

Personnel Deployment Competencies for Distant Emergencies

Supporting the VA Emergency Management Academy

VHA Contract 797-BT-9-014
The George Washington University (GWU) Project Team
Institute for Crisis, Disaster and Risk Management

Joseph A. Barbera, MD – Principle Investigator
Anthony G. Macintyre, MD, Lissa T. Westerman, RN,
Gregory L. Shaw, DSc, Dale Yeatts, MD

Funding to support this project was provided by the U.S. Department of Veterans Affairs, Veterans Health Administration, Emergency Management Strategic Healthcare Group under VHA Contract No. 797-BT-9-014.

The authors of this report are responsible for its content. No statement in the report should be construed as an official position of the U.S. Department of Veterans Affairs.

This document is in the public domain and may be used with appropriate reference and reprinted without express permission except those copyrighted materials noted, for which further reproduction is prohibited without the specific permission of copyright holders.

Background

Since 2004, the Institute for Crisis, Disaster, and Risk Management (ICDRM) at the George Washington University (GWU) has supported emergency management initiatives undertaken by the U. S. Department of Veterans Affairs (VA) Emergency Management Academy (EMA). One focus of this work has been the development of emergency management competencies for healthcare personnel across the full range of relevant hospital-based professionals.¹ Competencies are central to the EMA, as they provide a basis for education, training, evaluation, and system enhancement. Healthcare Emergency Management Competencies developed in past projects focused on program competencies (mitigation and preparedness) and emergency response and recovery within a healthcare setting.

The Veterans Health Administration (VHA) has a long history of deploying its personnel, on a voluntary basis, to distant sites to assist with emergencies and disasters. The VHA uses its Disaster Emergency Medical Personnel System

¹ Health care Emergency Management Competencies: Competency Framework Final Report (2007)" at www.gwu.edu/~icdrm – see Technical Reports on pages 42-43.



(DEMPS) for rostering and deploying their personnel for this purpose (see figure 1).

Figure 1. Disaster Emergency Medical Personnel System

The Disaster Emergency Medical Personnel System (DEMPS) is a database developed to collect specific information on VHA medical personnel who have volunteered and been approved by their Medical Center Director to be deployed in the event of a disaster.

When disasters such as hurricanes, earthquakes, floods, etc., occur and the state and local resources to handle the response/recovery process are overwhelmed, the state in which the disaster occurs may request federal assistance. In this case, a Presidential Disaster Declaration is issued and the National Response Framework (NRF) is activated. Once the damage to the area and needs have been assessed, and it is determined that medical resources are required, the Federal Emergency Management Agency (FEMA) or Public Health Service (PHS) may task VA to provide these resources. Generally, these requests are for medical personnel (nurses, physicians, pharmacists, etc.), pharmaceutical (or other medical) supplies, and medical equipment.²

In an initiative to strengthen DEMPS, the VHA Emergency Management Strategic Health Care Group (EMSHG) is currently revising DEMPS processes and procedures for selection, training and management of personnel during preparedness and for managing personnel during emergency deployment. The activities covered in this report were conducted at EMSHG request to specifically support the DEMPS program. EMSHG also directed, however, that the deployment competencies be presented in a generic format for application in venues beyond the VHA and DEMPS.

These deployment competencies are designed to be consistent with the Emergency Management Competency Framework previously developed for VHA personnel working in the health care setting during emergencies and disasters.³ Readers are encouraged to reference the framework document as it provides important information on the structure and use of professional competencies.

The Deployment Competencies are designed for use by personnel who are preparing for dispatch to a distant job site for greater than one operational period

² Emergency Management Strategic Health Care Group. *Disaster Emergency Medical Personnel System*. United States Department of Veterans Affairs web site accessed March 8, 2009 at <http://www1.va.gov/EMSHG/page.cfm?pg=20>

³ Health care Emergency Management Competencies: Competency Framework Final Report (2007) at www.gwu.edu/~icdrm – under “Publications” - “Technical Reports.”

(i.e., “shift”) to provide assistance to another identified organization during an emergency or disaster. They are also intended for use by 1) organizations developing or improving systems to deploy personnel, 2) organizations preparing to receive personnel that will assist them during emergencies and disasters, and 3) organizations seeking metrics to assess deployable or deployed personnel’s performance during preparedness, emergency response, and recovery (in conjunction with the organization’s specific guidance).

Assumptions

- The “home agency” (i.e., organization dispatching the individual) remains administratively responsible⁴ for dispatched personnel throughout the deployment, even though personnel are working directly for and taking direction from another organization (i.e., the “supported organization”).⁵ In some cases, an “intermediate organization,” such as an EOC in the disaster area, may also be involved in receiving and assigning deployed personnel to their specific supported organization.
- The deployed personnel may be dispatched as individual resources to staff positions in a supported organization, or they may be deployed as an organized response element such as a strike team or task force to provide direct assistance. These competencies focus primarily upon individual competencies for personnel dispatched as single resources, but they are also useful for programs dispatching personnel as an organized resource (e.g., Disaster Medical Assistance Teams).
- The Deployment Competencies are presented by sequential stages of individual deployment.
- A supported organization may be a common, everyday healthcare organization such as a hospital, or it may be a temporary organization activated specifically for the disaster, such as a Federal Medical Station⁶ or field hospital.
- The emergency response context at the site(s) where the personnel are deployed may vary in relation to:
 - o The usual work setting (intact to austere)
 - o The impacted personnel and victims that will be encountered (mildly to severely traumatized)
 - o The work and billeting physical environments (intact to austere).
- Austere physical environments may include exposure to extreme weather (e.g. heat, humidity, or cold), compromised hygiene conditions, nonselective

⁴ “Administratively responsible” means that the agency maintains accountability for the deployed personnel’s physical location, pay and benefits if any, emergency contact methods, and other defined support elements.

⁵ The “supported organization” may be a regular healthcare or other operating entity (e.g., hospital, clinic, home healthcare, etc.) or a temporary response organization (e.g., Federal Medical Station, incident management team).

⁶ Information about Federal Medical Stations is available at <http://www.hhs.gov/disasters/discussion/planners/medicalassistance.html>

- meals (i.e., such as MREs), and other conditions that create physical and psychological stress.
- Austere work environments may include rudimentary health care settings, scarcity of normal resources (personnel, facilities, equipment), and/or other adversities that contrast markedly with the individual's usual work environment.
- The competencies are constructed to be applicable in a wide range of deployment programs. As "home agency" organizations apply these competencies, companion documents should be developed so that the competencies are objective, measurable, and specific to the organization's situation.
- The supported organization will ideally also have established guidance and procedures for receiving, assigning and supervising personnel deployed to assist them in emergencies and disasters.

Methods

The GWU Project Team developed a research basis for the deployment competencies from: 1) the published literature; 2) VHA documents (draft and published) related to the DEMPS; and 3) from their extensive experience in local, national, and international deployment for emergencies, disasters, situation assessments, and U.S. Coast Guard duty stations (GLS)

The competencies were constructed according to the Competency Framework established in previous VHA projects. Requisite knowledge, skills and abilities for mitigation and preparedness are outlined in the *Deployment Program* competencies. Competencies addressing personnel activities during deployment and incident response are addressed in the Emergency Response and Recovery Competencies. Consistent with the competency framework, the deployment competencies are presented through overarching "primary" competencies, each with "supporting" competencies that include objective and measurable detail.

The draft deployment competencies were then developed by the GWU Project Team members through an iterative process of review and revision. The competencies, in advanced draft form, were submitted for review and input by key VHA ESMHG personnel. The competencies were then formatted for a Web-based survey. The survey instrument was established using the survey tool and methods described in prior GWU competency development reports.⁷

⁷ Barbera JA, Macintyre AG et al. VHA-EMA Emergency Response and Recovery Competencies: Competency Survey, Analysis, and report (June 2005), available at: <http://www.gwu.edu/~icdrm/publications/VHA%20Competency%20Survey%20Report%20v2%20FINAL%20POSTED%2016%20June%2005.pdf>



A survey explanation and invitation letter was developed by the Project PI and distributed by the VHA Contracting Office or Technical Representative (COTR). VA personnel staffing administrative and emergency management positions, plus personnel enrolled in the DEMPS program, were targeted. The invitation was also extended by the COTR to multiple other Federal agencies with programs that deploy healthcare personnel for emergencies and disasters. These include the Disaster Medical Assistance Teams, Medical Reserve Corps, the U.S. Public Health Commission Corps and ESAR-VHP.⁸ Personnel from the American Red Cross were also invited to participate. In addition, the GWU Project Team invited selected professionals from State and local emergency management and response organizations, and the FEMA Urban Search & Rescue Medical Teams.

The survey instrument presented a brief introduction to the project and to the competency framework developed by the authors in previous VHA projects.

Respondents were asked to answer a limited number of questions related to their regular scope of work and their deployment experience in emergencies and disasters. Questions included designating the number of times the individual had actually deployed and a self-assessment of their individual level of expertise in relation to deployment (novice, intermediate, expert).

Respondents were then asked to read each primary deployment competency and its associated supporting competencies, and then rate the primary competency on the following scale:

Criticality Level	
1	Unimportant
2	Slightly Important
3	Moderately Important
4	Significantly Important
5	Essential

The survey participants were invited to provide free text comments on the deployment competencies and the designated level of proficiency for each primary competency. The default proficiency level assigned to all primary deployment competencies was “operational” according to the definition used in prior surveys.⁷ Respondents were also invited to suggest, using the free text format, additional competencies related to deployment.

⁸ The Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) is a federal program to establish and implement guidelines and standards for the registration, credentialing, and deployment of medical professionals in the event of a large scale national emergency.

The competency survey instrument was open to invitees from May 18 to June 2, 2009. The survey was then closed and the results processed through multiple analyses that assessed:

- The participants' demographics
- The mean level of criticality for each primary competency as judged by survey participants
- The free text comments on current competencies and/or suggestions for additional competencies.

The comments were then individually and collectively analyzed and grouped according to categories:

- 1) Relevant to the personnel competencies
 - a. Edit recommendations accepted
 - b. Support but no changes indicated
 - c. Negative but no changes indicated
- 2) Relevant to the organization (rather than the individual personnel competencies)
- 3) Not Relevant

The comments from Category 1 were specifically considered in developing additional edits to the draft competencies; the remaining comments were categorized and provided to the COTR for VHA and DEMPS consideration

Experience from prior competency surveys revealed that some survey participants complete these surveys in an extraordinarily short time interval (one to five minutes). To assess any bias created by survey respondents who did not fully read the primary and supporting competencies, the data from respondent surveys of less than five minutes duration were aggregated as a separate cohort and compared to those of the entire respondent population.

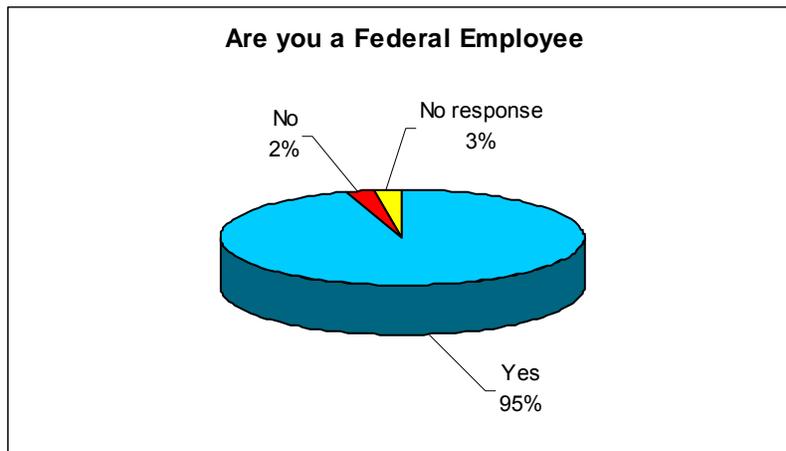
Results

The survey invitation generated 460 responses. The total number of invitees is unknown due to the broadcast nature of the invitation through agency points of contact.

Respondents' Demographics

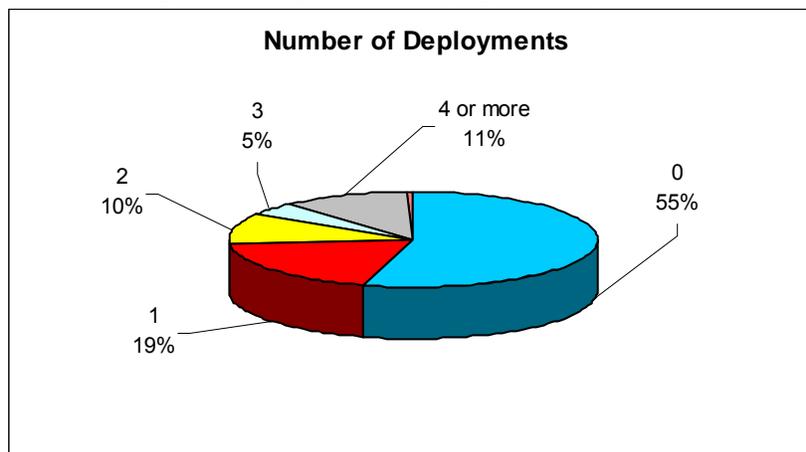
Because of the survey invitation methods, the majority of the survey respondents were Federal employees (see Figure 1).

Figure 1. Respondents' workplace



The distribution of the respondents' deployment experience is presented in Figure 2.

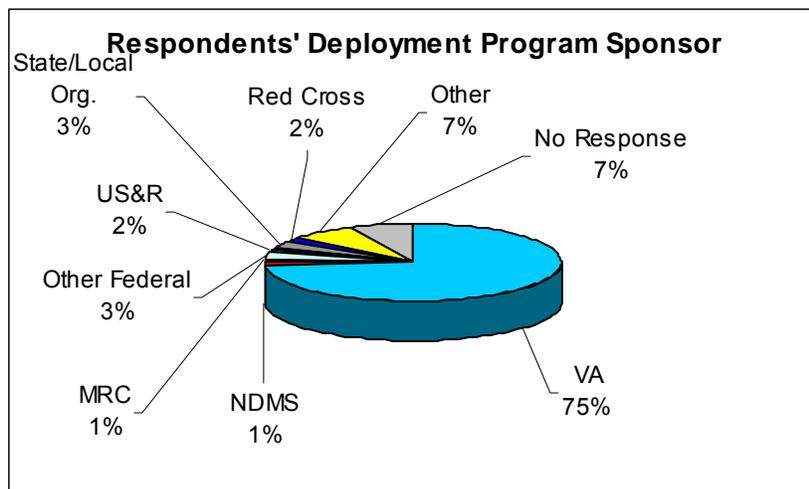
Figure 2. Respondents' deployment experience



The programs through which the respondents deployed are in the table below. The preponderance of respondents from the Department of Veterans Affairs (VA) is graphically depicted in the pie chart in Figure 3.

VA	266	73.7%
NDMS	6	1.7%
Medical Reserve Corps	3	0.8%
Urban Search & Rescue	6	1.7%
U.S. Public Health Service	2	0.6%
Other Federal	10	2.8%
State or local organization	11	3.0%
Red Cross	6	1.7%
Other	29	8.0%
No Response	22	6.1%

Figure 3. Respondents' Deployment Program Sponsor



The respondents' perceived level of their own expertise related to deployment for emergencies is presented in Figure 4.

Figure 4. Self-Assessed Level of Deployment Expertise



Respondents' Criticality Ratings

The respondents' criticality rating for each primary deployment competency is presented in Figure 5. The data is presented according to select cohorts. The aggregate ratings from all respondent are presented in the first section of Figure 5. Next, ratings from only VA personnel are presented. Finally, data is separated according to the self-reported novice, intermediate, and expert categories. Regardless of the cohort analyzed, a majority of respondents (over 80%) rank every primary deployment competency as either "significantly important (4)" or "essential (5)."

The two competencies with the highest "Essential" ratings (66.7% and 68.2% respectively) were PD-R6 (Effectively perform the specific job assignment) and PD-R7 (Follow safety, security and health maintenance guidelines). Almost none of the respondents rated any of the primary deployment competencies as "Unimportant (1)." The highest "Unimportant" rating was for PD-P2 competency (Maintain family readiness), which received only 0.4% of the total responses in this category. In the cohort of respondents who rated themselves as "expert," there were no "Unimportant" category checks for any primary deployment competency.

As expected by the Project Team, some respondents devoted very little time to considering the competencies presented in the survey. Of the 460 total responses, 99 were completed in only one to five minutes. These were separated out and their aggregate numbers compared to scores of the full cohort. The demographics and criticality responses demonstrated no significant differences in demographics or competency criticality rating.

Figure 5. Assessment of Primary Deployment Competencies by Respondent Cohorts

Total answers =460		Primary Deployment Competencies Assessed	Maintain personal readiness	Maintain family readiness	Maintain professional readiness	Receive and respond to notification at all times when on call for deployment	Accomplish required tasks in the deployment mobilization process	Conduct all in-transit tasks to & from successfully travel to & from the home organization	Demonstrate completion of designated initial engagement activities	Effectively24 perform within the general incident operations	Effectively perform the specific job assignment	Follow safety, security and health maintenance guidelines	Demonstrate completion of all personnel demobilization activities	Demonstrate completion of all recovery activities
			Criticality Level	PD-P 1	PD-P2	PD-P3	PD-R1	PD-R2	PD-R3	PD-R4	PD-R5	PD-R6	PD-R7	PD-R8
460	ALL	1 Unimportant	0	2 0.4%	0	1 0.2%	0	0	1 0.2%	0	1 0.2%	0	0	1 0.2%
		2 Slightly Important	5 1.1%	11 2.4%	3 0.7%	10 2.2%	6 1.3%	10 2.2%	7 1.6%	9 2.0%	3 0.7%	1 0.2%	8 1.8%	7 1.5%
		3 Moderately Important	40 8.9%	72 16.0%	42 9.3%	37 8.2%	35 7.8%	54 12.0%	45 10.0%	54 12.1%	23 5.1%	27 6.0%	71 15.8%	78 17.3%
		4 Significantly Important	138 30.9%	145 32.2%	144 31.9%	166 36.9%	142 31.5%	166 36.8%	166 36.8%	148 33.0%	123 27.3%	115 25.6%	181 40.2%	175 38.7%
		5 Essential	264 59.1%	221 49.0%	263 58.2%	236 52.4%	268 59.4%	221 49.0%	232 51.4%	237 52.9%	300 66.7%	307 68.2%	190 42.2%	191 42.3%
339	VA	1 Unimportant	0	2 0.6%	0	1 0.3%	0	0	1 0.3%	0	1 0.3%	0	0	1 0.3%
		2 Slightly Important	3 0.9%	7 2.1%	1 0.3%	7 2.1%	3 0.9%	9 2.7%	4 1.2%	8 2.4%	2 0.6%	1 0.3%	8 2.4%	7 2.1%
		3 Moderately Important	31 9.4%	59 17.7%	32 9.6%	31 9.3%	28 8.4%	42 12.6%	39 11.7%	41 12.4%	21 6.3%	21 6.3%	57 17.1%	61 18.2%
		4 Significantly Important	104 31.4%	104 31.2%	109 32.7%	120 36.0%	104 31.1%	119 35.6%	115 34.4%	103 31.1%	79 23.7%	82 24.6%	130 38.9%	132 39.3%
		5 Essential	193 58.3%	161 48.3%	191 57.4%	174 52.3%	199 59.6%	164 49.1%	175 52.4%	179 54.1%	231 69.2%	230 68.9%	139 41.6%	135 40.2%



161	Novice	1 Unimportant	0	2 1.3%	0	1 0.6%	0	0	1 0.6%	0	0	0	0	
		2 Slightly Important	4 2.5%	4 2.5%	2 1.3%	3 1.9%	3 1.9%	5 3.2%	2 1.3%	5 3.2%	0	0	2 1.3%	4 2.5%
		3 Moderately Important	19 12.1%	33 20.9%	18 11.3%	12 7.6%	8 5.1%	15 9.6%	15 9.6%	15 9.7%	7 4.5%	9 5.7%	19 12.2%	24 15.2%
		4 Significantly Important	42 26.8%	42 26.6%	43 27.0%	55 35.0%	39 24.8%	49 31.4%	48 30.6%	45 29.0%	35 22.3%	30 19.1%	63 40.4%	64 40.5%
		5 Essential	92 58.6%	77 48.7%	96 60.4%	86 54.8%	107 68.2%	87 55.8%	91 58.0%	90 58.1%	115 73.2%	118 75.2%	72 46.2%	66 41.8%
202	Intermediate	1 Unimportant	0	0	0	0	0	0	0	0	1 0.5%	0	1 0.5%	
		2 Slightly Important	1 0.5%	6 3.0%	1 0.5%	6 3.0%	2 1.0%	1 0.5%	3 1.5%	3 1.5%	2 1.0%	1 0.5%	3 1.5%	2 1.0%
		3 Moderately Important	19 9.6%	28 14.1%	14 7.0%	14 7.0%	19 9.5%	25 12.5%	18 9.0%	26 13.1%	12 6.1%	13 6.6%	33 16.6%	34 17.1%
		4 Significantly Important	71 35.9%	74 37.2%	72 36.0%	78 39.2%	70 35.0%	84 42.0%	80 40.2%	74 37.4%	62 31.3%	55 27.8%	84 42.2%	76 38.2%
		5 Essential	107 54.0%	91 45.7%	113 56.5%	101 50.8%	109 54.5%	90 45.0%	98 49.2%	95 48.0%	121 61.1%	129 65.2%	79 39.7%	86 43.2%
95	Expert	1 Unimportant	0	0	0	0	0	0	0	0	0	0	0	
		2 Slightly Important	0	1 1.1%	0	1 1.1%	1 1.1%	4 4.3%	2 2.1%	1 1.1%	1 1.1%	0	3 3.2%	1 1.1%
		3 Moderately Important	2 2.2%	11 11.8%	10 10.9%	11 11.8%	7 7.5%	13 13.8%	12 12.8%	13 13.8%	4 4.3%	5 5.3%	19 20.2%	20 21.3%
		4 Significantly Important	25 27.5%	28 30.1%	29 31.5%	32 34.4%	33 35.5%	33 35.1%	37 39.4%	29 30.9%	26 27.7%	30 31.9%	33 35.1%	34 36.2%
		5 Essential	64 70.3%	53 57.0%	53 57.6%	49 52.7%	52 55.9%	44 46.8%	43 45.7%	51 54.3%	63 67.0%	59 62.8%	39 41.5%	39 41.5%



Respondents' Comments

The respondents provided a large number of comments, both for the current competencies and for suggestions regarding additional competencies:

- Program (Mitigation & Preparedness) Competencies: 73 comments.
- Response & Recovery Competencies: 65 comments
- Additional competencies: 59 comments.

Discussion

Demographics

The majority of the respondents (339 of 460) were personnel from the U.S. Department of Veterans Affairs (VA). This likely reflects the large number of survey invitations disseminated within the VA, plus an increased commitment to follow through with the survey since it was a VA program. The remaining respondents represented a wide range of deployment sponsors.

Approximately 45% of all respondents (207 of 460) indicated that they had experienced at least one deployment, with most of the insightful comments submitted by these individuals. It is interesting to note that nearly 55% of respondents had no deployment experience (see Figure 2), but only approximately 35% considered themselves novices. The reasoning for this is unclear but may reflect an assumption that expertise can be achieved in methods other than through deployment itself.

Criticality ratings

As noted in the results, the criticality level for each of the primary competencies was rated as "Essential" or "Significantly Important" by more than 80% of the survey respondents. This is interpreted as general support by the surveyed population for the deployment competencies. Their relevance to the DEMPS program, based upon responses from the VA cohort, was also supported by the ratings.

This high level of agreement with the material is not surprising given the manner in which the competencies were developed. In addition to the background research conducted by the project team, information from DEMPS and other deployment programs (e.g. US&R, NDMS) was considered in developing the deployment competencies. They therefore reflect activities that have been found to be important during both preparedness/mitigation and response/recovery, providing a comprehensive picture of knowledge, skills, and abilities necessary to deploy into an unfamiliar environment during emergencies and disasters.

Respondents' Comments

The high number of free text comments submitted by survey respondents may be considered as an indirect indicator of the respondents' support for the competencies, since free text entries were not required by the survey instrument.

Some of the comments that specifically addressed primary and/or supporting competencies were very valuable in editing the competencies presented in the survey. For example, supporting competencies for PD-R7, "Follow safety, security and health maintenance guidelines during job activities and during billeting and other daily living activities during deployment," were expanded with more safety-related details suggested by survey respondents.

Insightful comments also led to the creation of two *additional* supporting competencies:

PD-P3.13:

Maintain readiness to work in the deployed environment as established by your home organization, including technological readiness with necessary and relevant files (on a flash stick or website), current/valid VPN and other program passwords, and maintain laptop, blackberry, air card, travel chargers (AC and 12-volt), and other equipment and supplies necessary to perform at the deployed location.

PD-R5.9:

Effectively perform the Incident Command System (ICS) responsibilities of your assigned position in an ICS organization.

Only a few comments addressed the default proficiency level of "operational" assigned to the primary competencies. Almost all of those comments supported that level, with indications that any leadership positions on deployed teams should have expert proficiency in key competencies.

Many of the respondents' comments were not directed at the individual personnel competencies themselves, but rather to the performance of a sponsoring organization that is deploying personnel to assist in emergencies and disasters. Three general themes emerged from this group of comments:

- The importance of having an effective deployment program that can prepare personnel for deployment and support them during and after they are deployed.
- The importance of training in terms of both preparedness and effective response and recovery.
- The difficulty that healthcare personnel encounter in finding substitute personnel for their everyday jobs so that they can deploy for emergency response.



As with prior surveys completed for EMSHG, ICDRM is submitting these comments directly to the VHA COTR for further considerations; a complete listing of the comments is not included in this report.

Summary

The Web-based survey indicated strong support for the deployment competencies presented in the survey instrument. Respondent comments were valuable in further revising and expanding the draft deployment comments.

As noted in the Assumptions, the deployment competencies were designed to be applicable in a wide range of deployment programs. To be customized and therefore specific to individual “home agencies,” companion guidance, protocols and procedures must be described by the relevant organizations according to their specific situation. For example, program competencies refer to meeting physical fitness criteria for deployment. Each organization using these competencies should address what these fitness-for-duty standards should be for their deployed personnel, based upon the projected environment and duties in distant emergencies or disasters. Similarly, guidance, protocols and procedures specifically for preparing personnel and for objectively defining their tasks in each stage of deployment is important for competency training and for performance evaluation. By establishing these companion documents, personnel will have the guidance needed to train and perform as intended.

This competency project is part of a broader effort within EMSHG to further professionalize its emergency management capabilities. In prior years, ICDRM has collaborated with EMSHG to develop emergency management competencies for various healthcare job groups in the healthcare setting. Previous work also included the development of a five-unit compendium, *Emergency Management Principles and Practices for Healthcare Systems*, used as education curricula for the VA Emergency Management Academy. Because of the rapid evolution of healthcare emergency management guidance from the Federal government, Joint Commission, and other authoritative sources, the educational volumes are being updated. Additional material identified and requested by EMSHG for the revised text relates to activities necessary for the successful deployment of individuals into the field to assist other healthcare organizations (initiated in part to support the VHA DEMPS program). The deployment competencies and survey are the first steps in this process. As the educational curriculum is revised, material reflective of the deployment competencies will be incorporated.

The revised and finalized Personnel Deployment Competencies for Distant Emergencies are presented in the next section.



Personnel Deployment Competencies for Distant Emergencies

Version July 8, 2009

Personnel Deployment Competencies - Program⁹

PD-P1: Maintain “personal readiness”¹⁰ for personnel deployment.

Supporting competencies

Knowledge

PD-P1.1:

List the procedures for meeting physical fitness requirements for deployment eligibility and the methods your home organization uses for certifying that the requirements have been met.

PD-P1.2:

List any medical requirements (e.g. vaccinations, lab testing, etc.) for deployment that have been established by your home organization.

PD-P1.3:

List the procedures for meeting psychological fitness for deployment to austere physical environments¹¹ with extreme response conditions¹² according to the home organization's standards.¹³

PD-P1.4:

Describe the types of environments to which you could potentially be deployed and the maximum duration of deployment.

PD-P1.5:

⁹ "Program Competencies" relate to mitigation and preparedness

¹⁰ Readiness: The state of an organization or individual being adequately prepared to respond to projected situations. In this application, it includes readiness to respond to austere working conditions and environments remote from the regular job location and serving in a capacity as pre-identified by the program deploying the individual.

¹¹ Austere includes the physical condition of both the work site(s) and billeting situation.

¹² This may include being exposed to traumatized and stressed victims, mass fatalities and other stressors.

¹³ This may be addressed by the home organization, including screening of individuals during fitness for duty examinations or through successful completion of training to manage incident stress while deployed.



List essential personal supplies that you should have ready to deploy at all times (e.g. personal medications).¹⁴

PD-P1.6:

List the essential personal documentation that must be maintained current and in a ready-to-deploy state (e.g. driver license, passport, immunization record, etc.¹⁵).

PD-P1.7:

Describe the steps necessary to maintain your position on your home organization's "deployment database" or "deployment registry," including the procedure to update your individual information.

Skill

PD-P1.8:

Demonstrate that your personal ready kit contains all essential clothing and supplies listed by your home organization.

PD-P1.9:

Maintain health requirements for deployment as mandated by your home organizations (e.g. lab work, immunizations, fitness for duty examinations).

PD-P1.10:

Maintain all pertinent personal documentation for deployment listed by your home organization (e.g. driver's license, passport, immunization record, etc.).

Abilities

PD-P1.11:

Demonstrate you meet the deployment physical fitness and mobility requirements for your potential deployments by participating in regularly established fitness for duty exams conducted by the home organization, so the individual is not a safety or mission risk or burden for self and other responders.¹⁶

PD-P1.12:

Demonstrate psychological fitness for deployment to intact and austere physical conditions¹⁷ and disaster trauma exposure¹⁸ according to the home organization's standards.¹⁹

¹⁴ Personal ready kit: clothing, extra prescriptions for glasses, hearing aids, adequate supply of personal medications, sleeping gear, response guidance (e.g. Field Operations Guide, PPE, rotated batteries, etc.) according to the home organization's guidance.

¹⁵ Passport and official immunization record must be current and available if international deployment is within the scope of the home organization's emergency deployment program.

¹⁶ This is guided by the home organization's deployment fitness for duty policy, if one exists. This may be different from fitness for duty in the home location/usual job site.

¹⁷ "Austere" includes the physical condition of both the work site(s) and billeting situation.

¹⁸ "Trauma" is both physical and psychological exposure of workers, including being exposed to injured and stressed victims, mass fatalities and other stressors.

¹⁹ This may be accomplished as an element of the home organization's fitness for duty examination.



PD-P2: Maintain "family readiness" for personnel deployment.

Supporting competencies

Knowledge

PD-P2.1:

List important factors your family members should be aware of related to your potential deployment according to home organization's protocol. Examples include:

- the time window to deploy
- the length of deployment
- potentially prolonged communication gaps with deployed personnel
- potentially austere conditions
- potential for post-deployment stress in responder and family

PD-P2.2:

Describe any relevant family/spouse support services that your home organization provides while you are deployed.

PD-P2.3:

Describe methods available to you during deployment for communication with your family and limitations of these methods.

PD-P2.4:

Describe important financial and legal issues that should be addressed prior to deployment to address contingencies while you are gone or in case of illness or death while on deployment (e.g. bill payments, wills, powers of attorney, etc.)

Skill

PD-P2.5:

Establish spouse and family awareness of your potential deployment and associated factors,²⁰ including:

- The time window to deploy
- The length of deployment
- Potentially prolonged communication gaps with deployed personnel
- The potentially austere conditions
- Potential for post-deployment stress in responder and family.

PD-P2.6:

Establish spouse and family awareness of available family support services, including situation updates of deployed personnel available from the home organization or other sources during personnel deployment.²¹

²⁰ This may be accomplished using a brochure or brief training video for the responder's family.

PD-P2.7:

Establish spouse and family awareness of methods to contact the deployed personnel in case of family emergency, according to the home organization's protocol.²²

PD-P2.8:

Demonstrate that financial & legal requirements have been addressed to establish family financial and legal stability during personnel deployment.

PD-P3: Maintain "professional readiness" for personnel deployment.Supporting competenciesKnowledge**PD-P3.1:**

List all required training relevant to your deployable position, including NIMS training and additional training in ICS functions, processes, procedures, and forms per home organization's deployment program.

PD-P3.2:

List licenses, certifications, healthcare practice privileges, identification cards, required training certificates and other important professional documentation requirements related to professional competency that must be produced prior to deployment.

PD-P3.3:

Describe the elements of the National Response Framework (NRF) and Medical Surge Capacity and Capability (MSCC) that promote effective, tiered management of public health and medical emergencies.

PD-P3.4:

Describe the management and operations architecture in your home organization's system that will supervise your deployment and monitor your activities (including your reporting back to the home organization) while performing deployed operations.

PD-P3.5:

List and describe expected professional roles while on deployment, including accompanying activities, technical skills, and necessary equipment (by resource type if available).^{23,24}

²¹ See footnote for PD-P2.5.

²² See footnote for PD-P2.5.

²³ The home organization should define this in relation to the personnel's usual position.



PD-P3.6:

List and describe the structure and function of any projected temporary response organizations you may staff (such as a Disaster Medical Assistance Team or a Federal Medical Station²⁵) per the home organization's deployment planning.

PD-P3.7:

Describe your home organization's protocols and procedures for deploying you (e.g. usual travel arrangements, billeting, etc.) and covering your usual work duties while you are on deployment.

PD-P3.8:

Describe how your workers compensation, professional liability, disability, and general health insurances and other benefits are addressed while on deployment (e.g. how these are covered when working in an area remote from your regular area of employment).

PD-P3.9:

Describe how your pay is determined (work hours, overtime, and compensation time) and how payment is received while you are deployed, and the related documentation that you must keep current in case of deployment.

Skill**PD-P3.10:**

Maintain for or review and for deployment copies of current professional documentation (licenses, certifications, healthcare practice privileges, required training certificates and identification cards) necessary for your projected professional roles while deployed.

PD-P3.11:

Maintain necessary enrollment and records that will ensure your benefits (workers compensation, professional liability, disability, and health insurances and other benefits health insurance, etc) are in force for your projected deployment roles per your home organization's protocols.

PD-P3.12:

Demonstrate your regular employer is aware of your potential to deploy, the short time window for deployment, and the possible mission duration and accepts your commitment.²⁶

²⁴ DHS and HHS are currently conducting a resource typing initiative. Resource designation by kind and type should be used when available.

²⁵ Information on Disaster Medical Assistance Teams and Federal Medical Stations is available at: <http://www.hhs.gov/disasters/discussion/planners/medicalassistance.html>

²⁶ Minimum time to deployment after notification and the maximum deployment length should be established by the home organization for this purpose. This competency is especially important for those individuals deploying as part of a "team" that is not "sponsored" by their primary employer.



PD-P3.13:

Maintain readiness to work in the deployed environment as established by your home organization, including technological readiness with necessary and relevant files (on a flash stick or website), current/valid VPN and other program passwords, and maintain laptop, blackberry, air card, travel chargers (AC and 12-volt), and other equipment and supplies necessary to perform at the deployed location.

Personnel Deployment Competencies – Response and Recovery

PD-R1: Receive and respond to notification at all times when on call for deployment according to the home organization's protocols.

Supporting competencies

Knowledge

PD-R1.1:

Describe the method(s) to receive notification indicating a potential deployment and procedures you are responsible to maintain when on call for deployment.²⁷

PD-R1.2:

Describe how to respond to notification to confirm message receipt and convey your availability to deploy.

PD-R1.3:

Describe the follow-on communications that are necessary to receive deployment assignment, review the assignment and conditions of deployment and accept assignment.

Skill

PD-R1.4:

Demonstrate the use of the communication device(s) for receiving and responding to notification and follow on deployment information.

PD-R1.5:

²⁷ This includes primary and back-up notification methods, procedures for reporting that you are out of receiving range for standard notification devices, and methods to report unforeseen circumstance where your scheduled availability to deploy has been compromised.

Respond to deployment notifications with availability and your response decision within the specified time frame.²⁸

PD-P1.6:

Contact relevant family member(s) and employer(s) to notify them and confirm your availability for the impending deployment.

PD-R2:

Accomplish required tasks in the deployment mobilization process within the designated timeframe.

Supporting competencies

Knowledge

PD-R2.1:

List the specific steps of mobilization as established by your home organization.

PD-R2.2:

Describe methods for assessing mission objectives and projected work conditions at the deployed location and determining adequate readiness for safe and effective operations in the deployed environment.

PD-R2.3:

Describe methods for remotely assessing billeting conditions at the deployed location with reference to safety, health, and hygiene.

PD-R2.4:

Describe methods for completing travel arrangements, confirming final travel orders and assembling per home organization protocols.

Skill

PD-R2.5:

Receive briefing on the assigned mission, including travel orders, the emergency situation, the assigned deployment location and conditions, including cultural, religious, political, or other issues relevant to the mission's success.²⁹

PD-R2.6:

Revise personal ready kit according to the assessment of the mission objectives and the specific environmental and work place conditions.

PD-R2.7:

²⁸ Demonstrated by conducting notification exercises and having recipient confirm receipt, availability and mobilization time frame.

²⁹ The home organization should have a template for conducting a deployment mobilization briefing that covers the items in this supporting competency.

Complete notification to your family and to your usual work place during mobilization.

PD-R2.8:

Arrive at assembly site within specified time frame.

PD-R2.9:

Obtain at assembly site additional indicated professional equipment, supplies and guidance documents (field operations guide [FOG], ICS forms, etc.), according to your home organization's deployment plans for the assigned mission.³⁰

PD-R2.10:

Successfully complete the personnel deployment check-in (equipment, supplies, documentation, pack size and organization, etc.) as conducted by your home organization.

PD-R2.11:

Demonstrate compliance with initiating and maintaining a Unit Log of activities.

Abilities

PD-R2.12:

Demonstrate adequate personal health for the specific deployment by successfully passing a deployment health screening as conducted by your home organization.³¹

PD-R3:

Conduct all in-transit tasks to successfully travel to and from the home organization and the reporting-in site for the supported organization, or to travel between deployed locations.

Supporting competencies

Knowledge

PD-R3.1:

Describe timing, methods, and points of contact for reporting travel progress according to the home organization's protocols.

PD-R3.2:

Describe safety and security procedures for transit periods according to home organization protocols.

³⁰ This may be individual packing and/or it may be participating in cache mobilization for a team or task force deployment according to the home organization's mission assignment.

³¹ This deployment health screening takes place to assure there are no new health issues at the time of deployment, and so it is distinguished from the periodic fitness for duty examination.

Skill**PD-R3.3:**

Conduct transit actions according to the specific travel orders, the home organization's protocols for travel, and any intermediate reporting locations that provide final assignment to a supported organization.³²

PD-R3.4:

Demonstrate compliance with safety and security procedures for transit periods according to home organization protocols.

PD-R3.5:

Provide regular updates on travel progress according to home organization's protocols.

PD-R3.6:

Confirm arrival at destination with home organization according to home organization's protocol.

PD-R3.7:

Maintain Unit Log of all activities including travel details.

PD-R3.8:

Document travel expenses in an expense report according to home organization's protocol and retain all required receipts.

PD-R3.9:

Report and resolve travel problems encountered during in-transit periods.

PD-R4:

Demonstrate completion of designated initial engagement activities upon arrival to the intermediate or supported organization's report-in location.

Supporting competenciesKnowledge**PD-R4.1:**

List the specific steps in the "reporting in" procedure (e.g., check-in, presenting credentials and tasking orders, receiving briefing on the situation and the job assignment).

³² In some deployment situations, an in-transit step may be to report to another "intermediate" response organization (such as a Medical Support Team from the National Disaster Response System) to receive assignment to the specific supported organization and its report-in location.

Skill**PD-R4.2:**

Locate the intermediate or supported organization's reporting site³³ and conduct your component of the "reporting in" briefing according to home organization protocol.³⁴

PD-R4.3:

Request and receive a general assignment briefing that includes:

- The current situation
- Assignment site
- Supervisor name and point of contact
- Work site dress or uniform
- Transportation arrangements
- Billeting instructions

PD-R4.4:

Participate in a briefing with the job supervisor, to include:

- Presenting identification and credentials
- Receiving a job specific briefing (assigned role and job responsibilities, specific shift assignment, safety and security issues, cultural, religious & political issues, etc.)
- Introduction to personnel in the assigned unit

PD-R4.5:

Report job assignment details and personal status (healthy, etc.) to the home organization per the home organization's protocol (i.e., schedule and methodology for reporting).

PD-R5:

Effectively³⁵ perform within the general incident operations of the supported organization.

Supporting competenciesKnowledge**PD-R5.1:**

Describe the operational relationship between your home organization and the supported organization.

³³ The home organization should have standard template for providing guidance to deployed personnel for reporting position and location.

³⁴ The home organization should have a standard template for "reporting in": presenting your identification, credentials and competencies, specific assignment if already known, etc.

³⁵ "Effective" means demonstrating that performance objectives are achieved.

PD-R5.2:

Describe methods for determining the supervisory and reporting structure, process, and requirements in the supported organization (i.e., your reporting route and relevant chain of command).

PD-R5.3:

Describe important cultural competency considerations for your expected role and how these may be addressed regardless of potential deployment location.³⁶

PD-R5.4:

List methods for conflict resolution with supported organization directives per your home organization's protocols.³⁷

PD-R5.5:

Describe methods for media interaction per your home organization and the supported organization's media policies and protocols.

PD-R5.6:

Describe methods for promoting effective interaction with stressed disaster victims that you encounter in your professional role.

Skill

PD-R5.7:

Conduct self according to home organization's code of conduct at all times throughout deployment, including off-duty time periods.

PD-R5.8:

Maintain ethical standards commensurate with the mission and values of home organization and the supported organization (e.g., respect civil rights of disaster victims).

PD-R5.9:

Effectively perform the Incident Command System (ICS) responsibilities of your assigned position in an ICS organization.

³⁶ Cultural competence is widely recognized but has poor objective description; the home organization should establish its defined standard for cultural competence, including training and the expectation that it will be addressed in the deployment briefing for deployed personnel. See *Cultural Competency in Disaster Response: A Review of Current Concepts, Policies, and Practices (February 2008)*; Office of Minority Health, U.S. Department of Health and Human Services.

³⁷ This is guidance for how to address assignment to job tasks or conditions that conflict with safety, security, ethics, or practice standards of your home organization; guidance generally includes addressing the issue with your on-site supervisor, involving your deployment support element (incident support team leadership from your home organization, if one is deployed, or your home organization-based deployment support), and other measures.

PD-R5.10:

Conduct regular reporting of work progress and problems encountered (with resolution if this occurred) to supervisor using the format and at the time intervals designated by the supported organization.

PD-R5.11:

Maintain Unit Log of activities and periodic reporting to home organization per home organization's protocols throughout deployment.

PD-R5.12:

Resolve work place conflicts according to the supported organization's and home organization's protocols.

PD-R5.13:

Integrate cultural considerations into work place practices.

PD-R5.14:

Engage media according to the guidelines from the supported organization and home organization's protocols.

Abilities

PD-R5.15:

Demonstrate the ability to follow directions of supervisory personnel in the supported organization.

PD-R5.16:

Demonstrate professional demeanor and attire throughout the deployment.

PD-R5.17:

Demonstrate flexibility by a willingness to accept additional or different mission assignments for which you are qualified if necessary for mission success.

PD-R6:

Effectively³⁸ perform the specific job assignment in the deployed location.

Supporting competencies

Knowledge

PD-R6.1:

List skill sets you are qualified and authorized to perform outside your home jurisdiction relevant to the supported organization.

PD-R6.2:

³⁸ "Effective" means demonstrating that performance objectives are achieved.

Describe methods for ensuring effective performance of assigned tasks.

Skill

PD-R6.3:

Perform your specific professional activities in the deployed location at the same level of excellence practiced at the home organization work place, demonstrating technical expertise in the deployed environment and with the available equipment and supplies.

PD-R6.4:

Demonstrate self-monitoring of job performance for effectiveness and seeking performance guidance when indicated.

PD-R6.5:

Achieve assigned job objectives in the designated time frame using the delegated authority, strategy and tactics.

PD-R6.6:

Adhere to the "on-call availability" requirements of ***your deployed role*** and maintain methods to receive emergency information from work site and from home organization while off duty.

PD-R7:

[Follow safety, security and health maintenance guidelines during job activities and during billeting and other daily living activities during deployment.](#)

Supporting competencies

Knowledge

PD-R7.1:

List the general and specific safety and security directions of the home organization and the supported organization (received during reporting-in briefing) while on deployment.³⁹

PD-R7.2:

Describe the major elements of evacuation, shelter in place, and other emergency action plan contingencies relevant to work assignment and billeting areas, and how these should be established if not already addressed.

PD-R7.3:

³⁹ Example of safety guidance is the OSHA pamphlet "Let Us Take Care of YOU! Health, Safety, and Resilience for Disaster Responders" accessed 3/25/09 at:
http://www.osha.gov/SLTC/emergencypreparedness/resilience_resources/support_documents/predeploy/dc_pamphlet.html.



Describe methods for assessing your specific job assignment and billeting areas for health hazards and hygiene issues.

PD-R7.4:

List and describe behavioral indicators of unhealthy stress response in your self or co-workers that may suggest a need for medical or psychological evaluation.

PD-R7.5:

List and describe potential stress reduction strategies that have been successfully used during deployments.

PD-R7.6:

Describe methods for reporting injury or illness while on deployment and methods for determining how to access immediate emergency healthcare if needed.⁴⁰

Skill**PD-R7.7:**

Follow relevant safety measures and work-related injury/illness prevention and injury/illness reporting guidance on the job, including:

- Preventive procedures – frequent hand washing, safe lifting, etc.
- Specific self-protection - medical prophylaxis if required, personal protective equipment (healthcare universal precautions, additional respiratory protection, safe workplace footwear, hard hats as indicated, etc)
- Recognition and reporting of potential safety issues for staff, victims (patients/clients), visitors and outside contractors

PD-R7.8:

Demonstrate compliance with general and specific security directions while on duty, including:

- Compliance with off-limits locations
- Compliance with wearing badges or other identifier and challenging those without proper identifier
- Recognition and reporting of potential security threats
- Maintaining accountability at all times

PD-R7.9:

Follow general and specific environmental health/safety guidance (insect repellent, vector control, sun screen, proper trash disposal, avoiding hazard areas, frequent hydration, etc.) for the work site, off-duty and billeting locations.

PD-R7.10:

⁴⁰ This includes the emergency evacuation plan if designated in the home organization or supported organization's procedures.

Arrive at assembly site within specified time frame.

PD-R2.11:

Follow nutrition and hydration (i.e. food and fluid intake) safety and general hygiene specific to the work site and off-duty locations.

PD-R7.12:

Secure designated sleeping arrangement following the home organization and supported organization guidelines (security, comfort, etc.)

PD-R7.13:

Maintain usual diet and physical routine when feasible.

PD-R7.14:

Demonstrate methods for accessing emergency and urgent medical care while off-duty.

PD-R7.15:

Participate in scheduled off-duty activities such as recreation and psychological first aid when scheduled or offered and within the code of conduct, to assist in maintaining physical health and mental well-being.

PD-R8:

Demonstrate completion of all personnel demobilization activities designated by your home organization and by the supported organization.⁴¹

Supporting competencies

Knowledge

PD-R8.1:

List the personnel demobilization actions established by the home organization.

PD-R8.2:

Describe the process for determining the specific personnel demobilization actions established by the supported organization.

Skill

PD-R8.3:

Report completion of all assigned tasks to direct supervisor and receive the time schedule for demobilization.

PD-R8.4:

⁴¹ In addition to personnel deployment, there may be team, task force, equipment, and other demobilization actions dependent upon the individual's response position.

Demonstrate accurate completion of all required or requested reports and other job-related paperwork per both home organization and supported organization's protocols.

PD-R8.5:

Participate in exit interview and receive job evaluation from supervisor.

PD-R8.6:

Demonstrate the return procedure for all equipment and unused supplies according to the supported organization and the home organization's guidelines.

PD-R8.7:

Participate in professional (job) debriefing or 'sign-out' at completion of job assignment according to the supported organization and home organization's guidelines.

PD-R8.8:

Demonstrate methods for reporting demobilization status to home organization and receiving next assignment or travel orders for return home.

PD-R9:

Demonstrate completion of all recovery activities designated by your home organization.

Supporting competencies

Knowledge

PD-R9.1:

List the post-deployment activities required of deployed personnel by the home organization.

PD-R9.2:

List the records that must be completed and the process for submitting records and receipts to your home organization.

PD-R9.3:

List the "Return to Readiness" activities delineated by the home organization to establish readiness for future deployment.

PD-R9.4:

Describe post-deployment family reunification issues and strategies for re-integration recommended by your home organization.

Skill

PD-R9.5:



Submit a completed Unit Log of activities and all required receipts and complete/submit paperwork for expense reimbursement, pay, and other purposes as directed by home organization protocol.

PD-R9.6:

Submit time card or other designated record of work hours/dates/locations and paperwork for overtime, compensation time or other pay category.

PD-R9.7:

Demonstrate the designated level of participation (as directed by your home organization) in professional debriefings and in after action report (AAR) activities, including requests sent through the home organization by the organization that the deployed personnel supported.

PD-R9.8:

Demonstrate completion of the “Return to Readiness” activities delineated by the home organization to establish readiness for future deployment, including any personal updates to the deployment database.

PD-R9.9:

Determine and follow the return to work procedure and schedule (i.e., date/time/place) designated per your home organization’s protocol.

PD-R9.10:

Demonstrate the designated level (by your home organization) of participation in post deployment medical and psychological evaluation and surveillance programs established by the home organization.