

Bibliography

This annotated bibliography contains publications categorized in Walsh et al, 2014. The competency publications in this document are a subset of a larger group of publications. Pieces of grey literature were chosen based on the following criteria: the document had to have enumerated specific competencies for learning in disaster health, be directed toward a health or health-related profession, and be written in English. The publications are organized by the categories in this article, and these categories are defined below.

Category Definitions:

Core level: includes only competency sets targeted for all disaster health professionals.

Profession level: includes disaster health competency sets specifically intended for any of the health professions that contribute to the disaster health workforce.

Organizational level: includes competency sets for disaster health professionals linked by a multiprofessional organization such as a hospital, health care coalition, or nonprofit organization.

Specialist level: includes competency sets targeted to individuals seeking advanced specialization in disaster health rather than looking to augment previous training with basic disaster health skills and concepts.

Deployment level: highly specialized competency sets meant for regularly deployed disaster health responders.

Focal areas: competency sets that are relevant to the learner described in each level, but which cover only a specific subject area within the cadre of topics that a learner may need to know.

Citation: Walsh L, Altman BA, King RV, and Strauss–Riggs K. Enhancing the Translation of Disaster Health Competencies Into Practice. Disaster Med Public Health Preparedness. 2014;8:70–78

Bibliography

Competency Annotated Bibliography:

Core:

Subbarao I, Lyznicki JM, Hsu EB, Gebbie KM, Markenson D, Barzansky B, Armstrong JH, Cassimatis EG, Coule PL, Dallas CE, King RV, Robinson L, Sattin R, Swienton RE, Lillibridge S, Burkle FM, Schwartz RB, James JJ. A consensus-based educational framework and competency set for the discipline of disaster medicine and public health preparedness. *Disaster Medicine and Public Health Preparedness*. 2008; 2(1): 57–68.

BACKGROUND: Various organizations and universities have developed competencies for health professionals and other emergency responders. Little effort has been devoted to the integration of these competencies across health specialties and professions. The American Medical Association Center for Public Health Preparedness and Disaster Response convened an expert working group (EWG) to review extant competencies and achieve consensus on an educational framework and competency set from which educators could devise learning objectives and curricula tailored to fit the needs of all health professionals in a disaster.

METHODS: The EWG conducted a systematic review of peer-reviewed and non-peer reviewed published literature. In addition, after-action reports from Hurricane Katrina and relevant publications recommended by EWG members and other subject matter experts were reviewed for congruencies and gaps. Consensus was ensured through a 3-stage Delphi process.

RESULTS: The EWG process developed a new educational framework for disaster medicine and public health preparedness based on consensus identification of 7 core learning domains, 19 core competencies, and 73 specific competencies targeted at 3 broad health personnel categories.

CONCLUSIONS: The competencies can be applied to a wide range of health professionals who are expected to perform at different levels (informed worker/student, practitioner, leader) according to experience, professional role, level of education, or job function. Although these competencies strongly reflect lessons learned following the health system response to Hurricane Katrina, it must be understood that preparedness is a process, and that these competencies must be reviewed continually and refined over time.

Abstract available online: <http://www.ncbi.nlm.nih.gov/pubmed/18388659>

Bibliography

Walsh L, Subbarao I, Gebbie K, Schor KW, Lyznicki J, Strauss–Riggs K, Cooper A, Hsu EB, King RV, Mitas JA 2nd, Hick J, Zukowski R, Altman BA, Steinbrecher RA, James JJ. Core competencies for disaster medicine and public health. *Disaster Medicine and Public Health Preparedness*. 2012; 6(1):44–52.

Effective preparedness, response, and recovery from disasters require a well-planned, integrated effort with experienced professionals who can apply specialized knowledge and skills in critical situations. While some professionals are trained for this, others may lack the critical knowledge and experience needed to effectively perform under stressful disaster conditions. A set of clear, concise, and precise training standards that may be used to ensure workforce competency in such situations has been developed. The competency set has been defined by a broad and diverse set of leaders in the field and like-minded professionals through a series of Web-based surveys and expert working group meetings. The results may provide a useful starting point for delineating expected competency levels of health professionals in disaster medicine and public health.

Abstract available online: <http://www.ncbi.nlm.nih.gov/pubmed/22490936>

Core focal area:

None listed

Professional:

More FG, Phelan J, Boylan R, Glotzer D, Psoter W, Robbins M, Rekow ED, Alfano MC. Predoctoral dental school curriculum for catastrophe preparedness. *Journal of Dental Education*. 2004; 68(8):851–8.

Preparing for catastrophic events, both human-made and natural, is in the national interest and has become a priority since catastrophic events in Oklahoma City, Washington, DC, and New York City. Dentists are a large source of non-physician health manpower that could contribute to the public welfare during catastrophic events that require additional public health human resources. Dentists, by virtue of their education, understand biomedical concepts and have patient care skills that can be directly applied during a catastrophic event. Dentists also can provide training for other types of health care workers and can supervise these individuals. In this article, we propose that dentistry can make a significant contribution as part of a national response before, during, and after a catastrophic event or at the time of a public health emergency. We describe the potential collaboration among a dental school, city and state health departments, law enforcement, the military, and others to develop a curriculum in catastrophe preparedness. Then we describe one dental

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school's effort to build a catastrophe preparedness curriculum for our students. The competencies, goals and objectives, and sources of content for this catastrophe preparedness curriculum are described as well as suggestions for sequencing instruction.

Full article available online: <http://www.jdentaled.org/content/68/8/851.long>

Wenzel, J. G. and J. C. Wright. Veterinary accreditation and some new imperatives for national preparedness. Journal of American Veterinary Medicine Association. 2007; 230 (9): 1309–1312.

In the first of a 5-part series of articles examining the role of the veterinary profession in national preparedness, the authors examine the skills, knowledge, and aptitudes expected of accredited veterinarians and discuss additional skills and knowledge likely to be expected in the future.

Abstract available online: <http://www.ncbi.nlm.nih.gov/pubmed/17472554>

Tachibanai T, Takemura S, Sone T, Segami K, Kato N. Competence necessary for Japanese public health center directors in responding to public health emergencies. Nihon Koshu Eisei Zasshi. 2005;52(11):943–56.

OBJECTIVE: To clarify the "competencies" required of public health center directors in "public health emergency responses."

METHODS: We selected as our subjects six major public health emergencies in Japan that accorded with a definition of a "health crisis." Their types were: (1) natural disaster; (2) exposure to toxic substances caused by individuals; (3) food poisoning; and (4) accidental hospital infection. Item analysis was conducted using the Incident Analysis Method, based on the "Medical SAFER Technique."

RESULTS: The competencies of public health center directors required the following actions: (1) to estimate the impact on local health from the "first notification" of the occurrence and the "initial investigation"; (2) to manage a thorough investigation of causes; (3) to manage organizations undertaking countermeasures; (4) to promptly provide precise information on countermeasures, etc.; and (5) to create systems enabling effective application of countermeasures against recurrence of incidents, and to achieve social consensus.

CONCLUSION: For public health preparedness, public health center directors should have the following competencies: (1) the ability to estimate the "impact" of public health emergencies that have occurred or may occur; (2) be able to

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establish and carry out proactive policies; (3) be persuasive; and (4) have organizational management skills.

Abstract available online at: <http://www.ncbi.nlm.nih.gov/pubmed/16408479>

ACOEM. American College of Occupational and Environmental Medicine Competencies 2008. *Journal of Occupational and Environmental Medicine*. 2008;50(6):712–24

The American College of Occupational and Environmental Medicine (ACOEM) recognized the need for defining important competencies for occupational and environmental medicine (OEM) physicians and in 1998 published its original set of OEM competencies. With medical advances and evolving issues of international and national importance, these competencies have been updated.

Basic competencies set the minimum expectations for physicians. Although being competent in a subject may not mean that it is a current element of an individual physician's practice, the physician must have the knowledge base and skill so that they could include it in their practice. Continued medical education is expected of all physicians, and directing their efforts to state-of-the-art occupational and environmental medicine is crucial. The listing of competencies by ACOEM assists practicing physicians in their efforts to keep current and to serve as knowledgeable representatives of the specialty.

Full text available online: http://www.acoem.org/uploadedfiles/publications/oem_competencies/acoem%20oem%20competencies.pdf

US Public Health Service. Pharmacist Readiness Training Program: Pharmacist Readiness Roles and Competencies. 2008

Defining the potential readiness roles of a pharmacist provides the foundation for guiding the curriculum for the Pharmacist Readiness Training Program (P RTP). An initial list of readiness roles for pharmacists is included below. Each readiness role is associated with a list of competencies. These competencies provide guidance on the skills and experience necessary for a pharmacist to be successful in each role. The P RTP curriculum will be tailored to provide pharmacists the necessary tools and competencies to prepare themselves for a readiness role.

International Council of Nurses WHO. ICN Framework of Disaster Nursing Competencies. 2009.

Disasters occur daily throughout the world, posing severe public health threats and resulting in tremendous impact in terms of deaths, injuries, infrastructure

Prepared by the National Center for Disaster Medicine and Public Health, 09 May 2014: <http://ncdmph.usuhs.edu>

Bibliography

and facility damage and destruction, suffering, and loss of livelihoods. Developing nations and lesser-resourced countries and communities are particularly vulnerable to the impact of disasters on health systems and health care and overall social and economic functioning.

Nurses, as the largest group of committed health personnel, often working in difficult situations with limited resources, play vital roles when disasters strike, serving as first responders, triage officers and care providers, coordinators of care and services, providers of information or education, and counsellors. However, health systems and health care delivery in disaster situations are only successful when nurses have the fundamental disaster competencies or abilities to rapidly and effectively respond.

The International Council of Nurses and the World Health Organization, in support of Member States and nurses, recognize the urgent need for acceleration of efforts to build capacities of nurses at all levels to safeguard populations, limit injuries and deaths, and maintain health system functioning and community well-being, in the midst of continued health threats and disasters. This publication signifies continued partnerships between the International Council of Nurses, the World Health Organization and the populations we serve in strengthening the essential capacities of nurses to deliver disaster and emergency services within an ever-changing world with ongoing health threats and disasters.

Full text available online: http://www.icn.ch/images/stories/documents/networks/DisasterPreparednessNetwork/Disaster_Nursing_Competencies_lite.pdf

University of Hyogo, Core competencies for Disaster Nursing, Webpage accessed 11/5/13.

This research aims to clarify fundamental competencies for disaster nursing practice to be achieved upon completion of fundamental nursing education. This research process comprises the following stages; Fundamental attitudes toward disaster nursing, Systematic assessment and provision of disaster nursing care, Care provision for vulnerable people & their families, Care management in disaster situations, and Professional Development.

Full text available online: http://www.coe-cnase.jp/english/group_education/core_competencies.html

National Panel for APRN Emergency Preparedness and all Hazards Response Education. APRN Education for Emergency Preparedness and All Hazards Response: Resources and Suggested Content. 2007.

Prepared by the National Center for Disaster Medicine and Public Health, 09 May 2014: <http://ncdmph.usuhs.edu>

Bibliography

Given the world situation since September 11, 2001, and the subsequent high impact events, advanced practice registered nurses (APRNs) are essential participants in all hazards response. A National Panel of experts and nursing stakeholders (see Appendix) convened to identify suggested curriculum content to guide APRN education in emergency preparedness and response to high impact events. The National Panel agreed to use an adapted version of the “Emergency Response Clinician Competencies in Initial Assessment and Management” (hereafter referred to as the HRSA competencies) as the organizing framework for this document. The Association for Prevention Teaching & Research (APTR), in collaboration with the Center for Health Policy/ Columbia University School of Nursing, developed these nationally-vetted 11 clinician competencies currently promulgated by the Health Resources and Services Administration (HRSA) in their use for evaluating Bioterrorism Training and Curriculum Development Program (BTCPD) sites. The National Panel has delineated suggested APRN educational broad concepts and considerations for development of content within the HRSA competencies framework.

Full report available online: <http://c.ymcdn.com/sites/www.nonpf.org/resource/resmgr/imported/APRNGuidelinesComplete0707.pdf>

World Health Organization. The Contribution of Nursing and Midwifery in Emergencies. Part of the Health Action in Crisis series. 2006.

During the past few years emergencies and natural disasters have influenced the life of millions around the globe. Each year one in five countries worldwide has an emergency. The health consequences of these disasters were massive and required enormous efforts to save lives and reduce suffering.

The World Health Assembly resolutions of May 2005 and May 2006 (WHA58.1 and WHA59.22) requested WHO to assist Member States in building local and national capacities, including transfer of expertise, experience and technologies among Member States in the area of emergency preparedness and response. Nurses and midwives are routinely involved in emergency care. However, they need to be adequately prepared and have an enabling environment to become more fully engaged. With this in mind, WHO organized a consultation on the role and contribution of nursing and midwifery in emergencies in collaboration with the International Council of Nursing. The consultation was held at WHO headquarters in Geneva from 22 to 24 November 2006.

Full report available online: http://www.who.int/hac/events/2006/nursing_consultation_report_sept07.pdf

Bibliography

Public Health Risk Management Association. Public Health Management Association Core Competencies. 2008.

Objective of the Core Competencies: To identify the skills and knowledge a public risk manager needs to administer the risk management function within a public entity. This skill set can assist with; Promoting professional development, Educating the organization's leadership, and Determining PRIMA members' educational and training needs.

Full report available online: http://www.primacentral.org/resources/revised_core_comps_08.pdf

Nursing Emergency Preparedness Education Coalition. Educational competencies for registered nurses responding to mass casualty incidents. 2003.

As part of the international community's overall plan for emergency preparedness in mass casualty incidents (MCI), nurses world-wide must have a minimum level of knowledge and skill to appropriately respond to a mass casualty incident.

Full report available online: <http://www.aacn.nche.edu/leading-initiatives/education-resources/INCMCECompetencies.pdf>

Kuntz, S, Frable, P, Qureshi, K, Strong, L. Disaster preparedness white paper for community / public health nursing educators. Association of Community Health Nursing Educators (ACHNE). 2008.

The Association of Community Health Nursing Educators (ACHNE) has developed a number of documents designed to delineate the scope and function of community/public health nursing educators, researchers, and practitioners.

In response to societal issues, increased emphasis on disaster preparedness in nursing and public health, and requests from partner organizations to contribute to curriculum development endeavors regarding disaster preparedness, the ACHNE Disaster Preparedness Task Force was appointed in spring 2007 for the purpose of developing this document. Task Force members developed an earlier draft of the document in summer and fall 2007, input was solicited and received from ACHNE members in fall 2007, and the document was approved and published in January 2008.

This white paper is aimed at meeting the needs of community/public health nursing educators and clarifying issues for the nursing and public health communities. ACHNE is committed to promotion of the public's health through

Bibliography

ensuring leadership and excellence in community and public health nursing education, research, and practice.

Full report available online: <http://www.achne.org/files/public/DisasterPreparednessWhitePaper.pdf>

Polivka BJ, Stanley SA, Gordon D, Taulbee K, Kieffer G, McCorkle SM. Public health nursing competencies for public health surge events. *Public Health Nursing*. 2008;25(2):159–65.

OBJECTIVE: To develop consensus regarding public health nursing competencies in the event of a public health surge event related to disaster.

DESIGN AND METHODS: Using a 3-round Delphi approach, public health nurses (PHNs) and directors of nursing from local health departments, state nursing leaders, and national nursing preparedness experts reviewed and commented on 49 draft competencies derived from existing documents.

RESULTS: The final 25 competencies were categorized into Preparedness (n=9), Response (n=8), and Recovery (n=7). The Preparedness competencies focus on personal preparedness; comprehending disaster preparedness terms, concepts, and roles; becoming familiar with the health department's disaster plan, communication equipment suitable for disaster situations; and the role of the PHN in a surge event. Conducting a rapid needs assessment, outbreak investigation and surveillance, public health triage, risk communication, and technical skills such as mass dispensing are Response phase competencies. Recovery competencies include participating in the debriefing process, contributing to disaster plan modifications, and coordinating efforts to address the psychosocial and public health impact of the event.

CONCLUSIONS: Identification of competencies for surge events that are specific to public health nursing is critical to assure that PHNs are able to respond to these events in an effective and efficient manner.

Full article available online: <http://onlinelibrary.wiley.com/doi/10.1111/j.1525-1446.2008.00692.x/abstract>

Gebbie KM, Qureshi K. Emergency and disaster preparedness: core competencies for nurses. *American Journal of Nursing*. 2002;102(1):46–51.

Article identifying core competencies necessary for nurses to respond to a disaster. The article also articulated examples of nurses in a disaster setting and provides links to resources.

This article is not available online.

Prepared by the National Center for Disaster Medicine and Public Health, 09 May 2014: <http://ncdmph.usuhs.edu>

Bibliography

Gebbie, K. and J. Merrill. Public health worker competencies for emergency response. *Journal of Public Health Management and Practice*. 2002. 8(3): 73–81.

Emergency preparedness is an expectation of public health organizations and an expectation of individual public health practitioners. Organizational performance standards for public health agencies have been developed during the last several years, providing a foundation for the development of competency statements to guide individual practice in public health program areas, like emergency response. This article provides results from a project that developed emergency preparedness and response competencies for individual public health workers. Documentation of the qualitative research methods used, which include competency validation with the practice community, can be applied to competency development in other areas of public health practice.

The abstract is available online: <http://www.ncbi.nlm.nih.gov/pubmed/15156628>

Jorgensen AM, Mendoza GJ, Henderson JL. Emergency preparedness and disaster response core competency set for perinatal and neonatal nurses. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*. 2010; 39(4):450–65, quiz 465–7.

A nationally derived consensus–based core competency set provides perinatal and neonatal nurses a template to guide emergency preparedness and disaster response educational and training activities. Moreover, this consensus–based core competency set allows for the identification and incorporation of measurable objectives that address the learning needs of nurses as well as the unique needs of pregnant women, new mothers, and infants during public health emergencies and disaster events.

Abstract available online: <http://www.ncbi.nlm.nih.gov/pubmed/20629933>

Markenson, D., C. DiMaggio, Redlener, I. Preparing health professions students for terrorism, disaster, and public health emergencies: core competencies. *Academic Medicine*. 2005; 80(6): 517–526.

The recent increased threat of terrorism, coupled with the ever–present dangers posed by natural disasters and public health emergencies, clearly support the need to incorporate bioterrorism preparedness and emergency response material into the curricula of every health professions school in the nation. A main barrier to health care preparedness in this country is a lack of coordination across the spectrum of public health and health care communities and disciplines. Ensuring a unified and coordinated approach to preparedness requires that benchmarks and standards be consistent across health care disciplines and public health, with the most basic level being education of health professions students. Educational competencies establish the foundation that

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enables graduates to meet occupational competencies. However, educational needs for students differ from the needs of practitioners. In addition, there must be a clear connection between departments of public health and all other health care entities to ensure proper preparedness. The authors describe both a process and a list of core competencies for teaching emergency preparedness to students in the health care professions, developed in 2003 and 2004 by a team of experts from the four health professions schools of Columbia University in New York City. These competencies are directly applicable to medical, dental, nursing, and public health students. They can also easily be adapted to other health care disciplines, so long as differences in levels of proficiency and the need for clinical competency are taken into consideration.

The abstract is available online: <http://www.ncbi.nlm.nih.gov/pubmed/15917353>

Schultz, C. H., K. L. Koenig, Whiteside, M., Murray, R. Development of national standardized all-hazard disaster core competencies for acute care physicians, nurses, and EMS professionals. *Annals of Emergency Medicine*. 2012; 59(3): 196–208 e191.

The training of medical personnel to provide care for disaster victims is a priority for the physician community, the federal government, and society as a whole. Course development for such training guided by well-accepted standardized core competencies is lacking, however. This project identified a set of core competencies and performance objectives based on the knowledge, skills, and attitudes required by the specific target audience (emergency department nurses, emergency physicians, and out-of-hospital emergency medical services personnel) to ensure they can treat the injuries and illnesses experienced by victims of disasters regardless of cause. The core competencies provide a blueprint for the development or refinement of disaster training courses. This expert consensus project, supported by a grant from the Robert Wood Johnson Foundation, incorporated an all-hazard, comprehensive emergency management approach addressing every type of disaster to minimize the effect on the public's health. An instructional systems design process was used to guide the development of audience-appropriate competencies and performance objectives. Participants, representing multiple academic and provider organizations, used a modified Delphi approach to achieve consensus on recommendations. A framework of 19 content categories (domains), 19 core competencies, and more than 90 performance objectives was developed for acute medical care personnel to address the requirements of effective all-hazards disaster response. Creating disaster curricula and training based on the core competencies and performance objectives identified in this article will

Bibliography

ensure that acute medical care personnel are prepared to treat patients and address associated ramifications/consequences during any catastrophic event.

Abstract available online: <http://www.ncbi.nlm.nih.gov/pubmed/21982151>

Association of Schools of Public Health (ASPH). Public health preparedness & response core competency model. 2010.

Supported by the Centers for Disease Control and Prevention (CDC) Office of Public Health Preparedness and Response, the Association of Schools of Public Health (ASPH) has built upon existing work to provide a national framework for competency-based curricula and training and for performance benchmarks to measure public health preparedness and response. The finished model—The Public Health Preparedness and Response Core Competency Model Version 1.0—fulfills a mandate in the 2006 Pandemic and All-Hazards Preparedness Act to develop “a competency-Based training program to train public health practitioners.” It represents individual, core competencies that mid-level public health workers, regardless of their employment setting, are expected to demonstrate to assure readiness.

Report available online: <http://www.asph.org/userfiles/PreparednessCompetencyModelWorkforce-Version1.0.pdf>

Professional focal area:

Iowa Department of Public Health Mental Health Competencies Task Force. Mental health competencies for health care providers for terrorism and emergency preparedness and response. 2004.

A key trend in public health training is evidence-based practice and competency based education and training. This document establishes a list of mental health competencies and related knowledge, skills and attitudes for health care providers.

This report is available online: http://www.idph.state.ia.us/adper/common/pdf/mh_brochure.pdf

Everly GS Jr, Beaton RD, Pfefferbaum B, Parker CL. On academics: training for disaster response personnel: the development of proposed core competencies in disaster mental health. Public Health Reports. 2008;123(4):539–42.

In 2000, the Centers for Disease Control and Prevention (CDC) and the Association of Schools of Public Health (ASPH) established the Centers for Public Health Preparedness (CPHP) to educate and train the public health workforce to prepare and respond to acts of domestic terrorism, as well as other disasters

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that might threaten the public health and welfare of the U.S. To facilitate this developmental process, CDC and ASPH established content-specific inter-CPHP committees referred to as “exemplar groups.” In 2004, CDC and ASPH directed CPHP network members to create the CPHP Mental Health and Psychosocial Preparedness Exemplar Group to address the mental health aspects of terrorism and mass disasters.

Terrorism has been defined as “... an attack on the mental health of a nation.” More broadly, however, disaster mental health and psychosocial preparedness are essential and integral components of any comprehensive disaster preparedness and response plan, as there is invariably a psychological toll associated with every major disaster. Public health and other disaster health-care workers need to be aware of the behavioral, mental, and psychosocial sequelae of disasters, as well as the approaches needed to assess and offer assistance during every phase of a disaster. Yet disaster plans and disaster training, with some notable exceptions, have often ignored mental health and psychosocial preparedness.

The Mental Health and Psychosocial Preparedness Exemplar Group drew CPHP network members who possessed relevant subject matter expertise. This group developed a charter, compiled relevant CPHP training materials, developed an objective review template, and collectively assembled and reviewed the resources. Reviews were presented at a consensus meeting in Atlanta, Georgia, in March 2005, where an asset matrix was developed to compare and categorize the training and education curricula and resources. The group's report was completed in September 2005, with a subsequent publication of findings.

One of the group's constituent recommendations for further development was to create a list of core disaster mental health competencies designed to augment the Columbia Core Public Health Worker Competencies for Emergency Preparedness and Response. This was driven in part by a lack of generally agreed-upon disaster mental health competencies that could serve to guide training for disaster response personnel. The conceptual foundations for such a translation have already been undertaken. Furthermore, the data suggest that the level of responder training in crisis intervention is positively related to psychological outcomes of disaster victims. By identifying disaster mental health competencies and providing training that reflects these competencies, it is anticipated that the public health workforce will be better equipped to prepare for and respond to the psychological needs of disaster survivors.

Article available online: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2430653/>

Centers for Disease Control and Prevention and Columbia University School of Nursing Bioterrorism & emergency readiness: Competencies for all public health workers. 2002.

A prepared workforce is an essential component in strengthening our national public health system. The Bioterrorism and Emergency Readiness: Competencies for All Public Health Workers outlined in this brochure provides a foundation

Bibliography

from which to build locally relevant training, exercises and drills. The Centers for Disease Control and Prevention is pleased to share this important resource with you. Together we can achieve the vision of “every health department fully prepared; every community better protected.”

Broken link – unable to determine online availability at this time

Waeckerle JF, Seamans S, Whiteside M, Pons PT, White S, Burstein JL, Murray R; Task Force of Health Care and Emergency Services Professionals on Preparedness for Nuclear, Biological, and Chemical Incidents. 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.

STUDY OBJECTIVE:The task force assessed the needs, demands, feasibility, and content of training for US civilian emergency medical responders (paramedics, nurses, and physicians) for nuclear/biological/chemical (NBC) terrorism.

METHODS:A task force representing key professional organizations, stakeholders, and disciplines involved in emergency medical response conducted an iterated instructional–design analysis on the feasibility and content of such training with input from educational professionals. We then analyzed 6 previously developed training courses for their congruence with our recommendations.

RESULTS:The task force produced descriptions of learning groups, content and learning objectives, and barriers and challenges to NBC education. Access to training and sustainment of learning (retention of knowledge) represent the significant barriers. The courses analyzed by the task force did not meet all objectives and challenges addressed.

CONCLUSION:The task force recommends training programs and materials need to be developed to overcome the identified barriers and challenges to learning for these audiences. Furthermore, the task force recommends incorporating NBC training into standard training programs for emergency medical professionals.

Available online through google search (link cannot be copied into document).
Abstract of executive summary available online: <http://www.ncbi.nlm.nih.gov/pubmed/11385327>

Organizational:

Hsu EB, Thomas TL, Bass EB, Whyne D, Kelen GD, Green GB. Healthcare worker competencies for disaster training. BMC Medical Education. 2006 Mar 20;6:19.

Bibliography

BACKGROUND: Although training and education have long been accepted as integral to disaster preparedness, many currently taught practices are neither evidence-based nor standardized. The need for effective evidence-based disaster training of healthcare staff at all levels, including the development of standards and guidelines for training in the multi-disciplinary health response to major events, has been designated by the disaster response community as a high priority. We describe the application of systematic evidence-based consensus building methods to derive educational competencies and objectives in criteria-based preparedness and response relevant to all hospital healthcare workers.

METHODS: The conceptual development of cross-cutting competencies incorporated current evidence through a systematic consensus building process with the following steps: (1) review of peer-reviewed literature on relevant content areas and educational theory; (2) structured review of existing competencies, national level courses and published training objectives; (3) synthesis of new cross-cutting competencies; (4) expert panel review; (5) refinement of new competencies and; (6) development of testable terminal objectives for each competency using similar processes covering requisite knowledge, attitudes, and skills.

RESULTS: Seven cross-cutting competencies were developed: (1) Recognize a potential critical event and implement initial actions; (2) Apply the principles of critical event management; (3) Demonstrate critical event safety principles; (4) Understand the institutional emergency operations plan; (5) Demonstrate effective critical event communications; (6) Understand the incident command system and your role in it; (7) Demonstrate the knowledge and skills needed to fulfill your role during a critical event. For each of the cross-cutting competencies, comprehensive terminal objectives are described.

CONCLUSION: Cross-cutting competencies and objectives developed through a systematic evidence-based consensus building approach may serve as a foundation for future hospital healthcare worker training and education in disaster preparedness and response.

Article available online: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1471784/>

Center for Public Health Preparedness Columbia University Mailman School of Public Health. Emergency preparedness and response competencies for hospital workers. 2009.

Bibliography

These hospital workforce competencies were developed for use in hospital settings, as one tool to assist in improving emergency preparedness and response.

This pamphlet is available online: http://www.asph.org/userfiles/Competencies-Resources/09_GebbieHospital.pdf

The Hospital Core Competency Sub Committee and Health, Medical, Hospital, and EMS Committee Florida State Working Group. State of Florida Recommended Core Competencies & Planning / Mitigation Strategies For Hospital Personnel. 2004.

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

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

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

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

Link broken – not available online at this time

Minnesota Department of Health, Office of Emergency Preparedness. Bioterrorism hospital preparedness program: healthcare personnel emergency preparedness (HPEP) competencies. 2006.

Bibliography

This is a document from a state health department that outlines necessary knowledge and skills for meeting certain competencies.

The document is available online: <http://www.health.state.mn.us/oep/training/bhbp/bhppcompoutline.pdf>

Barbera, J. A., Macintyre, A. G., Westerman, L. T., Shaw, G.L., and de Cosmo, S. VHA-EMA Certification Program – Healthcare Emergency Management Professional Certification Program. 2007.

The Institute for Crisis Disaster and Risk Management (ICDRM) at George Washington University (GWU) has developed, under contract to the Veterans Health Administration (VHA) Emergency Management Strategic Healthcare Group, materials to support the evolving VHA Emergency Management Academy (VHA-EMA). For more details about this project, please see the ICDRM Web Site at <http://www.gwu.edu/~icdrm>.

This deliverable represents one key product under the current VHA-EMA project: recommendations for a proposed Healthcare Emergency Management Certification Program specifically for healthcare system professionals.

This report is available online: http://www.va.gov/VHAEMERGENCYMANAGEMENT/Documents/Education_Training/Healthcare_System_Emergency_Management_Certification_Program_Recommendations_2007.pdf

Organizational focal area:

None listed

Specialist:

Medical Reserve Corps. MRC Core Competencies Matrix. 2007.

The Medical Reserve Corps Core Competencies Matrix is a suggested guide for training MRC volunteers at the local level. Core Competencies represent the baseline level of knowledge and skills that all MRC volunteers should have, regardless of their roles within the MRC unit. Because the core competencies establish only a minimum standard, units may choose to expand on the competencies in order to train volunteers at a more advanced level. Units may also choose to link the MRC core competencies to other existing sets of competencies for health professionals.

The Competencies Matrix presents a “menu” of options to guide MRC unit leaders. Leaders may choose trainings from the matrix, use other trainings not listed in the matrix, or create their own unit-specific trainings based on the

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competencies. Utilizing the competencies makes interoperations between MRC units more efficient by providing a “common language” in which units can communicate their volunteers’ capacities to each other and to partner organizations.

This report is available online: https://www.medicalreservercorps.gov/File/MRC%20TRAIN/Core%20Competency%20Resources/Core_Competencies_Matrix_April_2007.pdf

European Master in Disaster Medicine. EMDM XII. Accessed online 11/5/13

This online course offers information on research, medical management, mental health, education and training, and legal and ethical aspects of disaster medicine.

Course materials are available online: <http://www.dismedmaster.com/course/next-master-disaster-medicine-course.php>

Specialist focal area:

None listed

Deployment:

Walker, P., and Russ, C. Professionalising the Humanitarian Sector – A scoping study. ELRHA. 2010.

This report is an important, and challenging, contribution to the future of the humanitarian sector. It needs to be read by donors, by universities and learning providers, by NGOs, the Red Cross movement and the UN – and above all by humanitarian workers.

ELRHA commissioned this scoping study with a simple premise in mind: given the high levels of professionalism that humanitarian workers demand of themselves and each other and, given the increasing investment in capacity building and standard setting across the sector, is the time now right to create an internationally recognised humanitarian profession and put in place the coherent training and professional development structures that would normally be expected of an established profession? In investigating this question, the report authors Dr Peter Walker and Catherine Russ consulted extensively with humanitarian workers, and key stakeholders in the humanitarian sector. Their findings reveal a unique international community that holds common values and principles dear and that is clearly committed to learning and self-improvement. Their analysis of the sector and of the emergence of professions in other sectors begs the question: why have we not professionalised before? Of course for many

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years the humanitarian community has been steadily moving towards professionalisation.

This report provides ample evidence of the multiplicity of standards, training, and capacity building initiatives that have been created over the last three decades by NGOs, learning providers and universities. The principle challenge that emerges through this study is not a need to generate commitment to the training and capacity building of humanitarian staff, but to address the lack of coordination and cohesion between the standards, training courses, and investment that are on offer. This lack of coordination is further underpinned by a significant gap in our understanding of the sector as a whole: we simply do not know how many humanitarian workers there are in the world, let alone how many we might reasonably class as 'professional'. This is a gap in our knowledge that we must make every effort to fill.

The report's authors have presented us with an opportunity to pause for a moment on our journey, take stock of how far we have travelled and, as other professions have done before us, to reflect on where we believe we should be heading. Perhaps the most compelling piece of evidence they provide is the simple fact that of the 1500+ humanitarian workers they consulted during this study, more than 90% expressed a desire to see professionalisation become a reality. We hope that the findings and recommendations outlined here will provide a sign-post towards achieving the future that they desire.

This report is available online: http://www.elrha.org/uploads/Professionalising_the_humanitarian_sector.pdf

Emmens, B. and Swords, S. CBHA Humanitarian Capacity Building Program Objective 1 Final Report. Consortium of British Humanitarian Agencies. 2010.

The goal of the CBHA Humanitarian Capacity Building Programme is to develop capacity within the CBHA member agencies and the wider sector to increase the numbers and competencies of potential leaders and increase the overall humanitarian skills and knowledge base of existing staff working in emergencies.

Critical factors identified in successful humanitarian response are leadership, capacity development and surge capability and this report summarises the process and outputs that were developed in relation to these factors through Objective 1 of the Humanitarian Capacity Building programme. This component of the programme is being led by ActionAid, with the objective to develop shared competency and leadership behaviour frameworks for humanitarian

Bibliography

response to apply to new and existing staff and map training curriculum content in line with the agreed common frameworks.

This report is available online: <http://www.ecbproject.org/resources/library/90-cbha-humanitarian-capacity-building-program-objective-1-final-report>

Deployment focal area:

None listed