefore used to impose a strict methodological consistency when developing and defining all competencies developed in this program. Central to this framework is the critical importance of competencies being objective and measurable, internally and externally consistent, and tightly described within the context of the organization's specific objectives.

Within this framework, the project team defined a "competency" as *a specific knowledge element, skill, and/or ability that is objective and measurable (i.e., demonstrable) on the job. It is required for effective performance within the context of a job's responsibilities, and leads to achieving the objectives of the organization. Competencies are ideally qualified by an accompanying proficiency level.* [7]

The GWU-ICDRM project team recognized the need to adapt the methods for competency development, since the usual business approach to establishing competencies is problematic for emergency management. Business management models establish competencies by observing performance and relating it to individual and organizational outputs. Because emergencies are rare events, and therefore emergency response and recovery outputs occur very infrequently, the related competency framework and definitions for this project are based less upon observed outputs. Instead, the basis is a healthcare system's emergency response and recovery objectives, together with the NIMS-consistent incident command system[8] structure and processes mandated for use by all emergency response organizations in the U.S.[9,10]

[7] GWU Institute for Crisis, Disaster and Risk Management. Emergency Management Glossary of Terms (October 2007) available at www.gwu.edu/~icdrm/

[8] Fedral Emergency Management Agency. *National Incident Management System (NIMS)* (March 1, 2004), available at: http://www.fema.gov/emergency/nims/index.shtm.

[9] Bush GW. *Homeland Security Presidential Directive (HSPD) -5: Management of Domestic Incidents* (February 28, 2003) accessed at http://www.whitehouse.gov/news/releases/2003/02/20030228-9.html

Response competencies in systems using the Incident Command System (ICS), therefore, should be based upon the general incident objectives an organization has during incident response, and upon the organizational structures, processes, and relationships with other organizations that are *used during response* rather than those used during everyday experience. Emergency competencies are commonly developed without this relationship to a defined response system,[11] making it difficult to define how scientific or medical knowledge is to be implemented in an emergency response. In contrast, the GWU-ICDRM project team specifically incorporated the NIMS mandate to use ICS by including reference to the NIMS/Incident Command System structure and processes throughout the project's emergency response and recovery project competencies.

Because of the anticipated large number of competencies, the project team also established a "primary versus supporting competency" hierarchy to categorize the individual competencies as they were developed. Designating "primary" and "supporting" competencies helps to maintain a priority in the framework when listing a large number of individual competencies. Supporting competencies are also a means to more fully define and clarify the primary competencies.

Preparedness versus response and recovery competencies

Published articles describing emergency management competencies commonly do not differentiate between preparedness and response competencies, and list them in an intermixed fashion. [12,13] The GWU-ICDRM project team sought to maintain a separation between these categories.

Preparedness competencies are commonly based upon everyday organizational objectives, structure, processes, and relationships to other organizations. Preparedness is unquestionably important, but for it to be accurate, comprehensive and successful in establishing an effective emergency response capability, a thorough understanding of the response system must be established first, and preparedness guided by this. It was therefore reasoned by the project team that specific competencies for emergency response should be established and validated first, and then used as the "end state" to guide the development of valid preparedness competencies.

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[10] Barbera JA, Macintyre AG, et al. Emergency Management Principles and Practices for Healthcare Systems, Unit 3, Lesson 3.1.1, accessed at http://www1.va.gov/emshg/page.cfm?pg=122

[11] ATPM (Association of Teachers of Preventive Medicine) in collaboration with Center for Health policy, Columbia University School of Nursing. *Emergency Response Clinician Competencies in Initial Assessment and Management, 2003*, accessed at http://www.atpm.org/education/Clinical_Compt.html

[12] INCMCE (International Nursing Coalition for Mass Casualty Education). *Educational Competencies for Registered Nurses Responding to Mass Casualty Incidents*, 2003. Available at: http://www.nursing.hs.columbia.edu/institutes-centers/chphsr/hospcomps.pdf

[13] ACEP (American College of Emergency Physicians) and the U.S Department of Health & Human Services, Office of Emergency Preparedness. *Developing Objectives, Content, and Competencies for the Training of Emergency Medical Technicians, Emergency Physicians, and Emergency Nurses to Care for Casualties Resulting From Nuclear, Biological, or Chemical (NBC) Incidents*, Final Report April 23, 2001. American College of Emergency Physicians, Irving, Texas.

Because of these considerations, the initial project focus was response and recovery competencies. Emergency management *program* competencies related to mitigation and preparedness were developed later for the two job groups that are the initial focus of the certification project.

Establishing appropriate levels of proficiency

Concurring with other authors that "competency" is not an all-or-none phenomenon, the GWU-ICDRM project team established "proficiency levels" to address this issue in a graduated fashion. Proficiency levels delineate the "The degree of understanding of the subject matter and its practical application through training and performance…" [14] In emergency management, proficiency indicates the level of mastery of knowledge, skills and abilities (i.e., competencies) that are demonstrable on the job and lead to the organization achieving its objectives. Levels of proficiency may therefore also be used to describe the level of mastery that is the objective of and specific training or education program. The final proficiency levels defined for this project are presented in Table 1.

Table 1. Definition of the Levels of Proficiency

Awareness	Represents an understanding of the knowledge/skills/abilities encompassed by the competency, but not to a level of capability to adequately perform the competency actions within the organization's system.
Operations	Represents the knowledge/skills/abilities to safely and effectively perform the assigned tasks and activities, including equipment use as necessary
Expert	Represents operations-level proficiency plus the additional knowledge/skills/abilities to apply expert judgment to solve problems and make complex decisions.

As core and job group competencies were developed, the project team qualified each primary competency with an indicated level of proficiency (awareness, operations, expert).

[14] EMA. *Urban Search & Rescue Incident Support Team Training: Student Manual*. Module 1, Unit 4, Page 6: Planning Process Overview. *n/a*:40. 4/16/2004, accessed at: http://www.fema.gov/emergency/usr/usrist2.shtm

Developing emergency response and recovery competencies

Using the competency framework established in this project, response and recovery "core" competencies were developed for all personnel within a healthcare system that may have a role in the emergency response, regardless of their specific emergency response and recovery function. Additional competencies were then established for three functionally based job groups within a healthcare. The original designation for these job groups were (1) healthcare facility leaders, (2) patient care providers, and (3) emergency management program managers. The titles and definitions evolved with outside input as the project tasks were accomplished (see Table 2 for final titles and descriptions).
Initial competency identification and development was accomplished through an analysis of ICS as presented in NIMS, an extensive literature review, and an evaluation of the VHA system and processes for emergency response. [15] Additionally, the GWU-ICDRM project team relied upon their extensive emergency management and disaster response experience, and upon related previous research efforts. [16,17,18]

The emergency response and recovery competencies for the initially designated three job groups were then fully developed, studied through a web-based survey, revised based upon input and completed. [19]

Identification of additional job groups and their associated competencies

Early in the competency development process, it became apparent that there were additional important healthcare emergency management job groups beyond the three that were initially described. These groups have distinct response and recovery responsibilities (and therefore associated competencies) for the healthcare organization's resiliency and medical surge. After extensive research during the latest phase of the project, the additional groups were identified as: Facilities and Engineering Services (FES), Police and Security Services (PSS), and Clinical Support Services (CSS). Their descriptions are presented in Table 2. Using the previously defined methodology (including web-based peer review), the follow-on project allowed for the development of emergency response and recovery competencies for these remaining job groups.

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[15] Veterans Health Administration. *VHA Emergency Management Program Guidebook*, 2005, accessed at: http://www1.va.gov/emshg/page.cfm?pg=114

[16] Barbera, Joseph A and Anthony G. Macintyre. *Medical and Health Incident Management System: A Comprehensive Functional Description for Mass Casualty Medical and Health Incident Management*. Institute for Crisis, Disaster & Risk Management. The George Washington University, Washington DC, October 2002, accessed at www.gwu.edu/~icdrm/

[17] Barbera, Joseph A and Anthony G. Macintyre. *Mass Casualty Handbook: Hospital Emergency Preparedness and Response, First Edition*. Jane's Information Group, 2003.

[18] CNA Corporation. *Medical Surge Capacity & Capability: The Management System for Integrating Medical and Health Resources During large-Scale Emergencies.* August 2004, accessed at: http://www.hhs.gov/ophep/mscc_handbook.html

[19] Barbera JA, Macintyre AG, et al. *VHA-EMA Emergency Response and Recovery Competencies: Competency Survey, Analysis, and Report (June 16, 2005)*, available at www.gwu.edu/~icdrm/

Development of preparedness and mitigation (program) competencies for Emergency Management Program Managers and Healthcare System Leaders

The methodology utilized in this project focused first on the development and validation of response and recovery competencies as an "end state" for healthcare system personnel in their emergency management activities. The second phase of the project allowed for the development of program competencies for Emergency Program Managers and Healthcare System Leaders, which focused upon preparedness and mitigation activities necessary to reach this "end state." These two job groups maintain primary responsibility for the emergency management *program* within a healthcare system, and thus have extensive primary competencies that relate to program development and maintenance required for successful response to emergencies and disasters.

The program competencies were developed using the earlier methods, with identical criteria that the competencies be objective and measurable, maintain internal and external consistency, and be described within the context of an organization's specific emergency management program objectives. Program competencies may more closely align with business management models during day-to-to day operations. Hence, organizational and individual outputs for these groups can be expected to be more frequent. This concept was included in the development of the program competencies.

While no formal survey was conducted following the development of these program competencies, peer review was accomplished by providing draft competencies to experts for comment. Only minor changes resulted.

The final job group titles and their descriptions are listed below. The competencies follow.

Table 2. Healthcare System Job Group Definitions

All Personnel (AP)	All personnel are defined as any healthcare system administrator, employee, professional staff, licensed independent practitioners or others with a specified role in the healthcare systems emergency operations plan (EOP).
Patient Care Providers (PCP)	Physicians, physician assistants, registered nurses, licensed practical nurses, nurses working within expanded roles (CRNA, RNP, and others), emergency medical technicians, paramedics, and respiratory therapists and others who provide direct clinical patient care. Not included are clinical support staff that provide patient care services under the direct supervision of patient care providers: e.g., nurse's aides, procedure technicians, orderlies, and others.

Healthcare System Leaders (HSL)	Hospital and/or healthcare system-wide senior executives (CEO, COO, CFO), hospital-wide managers, department heads, nursing executives, chief of the medical staff, and/or senior managers in large departments or key operating units. It is assumed that members of this job group, due to their everyday organizational positions, would be assigned to serve in the command and general staff positions of an ICS structure during a healthcare system's emergency response.
Emergency Management Program Managers (EPM)	Personnel primarily responsible for developing, implementing and maintaining healthcare facility and system-wide emergency management (EM) programs that include the Emergency Operations Plan (EOP). System level emergency program managers, above the level of individual facilities, (such as VHA Area Emergency Managers or program managers at the level of the VA Emergency Management Strategic Healthcare Group) are also included in this job group. It is assumed that the individuals in this job group will be assigned to a command & general staff ICS position (usually planning section chief) during response, and so are expected to possess the response and recovery competencies listed under Healthcare System Leaders as well. In some healthcare systems, an EM Program Manager may oversee a more limited position (e.g. program coordinator) with a narrower range of competencies.
Clinical Support Services (CSS)	Personnel that perform tasks related to the medical care of patients without direct patient interface (e.g. pharmacists, lab technicians, etc.) or provide patient services that aren't primarily medical care (social services, physical and occupational therapy, pastoral care, patient educators, and others) or provide patient care services under the direct supervision of patient care providers (such as nurse's aides, procedure technicians, orderlies, transporters).
Police & Security Services (PSS)	Personnel whose day to day job in the healthcare system involves security and the full range of law enforcement activities. Day-to-day duties may or may not put these individuals into direct contact with patients.

Facilities and Engineering Services (FES)	Personnel whose day to day job involves maintaining the physical plant and its various systems. Included in this group are facilities and physical plant personnel, engineers, grounds personnel, biomedical engineers, food services, communications and IT personnel. It also usually includes administrative safety positions below the level of the healthcare system leaders. Day to day duties rarely put these personnel in direct patient contact.

Emergency Response and Recovery Competencies

All Personnel (AP)

All personnel are defined as any healthcare system administrator, employee, professional staff, licensed independent practitioners or others with a specified role in the healthcare systems emergency operations plan (EOP).

- **AP-R1: Utilize general Incident Command System (ICS) principles during incident response and recovery.**

Recommended proficiency for Primary Competency: operations level

Knowledge
- AP-R1.1: Describe ICS as an emergency response and recovery operating system and its application to healthcare system incident response and recovery, management structure, concept of operations, and planning cycle.
- AP-R1.2: Describe your potential role(s) and responsibilities within the healthcare system response and recovery in terms of ICS principles.
- AP-R1.3: Describe the ICS-delineated expectations of individual responders in relation to the healthcare system response and recovery to include: attendance at briefings, reporting requirements, and use of role-related documents such as Operational Checklists (Job Action Sheets).

Skills
- AP-R1.4: Demonstrate an operations level of proficiency in ICS principles by utilizing appropriate forms, attending indicated meetings, and adhering to appropriate reporting requirements.

- **AP-R2: Recognize situations that suggest indications for full or partial activation of the healthcare system's Emergency Operations Plan (EOP), and report them appropriately and promptly.**

Recommended proficiency for Primary Competency: operations level

Knowledge
- AP-R2.1: Describe the general characteristics of emergency situations that may indicate the need for full or partial EOP activation.
- AP-R2.2: Describe the reporting requirements and methodology for situations that may require full or partial EOP activation.

Skills
- AP-R2.3: Identify situations within your areas of regular duty that should be reported for consideration for full or partial activation of the healthcare system's EOP.

- AP-R2.4: Report situations within your areas of regular duty by following EOP notification procedures and contacting the appropriate person as indicated by your specific role and by the situation at hand (e.g., page operator, supervisor, etc.).

- **AP-R3: Participate in healthcare system mobilization to rapidly transition from day-to-day operations to incident response organization and processes**

Recommended proficiency for Primary Competency: operations level

Knowledge
- AP-R3.1: Describe the procedures necessary to receive notification of EOP activation and to prepare your work area, as indicated, for EOP response and recovery.
- AP-R3.2: Describe the initial reporting requirements for your expected role or position.
- AP-R3.3: Describe the location and format of the system EOP.

Skills
- AP-R3.4: Follow your functional areas mobilization plan as outlined in the EOP to prepare your work area for EOP response and recovery.
- AP-R3.5: Confirm notification receipt and report to the appropriate EOP position your initial situation, resource status, and any special problems encountered for your specific role or functional area.
- AP-R3.6: Locate the facility EOP and access portions applicable to your role and responsibilities.

- **AP-R4: Apply the healthcare system's core mission statement to your actions during emergency response and recovery.**

Recommended proficiency for Primary Competency: operations level

Knowledge
- AP-R4.1: Describe how your emergency operations role and responsibilities support the healthcare system mission during emergency response and recovery.

Skills
- AP-R4.2: Demonstrate your understanding of the healthcare system's mission during emergency response and recovery by ensuring your actions continually contribute to 1) continuity of patient care operations, 2) the safety of patients, families, and staff, 3) the conservation of property, and 4) the healthcare system support to the community to ensure the nation's safety.

- **AP-R5: Apply the healthcare system code of ethics to your actions during emergency operations.**

Recommended proficiency for Primary Competency: operations level

Knowledge

- AP-R5.1: Describe how the healthcare system's and other codes of ethics (such as Federal codes of ethics for Federal facilities), as applicable, apply to your role and responsibilities during emergency response and recovery.

Skills

- AP-R5.2: Demonstrate your understanding of the healthcare system's and Federal codes (as applicable) of ethics by applying them to your individual response actions during emergency response and recovery.

- **AP-R6: Execute your personal/family preparedness plans to maximize your availability to participate in the healthcare system's emergency response and recovery.**

Recommended proficiency for Primary Competency: expert level

Knowledge

- AP-R6.1: Describe the importance of both a personal and a family preparedness plan to allow you to perform your healthcare system emergency response and recovery role.
- AP-R6.2: Describe your responsibility as an employee to maintain a personal and family preparedness plan.
- AP-R6.3: Describe your responsibility as a supervisor (if applicable) to promote employee maintenance of a personal and family preparedness plan.
- AP-R6-4: Identify the personal/family specific requirements and details that must be addressed in your personal/family preparedness plan that allow you to perform your healthcare system response role in a potentially changed work schedule and environment.

Skills

- AP-R6.5: Demonstrate your availability to work in your assigned role during healthcare system response and recovery by executing your personal/family preparedness plan.
- AP-R6.6: Demonstrate an expert level of proficiency in personal and family preparedness planning by executing your personal/family preparedness plan and meeting your personal and family needs across any circumstances.

- **AP-R7: Respond with your previously prepared and maintained personal "go-kit" to maximize your ability to perform your assigned role during healthcare system response and recovery.**

Recommended proficiency for Primary Competency: expert level

Knowledge

- AP-R7.1: Describe the importance of your personal "go kit" for self-protection and to allow you to perform your healthcare system response and recovery role and responsibilities (A "go kit" contains personal supplies that an employee would need to work their emergency response and recovery role beyond a usual work shift, potentially not returning home for 72 hours).
- AP-R7.2: Describe your responsibility as an employee to maintain a personal "go-kit."
- AP-R7.3: Describe your responsibility (if applicable) as a supervisor to promote employee maintenance of a personal "go kit."
- AP-R7.4: Describe how the EOP components and related policies and procedures, (evacuation, shelter in place, lock down, etc.) of the healthcare system Emergency Operations Plans impact your decisions on what should be included in your personal "go kit."
- AP-R7.5: Identify your personal situation (physical ability/constraints, medical needs, personal/family preparedness plan, etc.) and how it impacts on your decisions on what should be included in your personal "go kit."

Skills

- APC-7.6: Demonstrate your availability to work in your assigned role and operational periods during response and recovery through the use of your personal "go kit."

- **AP-R8: Follow the general response procedures for all personnel in the Occupant Emergency Procedures (OEP) and assist others (healthcare system personnel, patients, and visitors) as necessary to accomplish the OEP directives. [Footnote: More specific response procedures are addressed under respective job groups.]**

Recommended proficiency for Primary Competency: operations level

Knowledge

- AP-R8.1: Describe the component parts of the OEP and your responsibilities and actions under each.
- AP-R8.2: Describe circumstances that could lead to OEP activation and your responsibilities during OEP activation.
- AP-R8.3: Describe the reporting procedures for your job position that would activate the OEP.

Skills

- AP-R8.4: Execute your roles and responsibilities for the facility OEP by conducting the OEP directives for your job position in evacuation, shelter in place, or other actions during emergency operations.

- **AP-R9: Perform your specific roles and responsibilities as assigned in the healthcare system's Emergency Operations Plan (EOP) and the appropriate Incident Action Plan (IAP) in order to support the system's objectives.**

Recommended proficiency for Primary Competency: operations level

Knowledge

- AP-R9.1: Describe the ICS framework as applied specifically to the healthcare system emergency response and recovery.
- AP-R9.2: Describe your role and responsibility as assigned in the healthcare system's EOP.
- AP-R9.3: Describe how potential changes in event parameters may necessitate changes in the facility IAP objectives and strategies, and hence changes in your job area's tactics and assignments (Management by objectives).
- AE-R9.4: Describe the urgent issues that could potentially require a change in your job or job area's response strategies and tactics.
- AP-R9.5: Describe your personal accountability requirements during emergency response and recovery.
- AP-R9.6: Describe the equipment and technologies for your specific role and responsibilities within the healthcare facility EOP.
- AP-R9.7: Describe the facility policy applicable to your role for engaging the media.

Skills

- AP-R9.8: Demonstrate appropriate EOP-designated reactive actions in response to potential/actual events that have activated the EOP.
- AP-R9.9: Demonstrate your specific role and responsibilities as assigned in the healthcare facility's EOP by following your operational checklist (job action sheet), completing assignments, filling out appropriate forms, and fulfilling reporting requirements.
- AP-R9.10: Ensure organizational objectives are met by formulating and/or implementing specific tactics consistent with the objectives and strategies delineated in the controlling IAP for the current operational period.
- AP-R9.11: Report data to supervisors, as indicated, to contribute to measuring effectiveness of your EOP functional area and its contributions to achieving the organization's designated incident objectives.
- AP-R9.12: Operate all equipment and technologies for your specific role and responsibilities within the healthcare system's EOP.

- **AP-R10: Follow the Communication Plan and reporting requirements as outlined in the healthcare system's EOP and the specific Incident Action Plan for an emergency event.**

Recommended proficiency for Primary Competency: operations level

Knowledge

- AP-R10.1: Describe the policy and methods for communication and reporting during emergency response and recovery.

- AP-R10.2: Describe the process for rapidly communicating urgent issues that could require a change in response strategies or tactics for your job area, and the appropriate party to receive your communication.
- AP-R10.3: Describe the process for reporting significant hazard or response impacts that you or your job area encounter to the appropriate party as indicated by the EOP.
- AP-R10.4: Describe the general content of the communication plan component of the Incident Action Plan as it relates to your emergency response and recovery role.
- AP-R10.5: Describe the procedures applicable to your role for interaction with the media.

Skills

- AP-R10.6: Demonstrate the reporting requirements within your functional area as delineated in the healthcare system EOP.
- AP-R10.7: Maintain communications with appropriate parties for your role/functional area despite changing requirements and event parameters.
- AP-R10.8: Demonstrate an understanding of media interactions by referring requests to appropriate personnel (as applicable), and when interacting with the media, follow designated interview procedures and protocols.

- **AP-R11: Follow and enforce healthcare system's safety rules, regulations, and policies during emergency response and recovery.**

Recommended proficiency for Primary Competency: operations level

Knowledge

- AP-R11.1: Describe the healthcare system's safety rules, regulations, and policies during emergency response and recovery that maintain personal safety and a safe work environment.
- AP-R11.2: Describe how to apply the Safety Plan component of the facility Incident Action Plan.
- AP-R11.3: Describe the safety specific actions and procedures to be followed when unsafe situations/events are encountered.
- AP-R11.4: Describe incident parameters that may serve as stressors for response personnel, how stress may be manifested, and appropriate interventions for your specific role.

Skills

- AP-R11.5: Demonstrate your adherence to and enforcement of healthcare system safety rules, regulations, and policies during emergency response and recovery by wearing appropriate PPE, following pre-defined safety procedures, identifying and addressing unsafe practices, and following the IAP Safety Plan as briefed by your immediate supervisor.
- AP-R11.6: Recognize and address incident stress for yourself and others in your functional area by identifying manifestations of stress and, in a fashion appropriate to your specific role, decreasing the stressors, limiting

the negative impact of the stressors, or ensuring appropriate assistance in recovering from negative stressors.

- **AP-R12: Follow and enforce police and security measures consistent with the nature of the incident that has prompted the EOP activation.**

Recommended proficiency for Primary Competency: operations level

Knowledge
- AP-R12.1: Describe healthcare system security rules, regulations, and policies that apply to your assigned role and responsibilities in the EOP.
- AP-R12.2: Describe the security specific actions and procedures to be followed when a suspicious event or security breach is detected.

Skills
- AP-R12.3: Demonstrate your adherence to and enforcement of security measures during emergency response and recovery by following security briefings, instruction from individual security personnel, and badge procedures.

- **AP-R13: Utilize or request (as appropriate) and integrate equipment, supplies, and personnel for your specific role or functional area during emergency response and recovery.**

Recommended proficiency for Primary Competency: operations level

Knowledge
- AP-R13.1: Describe procedures for requesting equipment, supplies, and personnel for your functional area and the integration of these resources during emergency response and recovery.

Skills
- AP-R13.2: Demonstrate your ability to request and integrate additional resources by following EOP procedures outlined for these activities.
- AP-R13.3: Demonstrate the ability to assess the adequacy of equipment, supplies and personnel to carry out your job assignments during each operational period.

- **AP-R14: Follow demobilization procedures that facilitate rapid and efficient incident disengagement and out-processing of individual resources and/or the overall healthcare organization.**

Recommended proficiency for Primary Competency: operations level

Knowledge
- AP-R14.1: Describe demobilization policies and procedures for your work area, including procedures to “catch up” on regular staffing and other activities that were suspended or revised during emergency operations.

- AP-R14.2: Describe the policy and procedures for out-processing of personnel during demobilization.
- AP-R14.3: Describe the policy and procedures for conducting an initial Incident Review (commonly known as a "hot wash") for your work area.
- AP-R14.4: Describe the policy and procedures for documenting and reporting incident-related issues for inclusion in After Action Report process, analysis, and corrective measures.

Skills

- AP-R14.5: Demonstrate demobilization procedures for the incident by following the demobilization plan specific to your functional area.
- AP-R14.6: Prioritize, initiate or participate in delayed activities (relevant to your position) that were suspended or revised during emergency response.
- AP-R14.7: Participate in out-processing, to include a performance evaluation and any indicated physical exam.
- AP-R14.8: Provide input into the Incident Review as appropriate for your position during emergency response.

- **AP-R15: Follow recovery procedures that ensure facility return to baseline activity.**

Recommended proficiency for Primary Competency: operations level

Knowledge

- AP-R15.1: Describe policies and procedures for rehabilitation of personnel.
- AP-R15.2: Describe policies and procedures for rehabilitation of equipment (including recertification for use), reordering of supplies specific to your functional area, and rehabilitating your workspace.
- AP-R15.3: Describe policies and procedures specific to your role and responsibilities for rehabilitation of the facility.
- AP-R15.4: Describe the policies and procedures for a formal After-Action Report.

Skills

- AP-R15.5: Demonstrate an understanding of the importance of personnel rehabilitation activities by participating in personnel rehabilitation as instructed.
    - AP-R15.6: Demonstrate an understanding of facility and equipment rehabilitation by participating in these procedures to ensure your functional area readiness for day-to-day activities and future EOP activations.
- AP-R15.7: Demonstrate an understanding of After Action-Reports by submitting items in the required format.

Emergency Management Program Manager (EPM)

Personnel primarily responsible for developing, implementing and maintaining healthcare facility and system-wide emergency management (EM) programs that include the Emergency Operations Plan (EOP). System level emergency program managers, above the level of individual facilities, (such as VHA Area Emergency Managers or program managers at the level of the VA Emergency Management Strategic Healthcare Group) are also included in this job group. ***It is assumed that the individuals in this job group will be assigned to a command & general staff ICS position (usually planning section chief) during response, and so are expected to possess the response and recovery competencies listed under Healthcare System Leaders as well***.[20]

- **EPM-R1: Recognize circumstances and/or actions, across the program manager's jurisdiction if appropriate, that indicate a potential incident and report the situation to facility leadership and appropriate authorities.**

Recommended proficiency for Primary Competency: expert level

Knowledge
- EPM-R1.1: Describe the conditions across representative hazard types that indicate a potential incident requiring healthcare system response and recovery capabilities.
- EPM-R1.2: List the healthcare system leadership positions that should be notified in the event of a potential incident and describe the formal notification process.
- EPM-R1.3: List the outside authorities and resources that can be queried to rapidly obtain information about an evolving event, and describe the communication methods for this purpose.

Skills
- EPM-R1.4: Identify and obtain information from all non-healthcare system sources that could indicate the occurrence of an incident and need for healthcare system response.
- EPM-R1.5: Report the circumstances of the potential incident to the relevant facility leader(s) and notify outside authorities as appropriate.

- **EPM-R2: Provide assistance and guidance to healthcare system Incident Managers, and other authorities as requested, on the decision to fully or partially activate Emergency Operations Plans (EOP).**

Recommended proficiency for Primary Competency: expert level

Knowledge

[20] In some healthcare systems, an EM Program Manager may oversee a more limited position (e.g. program coordinator) with a narrower range of competencies.

- EPM-R2.1: Describe the criteria that indicate the need for a partial or full healthcare system EOP activation.
- EPM-R2.2: Describe the impact of EOP activation (full or partial) upon day-to-day facility operations.
- EPM-R2.3: Describe the process for healthcare system EOP activation.

Skills

- EPM-R2.4: Assist facility leaders with the decision to activate emergency medical response plans and procedures by communicating relevant information about the nature and consequences of an incident and by explaining the benefits of activating the EOP.
- EPM-R2.5: Provide Incident Managers with a list of all facility personnel positions with the authority to activate the EOP, as requested, and outline the methods for activation.

- **EPM-R3: Assist in the rapid mobilization of activated healthcare systems to transition from day-to-day activities to response and recovery operations.**

Recommended proficiency for Primary Competency: operations level

Knowledge

- EPM-R3.1: Describe processes and procedures used to mobilize the healthcare system and/or its individual facilities for emergency response and recovery.
- EPM-R3.2: List all the external agencies relevant to your position that should be notified of the healthcare system's EOP activation and determine their level of response.
- EPM-R3.3: List all the internal healthcare system resources and facilities (ICP/EOC and others) that must be mobilized as the EOP is activated.

Skills

- EPM-R3.4: As requested by facility or healthcare system leadership, assist in facility mobilization by ensuring appropriate external liaisons are established and ensuring the facility management structure for response is clearly communicated externally.
- EPM-R3.5: Provide the Healthcare System Incident Manager with briefings on the mobilization status of healthcare system facilities and/or internal resources (such as the EOC or the Decontamination Area) as indicated by the type and scope of the incident activation.

- **EPM-R4: Ensure full and proper execution of the appropriate emergency operations plan (EOP) for your healthcare system or designated healthcare system facilities during emergency response and recovery.**

Recommended proficiency for Primary Competency: expert level

Knowledge

- EPM-R4.1: Describe the facility-specific as well as the larger, overarching healthcare system incident management organizational structure and response roles of all functional areas and key positions and how the incident management team (IMT) functions in parallel with continued enterprise management and operations..
- EPM-R4.2: Describe the healthcare enterprise's organizational requirements as well as the relevant laws, regulations, policies and precedents that affect emergency operations and principles of emergency management.

Skills

- EPM-R4.3: Provide the healthcare system Incident Command Post with an initial projection of the supplies and resources needed for response and recovery as requested and as appropriate.
- EPM-R4.4: At the outset of the incident, provide a briefing to the healthcare system incident manager on the response actions undertaken by external incident response agencies, or assure this is accomplished by the healthcare system senior liaison.
- EPM-R4.5: Verify that the healthcare system's personnel have adopted incident management roles and responsibilities according to the response structure and functional roles delineated in the relevant EOPs.
- EPM-R4.6: Verify compliance of EOP response actions with applicable rules and regulations, and advise the facility Incident Commander as indicated.
- EPM-R4.7: Provide assistance by monitoring the emergency response system assessing the adequacy and effectiveness of the incident management system in place at activated facilities within the healthcare system, as appropriate for the Program Manager's jurisdiction.
- EPM-R4.8: Address any apparent deficiencies noted in the incident management system during response and recovery by notifying the Incident Commander of the facility within the healthcare system and recommending solutions.

- **EPM-R5: Demonstrate the ability to function as a healthcare system's Plans Chief within the ICS structure as indicated by the Emergency Operations Plan (EOP).**

Recommended proficiency for Primary Competency: expert level

Knowledge

- EPM-R5.1: Describe the healthcare system response roles and responsibilities ascribed to the chief of the Planning Section in the EOP.
- EPM-R5.2: Describe the facility Incident Planning Cycle and the key components for which the Plans Chief is responsible.
- EPM-R5.3: Describe the methods for functional area reporting and for the collation, processing, and dissemination of this information.

- EPM-R5.4: Describe methods for monitoring response and recovery actions in order to assist the Incident Commander in determining progress towards achieving the incident objectives.

Skills

- EPM-R5.5: Establish an effective Incident Planning Cycle by defining operational periods (approved by the system Incident Commander), coordinating the Planning Cycle timing with non-healthcare system response agencies, and disseminating the schedule for essential planning activities (management and planning meetings, operational briefings, and others).
- EPM-R5.6: Ensure adequate functional area reporting by establishing the time schedule for reporting and verifying reports are received, to include situation, resource status, specific tactics utilized, progress accomplished, and unusual problems encountered; include patient tracking as necessary.
- EPM-R5.7: Include information originating internal and external to the system in the planning process by monitoring internal and external sources for information, including the level of response by external organizations, and considering the information in the planning process.
- EPM-R5.8: Ensure awareness of event parameters within the healthcare system by providing continual updates to the leader of functional areas and external agencies as appropriate.
- EPM-R5.9: Provide rapid contingency response by monitoring for sudden changes in event parameters that necessitate revision of response strategies and tactics, and disseminate appropriate notification to relevant internal and external parties.
- EPM-R5.10: Manage orderly and concise planning activities (management and planning meetings, operational briefings) by limiting distractions, providing agendas, and ensuring documentation of all relevant information discussed in the meetings.

- **EPM-R6: Perform or assist with the senior healthcare system liaison function and ensure that relevant response and recovery information is exchanged with senior healthcare system management levels beyond the immediate agency executive, if indicated.**

Recommended proficiency for Primary Competency: operations level

Knowledge

- EPM-R6.1: Describe the purpose and structure of the enterprise's overarching healthcare system administrative hierarchy (such as the Veterans Integrated Service Network and Headquarters for the VHA) and its potential role during facility emergency response and recovery.
- EPM-R6.2: Describe essential components of facility planning that should be disseminated to senior healthcare system management levels.
- EPM-R6.3: Describe any assigned healthcare enterprise responsibilities to the community, State, or Federal governments or other entities established

through contracts, statutes or other authorities (for example, the VHA-DoD Contingency Plan) where the healthcare organization should establish a formal liaison function.

Skills

- EPM-R6.4: If part of a larger healthcare system (such as a VA Medical Center within a Veterans Integrated Service Network (VISN)), fulfill the region-wide emergency operations (response) plan and liaison function if it is activated.
- EPM-R6.5: Ensure that senior healthcare system officials are receiving accurate information from the facility (usually through the facility's agency executive) by providing the current facility IAP and/or situation reports in formats that are understandable to them.
- EPM-R6.6: Ensure that the facility Agency Executive and Incident Manager receive appropriate communications from senior healthcare system officials above the level of the incident management structure.
- EPM-R6.7: Assure that established responsibilities to the community, State, or Federal governments or other entities addressed and required actions communicated to appropriate Agency Executives and Incident Management Teams.

- **EPM-R7: If Program Manager of a larger healthcare system (such as a VA Medical Center within a Veterans Integrated Service Network (VISN)) with activated IMTs within individual healthcare facilities within your network, establish senior liaison with appropriate external healthcare organizations within the healthcare system in your area, conduct information exchange, and coordinate incident response strategies and tactics.**

Recommended proficiency for Primary Competency: operations level

Knowledge

- EPM-R7.1: List relevant external healthcare organizations that exist within the emergency response network in your area and methods for contacting them.
- EPM-R7.2: Describe how the emergency response and recovery actions of healthcare facilities within your network and in your area impact one another.
- EPM-R7.3: Describe how healthcare facilities within your network and external agencies in the same impact area may support one another during emergency response and recovery.

Skills

- EPM-R7.4: Ensure the IMT contact information for activated IMTs in your network is disseminated to appropriate external emergency response agencies.
- EPM-R7.5: Facilitate the process for healthcare facilities within your network to gain access to appropriate external emergency response

agencies by establishing liaison or providing contact methods (as indicated).

- EPM-R7.6: Facilitate coordination of response strategies and tactics by ensuring regular exchange of Incident Action Plans (or summaries contained in Situation Reports) between IMTs in your network and the appropriate external emergency response agencies.
  EPM-R7.7: Facilitate the use of mutual aid agreements between facilities within your network, and with external organizations when indicated.

- **EPM-R8: Participate in demobilization processes within the activated healthcare organization (such as a VHA Medical Center and/or within its overarching Veterans Integrated Service Network) to disengage resources from incident response and allow return to normal operations or back to stand-by status.**

Recommended proficiency for Primary Competency: operations level

Knowledge

- EPM-R8.1: Describe both the general objectives of the demobilization process and the specific management issues associated with demobilization, rehabilitation of response elements, and preparation to return to routine professional roles.

Skills

- EPM-R8.2: Assist in the demobilization of the healthcare organization and its resources by verifying that operational objectives have been met (or are reassigned to continuing units) and that appropriate internal and external notification is made regarding demobilization.
- EPM-R8.3: Participate in any initial incident review (commonly known as a "hot wash") and assist organizational leadership with ensuring appropriate procedures are followed for maintaining/preserving information for the After Action Report process.
- EPM-R8.4: Assist with the debriefing and performance assessments of response personnel under your supervision, and others as requested by the organization's incident manager.

- **EPM-R9: Assist, as indicated by assigned position in recovery management, with healthcare organization recovery to full pre-incident function, including return to routine facility management and medical care activities.**

Recommended proficiency for Primary Competency: operations level

Knowledge

- EPM-R9.1: Describe the incident planning and management processes for transitioning from response to recovery.

- EPM-R9.2: Describe the procedures and priorities for returning response resources and the overall organization to pre-incident operations and management.
- EPM-R9.3: Describe the process required to re-evaluate the healthcare organization's patient population and post-incident patient care activities, which includes addressing the backlog of regular work.

Skills

- EPM-R9.4: Assist, as requested, with personnel rehabilitation by providing advice on procedures for addressing physical or psychological concerns.
- EPM-R9.5: Assist, as requested, with facility and equipment rehabilitation by establishing priority of recovery activities and identifying additional resources that may be required.
- EPM-R9.6: Assist, as requested, with addressing backlogs of regular work by providing advice to facility leaders on surge capacity methods and the prioritization of backlogged services.

- **EPM-R10: Fulfill emergency management program requirements for a formal incident After-Action Report (AAR) process that captures and processes recommended changes to achieve organizational learning.**

Recommended proficiency for Primary Competency: expert level

Knowledge

- EPM-R10.1: Describe the policies and procedures as well as other considerations for completing the formal After Action Report on healthcare system response.
- EPM-R10.2: Describe procedures for capturing information, analysis and acceptance or recommendations, and implementation of changes to a healthcare system EOP and overarching emergency management program.

Skills

- EPM-R10.3: Conduct efficient After Action Reports by utilizing incident response procedures for conducting a meeting and by ensuring After Action Report items are documented in the required format (i.e., issue, background, recommended action, responsible party and recommended timeframe).
- EPM-R10.4: Ensure organizational learning by conducting appropriate analysis of recommendations, obtaining formal administration approval of accepted recommendations, and incorporating the recommended changes into the healthcare system EOP and other components of the emergency management program.

Healthcare System Leaders (HSL)

Hospital and/or healthcare system-wide senior executives (CEO, COO, CFO), hospital-wide managers, department heads, nursing executives, chief of the medical staff, and/or senior managers in large departments or key operating units. It is assumed that members of this job group, due to their everyday organizational positions, would be assigned to serve in the command and general staff positions of an ICS structure during a healthcare system's emergency response.

- **HSL-R1: Identify specific criteria of potential events that require the full or partial activation of the system's Emergency Operations Plan (EOP).**

Recommended proficiency for Primary Competency: expert level

Knowledge
- HSL-R1.1: Describe the specific characteristics of potential events that would require EOP full or partial activation.
- HSL-R1.2: Describe the impact of EOP activation (full or partial) upon day-to-day facility operations.
- HSL-R1.3: Describe potential sources of information that may assist with incident recognition.

Skills
- HSL-R1.4: Demonstrate understanding of criteria for EOP full or partial activation by initiating appropriate levels of EOP activation rapidly during specific events.
- HSL-R1.5: Ensure appropriate decisions are made about EOP activation by considering the impact of EOP activation (full or partial) upon day-to-day facility operations including the provision of essential services to existing patient populations.
- HSL-R1.6: Ensure appropriate information is included in the decision to activate the EOP (as necessary) by coordinating with facility personnel who have relevant information or who have expertise relevant to the incident type.
- HSL-R1.7: Ensure appropriate information from external sources is considered in the decision to activate the EOP by coordinating with external agencies that may provide incident-related information.

- **HSL-R2: Activate or support activation of the Emergency Operations Plan (EOP) to manage emergency response.**

Recommended proficiency for Primary Competency: operations level

Knowledge
- HSL-R2.1: Describe the EOP activation and notification process.

- HSL-R2.2: List the types of notification for the facility and specific functional areas.
- HSL-R2.3: List relevant external agencies that should be notified of the system's EOP activation (full or partial); e.g. VHA/VISN administrators, local public health, local public safety, etc.
- HSL-R2.4: Describe the initial reporting process from the notified functional areas in order to determine receipt of the notification message and initial resource availability.

Skills

- HSL-R2.5: Ensure appropriate EOP activation by identifying personnel with authority to activate the EOP and using the established methods for activation.
- HSL-R2.6: Ensure awareness of EOP activation by determining and conducting the appropriate level of notification (update, alert, advisory, activation) for the system, specific functional areas, and external agencies as applicable.
- HSL-R2.7: Confirm the activation of functional areas (management, operations, logistics, plans/information, finance/administration) by receiving and processing confirmation of notifications.

- **HSL-R3: Ensure rapid system mobilization that transitions response personnel and resources from day-to-day activities to their designated incident response status.**

Recommended proficiency for Primary Competency: operations level

Knowledge

- HSL-R3.1: Describe the management positions responsible for assuring mobilization of all key resources and personnel in the healthcare system's EOP, and the reporting process for determining mobilization status.
- HSL-R3.2: Describe the layout, location of supplies, and set-up of the facility Incident Command Post (ICP) or alternatively (according to the organization's EOP), the healthcare facility's Emergency Operations Center (EOC) with a smaller ICP at the site of primary response activity.

Skills

- HSL-R3.3: Confirm the mobilization of functional areas (management, operations, logistics, plans/information, finance/administration) by receiving and processing confirmation of mobilization and full readiness for response.
- HSL-R3.4: Ensure adequate resources and facilities are available for the healthcare system including assisting with or supervising (as indicated by leader position) establishment of the Emergency Operations Center (EOC) and Incident Command Post (ICP) for the organization.
- HSL-R3.5: Review the mobilized command and general staff area of the ICP or EOC to confirm that those positions can fully operate in their positions.

- **HSL-R4: Ensure appropriate execution of the healthcare system Occupant Emergency Procedures (OEP) by assuring appropriate protective actions for patients, staff and visitors, and for the integrity of the healthcare system.**

Recommended proficiency for Primary Competency: operations level

Knowledge
- HSL-R4.1: Describe the decision process for activating the OEP and how the OEP functions within the Emergency Operations Plan (EOP) for the organization.
- HSL-R4.2: Describe the accountability processes for staff, patients, visitors, vital records, and critical equipment and how the overall and final accountability is confirmed.
- HSL-R4.3: List critical external resources required to support OEP activation.

Skills
- HSL-R4.4: Make decisions during OEP implementation that reflect the prioritized system objectives of life safety, incident stabilization, and protection of mission critical property and operating systems.
- HSL-R4.5: Demonstrate oversight of accountability for staff, patients, visitors and mission critical systems.

- **HSL-R5: Ensure that the system's incident management is effective, utilizes Emergency Operations Plan (EOP) procedures and processes, and uses a pro-active 'management by objective' approach.**

Recommended proficiency for Primary Competency: expert level

Knowledge
- HSL-R5.1: Describe the functional organization of the healthcare system's incident management during emergency response and recovery and how the activated incident management team (IMT) interacts through the agency executive with the enterprise's ongoing management and operating systems.
- HSL-R5.2: Describe the initial reactive phase of the healthcare system's incident response and the important transition to pro-active 'management by objectives.'
- HSL-R5.3: Describe the healthcare system's code of ethics and how it is considered/applied during incident planning and management decision-making procedures during emergency response and recovery.

Skills
- HSL-R5.4: Ensure the healthcare system's incident management structure is well delineated by formally assigning facility incident management positions and providing the organizational structure with assignments

(System ICS diagram) to relevant parties both internal and external to the system.

- HSL-R5.5: Provide pro-active incident management by developing, analyzing, and revising, as necessary, facility response objectives during management meetings in the Planning Cycle (management by objectives).
- HSL-R5.6: Ensure that healthcare system response objectives are efficiently and adequately met by performing continual monitoring of the system's incident response system and outcomes.
- HSL-R5.7: Ensure the healthcare system's code of ethics is applied, as appropriate, by considering it during response planning and decision-making.
- HSL-R5.8: Address limitations of the healthcare system's EOP capacity and capability by identifying limitations and developing response-appropriate options to address unmet needs.

- **HSL-R6: Manage continuous incident action planning through iterative planning cycle procedures that provide strategic and general tactical guidance to healthcare system personnel in order to achieve surge capacity, surge capability, and organizational resiliency.**

Recommended proficiency for Primary Competency: expert level

Knowledge

- HSL-R6.1: Describe the purpose of management meetings, planning meetings, and operations briefings for emergency response and recovery.
- HSL-R6.2: Describe the key components of the healthcare system's response Incident Action Plan and methods of dissemination, both internally and externally.
- HSL-R6.3: Describe the purpose and the components of long term, alternative, contingency, and demobilization planning.

Skills

- HSL-R6.4: Ensure the clear delineation of the healthcare system's operations cycle by establishing and disseminating the timing of planning meetings and operational periods.
- HSL-R6.5: Ensure facility objectives are met by supervising the development, analysis, and revision of facility response strategies and general tactics.
- HSL-R6.6: Ensure healthcare system personnel safety by identifying, minimizing, or preventing threats/hazards, and by responding to all real or potential safety issues for healthcare system response (Safety Plan) throughout the emergency response and recovery.
- HSL-R6.7: Ensure efficient incident planning, as indicated by your incident management position, by participating in or conducting structured planning and management meetings, and operations briefings.
- HSL-R6.8: Ensure appropriate dissemination of incident planning decisions by documenting and disseminating the healthcare system's

Incident Action Plans to relevant persons internal and external to the facility.

- HSL-R6.9: Demonstrate comprehensive incident planning by performing or assigning analysis of long term, alternative, contingency, and demobilization plans during response and recovery.
- HSL-R6.10: Manage efficient exchange of information by participating in shift change briefings.

- **HSL-R7: Manage efficient information processing regarding response activities**

Recommended proficiency for Primary Competency: operations level

Knowledge

- HSL-R7.1: Describe the components and timing of functional area reporting and how the results can be processed and analyzed to identify progress or problems in meeting the facility's incident objectives.
- HSL-R7.2: Describe critical sources of incident information external to the healthcare system.
- HSL-R7.3: Describe procedures for reporting back to functional areas, including dissemination of the healthcare system's Incident Action Plan.
- HSL-R7.4: Describe types of event parameters that would require sudden changes in response strategies or tactics.

Skills

- HSL-R7.5: Ensure adequate functional area reporting by establishing the timing of the reporting and verifying that reports include a situation description, resource status, specific tactics utilized, progress accomplished, and unusual problems encountered (include patient tracking as necessary).
- HSL-R7.6: Include information originating external to the healthcare system in the planning process by monitoring external sources for information (including the level of response by external organizations) and considering them in the planning process.
- HSL-R7.7: Ensure awareness of event parameters within the healthcare system by providing continual updates to the leaders of functional areas and to external agencies as appropriate.
- HSL-R7.8: Provide early response to contingencies by monitoring sudden changes in event parameters that necessitate immediate revision of response strategies and tactics and by disseminating appropriate notification to relevant parties (internal and external).

- **HSL-R8: Provide information on the facility's emergency response and recovery activities to patients, patients' families, facility personnel's families, the media, and the general public, as appropriate.**

Recommended proficiency for Primary Competency: operations level

Knowledge

- HSL-R8.1: Describe the methods of delivering information to the media and the important components of the message.
- HSL-R8.2: Describe procedures used to ensure patients, patients' families, and facility personnel's families are kept apprised of response operations.
- HSL-R8.3: Describe coordination techniques that ensure the facility's media message is consistent with other organizations' messages to the public.
- HSL-R8.4: Describe HIPAA and its application to emergency response and recovery as well as other patient confidentiality measures.

Skills

- HSL-R8.5: Ensure the continuous update of relevant parties by providing, or assigning the task of providing, incident updates and the timing of subsequent update reports.
- HSL-R8.6: Ensure media messages are appropriate and consistent with that of other organizations by coordinating with the external community incident managers and public information personnel.
- HSL-R8.7: Identify public perceptions of the facility's response and false information relating to the facility's response by performing monitoring of media reports (address falsehoods as indicated).
- HSL-R8.8: Ensure confidentiality of patient information by monitoring response and recovery actions for adherence to these standards where applicable.

- **HSL-R9: Monitor the response and recovery needs of the facility's functional areas, and, if needed, provide support with additional facilities, equipment, communications, personnel or other assistance.**

Recommended proficiency for Primary Competency: operations level

Knowledge

- HSL-R9.1: Describe resource-tracking processes for the facility.
- HSL-R9.2: Describe the resource request processes for functional areas in the facility to request both internal and external resources.
- HSL-R9.3: List the critical elements of a Communications Plan.
- HSL-R9.4: List potential sources of technical assistance.
- HSL-R9.5: Describe procedures for ensuring the health and well-being of facility personnel.
- HSL-R9.6: Describe integration methods of outside donated resources (personnel, equipment, supplies).

Skills

- HSL-R9.7: Demonstrate the ability to anticipate functional area requests by conducting an adequate incident planning process.

- HSL-R9.8: Provide logistical support to functional areas, first by identifying functional area needs and then appropriate resources to meet those needs.
- HSL-R9.9: Provide communication support to functional areas by assisting with the development and approval of the facility Communications Plan, which should document and disseminate contact methods for relevant parties internal and external to the facility.
- HSL-R9.10: Provide technical assistance to functional areas, as indicated, by identifying outside subject matter experts or other appropriate information resources.
- HSL-R9.11: Ensure the health and well-being of facility personnel by participating in/approving the Medical Plan for the IAP (as indicated by your management position).
- HSL-R9.12: Assist with the integration of external assistance and supplies, solicited and unsolicited, by managing them until they are assigned to specific functional areas.

- **HSL-R10: Establish appropriate measures to document, track, or reimburse financial costs associated with facility response and recovery.**

Recommended proficiency for Primary Competency: operations level

Knowledge

- HSL-R10.1: Describe processes for tracking personnel and resources utilized during response.
- HSL-R10.2: Describe processes for compensating personnel utilized during response and for claims made by these personnel.
- HSL-R10.3: Describe processes for reimbursement of external assistance provided during response.
- HSL-R10.4: Describe processes for tracking other costs of response (e.g. delayed elective procedures, equipment and supplies consumed, etc).

Skills

- HSL-R10.5: Provide for personnel compensation by maintaining lists of personnel utilized during response and time worked.
- HSL-R10.6: Provide for incident expense claims by ensuring appropriate documentation is completed and submitted within the required time periods.
- HSL-R10.7: Provide for equipment and supply reimbursement by tracking lists of supplies and equipment utilized during response and recovery.
- HSL-R10.8: Provide for compensation of external assistance (contract or cooperative assistance) by tracking utilization of these resources and ensuring prompt payment as indicated.
- HSL-R10.9: Provide a summary of response and recovery impact on facility finances by documenting and analyzing the direct and indirect costs of EOP activation, including lost revenue.

- **HSL-R11: Manage facility response so that it adheres to appropriate regulations and standards or seek relief as required.**

Recommended proficiency for Primary Competency: operations level

Knowledge

- HSL-R11.1: Describe permissible emergency response and recovery deviations from the normal standard of medical care provided under normal facility conditions, and the processes for seeking temporary suspension or relaxation of regulations during emergencies.
- HSL-R11.2: Describe, in general, the applicable public health laws and their impact on the facility's emergency response and recovery.
- HSL-R11.3: Describe the process for verifying the credentials of healthcare and other professionals, from resources external to the facility, who offer assistance to the healthcare facility.
- HSL-R11.4: Describe potential liability exposures that could occur for the facility and its patient care staff during emergency response and recovery.

Skills

- HSL-R11.5: Address appropriate healthcare regulatory issues during response and recovery by monitoring response activities for regulatory compliance and correcting deviations or appropriately justifying and explaining them.
- HSL-R11.6: Request and obtain appropriate regulatory relief by contacting appropriate authorities and providing explanations of, and justifications for, the requests.
- HSL-R11.7: Ensure appropriate credentialing and privileging of response personnel (from internal or external sources) to perform healthcare tasks, within the facility's operations, by monitoring personnel activities for conformance to their specific expertise.
- HSL-R11.8: Provide facility and personnel liability protection by documenting incident details surrounding occurrences with potential legal liability.

- **HSL-R12: Ensure that the Business Continuity Program considerations are incorporated into the facility's Incident Action Planning (IAP) process.**

Recommended proficiency for Primary Competency: operations level

Knowledge

- HSL-R12.1: Describe the purpose and importance of a Business Continuity Program that is fully integrated into the facility EOP.
- HSL-R12.2: Describe the elements and supporting functions of a Business Continuity Program as outlined in the NFPA 1600 Standard on Disaster/Emergency Management and Business Continuity Programs, 2004 Edition.

- HSL-R12.3: Describe how the Business Continuity Program aligns with overall Incident Command System (ICS) organization and procedures.

Skills

- HSL-R12.4: Include business continuity specific objectives in the Incident Action Planning process in order to address the recovery, resumption, and restoration of facility-specific services.
- HSL-R12.5: Use (as appropriate) the Business Continuity support annex forms and guidance during emergency response and recovery.

- **HSL-R13: Assure that incident-specific safety guidance, in the form of an Incident Safety Plan and/or IAP safety message, is developed by the Safety Officer position through action planning and appropriately disseminated to responders.**

Recommended proficiency for Primary Competency: operations level

Knowledge

- HSL-R13.1: Describe the importance of empowering the safety office position to stop or alter incident operations that present immediate safety risks to responders, staff, patients, visitors or the integrity of the healthcare system.

Skills

- HSL-R13.2: Provide technical advice and other input into the safety plan and safety message development as indicated by technical background and the assigned position in Command and General Staff of the Incident Management Team (IMT).

- **HSL-R14: Ensure rapid and effective demobilization of the healthcare organization's response resources, and eventually the emergency response itself, as the organization transitions to recovery operations.**

Recommended proficiency for Primary Competency: operations level

Knowledge

- HSL-R14.1: Describe the management of demobilization and the important processes that must occur during the demobilization process.
- HSL-R14.2: Describe methods used to formally announce full or partial demobilization.
- HSL-R14.3: Describe procedures for out-processing of personnel.
- HSL-R14.4: Describe the procedures for conducting an initial incident review.

Skills

- HSL-R14.5: Guide the orderly demobilization of functional areas by ensuring that demobilization occurs as soon as the facility and/or resources are no longer needed for response (i.e. their specific response objectives have been met or otherwise resolved).

- HSL-R14.6: Provide clear explanation and notification of demobilization to relevant parties (internal and external), usually by demonstrating that response objectives have been met.
- HSL-R14.7: Provide adequate out-processing of response personnel by ensuring adequate debriefings and assessments of performance as appropriate.
- HSL-R14.8: Provide for an orderly initial incident review process (commonly known as a "hot wash") by utilizing response procedures to conduct the meeting.

- **HSL-R15: Ensure recovery is accomplished to restore the healthcare organization to baseline operations and to capture important lessons for organizational improvement.**

Recommended proficiency for Primary Competency: operations level

Knowledge

- HSL-R15.1: Describe the overall process for managing the return of the organization to baseline operations and all activities to regular management oversight, including addressing the backlog of regular workload that accumulated during emergency operations.
- HSL-R15.2: List critical equipment, priorities for rehabilitation, and the methods for re-certifying the equipment for future use.
- HSL-R15.3: Describe the process for facility re-certification (if applicable).
- HSL-R15.4: Describe the personnel rehabilitation process.
- HSL-R15.5: Describe the After-Action Report process and methods utilized to keep the process orderly and constructive.

Skills

- HSL-R15.6: Manage the initial recovery operations by employing the same incident management structure and processes as used for the emergency response phase, with new objectives, personnel, and departmental assignments as needed; transition the management of residual recovery operations to everyday administrative functions as recovery management is terminated.
- HSL-R15.7: Manage rehabilitation and re-certification for use of equipment and incident facilities by prioritizing areas for initial attention.
- HSL-R15.8: Provide for personnel rehabilitation by disseminating the methods for response personnel to address psychological and/or physical concerns.
- HSL-R15.9: Oversee the After-Action Report process by using facility procedures and processes that capture response deficiencies and best practices, and that incorporate accepted changes as EOP and emergency management program revisions (i.e., organizational learning).

Patient Care Provider (PCP)

Physicians, physician assistants, registered nurses, licensed practical nurses, nurses working within expanded roles (CRNA, RNP, and others), emergency medical technicians, paramedics, and respiratory therapists and others who provide direct clinical patient care. Not included are clinical support staff that provide patient care services under the direct supervision of patient care providers: e.g., nurse's aides, procedure technicians, orderlies, and others.

- **PCP-R1: Recognize situations related to patient care that indicate the need for full or partial activation of the healthcare system's Emergency Operations Plan (EOP), and report them appropriately and promptly.**

Recommended proficiency for Primary Competency: operations level

Knowledge

- PCP-R1.1: Describe patient presentation criteria (unusual signs and symptoms indicative of deliberate illness/injury, indications of potentially epidemic illness/injury, unexpected rapid patient deterioration, difficult patient interventions such as decontamination, etc.) that indicate the possible need for EOP activation.
- PCP-R1.2: Describe patient population profiles and other situation-based criteria (unusual numbers, very unusual contagiousness and other indications of increased risk to response personnel or current patients, etc.) that indicate the possible need for EOP activation.
- PCP-R1.3 Describe resources available to Patient Care Providers in obtaining additional patient or situational information related to determining the need for activating the EOP.
- PCP-R1.4: Describe the reporting requirements and the contact methods when events are recognized that may indicate the need for possible EOP activation (full or partial).

Skills

- PCP-R1.5: Identify situations within the regular clinical care area that should be reported for consideration of full or partial activation of the healthcare facility's EOP.
- PCP-R1.6: Report situations within the regular clinical care area by following EOP notification procedures and contacting the appropriate person (e.g., page operator, supervisor, etc.) as indicated by your specific role and by the situation at hand.
- PCP-R1.7: Assist decision-makers with incident recognition by responding rapidly and adequately to their inquiries and requests for additional pertinent clinical and patient population information.

- **PCP-R2: Participate in the mobilization of the your clinical area to transition from day-to day operations to the incident response organization and process.**

Recommended proficiency for Primary Competency: operations level

Knowledge
- PCP-R2.1: Describe the procedures necessary to prepare your clinical area, as indicated, for EOP response and recovery.

Skills
- PCP-R2.2: Ensure maximum patient surge capacity and capability and organizational resiliency by assisting in the mobilization of your clinical care area as described in the EOP.
- PCP-R2.3: Establish and implement triage criteria based on actual and anticipated patient needs, disease parameters, and anticipated resources.
- PCP-R2.4: Establish a decontamination area and other functions that are inactive during baseline operations, as indicated and per your individual assignment.
- PCP-R2.5: Provide surge bed capacity for incident victims by accomplishing rapid disposition of existing patients in the emergency department, outpatient procedures area, and inpatient units as indicated by the EOP.
- PCP-R2.6: Conduct actions as described in the EOP that are indicated for the specific incident parameters, including resource management and situation reporting.
- PCP-R2.7: Ensure that external notifications (as relevant to your position) are coordinated through command and general staff

- **PCP-R3: Follow the healthcare Occupant Emergency Procedures (OEP) for your specific clinical care areas by assuring protective actions for patients and staff and by assisting others as necessary to accomplish the OEP directives.**

Recommended proficiency for Primary Competency: operations level

Knowledge
- PCP-R3.1: Describe the component parts of the OEP and your responsibilities to protect patients and, as indicated by your position, maintain accountability for patients, patient care information (charts, etc.) and clinical staff.
- PCP-R3.2: Describe the methods to be used to maintain patient care during OEP activity, including during shelter-in-place, evacuation, or emergency events in the clinical unit.

Skills
- PCP-R3.3: Execute your roles and responsibilities in the facility OEP for protecting patients, patient information and others (as indicated) by

assisting with evacuating patients, establishing shelter-in-place, or other actions during OEP operations.
- PCP-R3.4: Ensure continuous patient care by prioritizing and performing essential clinical interventions during OEP operations.

- **PCP-R4: Provide Surge Capacity by managing/treating increased numbers of patients (compared with day-to-day activities), regardless of etiology.**

Recommended proficiency for Primary Competency: operations level

Knowledge
- PCP-R4.1: Describe strategies and tactics appropriate to your clinical area that provide surge capacity for a significantly increased number of patients.
- PCP-R4.2: Describe the triage processes necessary to match need with available resources in your clinical area.

Skills
- PCP-R4.3: Provide patient surge capacity by instituting and adhering to the EOP measures designated for your clinical area.
- PCP-R4.4: Maximize the ability of patients to help themselves (when appropriate) by providing clear instructions and by enhancing their ability to help themselves (e.g., by controlling pain or other interventions).
- PCP-R4.6: Manage or participate in degradation of overall services by prioritizing critical tasks and activities over less critical ones.
- PCP-R4.7: Perform ongoing triage (matching resources to needs) to manage patient load by assigning priorities for services including diagnostic testing, pharmaceutical administration, operative intervention, blood infusion, and others.
- PCP-R4.8: Provide continuous input into management decision-making by projecting resource needs for your clinical area as appropriate.

- **PCP-R5: Provide Surge Capability by managing/treating all incoming patients with specialty needs that vary significantly from day-to-day healthcare system activities.**

Recommended proficiency for Primary Competency: operations level

Knowledge
- PCP-R5.1: Describe special etiologies that may tax the facility response, even with limited numbers of patients.
- PCP-R5.2: Describe the pathophysiology of injuries and illnesses associated with mass casualties and the indicated interventions for your clinical discipline.
- PCP-R5.3: Describe threats or hazards posed by these types of patients.
- PCP-R5.4: Describe methods for hazard/threat containment for these types of patients (as applicable).

- PCP-R5.5: List resources where technical information may be found that may assist with caring for patients with these needs.

Skills

- PCP-R5.6: Demonstrate understanding of injury and illness associated with these specialty-needs patients by providing the appropriate interventions to minimize further injury/illness and to maximize patient recovery.
- PCP-R5.7: Provide evidence-based care for these patients by accessing technical expertise as appropriate.
- PCP-R5.8: Perform special situation procedures per the EOP annexes and as indicated by event circumstances (e.g., decontamination, isolation, etc.)
- PCP-R5.9: Contain hazards/threats posed by patients (as applicable) by removing the hazards from the patients, the use of PPE, appropriately locating patients or other measures.
- PCP-R5.10: Adhere to appropriate chain custody procedures as applicable to the particular situation at hand.

- **PCP-R6: Provide for efficient information processing for your clinical area through both reporting and receiving information according to established time schedules.**

Recommended proficiency for Primary Competency: operations level

Knowledge

- PCP-R6.1: Describe the types of relevant information that are required for reporting from your clinical area.
- PCP-R6.2: Describe the format and timing of reporting information from your clinical area.
- PCP-R6.3: Describe the methods in which your clinical area should receive incident information during emergency response and recovery.

Skills

- PCP-R6.4: Provide input into the healthcare system's incident planning through updates (as requested) on situation (patient care, continued or recovered function of patient care systems, etc.), resources (pharmaceuticals, equipment and medical supplies, etc.), special problems encountered, and tasks completed in your clinical area.
- PCP-R6.5: Ensure tracking of incident patients by providing updates (as requested) on numbers, types, and locations of patients as well as interventions required.
- PCP-R6.6: Ensure appropriate designations are used for patient tracking ('meets case definition for incident', 'suspicious for case definition,' etc.) as applicable.
- PCP-R6.7: Provide prompt notification when patient care activities reveal information that dictates major or sudden changes in response strategies.
- PCP-R6.8: Deliver or participate in briefings conducted for your clinical area.

- **PCP-R7: Manage the psychological impact on victims, victims' families, and staff through both preventative and therapeutic measures.**

Recommended proficiency for Primary Competency: operations level

Knowledge
- PCP-R7.1: Describe the potential psychological effects on incident victims and their families and the indicated interventions for your clinical discipline.
- PCP-R7.2: List the potential psychological effects on responding personnel and the indicated interventions for your work area.
- PCP-R7.3: Describe preventative methods that may lessen the psychological impact on victims, victims' families, and staff.

Skills
- PCP-R7.4: Provide psychological and emotional support to patients and their families as indicated by your clinical discipline.
- PCP-R7.5: Provide information on the event, its etiology, and facility interventions to patients and family members in your clinical area (written if possible).
- PCP-R7.6: Provide frequent updates on expected interventions for individual victims to the family members in your clinical area.
- PCP-R7.7: Assist with the identification of specific stressors for staff in your work area and report them to your supervisor.
- PCP-R7.8: Assist with assigned measures designed to reduce staff stress during response and recovery (e.g. facilitating information dissemination amongst staff).

- **PCP-R8: Incorporate relevant safety practices and procedures in all incident operations for your clinical area.**

Recommended proficiency for Primary Competency: operations level

Knowledge
- PCP-R8.1: Describe categories of hazards that may pose a risk to clinical staff during emergency response and recovery.
- PCP-R8.2: Describe interventions for clinical staff and others to reduce the potential risk created by incident parameters.

Skills
- PCP-R8.3: Participate in or conduct safety briefings (based upon the incident Safety Plan) during each work cycle.
- PCP-R8.4: Adhere to universal precautions and infection control procedures (whether day-to-day or specific to the incident) as indicated.
- PCP-R8.5: Adhere to appropriate work cycles for your clinical area.
- PCP-R8.6: Select and use appropriate PPE when applicable.

- PCP-R8.7: Provide for safe use of PPE by monitoring those individuals utilizing PPE.
- PCP-R8.8: Minimize security-safety risk to clinical personnel by coordinating with facility security personnel.

- **PCP-R9: Integrate outside resources into your clinical area as required to meet response objectives.**

Recommended proficiency for Primary Competency: operations level

Knowledge
- PCP-R9.1: Describe procedures for requesting, receiving, briefing, assigning and supervising clinical personnel from other clinical units or from other facilities.
- PCP-R9.2: Describe procedures for requesting, receiving, rapid in-servicing and using equipment and supplies (especially items that aren't normally used in your clinical area).

Skills
- PCP-R9.3: Initiate requests for outside resources by delineating specific needs in the required format.
- PCP-R9.4: Assist in the integration of personnel from outside your work area by ensuring they participate in briefings on operations in your area and monitoring their response actions
- PCP-R9.5: Integrate equipment and supplies from outside your clinical area by ensuring familiarity with their use and by tracking their use.
- PCP-R9.6: Provide appropriate utilization of technical expertise by assessing the source and incorporating applicable recommendations.

- **PCP-R10: Follow recovery procedures for your clinical area that promote rapid return of the facility to baseline activity.**

Recommended proficiency for Primary Competency: operations level

Knowledge
- PCP-R10.1: Describe policies and procedures for rehabilitation of patient care and clinical support personnel.
- PCP-R10.2: Describe procedures for reassessing your clinical area's patient population and planning for resolving surge needs.
- PCP-R10.3: Describe the responsibilities, specific to your role, for rehabilitation of your clinical area.
- PCP-R10.4: Describe the policies and procedures for formal After Action Report of patient care in your clinical area.

Skills
- PCP-R10.5: Demonstrate an understanding of the importance of personnel rehabilitation activities by participating in personnel rehabilitation as instructed.

- PCP-R10.6: Demonstrate an understanding of facility and equipment rehabilitation by participating in these procedures to ensure functional area readiness for day-to-day activities and future EOP activations.
- PCP-R10.7: Demonstrate an understanding of After Action Reports by submitting items in the required format.

Clinical Support Services (CSS)

Personnel that perform tasks related to the medical care of patients without direct patient interface (e.g. pharmacists, lab technicians, etc.) or provide patient services that aren't primarily medical care (social services, physical and occupational therapy, pastoral care, patient educators, and others) or provide patient care services under the direct supervision of patient care providers (such as nurse's aides, procedure technicians, orderlies, transporters).

- **CSS-R1: Recognize situations related to the support of patient care that indicate the need for full or partial activation of the healthcare system's Emergency Operations Plan (EOP), and report them appropriately and promptly.**

Recommended proficiency for Primary Competency: operations level

Knowledge

- CSS-R1.1: Describe patient presentation data (unusual, signs and symptoms indicative of deliberate illness/injury, unexpected rapid patient deterioration, difficult patient interventions such as decontamination, etc.) that indicate the possible need for EOP activation.
- CSS-R1.2: Describe patient test results and other diagnostic data (positive blood culture or other infectious disease tests) relevant to your position that indicate the possible need for EOP activation.
- CSS-R1.3 Describe resources available to Clinical Support Services Personnel in obtaining additional patient or situational information related to determining the need for activating the EOP.
- CSS-R1.4: Describe the reporting requirements and the contact methods when factors are recognized that may indicate the need for possible EOP activation (full or partial).

Skills

- CSS-R1.5: Identify situations within the Clinical Support Services areas that should be reported for consideration of full or partial activation of the healthcare facility's EOP.
- CSS-R1.6: Report situations within the Clinical Support Services areas by following EOP notification procedures and contacting the appropriate person (e.g., page operator, supervisor, etc.) as indicated by your specific role and by the situation at hand.

- CSS-R1.7: Assist decision-makers with incident recognition by responding rapidly and adequately to their inquiries and requests for additional pertinent information (related to patient(s) or otherwise).

- **CSS-R2: Participate in the mobilization of your work area to transition from day-to day operations to incident response organization and process.**

Recommended proficiency for Primary Competency: operations level

Knowledge

- CSS-R2.1: Describe the procedures necessary to prepare your work area, as indicated, for EOP response and recovery.

Skills

- CSS-R2.2: Ensure maximum patient surge capacity and capability and organizational resiliency by assisting in the mobilization of your work care area as described in the EOP.
- CSS-R2.3: Assist with the establishment of triage of patients or the triage of diagnostic services as indicated by actual or anticipated patient needs, disease parameters, and expected resource status.
- CSS-R2.4: Assist with the establishment of functions that are inactive during baseline operations (e.g. command center, alternative treatment sites) as relevant to your position in the EOP.
- CSS-R2.5: Assist with surge and organizational resiliency by supporting rapid disposition of existing patients within the healthcare system as indicated by the EOP.
- CSS-R2.6: Conduct actions as described in the EOP that are indicated for the specific incident parameters, including resource management and situation reporting.
- CSS-R2.7: Ensure that external notifications (as relevant to your position) are coordinated through command and general staff

- **CSS-R3: Follow the healthcare Occupant Emergency Procedures (OEP) for your specific Clinical Support Service work area by assuring protective actions for patients and staff and by assisting others as necessary to accomplish the OEP directives.**

Recommended proficiency for Primary Competency: operations level

Knowledge

- CSS-R3.1: Describe the component parts of the OEP and your responsibilities to protect patients and, as indicated by your position, maintain accountability for patients, patient care information (charts, etc.) and staff.
- CSS-R3.2: Describe the methods to be used to maintain patient care during OEP activity, including during shelter-in-place, evacuation, or emergency events as relevant to your work area.

Skills

- CSS-R3.3: Execute your roles and responsibilities in the facility OEP for protecting patients, patient information and others (as indicated) by assisting with evacuating patients and staff, establishing shelter-in-place, or other actions during OEP operations.

- CSS-R3.4: Ensure continuous patient care by prioritizing and performing essential clinical and non-clinical interventions during OEP operations.

- **CSS-R4: Provide Surge Capacity by participating in the diagnosis of, treatment of, or recovery of increased numbers of patients (compared with day-to-day activities), regardless of etiology.**

Recommended proficiency for Primary Competency: operations level

Knowledge
- CSS-R4.1: Describe strategies and tactics appropriate to your work area that provide surge capacity for a significantly increased number of patients.
- CSS-R4.2: Describe the triage processes necessary to match need with available resources in your work area.

Skills
- CSS-R4.3: Provide patient surge capacity by instituting and adhering to the EOP measures designated for your work area.
- CSS-R4.4: Manage or participate in degradation of overall services by prioritizing critical tasks and activities over less critical ones (as indicated for your position).
- CSS-R4.5:As indicated by your position, perform ongoing triage (matching resources to needs) to manage patient load by assigning priorities for services including diagnostic testing, pharmaceutical administration, operative intervention, blood infusion, and others.
- CSS-R4.6: Provide continuous input into management decision-making by projecting resource needs for your work area as appropriate.

- **CSS-R5: Provide Surge Capability by participating in the diagnosis of, treatment of, or recovery of all incoming patients with specialty needs that vary significantly from day-to-day healthcare system activities.**

Recommended proficiency for Primary Competency: operations level

Knowledge
- CSS-R5.1: Describe special etiologies that may tax the facility response, even with limited numbers of patients.
- CSS-R5.2: Describe threats or hazards posed by these types of patients.
- CSS-R5.3: Describe methods for hazard/threat containment for these types of patients (as applicable).
- CSS-R5.4: List resources where technical information may be found that may assist with caring for patients with these needs.

Skills
- CSS-R5.5: Demonstrate understanding of injury and illness associated with these specialty-needs patients by assisting with the appropriate

interventions to minimize further injury/illness and to maximize patient recovery.
- CSS-R5.6: Perform special situation procedures per the EOP annexes and as indicated by event circumstances (e.g., decontamination, isolation, etc.)
- CSS-R5.7: Contain hazards/threats posed by patients (as applicable) by removing the hazards from the patients, the use of PPE, appropriately locating patients or other measures.
- CSS-R5.8: Adhere to appropriate chain of custody procedures as applicable to the particular situation at hand.

- **CSS-R6: Provide for efficient information processing for your work area through both reporting and receiving information according to established time schedules.**

Recommended proficiency for Primary Competency: operations level

Knowledge
- CSS-R6.1: Describe the types of relevant information that are required for reporting from your work area.
- CSS-R6.2: Describe the format and timing of reporting information from your work area.
- CSS-R6.3: Describe the methods in which your work area should receive incident information during emergency response and recovery.

Skills
- CSS-R6.4: Provide input into the healthcare system's incident action planning by assisting with updates (as requested) on situation (patient care, continued or recovered function of patient care systems, etc.), resources (pharmaceuticals, equipment and medical supplies, etc.), special problems encountered, and tasks completed in your work area.
- CSS-R6.5: Assist with tracking of incident patients (as appropriate) and clinical resources by providing updates (as requested) on numbers, types, and locations of patients as well as resources and interventions required.
- CSP-R6.6: Provide prompt, appropriate notification when work activities reveal information that dictates major or sudden changes in response strategies.
- CSP-R6.7: Participate in briefings conducted for your work area.

- **CSS-R7: Assist in the management of the psychological impact on victims (as appropriate), victim families (as appropriate), and staff through both preventative and therapeutic measures.**

Recommended proficiency for Primary Competency: operations level

Knowledge

- CSS-R7.1: Describe the potential psychological effects on incident victims and their families and the indicated interventions for your discipline (as appropriate).
- CSS-R7.2: List the potential psychological effects on responding personnel and the indicated interventions for your work area.
- CSS-R7.3: Describe preventative methods that may lessen the psychological impact on victims and their families (as appropriate) and on staff.

Skills

- CSS-R7.4: Provide psychological and emotional support to patients and their families as indicated by your position and assigned by your supervisor.
- CSS-R7.5: Provide information on the event, its etiology, and healthcare system interventions to patients and family members in your work area, as assigned by your supervisor.
- CSS-R7.6: Assist with the identification of specific stressors for staff in your work area and report them to your supervisor.
- CSS-R7.7: Assist with assigned measures designed to reduce staff stress during response and recovery (e.g. facilitating information dissemination amongst staff).

- **CSS-R8: Incorporate relevant safety practices and procedures in all of your activities as relevant to your work area.**

Recommended proficiency for Primary Competency: operations level

Knowledge

- CSS-R8.1: Describe categories of hazards that may pose a risk to staff during emergency response and recovery.
- CSS-R8.2: Describe interventions for Clinical Support Staff and others to reduce the potential risk created by incident parameters.

Skills

- CSS-R8.3: Participate in or conduct safety briefings (based upon the incident Safety Plan) during each work cycle.
- CSS-R8.4: Adhere to universal precautions and infection control procedures (whether day-to-day or specific to the incident) as well as other relevant workplace safety practices as indicated.
- CSS-R8.5: Adhere to appropriate work cycles for your clinical services support area.
- CSS-R8.6: Select and use appropriate PPE when applicable.
- CSS-R8.7: Provide for safe use of PPE by monitoring co-workers utilizing PPE.
- CSS-R8.8: Minimize security-safety risk to clinical services support personnel by coordinating with healthcare system police and security personnel.

- **CSS-R9: Assist in the integration of outside resources into your work area as required to meet response objectives.**

Recommended proficiency for Primary Competency: operations level

Knowledge
- CSS-R9.1: Describe general procedures for requesting, receiving, briefing, assigning and supervising personnel from other departments or from other healthcare systems assigned to your work area.
- CSS-R9.2: Describe procedures for requesting, receiving, rapid in-servicing and using equipment and supplies (especially items that aren't normally used in your work area).

Skills
- CSS-R9.3: Initiate or assist in the process of requesting outside resources by delineating specific needs in the required format.
- CSS-R9.4: Assist in the integration of personnel from outside your work area by ensuring they participate in briefings on operations in your area and monitoring their response actions
- CSS-R9.5: Integrate equipment and supplies from outside your work area by ensuring familiarity with their use and by tracking their use.

- **CSS-R10: Follow recovery procedures for your clinical area that promote rapid return of the healthcare system to baseline activity.**

Recommended proficiency for Primary Competency: operations level

Knowledge
- CSS-R10.1: Describe policies and procedures for rehabilitation of clinical services support personnel.
- CSS-R10.2: Describe procedures for reassessing your work area's patient population and planning for resolving surge needs (as appropriate).
- CSS-R10.3: Describe the responsibilities, specific to your role, for rehabilitation of your work area.
- CSS-R10.4: Describe the policies and procedures for formal After Action Report participation relevant to your work area.

Skills
- CSS-R10.5: Participate in personnel rehabilitation as appropriate and as instructed.
- CSS-R10.6: Participate in healthcare system, facility, and equipment rehabilitation as relevant to your work area to ensure functional area preparation for day-to-day activities and future EOP activations.
- CSS-R10.7: Participate in the After Action Report process by submitting items in the required format and participating in indicated meetings.

Police & Security Services (PSS)

Personnel whose day to day job in the healthcare system involves security and the full range of law enforcement activities. Day-to-day duties may or may not put these individuals into direct contact with patients.

- **PSS-R1: Recognize situations related to the security of the healthcare system that indicate the need for full or partial activation of the healthcare system's Emergency Operations Plan (EOP), and report them appropriately and promptly.**

Recommended proficiency for Primary Competency: operations level

Knowledge

- PSS-R1.1: Describe patient, visitor, or staff actions or characteristics that indicate the possible need for EOP activation.
- PSC-R1.2: Describe types of information received from external agencies or entities relevant to Police and Security Services that indicate the possible need for EOP activation.
- PSS-R1.3: Describe resources available to Police and Security Services Personnel in obtaining additional situational information related to determining the need for activating the EOP.
- PSS-R1.4: Describe the reporting requirements and the contact methods when factors are recognized that may indicate the need for possible EOP activation (full or partial).

Skills

- PSS-R1.5: Identify Police and Security situations that should be reported for consideration of full or partial activation of the healthcare facility's EOP.
- PSS-R1.6: Report Police and Security situations within your work area by following EOP notification procedures and contacting the appropriate person (e.g., page operator, supervisor, etc.) as indicated by your specific role and by the situation at hand.
- PSS-R1.7: Assist decision-makers with incident recognition by responding rapidly and adequately to their inquiries and requests for additional pertinent information (related to patient(s) or otherwise).

- **PSS-R2: Participate in the mobilization of the healthcare system Police and Security Services to transition from day-to day operations to incident response organization and process.**

Recommended proficiency for Primary Competency: operations level

Knowledge

- PSS-R2.1: Describe the procedures necessary to prepare the healthcare system for EOP response and recovery as related to Police and Security Services.

Skills

- PSS-R2.2: Ensure maximum patient surge capacity and capability and organizational resiliency by assisting in the mobilization of the healthcare system as described in the appropriate functional or incident specific annex to the EOP.
- PSS-R2.3: Participate in the mobilization of assets to secure the facility from internal or external threats.
- PSS-R2.4: Assist with the establishment of functions that are inactive during baseline operations (e.g. command center, alternative treatment sites) as relevant to your position in the EOP.
- PSC-R2.5: Conduct actions as described in the EOP that are indicated for the specific incident parameters, including resource management and situation reporting.
- PSS-R2.6: Ensure that external notifications (as relevant to your position) are coordinated through command and general staff

- **PSS-R3: Follow the healthcare Occupant Emergency Procedures (OEP) for Police and Security Services by assuring protective actions for patients and staff and by assisting others as necessary to accomplish the OEP directives.**

Recommended proficiency for Primary Competency: operations level

Knowledge

- PSS-R3.1: Describe the component parts of the OEP and your responsibilities to protect patients, visitors, and staff through direct control of hazards and by shielding and/or directing staff, patients and visitors to safety.
- PSS-R3.2: Describe the methods to be used to maintain patient, visitor, and staff safety and accountability during OEP activity, including during shelter-in-place, evacuation, or emergency events.

Skills

- PSS-R3.3: Execute your roles and responsibilities in the facility OEP for protecting patients, visitors, and staff by assisting with evacuation, establishing shelter-in-place, or other actions during OEP operations.

- **PSS-R4: Manage or participate in the restriction or facilitation of movement of personnel, visitors, patients, vehicles, and specific resources regardless of actual or impending hazards.**

Recommended proficiency for Primary Competency: operations level

Knowledge

- PSS-R4.1: Describe strategies and tactics used to restrict or facilitate the movement of patients, visitors, staff, vehicles, or specific resources as appropriate to specific hazards.
- PSS-R4.2: Describe structural and other physical barriers that can be utilized in your specific healthcare system to restrict or facilitate the movement of patients, visitors, staff, vehicles, or specific resources.
- PSS-R4.3: Describe methodologies for diminishing psychological impacts and addressing behavioral reactions of individuals encountered while fulfilling your Police and Security duties.

Skills

- PSS-R4.4: Participate in the healthcare system security operations by instituting and adhering to the EOP activities for your work area.
- PSS-R4.5: Utilize physical and structural systems appropriate for your specific healthcare system to restrict or facilitate the movement of patients, visitors, staff, vehicles, or specific resources.
- PSS-R4.6: Utilize specific interpersonal methods to address the psychological impact on staff, patients and visitors that PSS interacts with while fulfilling EOP duties.

- **PSS-R5: Manage or participate in investigative, preventive, protective, and apprehension activities related to EOP activation for the healthcare system.**

Recommended proficiency for Primary Competency: operations level

Knowledge

- PSS-R5.1: Describe special hazards that may warrant investigative activities as related to hospital Police and Security Services.
- PSS-R5.2: Describe investigative procedures to be utilized during EOP activation as related to threats posed.
- PSS-R5.3: Describe methods for hazard/threat containment for these types of situations (as applicable).
- PSS-R5.4: List resources where technical information may be found that may assist with containing these hazards/threats.

Skills

- PSS-R5.5: Initiate and participate in investigation, protection, prevention, apprehension, and chain of custody procedures used for any special hazards that pose a threat to healthcare system operations.
- PSS-R5.6: Perform special situation procedures per the EOP annexes and as indicated by event circumstances (e.g., initiating chain of custody procedures as appropriate, etc.)
- PSS-R5.7: Contain hazards/threats through removal, protection, isolation, or neutralization (as appropriate).

- **PSS-R6: Provide for efficient information processing for Police and Security Services through both reporting and receiving information according to established time schedules.**

Recommended proficiency for Primary Competency: operations level

Knowledge
- PSS-R6.1: Describe the types of relevant information that are required for reporting from Police and Security Services.
- PSS-R6.2: Describe the format and timing of reporting information from your work area.
- PSS-R6.3: Describe the methods in which your work area should receive incident information during emergency response and recovery.

Skills
- PSS-R6.4: Provide input into the healthcare system's incident action planning by assisting with updates (as requested) on the situation (security, crowds, police actions and investigations), PSS resources, special problems encountered, and tasks completed in your work area.
- PSS-R6.5: Assist with tracking of incident patients (as appropriate) and resources by providing updates (as requested).
- PSS-R6.6: Provide prompt, appropriate notification when work activities reveal information that dictates major or sudden changes in response strategies.
- PSS-R6.7: Participate in briefings conducted for your work area.

- **PSS-R7: Incorporate relevant safety practices and procedures in all of your activities as relevant to your work area.**

Recommended proficiency for Primary Competency: operations level

Knowledge
- PSS-R7.1: Describe categories of hazards that may pose a risk to Police and Security Services staff during emergency response and recovery.
- PSS-R7.2: Describe interventions for Police and Security staff and others to reduce the potential risk created by incident parameters.

Skills
- PSS-R7.3: Participate in or conduct safety briefings (based upon the incident Safety Plan) during each work cycle.
- PSS-R7.4: Adhere to universal precautions and infection control procedures (whether day-to-day or specific to the incident) as well as other relevant workplace safety practices as indicated.
- PSS-R7.5: Adhere to appropriate work cycles for your work area.
- PSS-R7.6: Select and use appropriate PPE when applicable.
- PSS-R7.7: Provide for safe use of PPE by monitoring co-workers utilizing PPE.

- **PSS-8: Assist in the integration of outside resources into Police and Security Service work areas as required to meet response objectives.**

Recommended proficiency for Primary Competency: operations level

Knowledge

- PSS-R8.1: Describe general procedures for requesting, receiving, briefing, assigning and supervising personnel from other departments or from other external agencies assigned to Police and Security, including how police powers are addressed for assisting police personnel.
- PSS-R8.2: Describe procedures for requesting, receiving, rapid in-servicing and using equipment and supplies (especially items that aren't normally used in Police and Security Services).

Skills

- PSS-R8.3: Initiate or assist in the process of requesting outside resources by delineating specific needs in the required format.
- PSS-R8.4: Assist in the integration of personnel from outside your work area by ensuring they participate in briefings on operations in your area and monitoring their response actions.
- PSS-R8.5: Integrate equipment and supplies from outside your work area by ensuring familiarity with their use and by tracking their use.

- **PSS-R9: Follow recovery procedures for Police and Security Services that promote rapid return of the healthcare system to baseline activity.**

Recommended proficiency for Primary Competency: operations level

Knowledge

- PSS-R9.1: Describe policies and procedures for rehabilitation of Police and Security personnel. .
- PSS-R9.2: Describe the responsibilities, specific to your role, for rehabilitation of your work area.
- PSS-R9.3: Describe the policies and procedures for formal After Action Report participation relevant to police and security services.

Skills

- PSS-R9.4: Participate in personnel rehabilitation as appropriate and as instructed.
- PSS-R9.5: Participate in healthcare system, facility, and equipment rehabilitation as relevant to your work area to ensure functional area preparation for day-to-day activities and future EOP activations.
- PSS-R9.6: Participate in the After Action Report process by submitting items in the required format and participating in indicated meetings.

Facilities and Engineering Services (FES)

Personnel whose day to day job involves maintaining the physical plant and its various systems. Included in this group are facilities and physical plant personnel, engineers, grounds personnel, biomedical engineers, food services, communications and IT personnel. It also usually includes administrative safety positions below the level of the healthcare system leaders. Day to day duties rarely put these personnel in direct patient contact.

- **FES-R1: Recognize situations related to the physical plant or engineering infrastructure of the healthcare system that indicate the need for full or partial activation of the healthcare system's Emergency Operations Plan (EOP), and report them appropriately and promptly.**

Recommended proficiency for Primary Competency: operations level

Knowledge

- FES-R1.1: Describe physical plant or engineering infrastructure characteristics, relevant to your position, that indicate the possible need for EOP activation.
- FES-R1.2: Describe types of information received from external agencies or entities relevant to Facilities and Engineering Services that indicate the possible need for EOP activation.
- FES-R1.3: Describe resources available to Facility and Engineering Services Personnel in obtaining additional situational information related to determining the need for activating the EOP.
- FES-R1.4: Describe the reporting requirements and the contact methods when factors are recognized that may indicate the need for possible EOP activation (full or partial).

Skills

- FES-R1.5: Identify Facilities and Engineering situations within your regular day-to-day role that should be reported for consideration of full or partial activation of the healthcare facility's EOP.
- FES-R1.6: Report Facilities and Engineering situations within your work area by following EOP notification procedures and contacting the appropriate person (e.g., page operator, supervisor, etc.) as indicated by your specific role and by the situation at hand.
- FES-R1.7: Assist decision-makers with incident recognition by responding rapidly and adequately to their inquiries and requests for additional pertinent information (related to patient(s) or otherwise).

- **FES-R2: Participate in the mobilization of the healthcare system Facility and Engineering Services to transition from day-to day operations to incident response organization and process.**

Recommended proficiency for Primary Competency: operations level

Knowledge

- FES-R2.1: Describe the procedures necessary to prepare the healthcare system for EOP response and recovery as related to Facility and Engineering Services.

Skills

- FES-R2.2: Ensure maximum patient surge capacity and capability and organizational resiliency by assisting in the mobilization of the healthcare system as described in the appropriate functional or incident specific annex to the EOP.
- FES-R2.3: Participate in the mobilization of assets to secure the facility from internal or external threats.
- FES-R2.4: Assist with the establishment of functions that are inactive during baseline operations (e.g. command center, alternative treatment sites) as relevant to your position in the EOP.
- FES-R2.5: Conduct actions as described in the EOP that are indicated for the specific incident parameters, including resource management and situation reporting.
- FES-R2.6: Ensure that external notifications (as relevant to your position) are coordinated through command and general staff

- **FES-R3: Follow the healthcare Occupant Emergency Procedures (OEP) by assuring engineering and infrastructure controls are appropriately activated or de-activated and by assisting others as necessary to accomplish the OEP directives.**

Recommended proficiency for Primary Competency: operations level

Knowledge

- FES-R3.1: Describe the component parts of the OEP and your responsibilities to activate or de-activate engineering and infrastructure controls.
- FES-R3.2: Describe the methods to be used to maintain patient, visitor, and staff safety and accountability during OEP activity, including during shelter-in-place, evacuation, or emergency events.

Skills

- FES-R3.3: Execute your roles and responsibilities in the facility OEP for activating or de-activating engineering and infrastructure controls to assist with evacuation, establishing shelter-in-place, or other actions during OEP operations.

- **FES-R4: Manage or participate in the implementation of facility and engineering back-up systems and the repair of active systems relevant to actual or impending hazard impact.**

Recommended proficiency for Primary Competency: operations level

Knowledge
- FES-R4.1: List critical facility and engineering systems for your specific healthcare system.
- FES-R4.2: Describe processes and procedures to implement and maintain back up systems for your specific healthcare system.
- FES-R4.3: Describe processes and procedures to expedite repairs to mission critical systems for your healthcare system.

Skills
- FES-R4.3: Utilize EOP processes and procedures to implement facility and engineering back up systems for your healthcare system.
- FES-R4.4: Prioritize and expedite the repair of mission critical facility and engineering systems for your healthcare system.

- **FES-R5: Manage or participate in hazard containment (as appropriate) for your healthcare system.**

Recommended proficiency for Primary Competency: operations level

Knowledge
- FES-R5.1: Describe special hazards that may warrant containment activities as related to hospital Facilities and Engineering Services.
- FES-R5.2: Describe methods for hazard/threat containment for these types of situations (as applicable).
- FES-R5.3: List resources where technical information may be found that may assist with containing these hazards/threats.

Skills
- FES-R5.4: Initiate and participate in containment procedures used for any special hazards that pose a threat to healthcare system operations.
- FES-R5.5: Perform special situation procedures per the EOP annexes and as indicated by event circumstances (e.g., isolation of specific facility areas, etc.)
- FES-R5.6: Contain hazards/threats through removal, protection, isolation, or neutralization (as appropriate).

- **FES-R6: Provide for efficient information processing for Facilities and Engineering Services through both reporting and receiving information according to established time schedules.**

Recommended proficiency for Primary Competency: operations level

Knowledge
- FES-R6.1: Describe the types of relevant information that are required for reporting from Facilities and Engineering Services.

- FES-R6.2: Describe the format and timing of reporting information from your work area.
- FES-R6.3: Describe the methods in which your work area should receive incident information during emergency response and recovery.

Skills

- FES-R6.4: Provide input into the healthcare system's incident action planning by assisting with updates (as requested) on situation (facilities impact resolution, functionality of mission critical operating systems, etc.), resources, special problems encountered, and tasks completed in your work area.
- FES-R6.5: Assist with tracking of resources by providing updates (as requested).
- FES-R6.6: Provide prompt, appropriate notification when work activities reveal information that dictates major or sudden changes in response strategies.
- FES-R6.7: Participate in briefings conducted for your work area.

- **FES-R7: Incorporate relevant safety practices and procedures in all of your activities as relevant to your work area.**

Recommended proficiency for Primary Competency: operations level

Knowledge

- FES-R7.1: Describe categories of hazards that may pose a risk to facilities and engineering staff during emergency response and recovery.
- FES-R7.2: Describe interventions for facilities and engineering staff and others to reduce the potential risk created by incident parameters.

Skills

- FES-R7.3: Participate in or conduct safety briefings (based upon the Incident Safety Plan) during each work cycle.
- FES-R7.4: Adhere to universal precautions and infection control procedures (whether day-to-day or specific to the incident) as well as other relevant workplace safety practices as indicated.
- FES-R7.5: Adhere to appropriate work cycles for your work area.
- FES-R7.6: Select and use appropriate PPE when applicable.
- FES-R7.7: Provide for safe use of PPE by monitoring co-workers utilizing PPE.

- **FES-R8: Assist in the integration of outside resources into Facilities and Engineering work areas as required to meet response objectives.**

Recommended proficiency for Primary Competency: operations level

Knowledge

- FES-R8.1: Describe general procedures for requesting, receiving, briefing, assigning and supervising personnel from other departments or from other external agencies assigned to Facilities and Engineering.
- FES-R8.2: Describe procedures for requesting, receiving, rapid in-servicing and using equipment and supplies (especially items that aren't normally used in Facilities and Engineering Services).

Skills

- FES-R8.3: Initiate or assist in the process of requesting outside resources by delineating specific needs in the required format.
- FES-R8.4: Assist in the integration of personnel from outside your work area by ensuring they participate in briefings on operations in your area and monitoring their response actions
- FES-R8.5: Integrate equipment and supplies from outside your work area by ensuring familiarity with their use and by tracking their use.

- **FES-R9: Follow recovery procedures for Facilities and Engineering that promote rapid return of the healthcare system to baseline activity.**

Recommended proficiency for Primary Competency: operations level

Knowledge

- FES-R9.1: Describe policies and procedures for rehabilitation of Facility and Engineering personnel. .
- FES-R9.2: Describe the responsibilities, specific to your role, for rehabilitation of the physical plant and mission critical systems relevant to Facility and Engineering Services.
- FES-R9.3: Describe the policies and procedures for formal After Action Report participation relevant to Facilities and Engineering.

Skills

- FES-R9.4: Participate in personnel rehabilitation as appropriate and as instructed.
- FES-R9.5: Participate in healthcare system, facility, and equipment rehabilitation as relevant to your work area to ensure functional area preparation for day-to-day activities and future EOP activations.
- FES-R9.6: Participate in the After Action Report process by submitting items in the required format and participating in indicated meetings.

Emergency Management Program Competencies[21]

The "program competencies" address the Emergency Management (EM) phases of mitigation and preparedness, and the post-incident/post-exercise activities that accomplish evaluation and organizational learning objectives. Together with the emergency response and recovery competencies, they provide a comprehensive set of performance metrics for each job group within the emergency management program (EMP) for healthcare systems.

Emergency Management Program Manager (EPM) Job Group

Personnel primarily responsible for developing, implementing and maintaining healthcare facility and system-wide emergency management (EM) programs that include the Emergency Operations Plan (EOP). System level emergency program managers, above the level of individual facilities, (such as VHA Area Emergency Managers or program managers at the level of the VA Emergency Management Strategic Healthcare Group) are also included in this job group. ***It is assumed that the individuals in this job group will be assigned to a command & general staff ICS position (usually planning section chief) during response, and so are expected to possess the response and recovery competencies listed under Healthcare System Leaders as well***.[22]

- **EPM-P1: Apply a '*systems-based approach*' to the development, implementation, management, and maintenance of the Emergency Management Program (EMP).**

Recommended proficiency for Primary Competency: expert level

Knowledge

- EPM-P1.1: Describe the meaning of (definition) and importance of the following terms in the context of healthcare organization emergency management: Goal (mission), objective, strategy, and tactic.
- EPM-P1.2: List the sequential steps of a systems-based approach to program development
- EPM-P1.3: Describe why and how system assumptions are developed and how they are utilized during mitigation, preparedness, response, and recovery.

Skills

[21] These program competencies, when added to the VHA All Personnel Competencies and the emergency response and recovery competencies for the specific job group, complete the comprehensive set of EMP competencies for each specified job group.

[22] In some healthcare systems, an EM Program Manager may oversee a more limited position (e.g. program coordinator) with a narrower range of competencies.

- EPM-P1.4: Develop or oversee the development and maintenance of a clear mission statement for the healthcare organization EMP.
- EPM-P1.5: Apply common managerial strategies that incorporate the healthcare organization's mission statement, code of ethics, and core values into the EMP.
- EPM-P1.6: Apply the sequential steps of a systems approach to establishing and conducting all relevant EMP activities (For example, the VHA uses their nine-step implementation process for establishing the EMP).
- EPM-P1.7: Develop or oversee the development of systems assumptions for all relevant EMP activities.

- **EPM-P2: Apply foundational Emergency Management concepts as they relate to healthcare organizations.**

Recommended proficiency for Primary Competency: operations level

Knowledge

- EPM-P2.1: Describe the principles of Comprehensive Emergency Management (CEM) as articulated in the 1978 National Governors' Association report.
- EPM-P2.2: Explain the 13 steps and the emphasis placed on Hazard Vulnerability Analysis (HVA) and mitigation in the FEMA report Integrated Emergency Management Systems (IEMS), 1983.
- EPM-P2.3: List and explain the 11 elements of Continuity of Operations as documented in Federal Preparedness Circular 65 (FEMA, June 2004).
- EPM-P2.4: Describe the origins, purpose, and framework of the National Incident Management System (NIMS) including variances from traditional Incident Command System principles.
- EPM-P2.5: Describe the framework, processes, and procedures for Federal government response as outlined in the National Response Plan (NRP).
- EPM-P2.6: Describe the components of the four phases of Comprehensive Emergency Management (Mitigation, Preparedness, Response and Recovery), and how additional "aspects" can be incorporated as presented in NFPA 1600 (2007).
- EPM-P2.7: Describe the difference between Emergency Management and Homeland Security.
- EPM-P2.8: List major findings applicable to healthcare organizations of disaster sociology research into emergency preparedness and response.

Skills

- EPM-P2.9: Demonstrate that foundational Emergency Management principles and major findings applicable to healthcare organizations from disaster sociology research are incorporated into all components of the EMP.

- **EPM-P3: Perform administrative tasks/jobs that permit the Emergency Management Program (EMP) to meet its overall mission and objectives.**

Recommended proficiency for Primary Competency: operations level

Knowledge

- EPM-P3.1: Describe the term 'strategic administrative planning' as it relates to the EMP.
- EPM-P3.2: Describe the relationship of the EMP to the overall healthcare organization including processes for how the EMP integrates within the overall administrative structure and functions.
- EPM-P3.3: List relevant regulations and policies (and their origins) for the EMP. For JCAHO regulations, list specific components applicable to the EMP.
- EPM-P3.4: List the strategies and tactics necessary for building support to and maintaining awareness of the EMP (both external and internal to the healthcare organization).
- EPM-P3.5: Describe the different financial implications of a well run EMP for a healthcare organization (across all four phases of EM).
- EPM-P3.6: Describe different legal implications for the EMP of a healthcare organization.
- EPM-P3.7: Identify relevant authorities external to the healthcare organization and their important relationship to the EMP.

Skills

- EPM-P3.8: Develop an annual work plan for the EMP that includes an annual program review.
- EPM-P3.9: Maintain required reporting relationship with relevant healthcare organization authorities that support the EMP.
- EPM-P3.10: Conduct and/or oversee specific activities to meet regulatory and funding requirements relevant to the EMP (including evaluative activities required by JCAHO).
- EPM-P3.11: Conduct and/or oversee specific activities to build support and maintain awareness of the EMP both internal and external to the healthcare organization.
- EPM-P3.12: Maintain and/or oversee generally accepted accounting practices for all four phases of CEM within the EMP.
- EPM-P3.13: Incorporate legal considerations into EMP activities to reduce the potential exposure to litigation.

- **EPM-P4: Develop, implement, manage, and maintain an Emergency Management Committee (EMC) process to support the Emergency Management Program (EMP).**

Recommended proficiency for Primary Competency: expert level

Knowledge

- EPM-P4.1: Describe the difference between preparedness organizations and response organizations.
- EPM-P4.2: List relevant representatives that should take part in the EMC for a healthcare organization.
- EPM-P4.3: Describe general competencies that EMC participants from within the healthcare organization should possess.
- EPM-P4.4: Describe the necessary processes for the EMC to successfully operate.
- EPM-P4.5: Describe processes for effective meeting management.

Skills

- EPM-P4.6: Maintain adequate representation on the EMC, including appropriate representatives from organizations external to the healthcare organization.
- EPM-P4.7: Establish and supervise EMC sub-committees, plus ad hoc and standing task groups beyond formal EMC membership as indicated, to assure adequate representation and expertise in developing and conducting EM program activities (mitigation, preparedness, organizational learning).
- EPM-P4.8: Maintain and/or supervise the maintenance of adequate knowledge and skills of internal representatives to the EMC and its task groups.
- EPM-P4.9: Develop and maintain or oversee the development and maintenance of document control activities for the EMC.
- EPM-P4.10: Implement and maintain processes to ensure effective meeting management.

- **EPM-P5: Develop, implement, and maintain a Hazard Vulnerability Analysis (HVA) process as the foundation for conducting the Emergency Management Program (EMP).**

Recommended proficiency for Primary Competency: expert level

Knowledge

- EPM-P5.1: Define the terms hazard, vulnerability, risk, and risk management in the context of healthcare organizations and requirements.
- EPM-P5.2: Describe the purpose, context, and timing of the HVA process within a healthcare organization's EMP.
- EPM-P5.3: Describe unique characteristics of healthcare organizations that contribute to their overall vulnerability.
- EPM-P5.4: List representative external agencies and organizations that should be considered for inclusion in a healthcare organization's HVA process.
- EPM –P5.5: List internal and external stakeholders that should be considered for inclusion in a healthcare organization's HVA process.
- EPM-P5.6: List different methods for identifying potential hazards to the healthcare organization.

- EPM-P5.7: Describe the process of analyzing the risk (probability and vulnerability) created by each identified hazard, including a standardized deconstruction of each hazard vulnerability.
- EPM-P5.8: Describe the process of grouping and prioritizing vulnerabilities to provide potential EMP risk interventions.
- EPM-P5.9: Describe various ways in which HVA findings may be applied as a basis for planning and evaluating the EMP activities.

Skills

- EPM-P5.10: Oversee or individually develop, implement, and maintain an HVA process that is continually performed throughout the life cycle of the EMP.
- EPM-P5.11: Incorporate relevant stakeholders (personnel and agencies) into the HVA process, both from internal and external to the healthcare organization.
- EPM-P5.12: Ensure the HVA process is able to identify all possible hazard types that could significantly impact the healthcare organization.
- EPM-P5.13: Develop, implement, and maintain a consistent methodology for analyzing the risk for identified hazards in the HVA process.
- EPM-P5.14: Develop, implement, and maintain a consistent process for grouping and prioritizing vulnerabilities in the HVA process.
- EPM-P5.15: Develop, implement, and maintain a consistent process for incorporating HVA findings into the EMP.

- **EPM-P6: Incorporate comprehensive mitigation planning into the healthcare organization's Emergency Management Program (EMP).**

Recommended proficiency for Primary Competency: expert level

Knowledge

- EPM-P6.1: Describe the distinction between HVA planning and mitigation planning.
- EPM-P6.2: List different types of mitigation activities relevant to healthcare organizations.
- EPM-P6.3: Describe the context and timing of mitigation planning for healthcare organizations.
- EPM-P6.4: Describe different strategies for managing and conducting healthcare organization mitigation planning.
- EPM-P6.5: Explain the process of establishing cost-benefit ratios for each potential mitigation action.
- EPM-P6.6: Describe the outline of a mitigation plan for healthcare organizations.

Skills

- EPM-P6.7: Oversee or individually maintain mitigation planning activities throughout the life cycle of the EMP.
- EPM-P6.8: Oversee or individually maintain integrated mitigation efforts that include appropriate external parties and that avoid unnecessary

overlap with the efforts of other sectors (such as Safety) in the healthcare organization.

- EPM-P6.9: Ensure that the mitigation planning for the healthcare organization addresses both long-term as well as short term strategies and cover structural and non-structural mitigation interventions.
- EPM-P6.10: Develop, implement, manage, and maintain a process for prioritizing mitigation activities consistent with risk and funding parameters.
- EPM-P6.11: Develop and maintain a consistent template for mitigation planning.

- **EPM-P7: Incorporate comprehensive preparedness planning into the healthcare organization's Emergency Management Program (EMP)**.

Recommended proficiency for Primary Competency: expert level

Knowledge

- EPM-P7.1: Describe the context and essential elements of preparedness planning for a healthcare organization.
- EPM-P7.2: List components of a comprehensive healthcare organization Emergency Operations Plan (EOP) based upon national standards such as the National Response Plan and FEMA State and Local Guide (SLG 101).
- EPM-P7.3: Describe how the healthcare organization EOP should be utilized across the phases of Comprehensive Emergency Management.
- EPM-P7.4: Describe the four primary tasks in resource management as presented in the National Incident Management System (NIMS) and the categories of preparedness resource management tasks for a healthcare organization.
- EPM-P7.5: List the essential components of a mutual aid instrument and differentiate from a cooperative agreement.
- EPM-P7.6: Describe the relevance of and methodologies for incorporating input from external agencies into healthcare organization preparedness planning.
- EPM-P7.7: Outline the core components of a healthcare organization preparedness plan.
- EPM-P7.8: Describe the importance of and the methods for assuring coordinated response with other local and regional healthcare organizations.
- EPM-P7.9: Describe the components of personal and family preparedness for healthcare organization personnel.

Skills

- EPM-P7.10: Maintain as a core focus for the EMP the development, implementation, and maintenance of the healthcare organization EOP, including all annexes and appendices and service-level planning.

- EPM-P7.11: Oversee the development of the healthcare organization EOP that is functionally based and establishes all-hazards processes for response and recovery.
- EPM-P7.12: Use the HVA to determine issues that should be specifically addressed in the EOP, and apply HVA findings in developing appropriate Support and/or Incident Specific Annexes for the EOP, and in establishing specific operating procedures across the EOP.
- EPM-P7.13: Supervise and assist, through the EMC, task groups to produce organization-level and service-level planning in the functional, incident-specific, and support annex(es), service-levcel plans, and other relevant program-specific plans for the organization.
- EPM-P7.14: Provide continuous preparedness resource management oversight to the EMP that includes concepts such as competency certifications, resource descriptions and requirements, resource acquisition, accountability, finance, and resource maintenance.
- EPM-P7.15: Participate in the development and maintenance of a response platform for sharing incident notification and incident information with other local and regional healthcare organizations during incident response, as well as coordinating response objectives and strategies and resource requests.
- EPM-P7.16: Oversee the development of tactical mutual aid instruments and cooperative agreements with external entities that are consistent with relevant strategic mutual aid instruments.
- EPM-P7.17: Develop and implement a consistent template for preparedness planning.
- EPM-P7.18: Oversee the implementation and maintenance of personal and family preparedness planning for the healthcare organization's personnel.
- EPM-P7.19: Develop and maintain an appropriate personal and family preparedness plan (see AP-R7 for further detail).

- **EPM-P8: Incorporate continuity planning into the activities of the healthcare organization's Emergency Management Program (EMP) to ensure organizational continuity and resiliency of mission critical functions, processes and systems.**

Recommended proficiency for Primary Competency: expert level

Knowledge

- EPM-P8.1: Describe the relationship of continuity planning to the healthcare organization HVA process and the four phases of Comprehensive Emergency Management.
- EPM-P8.2: Identify priority functions, processes and systems relevant to continuity planning for healthcare organizations.

- EPM-P8.3: Describe the concept of leadership succession and delegation of authority as it relates to healthcare organizations, and explain its importance.
- EPM-P8.4: Describe how mission critical continuity planning considerations may be cross-walked to incorporate interventions into a well written healthcare organization Emergency Operations Plan (EOP).

Skills

- EPM-P8.5: Oversee the incorporation of continuity planning principles into the healthcare organization's HVA process and the four phases of the EMP.
- EPM-P8.6: Develop and maintain a consistent methodology for the prioritization of processes and systems for the purposes of continuity planning.
- EPM-P8.7: Oversee or develop a process for leadership succession and delegation of authority as it relates to the healthcare organization.
- EPM-P8.8: Oversee the development of a Continuity of Operations plan (or functional annex if appropriate), and otherwise ensure the incorporation of continuity planning into the healthcare facility EOP and service-level plans.

- **EPM-P9: Incorporate comprehensive instructional activity into the preparedness activities of the healthcare organization Emergency Management Program (EMP).**

Recommended proficiency for Primary Competency: expert level

Knowledge

- EPM-P9.1: Define and describe the purpose of the three main types of instructional activity (education, training, drills).
- EPM-P9.2: Describe the role and application of competencies and respective levels of proficiency in relation to the healthcare organization's EMP.
- EPM-P9.3: Relate the competencies used for a healthcare organization's EMP to the "job/task analysis" or position descriptions necessary for emergency response and recovery.
- EPM-P9.4: Lists different mandates that delineate legal, regulatory, or accreditation standards applicable to emergency response and recovery position descriptions and the component competencies.
- EPM-P9.5: Describe the phases and iterative components of Instructional System Development (ISD) in relation to the healthcare organization's EMP.
- EPM-P9.6: Explain the advantages and disadvantages of developing instructional activities internally to the healthcare organization as contrasted with contracting outside vendors or other external sources for this service.

- EPM-P9.7: Define and describe the difference between certifications and qualifications.

Skills

- EPM-P9.8: Oversee the development and maintenance of a competency framework for the healthcare organization's EMP.
- EPM-P9.9: Oversee the development of competencies and levels of proficiency for functional groups and individual response and recovery positions for the healthcare organization's EMP.
- EPM-P9.10: Utilize the ISD process for the analysis, design, development, implementation, and evaluation of instructional activities related to the healthcare organization's EMP.
- EPM-P9.11: Oversee the development and maintenance of a system for recording position certifications and qualifications.

- **EPM-P10: Incorporate a range of exercise types into the healthcare organizations Emergency Management Program (EMP).**

Recommended proficiency for Primary Competency: expert level

Knowledge

- EPM-P10.1: Define and describe the different types of exercises that may be employed by a healthcare organization's EMP and explain the purpose of each exercise type.
- EPM-P10.2: Describe the JCAHO standards relevant to a healthcare organization's EMP exercise program.
- EPM-P10.3: Describe the application of the Instructional System Development (ISD) process to exercise analysis, design, development, implementation and evaluation.
- EPM-P10.4: List essential personnel, processes, and other preparations necessary for a healthcare organization exercise.
- EPM-P10.5: Describe essential considerations for managing a healthcare organization's exercise, including the emphasis on exercise safety.
- EPM-P10.6: Describe exercise planning and other relevant processes that make exercise an evaluative tool for the healthcare organization's EMP

Skills

- EPM-P10.7: Oversee the appropriate utilization of the different types of exercises for the healthcare organization's EMP.
- EPM-P10.8: Ensure adherence to JCAHO requirements regarding the healthcare organization's exercises.
- EPM-P10.9: Utilize the ISD process for the development and conduct of healthcare organization exercises.
- EPM-P10.10: Oversee the development and maintenance of a consistent methodology during exercise preparation.
- EPM-P10.11: Oversee the development and maintenance of a consistent methodology for the conduct of exercises, including the use of ICS principles where applicable.

- EPM-P10.12: Oversee the development of evaluative tools and processes for all exercises.

- **EPM-P11: Demonstrate systems-based evaluation of the healthcare organization's overall Emergency Management Program (EMP) and its Emergency Operations Plan (EOP).**

Recommended proficiency for Primary Competency: expert level

Knowledge

- EPM-P11.1: Describe the context, purpose and timing of program evaluations in relation to the healthcare organization's EMP.
- EPM-P11.2: Describe the differences between summative and formative evaluations and their application to the healthcare organization's EMP.
- EPM-P11.3: Describe the different categories of performance measures (and metrics) and their applicability to the healthcare organization's EMP.
- EPM-P11.4: Describe methodologies for the selection of performance measures most appropriate to the healthcare organization's EMP, including evaluation methods for use during exercises.
- EPM-P11.5: Describe various methods for collecting evaluation information for the healthcare organization's EMP.
- EPM-P11.6: Describe the different steps of "Performance-based Programmatic Evaluation."
- EPM-P11.7: Describe the role, purpose, and methods for conducting the After Action Report (AAR) process in a healthcare organization's EMP system evaluation.

Skills

- EPM-P11.8: Apply both formative and summative evaluations to the healthcare organization EMP.
- EPM-P11.9: Utilize different performance measures (inputs, processes, outputs, and outcomes) in an appropriate manner to maximize the effectiveness of the EMP evaluation.
- EPM-P11.10: Oversee the implementation of the different steps of 'Performance based Programmatic Evaluation' in relation to the healthcare organization EMP.
- EPM-P11.11: Develop and maintain a consistent methodology for conducting an After Action Report process.

- **EPM-P12: Demonstrate incorporation of accepted improvement recommendations into the EMP and its components such that the process becomes one of a learning organization.**

Recommended proficiency for Primary Competency: expert level

Knowledge

- EPM-P12.1: Describe the relevance of organizational learning to the EMP and how this systems-based approach to improvement may be applied to mitigation, preparedness, response, and recovery
- EPM-P12.2: List methods for capturing, cataloguing, prioritizing, and incorporating issues discovered during the AAR process.

Skills

- EPM-P12.3: Develop and maintain a consistent methodology for capturing, cataloguing, prioritizing, and incorporating issues discovered during the AAR process.
- EPM-P12.4: Apply the principles of organizational learning to all relevant EMP activities.

Healthcare System Leaders (HSL) Job Group

Hospital and/or healthcare system-wide senior executives (CEO, COO, CFO), hospital-wide managers, department heads, nursing executives, chief of the medical staff, and/or senior managers in large departments or key operating units. It is assumed that members of this job group, due to their everyday organizational positions, would be assigned to serve in the command and general staff positions of an ICS structure during a healthcare system's emergency response.

- **HSL-P1: Apply foundational Emergency Management concepts as they relate to healthcare organizations.**

Recommended proficiency for Primary Competency: awareness level

Knowledge

- HSL-P1.1: Describe the origins, purpose, and framework of the National Incident Management System (NIMS) including variances from traditional Incident Command System principles.
- HSL-P1.2: Describe the framework, processes, and procedures for Federal government response as outlined in the National Response Plan (NRP).
- HSL-P1.3: Describe the components of the four phases of Comprehensive Emergency Management (Mitigation, Preparedness, Response and Recovery), and how additional "aspects" can be incorporated as presented in NFPA 1600 (2007).
- HSL-P1.4: Describe the difference between Emergency Management and Homeland Security.
- HSL-P1.5: List major findings applicable to healthcare organizations of disaster sociology research into emergency preparedness and response.

Skills

- HSL-P1.6: Demonstrate that foundational Emergency Management principles and major findings applicable to healthcare organizations from disaster sociology research are incorporated into all of your work products related to the EMP.

- **HSL-P2: Provide leadership and administrative support to and participate in the Emergency Management Program (EMP) in order for it to meet its overall mission and objectives.**

Recommended proficiency for Primary Competency: operations level

Knowledge

- HSL-P2.1: Describe the relationship of the EMP to the overall healthcare organization including processes for how the EMP integrates within the overall administrative structure and functions.

- HSL-P2.2: List relevant JCAHO regulations and specific components applicable to the EMP.
- HSL-P2.3: List the strategies and tactics (appropriate to your position) necessary for building support to and maintaining awareness of the EMP (both external and internal to the healthcare organization).
- HSL-P2.4: Describe the different financial implications of a well run EMP for a healthcare organization (across all four phases of EM).
- HSL-P2.5: Describe different legal implications for the EMP of a healthcare organization.
- HSL-P2.6: Describe the necessary processes for the Emergency Management Committee (EMC) to successfully operate.
- HSL-P2.7: Describe the responsibility of HSLs to develop and maintain their service level readiness at all times.
- HSL-P2.8: List the necessary knowledge and skills for your participation in the EMC.

Skills

- HSL-P2.9: Conduct and/or oversee specific activities to meet JCAHO requirements or other regulatory and funding requirements as directed by the Emergency Program Manager.
- HSL-P2.10: Conduct and/or oversee specific activities to build support and maintain awareness of the EMP both internal and external to the healthcare organization relevant to your position.
- HSL-P2.11: Maintain and/or oversee generally accepted accounting practices for all four phases of CEM within the EMP.
- HSL-P2.12: Incorporate legal considerations into EMP activities to reduce the potential exposure to litigation.
- HSL-P2.13: Maintain adequate representation on the EMC.
- HSL-P2.14: Maintain adequate knowledge and skills required for participation in the EMC, if assigned to the EMC.
- HSL-P2.15: Utilize established document control activities for all work products generated for the EMC, if assigned to the EMC.

- **HSL-P3: Participate in the Hazard Vulnerability Analysis (HVA) process as the foundation for conducting the Emergency Management Program (EMP).**[23]

Recommended proficiency for Primary Competency: operations level

Knowledge

- HSL-P3.1: Define the terms hazard, vulnerability, risk, and risk management in the context of healthcare organizations and requirements.
- HSL-P3.2: Describe the purpose, context, and timing of the HVA process within a healthcare organization's EMP.

[23] In the context of these competencies, "participate" indicates that an individual makes substantive contributions to the activities, procedures, or processes in question and as applicable to their regular position.

- HSL-P3.3: Describe unique characteristics of healthcare organizations that contribute to their overall vulnerability.
- HSL-P3.4: List different methods for identifying potential hazards to the healthcare organization.
- HSL-P3.5: Describe various ways in which HVA findings may be applied as a basis for planning and evaluating the EMP activities.

Skills

- HSL-P3.6: Provide input relevant to your position into the HVA process that is continually performed throughout the life cycle of the EMP.
- HSL-P3.7: Assist with the process for incorporating HVA findings into the EMP, as indicated by your specific position.

- **HSL-P4: Participate in comprehensive mitigation planning to support the healthcare organization's Emergency Management Program (EMP).** [2]

Recommended proficiency for Primary Competency: operations level

Knowledge

- HSL-P4.1: List different types of mitigation activities relevant to healthcare organizations.
- HSL-P4.2: Describe the context and timing of mitigation planning for healthcare organizations.
- HSL-P4.3: Explain the process of establishing cost-benefit ratios for each potential mitigation action.

Skills

- HSL-P4.4: Provide appropriate input (per your position) into mitigation planning activities throughout the life cycle of the EMP.
- HSL-P4.5: Manage specific mitigation planning activities, as assigned, through completion and report appropriately on their status to the Emergency Management Committee (EMC).
- HSL-P4.6: Incorporate risk and funding parameters into mitigation activities relevant to your position.
- HSL-P4.7: Apply HVA findings to business decision making as appropriate to your position.

- **HSL-P5: Support and participate in comprehensive preparedness planning through the healthcare organization's Emergency Management Program (EMP).** [2]

Recommended proficiency for Primary Competency: operations level

Knowledge

- HSL-P5.1: Describe the context and essential elements of preparedness planning for a healthcare organization.

- HSL-P5.2: List components of a comprehensive healthcare organization Emergency Operations Plan (EOP) based upon national standards such as the National Response Plan and FEMA State and Local Guide (SLG 101).
- HSL-P5.3: Describe how the healthcare organization EOP should be utilized across the phases of Comprehensive Emergency Management.
- HSL-P5.4: Describe the four primary tasks in resource management as presented in the National Incident Management System (NIMS) and relate how these are applicable to your duties within the EMP.
- HSL-P5.5: List the essential components of a mutual aid instrument and differentiate from a cooperative agreement.
- HSL-P5.6: Identify priority functions, processes and systems relevant to continuity planning for healthcare organizations.
- HSL-P5.7: Describe the components of personal and family preparedness for healthcare organization personnel.

Skills

- HSL-P5.8: Provide input relevant to your position into the development, implementation, and maintenance of the healthcare organization EOP.
- HSL P5.9: As appropriate, supervise and/or or participate in task groups or subcommittees formed to support the EMC.
- HSL P5.10: Manage or participate in service level planning relevant to your position.
- HSL-P5.11: Provide continuous preparedness resource management oversight to portions of the EMP relevant to your position.
- HSL-P5.12: Participate with HSL peers from other local and regional healthcare organizations in setting policy and supporting a response platform for sharing information and coordinating response objectives and strategies during incident response.
- HSL-P5.13: Manage and complete tactical mutual aid and cooperative agreement assignments with external entities and report back to the Emergency Management Committee (EMC) as appropriate.
- HSL-P5.14: Demonstrate integration of Business Continuity and Emergency Management principles across all EMP activities.
- HSL-P5.15: Oversee the implementation and maintenance of personal and family preparedness planning for healthcare organization personnel you are responsible for during day to day activities.
- HSL-P5.16: Develop and maintain an appropriate personal and family preparedness plan (see AP-R7 for further detail).

- **HSL-P6: Utilize and assist in the conduct of appropriate preparedness activities (e.g. instruction and exercises) that implement the Emergency Operations Plan (EOP) for the healthcare organization Emergency Management Program (EMP).**

Recommended proficiency for Primary Competency: operational level

Knowledge

- HSL-P6.1: Define and describe the purpose of the three main types of instructional activity (education, training, drills).
- HSL-P6.2: Define and describe the different types of exercises that may be employed by a healthcare organization's EMP.
- HSL-P6.3: Describe the role and application of competencies and respective levels of proficiency in relation to the healthcare organization's EMP.
- HSL-P6.4: Define and describe the difference between certifications and qualifications.
- HSL-P6.5: Describe the phases and iterative components of Instructional System Development (ISD) (analysis, design, development, implementation and evaluation) in relation to the healthcare organization instructional and exercise activities.
- HSL-P6.6: Explain the advantages and disadvantages of developing and conducting instructional and exercise activities internally to the healthcare organization as contrasted with contracting outside vendors or other external sources for this service.
- HSL-P6.7: List essential personnel, processes, and other preparations necessary for a healthcare organization exercise.
- HSL-P6.8: Describe essential considerations for managing a healthcare organization's exercise, including the emphasis on exercise safety.
- HSL-P6.9: Describe exercise planning and other relevant processes that make exercises an evaluative tool for the healthcare organization's EMP.

Skills

- HSL-P6.10: Provide input as appropriate to your position into the competency framework for the healthcare organization's EMP.
- HSL-P6.11: Provide input, as appropriate to your position, into the development and maintenance of a system for recording position certifications and qualifications.
- HSL-P6.12: Utilize the ISD process for the analysis, design, development, implementation, and evaluation of instructional and exercise activities related to the healthcare organization's EMP.
- HSL-P6.13: Utilize ICS principles (as appropriate) in the development and conduct of healthcare organization exercises.
- HSL-P6.14: As appropriate to your position, participate in the development of evaluative tools and processes for all exercises.

- **HSL-P7: Participate in the systems-based evaluation of the healthcare organization's overall Emergency Management Program (EMP), including its Emergency Operations Plan (EOP), and assist in the incorporation of recommended/accepted changes.**[2]

Recommended proficiency for Primary Competency: operations level

Knowledge

- HSL-P7.1: Describe the context, purpose and timing of program evaluations in relation to the healthcare organization's EMP.
- HSL-P7.2: Describe various methods for collecting evaluation information for the healthcare organization's EMP.
- HSL-P7.3: Describe the role, purpose, and methods for conducting the After Action Report (AAR) process in a healthcare organization's EMP system evaluation.
- HSL-P7.4: Describe the relevance of organizational learning to the EMP and how this systems-based approach to improvement may be applied to mitigation, preparedness, response, and recovery

Skills

- HSL-P7.5: As appropriate to your position, participate in EMP evaluative activities throughout all phases of the program (mitigation, preparedness, response, and recovery).
- HSL-P7.6: Participate in the development and maintenance of a consistent methodology for conducting an After Action Report process.
- HSL-P7.7: Participate in the development and maintenance of a consistent methodology for capturing, cataloguing, prioritizing, and incorporating issues discovered during the AAR process.