NORTHWEST HEALTHCARE Response Network

Welcome to the Northwest Healthcare Response Network's Healthcare Preparedness Capability by Job Group and Proficiency Crosswalk.

This crosswalk has been created to support development of a healthcare emergency preparedness plan and training program and may be used in conjunction with a Hazard Vulnerability Analysis (HVA). The HVA helps prioritize what needs to be planned for; the crosswalk identifies the knowledge, skills and resources needed for facilities and staff to effectively respond to incidents. The crosswalk consists of three components: Capabilities, Job Groups and Proficiency Levels.

Capabilities
These are the skills, knowledge, resources or activities that healthcare personnel or healthcare preparedness plans should have. The capabilities were developed from healthcare emergency preparedness resources, including: The Joint Commission; the 2017 Hospital Preparedness Program Cooperative Agreement and Capabilities documents; and the 2017 CMS Emergency Preparedness Rule.

The capabilities were divided into three categories:
- Planning/Preparedness, or items that need to be developed or implemented *in advance* of a disaster or disruption.
- Response, or items that would be utilized *during a response*. These are organized per the Joint Commission's Critical Areas.
- Recovery, or activities or items that would take place *after or as a result of* a response.

Job Groups were adapted from the Veteran's Health Administration Emergency Management Program, which was developed in conjunction with the George Washington University Institute for Crisis, Disaster and Risk Management. Descriptions of who is included in the different job groups can be found at the end of this document.

Proficiency Levels identify the level of knowledge that a person within a job group should have in order to be considered competent for the capability.

We welcome your input and feedback. Please email us at training@nwhrn.org with the subject line: Capability Crosswalk.
If you would like an overview of how to use this crosswalk, email us at training@nwhrn.org with the subject line: Capability Crosswalk Sample.

Healthcare Preparedness Capabilities Functions by Job Group and Proficiency Levels

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Capabilities include information from The Joint Commission emergency management standards, the 2017 Hospital Preparedness Program Cooperative Agreement, the 2017 Hospital Preparedness Program Capabilites and the 2017 CMS revised emergency management standards

		Job Groups and Proficiency - **A**wareness, **O**perations, **E**xpert								
CAPABILITIES	**S**kill, **K**nowledge **R**esource, **A**ctivity	All Personnel	Emergency Management Program Mgr	Healthcare Senior Leadership	Pt Care Practitioners	Clinical Support Staff	Police/Security Services	Facilities & Engineering Services	Finance & Administration	Non-medical Healthcare Volunteer
	S,K,R,A	AP	EMP	HSL	PCP	CSS	PSS	FES	FA	NHV
PLANNING/PREPAREDNESS										
EMERGENCY PREPAREDNESS PROGRAM AND PLAN										
The healthcare facility has both an Emergency Preparedness Program and an Emergency Preparedness Plan, including a Continuity of Operations or Business Continuity plan	K	A	E	O						
A healthcare emergency management professional oversees implementation of the emergency management program including the four phases of emergency management across the six critical areas, with organization-wide and community collaboration	K	A	E	O						
Healthcare leadership, including medical staff participate in the planning activites, for the Emergency Operations Plan (EOP) and its documented annual review	K		E	O						
The Emergency Operations Plan is signed off by Leadership after each annual review	A		E	O						
Hazard vulnerability and risk analysis (HVA) has documented and prioritized likely hazards and risks that could affect demand on and/or the ability of the healthcare organization to provide services. The HVA is reviewed annually and signed off by healthcare leadership	A		E	O	A					
Community partners are aware of identified, prioritized hazards and risks and have collaborated on response capabilities	A		E	O						
Facility services are identified and prioritized for those services to be available during an emergency or continuity of operations activation	K		E	O						
Process for initiating and terminating response and recovery phases of emergency, including under what circumstances phases are activated	K		E	O						
Process to ensure cooperation between healthcare organizations and official efforts (local, state, federal) to develop and maintain an integrated response	K		E	O						
Recovery strategies and actions are identified to help restore systems critical to providing care, treatment and services after an emergency	K		E	O					O	

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Mitigation and preparedness activities correlated to the prioritized HVA	A		E	O						
A Continuity of Operations/Business Resiliency Plan, separate from an Emergency Operations Plan, addresses the business functions of the healthcare organization including: -activation and response functions -multiple points of contact -orders of succession and delegation of authority for leadership -immediate actions and assessments to perform in case of disruption -safety assessments and resource inventory -redundant, replacement or supplemental resources including communication systems -strategies for prioritizing mission critical systems including but not limited to electricity, water and medical gasses.	K		E	O						
RESPONSE										
INCIDENT MANAGEMENT										
Emergency Operations Plan describes activation triggers, process, responsibilities	K		E	E	O					
Earliest possible identification, notification and investigation of an incident	A	A	E							
Departments provide status updates, as requested, to Incident Command in order to create situational awareness	A	O	E							
Earliest possible implementation of intervention and control measures	A	A	E	O	O					
Timely and situationally appropriate coordination and support of response activities with partners	A		E	O	O	O	O	O	O	
Incident Mangement System is used to manage response activities	K		E	O	O	O	O	O	O	
Incident management structure is integrated into and consistent with community partner's incident command structures	K		E	O						

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CAPABILITIES	**S**kill, **K**nowledge **R**esource, **A**ctivity S,K,R,A	All Personnel AP	Emergency Management Program Mgr EMP	Healthcare Senior Leadership HSL	Pt Care Practitioners PCP	Clinical Support Staff CSS	Police/Security Services PSS	Facilities & Engineering Services FES	Finance & Administration FA	Non-medical Healthcare Volunteer NHV
Continuity of emergency operations management is supported and incorporated throughout the surge of an emergency or incident	K		E	O						
CRITICAL AREA: EVACUATION AND SURGE										
Evacuation planning has occurred, addressing the ability to suddenly move all patients to safety	K	A	E	O	O	O	O	O		
Surge planning has occurred, addressing the ability to receive a sudden influx of patients from an emergency or incident	K	A	E	O	O	O		O		
Management of increased demand for clinical services (surge), including services for vulnerable populations (i.e., pediatric, geriatric, disabled, or serious chronic conditions or addictions)	K		E	O	E	O	O	A	A	
Evacuation, from one section/floor to another within building(s) when environment cannot support care, treatment or services	S	A	E		O	O	O	O		
Evacuation, completely outside the building(s) when environment cannot support care, treatment or services	S	A	E	O	O	O	O	O		
Arrangements with other healthcare facilities and/or other providers to receive patients in the event of a facility evacuation, limitation or cessation of operations so as to maintain the continuity of services to patients	R		E	E	O	A			A	
Capability to shelter in place for staff and patients that cannot leave	K	A	E		O	O	O	O		
Crisis care strategy identification, triggers and implementation including immediate bed availability strategies around: emergency department beds; general medical, general surgical and monitored beds; critical care beds, surgical intervention units; clinical laboratory and radiology services; health care volunteer management; equipment and supplies; staffing; coordination of ambulance transport with EMS system	K		O	O	E	E		O	O	
Surge plans and their implementation include special populations such as pediatrics, and/or patients needing chemical or radition emergency care, burn and trauma care, behavioral health needs and/or infectious disease needs	K		O	O	E	E		A	A	

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CAPABILITIES	S,K,R,A	AP	EMP	HSL	PCP	CSS	PSS	FES	FA	NHV
Policies and procedures address role of facility under a declared waiver (1135) or the provision of care in an alternate care site	K		E	O	E	O				
CRITICAL AREA: COMMUNICATIONS										
Redundant communications capabilities established and maintained including utilization of back up systems and technologies to support communication activities and needs	K		O	O	O	O	O	E		
Notification process for staff and licensed independent practitioners (LIP's) when emergency procedures have been initiated	A		E	O	O		O	E		
Notification process for external authorities when emergency response measures have been initiated	A	A	E	O	E		O			
Communication with patients and families during emergency, including notification when patients are relocated to alternative care sites	A		O	O	O	A	O			A
Communication with the community and/or the media during emergency	A		O	O	A		O			
Communication with suppliers or vendors of essential services, equipment and supplies during emergency	A		O	O				O	O	
Communication regarding the facility's occupancy, needs, and its ability to provide assistance to the authority having jurisdiction over the facility during an emergency	A		E	O	O		O	O		
Communication and information sharing with other healthcare organziations and partners regarding command structure, contact names/roles and numbers	K		E	O	A		O			
Communication with other healthcare organizations and partners regarding essential elements of their respective command centers for emergency response	A		E	O	A					
Communication with other healthcare organizations and partners regarding resources and assets that could be shared	A		O	O	A			O	O	
How and when organization communicates names of patients and the deceased with other healthcare organizations and partners during an emergency	K		O	O	O					

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CAPABILITIES	S,K,R,A	AP	EMP	HSL	PCP	CSS	PSS	FES	FA	NHV
How and when organization communicates information about patients to third parties (i.e., other healthcare organizations, State health dept, police, FBI, Red Cross,etc)	K		O	O	O				A	
Redundant communication capabilities with identified for use with alternative care sites	R		O	O	O	O	O	E	O	
CRITICAL AREA: RESOURCES AND ASSETS										
Subsistence needs for staff and patients are identified and provided for whether they evacuate or shelter in place including but not limited to: food, water, medical and pharmaceutical supplies	K		O	O	A	A	A	O		
Procedures for resource/asset capabilities to support facility in the 6 critical areas for 96 hours if healthcare organization cannot be supported by local community during emergency	K		E	O	O	A	O	O		
Conduct annual review and document healthcare organization's inventory of resources for emergency response	A		E	A	A	O	O	O	O	
Medications and related supply availability and replenishment are identified as required throughout response and recovery, including access to and distribution of caches that may be stockpiled at the hospital or in the community	K		O	O	O	O	A		O	
Medical supply availability and replenishment are identified as required throughout response and recovery, including personal protective equipment	K		O	O	O	O		A	O	
Nonmedical supply availability and replenishment are required as throughout response and recovery	K		O	O	O			O	O	
Assessment of supply chain integrity and capability before and during emergency	A		O	O					O	
Emergency response resources and equipment are utilized during an incident (i.e., evacuation equipment)	A	A	E		O	O	O	O	O	
Process for monitoring and documenting quantities and use of resources and assets available on hand during emergency	K		O	O		O		O	O	

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Resources and assets sharing with other healthcare organizations or within the community as may be necessary (i.e., beds, transportation resources, linens, fuel, PPE, medical equipment and supplies), including accountability of resources during an emergency	A		E	O				O	O	
Resources and assets sharing with healthcare organizations outside the community, in the event of a regional or prolonged event (i.e., beds, transportation resources, linens, fuel, PPE, medical equipment and supplies), including accountability of resources during an emergency	A		E	O				O	O	
Arrangements for transporting some or all patients, their medications, supplies, equipment and staff to identified alternative care site	K		O	A	O	O		O	O	
Arrangements for transferring pertinent information, including essential clinical and medication-related information, with patients moving to identified alternative care sites	K		O		O	O		O	O	
CRITICAL AREA: STAFF KNOWLEDGE										
Initial and annual training in emergency preparedness policies and procedures provided to all new and existing staff, individuals providing on-site services under arrangement and volunteers consistent with their expected roles	K	A	E	O	O	O	O	O		
Written communication provided to affilliated Licensed Independent Practitioners (LIPs) regard his/her role in response and to whom they report to during an emergency	A		E	A	O					
Staff, including medical staff, have been trained on their roles and responsibilities within response plans for communications, resources and assets, safety and security, utilities, patient management during an emergency	K	O	E							A
Staff assigned to all essential functions are trained, to include Just-In-Time training	K	A	E	O	O	O	O	O		
Knowledge of hospital's incident command structure and to whom staff report	K	A	E	O	O	O	O	O	O	
Management of staff support needs (i.e., housing, transportation, incident stress debriefing)	A		O	O		O		O		

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CAPABILITIES	S,K,R,A	AP	EMP	HSL	PCP	CSS	PSS	FES	FA	NHV
Management of staff family support needs (i.e., child care, elder care, pet care, communication)	A		O	O		O		O		
Staff and their families are provided information and training on becoming personally prepared for themselves and their families before a disaster	A	O	E							
CRITICAL AREA: SAFETY & SECURITY										
Internal security and safety planning appropriate for facility needs	K	O	E							
Roles and coordination for community security agencies within the healthcare facility in the event of an emergency (i.e., police, sheriff, National Guard, etc)	K		E	A	A		E	E		
Control entrance of people into and out of the facility	A		O	A	A		E	E		
Control movement of people within the facility	A		O	A	A		E	E		
Control of vehicles accessing the healthcare facility (as appropriate)	A		O	A			E	E		
Management of hazardous materials and waste	A		O	A	O	O	O	E		
Provisions for radioactive, biological and chemical isolation and decontamination	A		O	A	E	O	O	E		
Decontamination team and equipment is available onsite and its storage, rotation, activation, use and disposal decisions are documented	K		O	A	O	O	O	E	A	
Staff are trained on the use of appropriate personal protective equipment	K	A	E		E	E	O	O		
Ability to rapidly dispense medical and non medical countermeasures within the healthcare facility	A		O	A	E	O	A			
CRITICAL AREA: UTILITY MANAGEMENT										
Alternate means of keeping power systems operational by providing electricity through emergency and standby power systems sufficient to maintain temperature to protect patient health and safety and for the safe and sanitary storage of provisions	R		O	A	A	A	A	E		
Emergency power system inspection and testing requirements found in the NFPA 110 and Life Safety codes	A		O		A	A		E		
Provisions for emergency lighting	R		O		A	A	A	E		
Alternate means of providing water for consumption and essential care	R		O		A	A		E		

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Alternate means of providing water for equipment and sanitary purposes	R		O		A	A		E		
Alternate means of providing medical gasses and vacuum systems	R		O		A	A		E		
Alternate means of providing utility systems defined as essential (i.e., elevators, heating/cooling/ventilation, steam for sterilization, etc)	R		O		A	A	A	E		
Sewage and waste disposal management during disaster	K				A	A	A			
Onsite fuel source maintained and alternate means of providing fuel (building operations, generators, essential transportation services, etc)	R		O	A	A		A	E		
Ongoing and alternate plans for providing fire protection, extinguishing and alarm systems	K		O	A	A		A	E		
CRITICAL AREA: PATIENT CLINICAL AND SUPPORT ACTIVITIES										
Management of activities required as part of patient scheduling, triage, assessment, treatment, admission, transfer or discharge	K		O	O	E	E			O	
Facility services and patient population needs identified including specific focus on patients needing chemical or radition emergency care, burn and trauma care, behavioral health needs, infectious disease needs, pediatrics, pregnant women, seniors, individuals with access and functional needs, people with disabilities and others with unique needs during an emergency	K		O	A	E	E	O	O		
Identification of and operational plan for alternative sites for care, treatment and services that meet the needs of patients during an emergency when the environment cannot support care, treatment or services	K		E	O	O	O	O	E		
Management of personal hygiene and sanitation needs of patients during an emergency	A		O	A	E	E		O		
Management of patient and staff disaster mental health service needs occurring during an emergency	A		O	A	E	E	O			
Management of mass fatalities and mortuary services during an emergency	A		O	A	O	O	O	O		
Documentation and tracking of patient clinical information during an emergency, including maintaining HIPAA rules as appropriate	K		O		O	E			O	

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Family reunification or family support activities are implemented during surge events	A		O		O	A	A	A	A	
Crisis care strategies are considered and/or utilized as needed during disaster	K		O	O	E	E	A	A		
System for tracking on-duty staff and patients in facility's care during an emergency, which may include relocation if primary facility is not operable	S	A	O	O						
Implement Emergency Department and Inpatient medical surge response	K		O	O	E	E	A	E	O	
Implement out-of-hospital medical surge response	K		O	O	E	E	A	E	O	
Provide surge management during a chemical or radiation emergency event	S		O	A	E	E	A	E	A	
Provide burn care during a medical surge response	S		O	A	E	E	A	O	A	
Provide trauma care during a medical surge response	S		O	A	E	E	A	O	A	
Respond to behavioral health needs during a medical surge response	S		O	A	O	O	O	A		
Enhance infectious disease preparedness and surge response	S	A	O		E	E		O		
Distribution of medial countermeasures during medical surge response	S	A	O		E	O	A			
CRITICAL AREA: MANAGEMENT OF DISASTER VOLUNTEERS										
Medical staff bylaws identify individuals responsible for granting disaster privileges to volunteer licensed independent practitioners	K		O	E	O					
Healthcare organization identifies, in writing, those individuals responsible for assigning disaster responsibilites to volunteer practitioners who are not licensed independent practitioners	K		O	E	O	A	A			
Healthcare organization determines how to distinguish volunteer licensed independent practitioners from other licensed independent practitioners	A	A	O							
Hospital determines how to distinguish volunteer practitioners who are not licensed independent practitioners from its staff	A	A	O							
Medical staff describes, in writing, how it will oversee performance of volunteer licensed independent practitioners who are granted disaster privileges	K		O	E	E	O	A			

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Healthcare organization describes, in writing, how it will oversee performance of volunteer practitioners who are not licensed independent practitioners who have been assigned disaster responsibilities	K		O	E	E	O	A			
Hospital grants privileges to volunteer licensed independent practitioners only when the EOP has been activated due to a response and the hospital is unable to meet immediate patient needs	K		O	O	O		E			
Hospital assigns disaster responsibilities to volunteer practitoners who are not licensed independent practitioners only when the Emergency Operations Plan has been activated in response to disaster and the hospital is unable to meet immediate patient needs	S		O	O		O	E			
During the disaster, the medical staff oversee the performance of each volunteer licensed independent practitioner	S		O	O	E	O	A			
During the disaster, the hospital oversees the performance of each volunteer practitioner who is not a licensed independent practitioner	S		O	O	E	O	A			
Based on oversight of each volunteer licensed independent practitioner the hospital determines within 72 hours of the practitioenrs arrival if granted disaster privileges should continue	S		O	O	E	O	A			
Based on oversight of each volunteer practitioner who is not a licensed independent practitioner, hospital determines within 72 hours after practitioners arrival whether assigned disaster responsibilities should continue	K		O	E	E	A	A			
Before being allowed to function as a volunteer licensed independent practitioner the hospital obtains the valid government-issued photo identification and at least one other form of licensing or credentialing verification	K		O	E	E	A	A			
Before a volunteer practitioner who is not a licensed independent practitioner is considered eligible to function as a practitioner, the hospital obtains their valid government issued photo identification and at least one other form of license, certification, registration or identification	S		O	E	E	A	A			

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Primary source verification of volunteer licensed independent practitioner licensure occurs as soon as disaster is under control or within 72 hours of time volunteer presents themselves to the hospital, whichever comes first. Or, reasoning is documented why verification couldn't take place within specified timeframes	K		O	E	E	A	A			
Primary source verification of licensure, certification or registration (if required) of volunteer practitioners who are not licensed independent practitioners occurs as soon as the disaster is under control or within 72 hours from time volunteer presents themselves to the hospital, whichever comes first, or explains why verification did not occur within the specified timeframe	K		O	E	E	A	A			
CRITICAL AREA: EXERCISES										
Emergency response exercises incorporate likely disaster scenarios that allow the healthcare facility to evaluate its handling of communications, resources and assets, security, staff, utilites and patients	K		E	A	O	O	A	A		
As an emergency reponse exercise, the healthcare organization activates its Emergency Operations Plan twice an year (or as often as required) at each site included in the emergency operations plan. *If the facility experiences an actual natural or man made emergency that requires activation of the emergency plan, the facility is exempt from engaging in a community based or individual facility based full scale exercise for one year following the onset of the actual event	A	A	E	O	O	O	O			
For healthcare facilities that offer emergency services or are a community-designated disaster receiving station: annually, at least one of the two emergency response exercises includes a functional or full scale influx of simulated patients	A		E	A	A	A				
For healthcare facilities that offer emergency services or are a community-designated disaster receiving station: annually, at least one of the two emergency response exercises includes a functional or full scale escalating event in which the local community is unable to support the healthcare organization	A		E	A	A	A				

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For each healthcare facility with a defined role in its community's resonse plan at least one of the two emergency response exercises includes participation in a community-wide exercise (may be via tabletop)	A		E	A	A	A				
Annual Evacuation exercises or actual events occur (including implementation of the HPP Hospital Surge Test evacuation exercise materials)	A		E	A	A	A				
Bi-annual redundant communications drill	A		E	A	A	A		O		
The healthcare facility designates an individual(s) whose sole responsibility during emergency response exercise is to monitor performance and document opportunities for improvement	K		E	A	A	A	A	A		
During exercises the healthcare facility monitors: -effectiveness of internal communication -effectiveness of communication with outside entities -resource mobilization and assset allocation, including equipment, supplies, personal protective equipment and transportation -management of safety and security -management of staff roles and responsibilities -management of utility systems -management of patient clinical and support care activities	K		E	A	A	A	A	A		
Healthcare organization utilizes a systematic approach to evaluating exercises and actual emergencies to identify learnings and improvements using a multidisciplinary process (which includes input from all participants including leadership and licensed independent practitioners)	K	A	E							
Evaluation of exercises and actual events includes identification and documentation of deficiencies and opportunities for improvement	K		E	A	A	A				
Exercise and actual event deficiencies and opportunities for improvement are communicated to the improvement team responsible for monitoring environment of care issues and to senior healthcare leadership	K		E	A	A	A				

Healthcare Preparedness Capabilities Functions by Job Group and Proficiency Levels

3/2017
V.4

NORTHWEST HEALTHCARE Response Network

Capabilities include information from The Joint Commission emergency management standards, the 2017 Hospital Preparedness Program Cooperative Agreement, the 2017 Hospital Preparedness Program Capabilites and the 2017 CMS revised emergency management standards

		Job Groups and Proficiency - **A**wareness, **O**perations, **E**xpert								
	Skill, **K**nowledge **R**esource, **A**ctivity	All Personnel	Emergency Management Program Mgr	Healthcare Senior Leadership	Pt Care Practitioners	Clinical Support Staff	Police/Security Services	Facilities & Engineering Services	Finance & Administration	Non-medical Healthcare Volunteer
CAPABILITIES	S,K,R,A	AP	EMP	HSL	PCP	CSS	PSS	FES	FA	NHV
Subsequent exercises reflect modifications and interim measures as described in the modified Emergency Operations Plan	K		E							
Submission of after action report/improvement plans (AAR/IPs) following exercises	A		E	A						
RECOVERY										
Identified learnings and improvements from exercises and actual events are systematically incorporated into emergency operations plans and other preparedness and response plans	K		E	A	A					
Healthcare organization modifies Emergency Operations Plan based on evaluations from exercises and responses to actual emergencies	K		E	A						
Senior leadership directs implementation of selected hospital-wide improvements in emergency management based on: annual review, review of exercise/event evaluations, prioritization of improvements	K		E	O						
Leadership and Emergency Management leader prioritize resource gaps and mitigation strategies	K		E	O	O					
Recovery strategy and actions are developed to assist in restoration of normal business capabilities	K		E	E	O	O	O	O	O	
Hospital's incident command structure is utilized during recovery to manage return to normal business capabilities	S	A	E	O						
Resources and assets are inventoried and replaced as necessary to restore par levels	A		E	O	O	O	O	O	O	
After Action Report captures relevant learnings from exercise/event and documents improvement plans	K		E	O	O	O	O	O	O	
Effectiveness of the EOP is evaluated through a multidisciplinary process which includes relevant input from all levels of staff affected	K	A	E	O						
Event and exercise evaluations include deficiencies and opportunities for improvement	K		E	O						

Healthcare Preparedness Capabilities Functions by Job Group and Proficiency Levels

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		Job Groups and Proficiency - **A**wareness, **O**perations, **E**xpert								
CAPABILITIES	**S**kill, **K**nowledge **R**esource, **A**ctivity	All Personnel	Emergency Management Program Mgr	Healthcare Senior Leadership	Pt Care Practitioners	Clinical Support Staff	Police/Security Services	Facilities & Engineering Services	Finance & Administration	Non-medical Healthcare Volunteer
	S,K,R,A	AP	EMP	HSL	PCP	CSS	PSS	FES	FA	NHV
Deficiencies and opportunities for improvement are communicated to the improvement team responsible for monitoring environment of care issues and to senior leadership	A		E	O						
Modifications to the EOP are based on evaluations and future exercises/events reflect changes or interim measures found in modified EOP	K		E	O						
Assess health care delivery system recovery after an emergency	K		E	A	A					
Facilitate recovery assistance and implementation	K		E	O	O					

Healthcare Preparedness Capabilities Functions by Job Group and Proficiency Levels

NORTHWEST HEALTHCARE Response Network

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		Job Groups and Proficiency - **A**wareness, **O**perations, **E**xpert								
	Skill, **K**nowledge **R**esource, **A**ctivity	All Personnel	Emergency Management Program Mgr	Healthcare Senior Leadership	Pt Care Practitioners	Clinical Support Staff	Police/Security Services	Facilities & Engineering Services	Finance & Administration	Non-medical Healthcare Volunteer
CAPABILITIES	S,K,R,A	AP	EMP	HSL	PCP	CSS	PSS	FES	FA	NHV

TRAINING & EXERCISE CAPABILITIES
JOB GROUP DEFINITIONS

All Personnel (AP)
Defined as any healthcare system administrator, employee, professional staff, licensed independent practitioners or others with a specific role in the healthcare system emergency operations plan (EOP).

Emergency Management Program Managers (EMP)
The EMP is primarily responsible for developing, implementing and maintaining facility/system emergency management programs and the Emergency Operations Plan. Assume assignment to either a command or general staff ICS position during response. May support Healthcare System Leaders

Healthcare System Leaders (HSL)
Healthcare system senior executives, managers, department heads, nursing executives, chief of medical staff or senior managers of large departments or key operating units. Assume that these people, because of their daily organizational positions would be assigned to serve in the command and general staff positions of an ICS structure during disaster response

Patient Care Providers (PCP)
Any person who provides direct clinical patient care (e.g., MD, PA, RN, LPN, CRNA, RNP, etc)
(Not including those that provide patient care services under the direct supervision of patient care providers (e.g., nurse's aide, procedure technicians, orderlies, etc.)

Clinical Support Services (CSS)
Those that perform tasks related to the medical care of patients without direct patient interface (pharmacists, lab technicians)
Those that provide patient services that aren't primarily medical care (social services, physical and occupational therapy, pastoral care, patient educators, etc)
Those that provide patient care services under the direct supervision of patient care providers (nurse's aides, procedure technicians. Orderlies, transporters, etc)

Police/Security Services (PSS)
Daily job within healthcare system involves security and the full range of law enforcement activities.
Day to day duties may not put these individuals into direct contact with patients

Healthcare Preparedness Capabilities Functions by Job Group and Proficiency Levels

NORTHWEST HEALTHCARE Response Network

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		Job Groups and Proficiency - **A**wareness, **O**perations, **E**xpert								
	Skill, **K**nowledge **R**esource, **A**ctivity	All Personnel	Emergency Management Program Mgr	Healthcare Senior Leadership	Pt Care Practitioners	Clinical Support Staff	Police/Security Services	Facilities & Engineering Services	Finance & Administration	Non-medical Healthcare Volunteer
CAPABILITIES	S,K,R,A	AP	EMP	HSL	PCP	CSS	PSS	FES	FA	NHV

Facilities & Engineering Services (FES)
Those involved in maintaining the physical plant and associated systems. Personnel include physical plant personnel, engineers, grounds personnel, biomedical engineers, food services, communications, IT or Environmental Services personnel. Regular duties rarely put these individuals into direct contact with patients.

Finance & Administration (FA)
Daily, these personnel support the healthcare organization from a finance or administrative standpoint. Departments within this job function may include Accounting, Purchasing, Quality, Materials Management or other functions not enumerated in other job functions listed above.

Non-medical Healthcare Volunteers (NHV)
Those volunteers within the healthcare facility donating their time on a regular basis to assist with tasks within the healthcare system to aid staff, patients or visitors. Volunteers with documented qualifications may interact with patients. Others may be assigned to duties to assist staff and/or visitors which may or may not include minimal patient interaction.

PROFICIENCY LEVEL DEFINITIONS

Awareness
Represents an understanding of the knowledge/skills/abilities encompassed by the competency, but not to a level of capability to adequately perform the competency actions within the organization's system

Operations
Represents the knowledge/skills/abilities to safely and effectively perform the assigned tasks and activities including equipment use as necessary

Expert
Represents operations-level proficiency plus the additional knowledge/skills/abilities to apply expert judgment to solve problems and make complex decisions