

## **ALL EMPLOYEES EMERGENCY RESPONSE COMPETENCIES\***

**All Employees Group:** All personnel with assigned job positions within a VHA facility. The competencies within this group are referred to as *core competencies* necessary as a base for every position within the organization.

**AEC-1: Utilize general Incident Command System (ICS)/Incident Management System (IMS) principles during incident response and recovery.**

*Recommended proficiency for Primary Competency: Operations level*

### Knowledge

AEC-1.1: Describe ICS/IMS as an emergency response and recovery operating system and its application to VHA healthcare facility incident response and recovery, management structure, concept of operations, and planning cycle.

AEC-1.2: Describe your potential role(s) and responsibilities within the healthcare facility response and recovery in terms of ICS/IMS principles.

AEC-1.3: Describe the ICS/IMS-delineated expectations of individual responders in relation to the healthcare facility response and recovery to include: attendance at briefings, reporting requirements, and use of role-related documents such as Job Action Sheets.

### Skills

AEC-1.4: Demonstrate an operations level of proficiency in ICS/IMS principles by utilizing appropriate forms, attending indicated meetings, and adhering to appropriate reporting requirements.

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\* *Primary Competency:* Expressed as a capability demonstrable on the job. The context for the competency, if not otherwise stated, is implied to be emergency response and recovery operations. For the purpose of this project, the emergency response context is stressful, requires emergent decision-making and action despite uncertainty, and proceeds despite incomplete and unstructured information. The primary competency is expressed wherever possible, as an emergency response skill.

*Supporting Competency:* Provides a critical component of the primary response competency, representing a specific knowledge element, skill, or ability. Supporting competencies are in the preparedness or the response/recovery context.

*Proficiency Levels:*

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.

**AEC-2: Recognize situations that suggest indications for full or partial activation of the healthcare facility's Emergency Operations Plan (EOP), and report them appropriately and promptly.**

*Recommended proficiency for Primary Competency: Operations level*

Knowledge

AEC-2.1: Describe the characteristics of emergency events that may indicate the need for full or partial EOP activation.

AEC-2.2: Describe the reporting requirements and methodology for situations that may require full or partial EOP activation.

Skills

AEC-2.3: Identify situations within your areas of regular duty that should be reported for consideration for full or partial activation of the healthcare facility's EOP.

AEC-2.4: Report situations within your areas of regular duty by following EOP notification procedures and contacting the appropriate person as indicated by your specific role and by the situation at hand (e.g., page operator, supervisor, etc.)

**AEC-3: Participate in healthcare facility mobilization to rapidly transition from day-to-day operations to incident response organization and processes.**

*Recommended proficiency for Primary Competency: Operations level*

Knowledge

AEC-3.1: Describe the procedures necessary to receive notification of EOP activation and to prepare your work area, as indicated, for EOP response and recovery.

AEC-3.2: Describe the initial reporting requirements for your expected role or position.

AEC-3.3: Describe the location and format of the facility EOP.

Skills

AEC-3.4: Follow your functional areas mobilization plan as outlined in the EOP to prepare your work area for EOP response and recovery.

AEC-3.5: Confirm notification receipt and report to the appropriate EOP position your initial situation, resource status, and any special problems encountered for your specific role or functional area.

AEC-3.6: Locate the facility EOP and access portions applicable to your role and responsibilities.

**AEC-4: Apply the VHA core mission statement to your actions during emergency response and recovery.**

*Recommended proficiency for Primary Competency: Operations level*

Knowledge

AEC-4.1: Describe how your emergency operations role and responsibilities support the VHA mission during emergency response and recovery.

Skills

AEC-4.2: Demonstrate your understanding of the VHA mission during emergency response and recovery by ensuring your actions continually contribute to 1) continuity of patient care operations, 2) the safety of patients, families, and staff, 3) the conservation of property, and 4) the VHA support to the community to ensure the nation's safety.

**AEC-5: Apply the VHA code of ethics to your actions during emergency operations.**

*Recommended proficiency for Primary Competency: Operations level*

Knowledge

AEC-5.1: Describe how the VHA and Federal codes of ethics apply to your role and responsibilities during emergency response and recovery.

Skills

AEC-5.2: Demonstrate your understanding of the VHA and Federal codes of ethics by applying them to your individual response actions during emergency response and recovery.

**AEC-6: Execute your personal/family preparedness plans to maximize your availability to participate in the facility's emergency response and recovery.**

*Recommended proficiency for Primary Competency: Expert level*

Knowledge

AEC-6.1: Describe the importance of both a personal and a family preparedness plan to allow you to perform your VHA emergency response and recovery role.

AEC-6.2: Describe your responsibility as an employee to maintain a personal and family preparedness plan.

AEC-6.3: Describe your responsibility as a supervisor (if applicable) to promote employee maintenance of a personal and family preparedness plan.

AEC-6.4: Identify the personal/family specific requirements and details that must be addressed in your personal/family preparedness plan that allow you to perform your VHA response role in a potentially changed work schedule and environment.

Skills

AEC-6.5: Demonstrate your availability to work in your assigned role during VHA response and recovery by executing your personal/family preparedness plan.

AEC-6.6: Demonstrate an expert level of proficiency in personal and family preparedness planning by executing your personal/family preparedness plan and meeting your personal and family needs across any circumstances.

**AEC-7: Respond with your pre-prepared and maintained personal “go-kit” to maximize your ability to perform your assigned role during VHA response and recovery.**

*Recommended proficiency for Primary Competency: Expert level*

Knowledge

AEC-7.1: Describe the importance of your personal “go kit” for self-protection and to allow you to perform your VHA response and recovery role and responsibilities (A “go kit” contains personal supplies that an employee would need to work their emergency response and recovery role beyond a usual work shift, potentially not returning home for 72 hours).

AEC-7.2: Describe your responsibility as an employee to maintain a personal “go-kit.”

AEC-7.3: Describe your responsibility (if applicable) as a supervisor to promote employee maintenance of a personal “go kit.”

AEC-7.4: Describe how the EOP components and related policies and procedures, (evacuation, shelter in place, lock down, etc.) of the healthcare facility Emergency Operations Plans impact your decisions on what should be included in your personal “go kit.”

AEC-7.5: Identify your personal situation (physical ability/constraints, medical needs, personal/family preparedness plan, etc.) and how it impacts on your decisions on what should be included in your personal “go kit.”

Skills

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

**AEC-8: Follow the Facility Emergency Plan (FEP)\* and assist others (VHA personnel and patients) as necessary to accomplish the FEP directives.**

*Recommended proficiency for Primary Competency: Operations level*

Knowledge

AEC-8.1: Describe the component parts of the FEP and your responsibilities and actions under each.

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\* The FEP is an annex to the EOP and serves to describe initial evacuation, shelter in place, and other reactive measures during the initial stages of an emergency event directly affecting your VHA facility.

AEC-8.2: Describe circumstances that could lead to FEP activation and your responsibilities during FEP activation.

AEC-8.3: Describe the reporting procedures for your job position that would activate the FEP.

#### Skills

AEC-8.4: Execute your roles and responsibilities for the facility FEP by conducting the FEP directives for your job position in evacuation, shelter in place, or other actions during emergency operations.

### **AEC-9: Perform your specific roles and responsibilities as assigned in the VHA facility's Emergency Operations Plan (EOP).**

#### *Recommended proficiency for Primary Competency: Operations level*

#### Knowledge

AEC-9.1: Describe the ICS/IMS framework *as applied specifically* to the healthcare facility emergency response and recovery.

AEC-9.2: Describe your role and responsibility as assigned in the healthcare facility EOP.

AEC-9.3: Describe how potential changes in event parameters may necessitate changes in the facility IAP objectives and strategies, and hence changes in your job area's tactics and assignments (Management by objectives).

AEC-9.4: Describe the urgent issues that could potentially require a change in your job or job area's response strategies and tactics.

AEC-9.5: Describe your personal accountability requirements during emergency response and recovery.

AEC-9.6: Describe the equipment and technologies for your specific role and responsibilities within the healthcare facility EOP.

AEC-9.7: Describe the facility policy *applicable to your role* for engaging the media

#### Skills

AEC-9.8: Demonstrate appropriate EOP-designated reactive actions in response to potential/actual events that have activated the EOP.

AEC-9.9: Demonstrate your specific role and responsibilities as assigned in the healthcare facility's EOP by following your job action sheet, completing assignments, filling out appropriate forms, and fulfilling reporting requirements.

AEC-9.10: Operate all equipment and technologies for your specific role and responsibilities within the healthcare facility EOP.

AEC-9.11: Demonstrate understanding of facility media policies by referring issues to facility management or by responding to media inquiries as directed by facility management.

**AEC-10: Follow the Communication Plan and reporting requirements as outlined in the facility's EOP and the specific Incident Action Plan for an emergency event.**

*Recommended proficiency for Primary Competency: Operations level*

Knowledge

AEC-10.1: Describe the policy and methods for communication and reporting during emergency response and recovery.

AEC-10.2: Describe the process for rapidly communicating urgent issues that could require a change in response strategies or tactics for your job area, and the appropriate party to receive your communication.

AEC-10.3: Describe the process for reporting significant hazard or response impacts that you or your job area encounter to the appropriate party as indicated by the EOP.

AEC-10.4: Describe the general content of the communication plan component of the Incident Action Plan as it relates to your emergency response and recovery role.

AEC 10.5: Describe the procedures applicable to your role for interaction with the media.

Skills

AEC-10.6: Demonstrate the reporting requirements within your functional area as delineated in the healthcare facility EOP.

AEC-10.7: Maintain communications with appropriate parties for your role/functional area despite changing requirements and event parameters.

AEC 10.8: Demonstrate an understanding of media interactions by referring requests to appropriate personnel (as applicable), and when interacting with the media, follow designated interview procedures and protocols.

**AEC-11: Follow and enforce VHA safety rules, regulations, and policies during emergency response and recovery.**

*Recommended proficiency for Primary Competency: Operations level*

Knowledge

AEC-11.1: Describe the VHA safety rules, regulations, and policies during emergency response and recovery that maintain personal safety and a safe work environment.

AEC-11.2: Describe how to apply the Safety Plan component of the facility Incident Action Plan.

AEC-11.3: Describe the safety specific actions and procedures to be followed when unsafe situations/events are encountered.

AEC-11.4: Describe incident parameters that may serve as stressors for response personnel, how stress may be manifested, and appropriate interventions for your specific role.

Skills

AEC-11.5: Demonstrate your adherence to and enforcement of VHA safety rules, regulations, and policies during emergency response and recovery by wearing appropriate

PPE, following pre-defined safety procedures, identifying and addressing unsafe practices, and following the IAP Safety Plan as briefed by your immediate supervisor.  
AEC-11.6: Recognize and address incident stress for yourself and others in your functional area by identifying manifestations of stress and, in a fashion appropriate to your specific role, decreasing the stressors, limiting the negative impact of the stressors, or ensuring appropriate assistance in recovering from negative stressors.

**AEC-12: Follow and enforce security measures consistent with the nature of the incident that has prompted the EOP activation.**

*Recommended proficiency for Primary Competency: Operations level*

Knowledge

AEC-12.1: Describe VHA security rules, regulations, and policies that apply to your assigned role and responsibilities in the healthcare facility's EOP.

AEC-12.2: Describe the security specific actions and procedures to be followed when a suspicious event or security breach is detected.

Skills

AEC-12.3: Demonstrate your adherence to and enforcement of security measures during emergency response and recovery by following security briefings, instruction from individual security personnel, and badge procedures.

**AEC-13: Utilize or request (as appropriate) and integrate equipment, supplies, and personnel for your specific role or functional area during emergency response and recovery.**

*Recommended proficiency for Primary Competency: Operations level*

Knowledge

AEC-13.1: Describe procedures for requesting equipment, supplies, and personnel for your functional area and the integration of these resources during emergency response and recovery.

Skills

AEC-13.2: Demonstrate your ability to request and integrate additional resources by following EOP procedures outlined for these activities.

AEC-13.3: Demonstrate the ability to assess the adequacy of equipment, supplies and personnel to carry out your job assignments during each operational period.

**AEC-14: Follow demobilization procedures that facilitate rapid transition to recovery operations for the healthcare facility.**

*Recommended proficiency for Primary Competency: Operations level*

Knowledge

AEC-14.1: Describe demobilization policies and procedures.

AEC-14.2: Describe the policy and procedures for out-processing of personnel during demobilization.

AEC-14.3: Describe the policy and procedures for conducting the Incident Review\*

AEC-14.4: Describe the policy and procedures for documenting and reporting incident-related issues for inclusion in After Action Review\*, analysis, and corrective measures.

Skills

AEC-14.5: Demonstrate demobilization procedures for the incident by following the demobilization plan specific to your functional area.

**AEC-15: Follow recovery procedures that ensure facility return to baseline activity.**

*Recommended proficiency for Primary Competency: Operations level*

Knowledge

AEC-15.1: Describe policies and procedures for rehabilitation of personnel.\*\*

AEC-15.2: Describe policies and procedures for rehabilitation of equipment (including recertification for use), reordering of supplies specific to your functional area, and rehabilitating your workspace.

AEC-15.3: Describe policies and procedures specific to your role and responsibilities for rehabilitation of the facility.

AEC-15.4: Describe the policies and procedures for formal After-Action Reviews.

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\* 'Incident Review' is a brief review of the event conducted with relevant section leaders and other personnel as appropriate attending. This is conducted as soon as possible after the event to clear up misunderstandings and to provide the relevant parties with a more complete picture of "what happened and why." The 'Incident Review' is in distinction to the formal After Action Review that is conducted later and serves to capture valuable information for EOP improvement.

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\*\* Rehabilitation includes the procedures and methods utilized to restore an asset (person, place, or things) to its baseline operational capability. For personnel, rehabilitation can involve both physical as well as psychological interventions. Rehabilitation may occur during an event (i.e., to return an asset to its operational status) or during recovery (i.e., to return an asset to its baseline readiness).



Skills

AEC-15.5: Demonstrate an understanding of the importance of personnel rehabilitation activities by participating in personnel rehabilitation as instructed.

AEC-15.6: Demonstrate an understanding of facility and equipment rehabilitation by participating in these procedures to ensure your functional area readiness for day-to-day activities and future EOP activations.

AEC-15.7: Demonstrate an understanding of After Action-Reviews by submitting items in the required format.

## Facility Leader Competencies\*

**Facility Leader Group:** Hospital-wide senior executives (CEO, COO, CFO), hospital-wide managers, department heads, and/or senior managers in large departments. The project team assumes that members of this group, due to their everyday organizational positions, would be assigned to serve in the command and general staff positions of an ICS/IMS structure during a VHA facility's emergency response.\*\*

### **FLC-1: Identify specific criteria of potential events that require the full or partial activation of the facility Emergency Operations Plan (EOP).**

*Recommended proficiency for Primary Competency: Expert level*

#### Knowledge

FLC-1.1: Describe the characteristics of potential events that would require EOP full or partial activation.

FLC-1.2: Describe the impact of EOP activation (full or partial) upon day-to-day facility operations.

FLC-1.3: Describe potential sources of information that may assist with incident recognition.

#### Skills

FLC-1.4: Demonstrate understanding of criteria for EOP full or partial activation by initiating appropriate levels of EOP activation rapidly during specific events.

FLC-1.5: Ensure appropriate decisions are made about EOP activation by considering the impact of EOP activation (full or partial) upon day-to-day facility operations including the provision of essential services to existing patient populations.

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*Supporting Competency:* Provides a critical component of the primary response competency, representing a specific knowledge element, skill, or ability. Supporting competencies are in the preparedness or the response/recovery context.

#### *Proficiency Levels:*

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.

\*\* Command and general staff, as defined by NIMS and ICS, include the manager, management staff, and section chiefs (leaders) of the individual sections: operations, logistics, plans, and finance/administration.

FLC-1.6: Ensure appropriate information is included in the decision to activate the EOP (as necessary) by coordinating with facility personnel who have relevant information or who have expertise relevant to the incident type.

FLC-1.7: Ensure appropriate information from external sources is considered in the decision to activate the EOP by coordinating with external agencies that may provide incident-related information.

**FLC-2: Activate or support activation of full or partial Emergency Operations Plan (EOP) for appropriate events.**

*Recommended proficiency for Primary Competency: Operations level*

Knowledge

FLC-2.1: Describe the EOP activation and notification process.

FLC-2.2: List the types of notification for the facility and specific functional areas.

FLC-2.3: List relevant external agencies that should be notified of the facility EOP activation (full or partial); e.g. VHA/VISN administrators, local public health, local public safety, etc.

Skills

FLC-2.4: Ensure appropriate EOP activation by identifying personnel with authority to activate the EOP and identifying the methods for activation.

FLC-2.5: Ensure awareness of EOP activation by determining and conducting the appropriate level of notification (update, alert, advisory, activation) for the facility, specific functional areas, and external agencies as applicable.

**FLC-3: Ensure rapid facility mobilization that transitions day-to-day activities to incident response organization and processes.**

*Recommended proficiency for Primary Competency: Operations level*

Knowledge

FLC-3.1: Describe the initial reporting process from the functional areas in order to determine facility status and resource availability.

FLC-3.2: Describe the layout, location of supplies, and set-up of the facility Incident Command/Management Post (also sometimes called Facility Emergency Operations Center).

Skills

FLC-3.3: Confirm the activation of functional areas (management, operations, logistics, plans/information, finance/administration) by receiving and processing confirmation of notifications.

FLC-3.4: Ensure adequate resources for facility management are available by assisting with or supervising (as indicated by leader position) establishment of the Management Post for the facility.

**FLC-4: Ensure that the facility’s incident management is effective, utilizes Emergency Operations Plan (EOP) procedures and processes, and uses a pro-active ‘management by objective’ approach.**

*Recommended proficiency for Primary Competency: Operations level*

Knowledge

FLC-4.1: Describe the functional organization of the facility management during emergency response and recovery.

FLC-4.2: Describe the initial reactive phase of the facility’s incident response and the important transition to pro-active ‘management by objectives.’

FLC-4.3: Describe the facility’s code of ethics and how it is considered/applied during incident planning and management decision-making procedures during emergency response and recovery.

Skills

FLC-4.4: Ensure the facility’s incident management structure is well delineated by formally assigning facility incident management positions and providing the organizational structure with assignments (Facility IMS/ICS diagram) to relevant parties both internal and external to the facility.

FLC-4.5: Provide pro-active incident management by developing, analyzing, and revising, as necessary, facility response objectives during management meetings in the Planning Cycle (management by objectives).

FLC-4.6: Ensure that facility response objectives are efficiently and adequately met by performing continual monitoring of the facility incident response system and outcomes.

FLC-4.7: Ensure the VHA code of ethics is applied, as appropriate, by considering it during response planning and decision-making.

FLC-4.8: Address limitations of the facility EOP capacity and capability by identifying limitations and developing response-appropriate options to address unmet needs.

**FLC-5: Manage continuous incident planning through iterative planning cycle procedures that provide strategic and general tactical guidance to facility personnel.**

*Recommended proficiency for Primary Competency: Expert level*

Knowledge

FLC-5.1: Describe the purpose of management meetings, planning meetings, and operations briefings for emergency response and recovery.

FLC-5.2: Describe the key components of a facility response Incident Action Plan and methods of dissemination, both internally and externally.

FLC-5.3: Describe the purpose and the components of long term, alternative, contingency, and demobilization planning.

#### Skills

FLC-5.4: Ensure the clear delineation of the facility's operations cycle by establishing and disseminating the timing of planning meetings and operational periods.

FLC-5.5: Ensure facility objectives are met by supervising the development, analysis, and revision of facility response strategies and general tactics.

FLC-5.6: Ensure facility personnel safety by identifying, minimizing, or preventing threats/hazards, and by responding to all real or potential safety issues for facility response (Safety plan) throughout the emergency response and recovery.

FLC-5.7: Ensure efficient incident planning, as indicated by your incident management position, by participating in or conducting structured planning and management meetings, and operations briefings.

FLC-5.8: Ensure appropriate dissemination of incident planning decisions by documenting and disseminating the facility's Incident Action Plans to relevant persons internal and external to the facility.

FLC-5.9: Demonstrate comprehensive incident planning by performing or assigning analysis of long term, alternative, contingency, and demobilization plans during response and recovery.

FLC-5.10: Manage efficient exchange of information by participating in shift change briefings.

### **FLC-6: Manage efficient information processing regarding response activities**

*Recommended proficiency for Primary Competency: Expert level*

#### Knowledge

FLC-6.1: Describe the components and timing of functional area reporting and how the results can be processed and analyzed to identify progress or problems in meeting the facility's incident objectives.

FLC-6.2: Describe critical sources of incident information external to the facility.

FLC-6.3: Describe procedures for reporting back to functional areas, including dissemination of the facility's Incident Action Plan.

FLC-6.4: Describe types of event parameters that would require sudden changes in response strategies or tactics.

#### Skills

FLC-6.5: Ensure adequate functional area reporting by establishing the timing of the reporting and verifying that reports include situation description, resource status, specific tactics utilized, progress accomplished, and unusual problems encountered (include patient tracking as necessary).

FLC-6.6: Include information originating external to the facility in the planning process by monitoring external sources for information (including level of response by external organizations) and considering them in the planning process.

FLC-6.7: Ensure awareness of event parameters at the facility by providing continual updates to the leaders of functional areas and to external agencies as appropriate.

FLC-6.8: Provide early response to contingencies by monitoring for sudden changes in event parameters that necessitate immediate revision of response strategies and tactics and by disseminating appropriate notification to relevant parties (internal and external).

**FLC-7: Provide information on the facility's emergency response and recovery activities to patients, patient families, facility personnel families, media, and the general public, as appropriate.**

*Recommended proficiency for Primary Competency: Operations level*

Knowledge

FLC-7.1: Describe the methods of delivering information to the media and the important components of the message.

FLC-7.2: Describe procedures used to ensure patients, patient families, and facility personnel families are kept apprised of response operations.

FLC-7.3: Describe coordination techniques that ensure the facility's media message is consistent with other organizations' messages to the public.

FLC-7.4: Describe HIPAA and its application to emergency response and recovery as well as other patient confidentiality measures.

Skills

FLC-7.5: Ensure continuous update of relevant parties by providing, or assigning the task of providing, incident updates and the timing of subsequent update reports.

FLC-7.6: Ensure media messages are appropriate and consistent with that of other organizations by coordinating with the external community incident managers and public information personnel.

FLC-7.7: Identify public perceptions of the facility's response and false information relating to facility response by performing monitoring of media reports (address falsehoods as indicated).

FLC-7.8: Ensure confidentiality of patient information by monitoring response and recovery actions for adherence to these standards where applicable.

**FLC-8: Monitor the response and recovery needs of the facility's functional areas, and, if needed, provide support with additional facilities, equipment, communications, personnel or other assistance.**

*Recommended proficiency for Primary Competency: Operations level*

Knowledge

FLC-8.1: Describe resource-tracking processes for the facility.

FLC-8.2: Describe the resource request processes for functional areas in the facility to request both internal and external resources.

FLC-8.3: List the critical elements of a Communications Plan.

FLC-8.4: List potential sources of technical assistance.

FLC-8.5: Describe procedures for ensuring the health and well-being of facility personnel.

FLC-8.6: Describe integration methods of outside donated resources (personnel, equipment, supplies).

#### Skills

FLC-8.7: Demonstrate the ability to anticipate functional area requests by conducting an adequate incident planning process.

FLC-8.8: Provide logistical support to functional areas, first by identifying functional area needs and then appropriate resources to meet those needs.

FLC-8.9: Provide communication support to functional areas by assisting with the development and approval of the facility Communications Plan, which should document and disseminate contact methods for relevant parties internal and external to the facility.

FLC-8.10: Provide technical assistance to functional areas, as indicated, by identifying outside subject matter experts or other appropriate information resources.

FLC-8.11: Ensure the health and well-being of facility personnel by participating in/approving the Medical Plan for the IAP (as indicated by your management position).

FLC-8.12: Assist with the integration of external assistance and supplies, solicited and unsolicited, by managing them until they are assigned to specific functional areas.

### **FLC-9: Establish appropriate measures to document, track, or reimburse financial costs associated with facility response and recovery.**

#### *Recommended proficiency for Primary Competency: Operations level*

#### Knowledge

FLC-9.1: Describe processes for tracking personnel and resources utilized during response.

FLC-9.2: Describe processes for compensating personnel utilized during response and for claims made by these personnel.

FLC-9.3: Describe processes for reimbursement of external assistance provided during response.

FLC-9.4: Describe processes for tracking other costs of response (e.g. delayed elective procedures, equipment and supplies consumed, etc).

#### Skills

FLC-9.5: Provide for personnel compensation by maintaining lists of personnel utilized during response and time worked.

FLC-9.6: Provide for incident expense claims by ensuring appropriate documentation is completed and submitted within the required time periods.

FLC-9.7: Provide for equipment and supply reimbursement by tracking lists of supplies and equipment utilized during response and recovery.

FLC-9.8: Provide for compensation of external assistance (contract or cooperative assistance) by tracking utilization of these resources and ensuring prompt payment to the indicated resources.

FLC-9.9: Provide summary of response and recovery impact on facility finances by documenting and analyzing the direct and indirect costs of EOP activation, including lost revenue.

**FLC-10: Manage facility response so that it adheres to appropriate regulations and standards or seek relief as required.**

*Recommended proficiency for Primary Competency: Operations level*

Knowledge

FLC-10.1: Describe permissible emergency response and recovery deviations from the normal standard of medical care provided under normal facility conditions, and the processes for seeking temporary suspension or relaxation of regulations during emergencies.

FLC-10.2: Describe, in general, the applicable public health laws and their impact on the facility's emergency response and recovery.

FLC-10.3: Describe the process for verifying the credentials of health and other professionals, from resources external to the facility, who offer assistance to the healthcare facility.

FLC-10.4: Describe potential liability exposures that could occur for the facility and its patient care staff during emergency response and recovery.

Skills

FLC-10.5: Address appropriate healthcare regulatory issues during response and recovery by monitoring response activities for regulatory compliance and correcting deviations or appropriately justifying and explaining them.

FLC-10.6: Request and obtain appropriate regulatory relief by contacting appropriate authorities and providing explanations of, and justifications for, the requests.

FLC-10.7: Ensure appropriate credentialing and privileging of response personnel (from internal or external sources) to perform healthcare tasks, within the facility's operations, by monitoring personnel activities for conformance to their specific expertise.

FLC-10.8: Provide facility and personnel liability protection by documenting incident details surrounding occurrences with potential legal liability.



**FLC-11: Ensure that the Business Continuity Program<sup>3</sup> considerations are incorporated into the facility Incident Action Planning (IAP) process.**

*Recommended proficiency for Primary Competency: Operations level*

Knowledge

FLC-11.1: Describe the purpose and importance of a Business Continuity Program that is fully integrated into the facility EOP.

FLC-11.2: Describe the elements and supporting functions of a Business Continuity Program as outlined in the NFPA 1600 *Standard on Disaster/Emergency Management and Business Continuity Programs, 2004 Edition*.

FLC-11.3: Describe how the Business Continuity Program aligns with overall Incident Command System (ICS)/Incident Management System (IMS) organization and procedures.

Skills

FLC-11.4: Include business continuity specific objectives in the Incident Action Planning process in order to address the recovery, resumption, and restoration of facility-specific services.

FLC-11.5: Approve (as appropriate) the Business Continuity components of the EOP and its supporting annexes.

**FLC-12: Ensure rapid and effective demobilization of facility emergency response during the transition to recovery operations**

*Recommended proficiency for Primary Competency: Operations level*

Knowledge

FLC-12.1: Describe the management of demobilization and the important processes that must occur during the demobilization process.

FLC-12.2: Describe methods used to formally announce full or partial demobilization.

FLC-12.3: Describe procedures for out-processing of personnel.

FLC-12.4: Describe the procedures for conducting an initial Incident Review.\*

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<sup>3</sup> *Business Continuity Program* – An ongoing process supported by senior management and funded to ensure that the necessary steps are taken to identify the impact of potential losses, maintain viable recovery strategies and recovery plans, and ensure continuity of services through personnel training, plan testing, and maintenance (NFPA 1600).

\* *Incident review* is a brief discussion of the event conducted with relevant section leaders and other personnel as appropriate attending. This is conducted as soon as possible after the event, to explain any misunderstandings and to provide the relevant parties with a more complete picture of “what happened and why.” The incident review is distinct from the formal After-Action Review, which is conducted later and serves to capture technical performance information for EOP improvement.

Skills

- FLC-12.5: Guide the orderly demobilization of functional areas by ensuring that demobilization occurs as soon as the facility and outside resources are no longer needed for response (i.e. their specific response objectives have been met or otherwise resolved).
- FLC-12.6: Provide clear explanation and notification of demobilization to relevant parties (internal and external), usually by demonstrating that response objectives have been met.
- FLC-12.7: Provide adequate out-processing of response personnel by ensuring adequate debriefings and assessments of performance as appropriate.
- FLC-12.8: Provide for an orderly initial incident review process by utilizing response procedures to conduct the meeting.

**HLC-13: Ensure recovery is accomplished to restore facility to baseline operations and to capture important lessons for organizational improvement.***Recommended proficiency for Primary Competency: Operations level*Knowledge

- FLC-13.1: Describe the overall process for returning the facility to baseline operations and management, including addressing the backlog of regular workload that accumulated during emergency operations.
- FLC-13.2: List critical equipment, priorities for rehabilitation, and the methods for re-certifying the equipment for future use.
- FLC-13.3: Describe the process for facility re-certification (if applicable).
- FLC-13.4: Describe the personnel rehabilitation process.
- FLC-13.5: Describe the After-Action Review process and methods utilized to keep the process orderly and constructive.

Skills

- FLC-13.6: Manage the initial recovery operations by employing the same incident management structure and processes as used for the emergency response phase, with new objectives, personnel, and departmental assignments as needed.
- FLC-13.7: Manage rehabilitation and re-certification for use of equipment and facilities by prioritizing areas for initial attention.
- FLC-13.8: Provide for personnel rehabilitation by disseminating the methods for response personnel to address psychological and/or physical concerns.
- FLC-13.9: Oversee the After-Action Review process by using facility procedures and processes that capture response deficiencies and best practices, and that incorporate accepted changes as EOP revisions (i.e., organizational learning).

## **PATIENT CARE PROVIDER EMERGENCY RESPONSE COMPETENCIES\***

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

**PCPC-1: Recognize situations *related to patient care* that indicate the need for full or partial activation of the healthcare facility's Emergency Operations Plan (EOP), and report them appropriately and promptly.**

*Recommended proficiency for Primary Competency: Operations level*

### Knowledge

PCPC-1.1: Describe patient presentation criteria (unusual signs and symptoms indicative of deliberate illness/injury, indications of potentially epidemic illness/injury, unexpected rapid patient deterioration, difficult patient interventions such as decontamination, etc.) that indicate the possible need for EOP activation.

PCPC-1.2: Describe patient *population* profiles and other situation-based criteria (unusual numbers, very unusual contagiousness and other indications of increased risk to HCF personnel or current patients, etc.) that indicate the possible need for EOP activation.

PCPC-1.3 Describe resources available to Patient Care Providers in obtaining additional patient or situational information related to determining the need for activating the EOP.

PCPC-1.4: Describe the reporting requirements and the contact methods when events are recognized that may indicate the need for possible EOP activation (full or partial).

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\* *Primary Competency:* Expressed as a capability demonstrable on the job. The context for the competency, if not otherwise stated, is implied to be emergency response and recovery operations. For the purpose of this project, the emergency response context is stressful, requires emergent decision-making and action despite uncertainty, and proceeds despite incomplete and unstructured information. The primary competency is expressed wherever possible, as an emergency response skill.

*Supporting Competency:* Provides a critical component of the primary response competency, representing a specific knowledge element, skill, or ability. Supporting competencies are in the preparedness or the response/recovery context.

*Proficiency Levels:*

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.

Skills

PCPC-1.5: Identify situations within your regular clinical care area that should be reported for consideration of full or partial activation of the healthcare facility's EOP.

PCPC-1.6: Report situations within your regular clinical care area by following EOP notification procedures and contacting the appropriate person (e.g., page operator, supervisor, etc.) as indicated by your specific role and by the situation at hand.

PCPC-1.7: Assist decision-makers with incident recognition by responding rapidly and adequately to their inquiries and requests for additional pertinent clinical and patient population information.

**PCPC-2: Participate in the mobilization of your clinical area to transition from day-to day operations to incident response organization and process.**

*Recommended proficiency for Primary Competency: Operations level*

Knowledge

PCPC-2.1: Describe the procedures necessary to prepare your clinical area, as indicated, for EOP response and recovery.

Skills

PCPC-2.2: Ensure maximum patient surge capacity and capability by assisting in the mobilization of your clinical care area as described in the EOP.

PCPC-2.3: Establish and implement triage criteria based on actual and anticipated patient needs, disease parameters, and anticipated resources.

PCPC-2.4: Establish decontamination area and other functions that are inactive during baseline operations, as indicated and per your individual assignment.

PCPC-2.5: Provide surge bed capacity for incident victims by accomplishing rapid disposition of existing patients in the emergency department, outpatient procedures area, and inpatient units as indicated by the EOP.

**PCPC-3: Follow the healthcare Facility Emergency Plan (FEP)\* for your specific clinical care areas by assuring protective actions for patients and staff and by assisting others as necessary to accomplish the FEP directives.**

*Recommended proficiency for Primary Competency: Operations level*

Knowledge

PCPC-3.1: Describe the component parts of the FEP and your responsibilities to protect patients and, as indicated by your position, maintain accountability for patients, patient care information (charts, etc.) and clinical staff.

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\* The FEP is an annex to the EOP and serves to describe initial evacuation, shelter in place, and other reactive measures during the initial stages of an emergency event directly affecting your VHA facility.

PCPC-3.2: Describe the methods to be used to maintain patient care during FEP activity, including during shelter-in-place, evacuation, or emergency events in the clinical unit.

#### Skills

PCPC-3.3: Execute your roles and responsibilities in the facility FEP for protecting patients, patient information and others (as indicated) by assisting with evacuating patients, establishing shelter-in-place, or other actions during FEP operations.

PCPC-3.4: Ensure continuous patient care by prioritizing and performing essential clinical interventions during FEP operations.

**PCPC-4: Perform your clinical care duties in accordance with the facility's Emergency Operations Plan (EOP) and the appropriate Incident Action Plan (IAP) in order to support the facility's incident objectives.**

*Recommended proficiency for Primary Competency: Operations level*

#### Knowledge

PCPC-4.1: Describe the organizational structure and management processes for receiving and performing your clinical assignments as described by EOP.

PCPC-4.2: Describe the procedures for reporting task completion and unanticipated problems, and for receiving additional assignment for your clinical position during emergency response and recovery.

#### Skills

PCPC-4.3: Assume incident position assignments for your assigned clinical area as defined in the EOP by following the appropriate job action sheets for your position.

PCPC-4.4: Ensure facility objectives are met by formulating and/or implementing specific tactics consistent with the objectives and strategies dictated by the IAP for the current operational period.

PCPC-4.5: Provide input to supervisors, as indicated, to assist with measuring effectiveness of your clinical unit and its contributions to achieving the designated incident objectives.

**PCPC-5: Provide Surge Capacity by managing/treating increased numbers of patients (compared with day-to-day activities), regardless of etiology.**

*Recommended proficiency for Primary Competency: Operations level*

#### Knowledge

PCPC-5.1: Describe strategies and tactics appropriate to your clinical area that provide surge capacity for a significantly increased number of patients.

PCPC-5.2: Describe the triage processes necessary to match need with available resources in your clinical area.

Skills

PCPC-5.3: Provide patient surge capacity by instituting and adhering to the EOP measures designated for your clinical area.

PCPC-5.4: Maximize the ability of patients to help themselves (when appropriate) by providing clear instructions and by enhancing their ability to help themselves (e.g., by controlling pain or other interventions).

PCPC-5.6: Manage degradation of overall services by prioritizing critical tasks and activities over less critical ones.

PCPC-5.7: Perform ongoing triage (matching resources to needs) to manage patient load by assigning priorities for services including diagnostic testing, pharmaceutical administration, operative intervention, blood infusion, and others.

PCPC-5.8: Provide continuous input into management decision-making by projecting resource needs for your clinical area.

**PCPC-6: Provide Surge Capability by managing/treating all incoming patients with specialty needs that vary significantly from day-to-day facility activities.**

*Recommended proficiency for Primary Competency: Operations level*

Knowledge

PCPC-6.1: Describe special etiologies that may tax the facility response, even with limited numbers of patients.

PCPC-6.2: Describe the pathophysiology of injuries and illnesses associated with mass casualties and the indicated interventions for your clinical discipline.

PCPC-6.3: Describe threats or hazards posed by these types of patients.

PCPC-6.4: Describe methods for hazard/threat containment for these types of patients (as applicable).

PCPC-6.5: List resources where technical information may be found that may assist with caring for patients with these needs.

Skills

PCPC-6.6: Demonstrate understanding of injury and illness associated with these specialty-needs patients by providing the appropriate interventions to minimize further injury/illness and to maximize patient recovery.

PCPC-6.7: Provide evidence-based care for these patients by accessing technical expertise as appropriate.

PCPC-6.8: Perform special situation procedures per the EOP annexes and as indicated by event circumstances (e.g., decontamination, isolation, etc.)

PCPC-6.9: Contain hazards/threats posed by patients (as applicable) by removing the hazards from the patients, the use of PPE, appropriately locating patients or other measures.

**PCPC-7: Provide for efficient information processing for your clinical area through both reporting and receiving information according to established time schedules.**

*Recommended proficiency for Primary Competency: Operations level*

Knowledge:

PCPC-7.1: Describe the types of relevant information that are required for reporting from your clinical area.

PCPC-7.2: Describe the format and timing of reporting information from your clinical area.

PCPC-7.3: Describe the methods in which your clinical area should receive incident information during emergency response and recovery.

Skills:

PCPC-7.4: Provide input into the facility's incident planning through updates (as requested) on situation, resources, special problems encountered, and tasks completed in your clinical area.

PCPC-7.5: Ensure tracking of incident patients by providing updates (as requested) on numbers, types, and locations of patients as well as interventions required.

PCPC-7.6: Ensure appropriate designations are used for patient tracking ('meets case definition for incident', 'suspicious for case definition,' etc.) as applicable.

PCPC-7.7: Provide prompt notification when patient care activities reveal information that dictates major or sudden changes in response strategies.

PCPC-7.8: Deliver or participate in briefings conducted for your clinical area.

**PCPC-8: Manage the psychological impact on victims and victim families through both preventative and therapeutic measures.**

*Recommended proficiency for Primary Competency: Operations level*

Knowledge:

PCPC-8.1: Describe the potential psychological effects on emergency event victims and their families and the indicated interventions for your clinical discipline.

PCPC-8.2: Describe preventative methods that may lessen the psychological impact on victims and their families.

Skills:

PCPC-8.3: Provide psychological and emotional support to patients as indicated by your clinical discipline.

PCPC-8.4: Provide information on the event, its etiology, and facility interventions to patients and family members in your clinical area (written if possible).

PCPC-8.5: Provide frequent updates on expected interventions for individual victims to the family members in your clinical area.

**PCPC-9: Incorporate relevant safety practices and procedures in all incident operations for your clinical area.**

*Recommended proficiency for Primary Competency: Operations level*

Knowledge

PCPC-9.1: Describe categories of hazards that may pose a risk to clinical staff during emergency response and recovery.

PCPC-9.2: Describe interventions for clinical staff and others to reduce the potential risk created by incident parameters.

Skills

PCPC-9.3: Participate in or conduct safety briefings (based upon the incident Safety Plan) during each work cycle.

PCPC-9.4: Adhere to universal precautions and infection control procedures (whether day-to-day or specific to the incident) as indicated.

PCPC-9.5: Adhere to appropriate work cycles for your clinical area.

PCPC-9.6: Select and use appropriate PPE when applicable.

PCPC-9.7: Provide for safe use of PPE by monitoring those individuals utilizing PPE.

PCPC-9.8: Minimize security-safety risk to clinical personnel by coordinating with facility security personnel.

**PCPC-10: Integrate outside resources into your clinical area as required to meet response objectives.**

*Recommended proficiency for Primary Competency: Operations level*

Knowledge

PCPC-10.1: Describe procedures for requesting, receiving, briefing, assigning and supervising clinical personnel from other clinical units or from other facilities.

PCPC-10.2: Describe procedures for requesting, receiving, rapid in-servicing and using equipment and supplies (especially items that aren't normally used in your clinical area).

Skills

PCPC-10.3: Initiate requests for outside resources by delineating specific needs in the required format.

PCPC-10.4: Integrate personnel from outside your clinical area by providing them with a briefing on operations in your area and monitoring their response actions.

PCPC-10.5: Integrate equipment and supplies from outside your clinical area by ensuring familiarity with their use and by tracking their use.

PCPC-10.6: Provide appropriate utilization of technical expertise by assessing the source and incorporating applicable recommendations.



**PCPC-11: Follow demobilization procedures for your clinical area that facilitate rapid transition to recovery operations for the healthcare facility.**

*Recommended proficiency for Primary Competency: Operations level*

Knowledge

PCPC-11.1: Describe demobilization policies and procedures for the clinical area, including procedures to “catch up” on important patient care activities that were suspended or revised during emergency operations.

PCPC-11.2: Describe the policy and procedures for out-processing of patient care and clinical support personnel during demobilization.

PCPC-11.3: Describe the policy and procedures for conducting the Incident Review\* for your clinical area.

PCPC-11.4: Describe the policy and procedures for documenting and reporting incident-related patient care issues for inclusion in After Action Review, analysis, and corrective measures.

Skills

PCPC-11.5: Demonstrate demobilization procedures for the incident by following the demobilization plan specific to your functional area.

PCPC-11.6: Prioritize and initiate delayed patient care activities suspended or revised during emergency response.

PCPC-11.7: Ensure that personnel in your clinical area participate in out-processing of facility personnel, to include any indicated physical exam and to include a performance evaluation.

PCPC-11.8: Provide input into the Incident Review as appropriate for your position during emergency response.

**PCPC-12: Follow recovery procedures for your clinical area that promote rapid return of the facility to baseline activity.**

*Recommended proficiency for Primary Competency: Operations level*

Knowledge

PCPC-12.1: Describe policies and procedures for rehabilitation of patient care and clinical support personnel.

PCPC-12.2: Describe procedures for reassessing your clinical area’s patient population and planning for resolving surge needs.

PCPC-12.3: Describe the responsibilities, specific to your role, for rehabilitation of your clinical area.

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\* Incident Review is a brief review of the event conducted with relevant section leaders and other personnel as appropriate attending. This is conducted as soon as possible after the event to address misunderstandings and to provide the relevant parties with a more complete picture of “what happened and why.” The incident review is distinct from the formal After-Action Review, which is conducted later and serves to capture technical performance information for EOP improvement.

PCPC-12.4: Describe the policies and procedures for formal After Action Review of patient care in your clinical area.

Skills

PCPC-12.5: Demonstrate an understanding of the importance of personnel rehabilitation activities by participating in personnel rehabilitation as instructed.

PCPC-12.6: Demonstrate an understanding of facility and equipment rehabilitation by participating in these procedures to ensure functional area readiness for day-to-day activities and future EOP activations.

PCPC-12.7: Demonstrate an understanding of After Action Reviews by submitting items in the required format.

**EMERGENCY PROGRAM MANAGER EMERGENCY RESPONSE COMPETENCIES\***

**Emergency Managers Job Group:** Personnel primarily responsible for developing, implementing and maintaining VHA facility emergency management programs that include the Emergency Operations Plan. VHA Area Emergency Managers are also included in this job group.

**PMC-1: Recognize circumstances and/or actions, across the program manager's jurisdiction if appropriate, that indicate a potential incident and report the situation to facility leadership and appropriate authorities.**

*Recommended proficiency for Primary Competency: Expert level*

Knowledge

PMC-1.1: Describe the conditions across representative hazard types that indicate a potential incident requiring VHA response and recovery capabilities.

PMC-1.2: List the VHA leadership positions that should be notified in the event of a potential incident and describe the formal notification process.

PMC-1.3: List the outside authorities and resources that can be queried to rapidly obtain information about an evolving event, and describe the communication methods for this purpose.

Skills

PMC-1.4: Identify and obtain information from all non-VHA sources that could indicate the occurrence of an incident and need for VHA response.

PMC-1.5: Report the circumstances of the potential incident to the relevant facility leader(s) and notify outside authorities as appropriate.

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\* *Primary Competency:* Expressed as a capability demonstrable on the job. The context for the competency, if not otherwise stated, is implied to be emergency response and recovery operations. For the purpose of this project, the emergency response context is stressful, requires emergent decision-making and action despite uncertainty, and proceeds despite incomplete and unstructured information. The primary competency is expressed wherever possible, as an emergency response skill.

*Supporting Competency:* Provides a critical component of the primary response competency, representing a specific knowledge element, skill, or ability. Supporting competencies are in the preparedness or the response/recovery context.

*Proficiency Levels:*

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.

**PMC-2: Provide guidance to VHA Facility Incident Managers, and other authorities as requested, on the decision to fully or partially activate Emergency Operations Plans (EOP).**

*Recommended proficiency for Primary Competency: Expert level*

Knowledge

PMC-2.1: Describe the criteria that indicate the need for a partial or full VHA facility EOP activation.

PMC-2.2: Describe the impact of EOP activation (full or partial) upon day-to-day facility operations.

PMC-2.3: Describe the process for VHA facility EOP activation.

Skills

PMC-2.4: Assist facility leaders with the decision to activate emergency medical response plans and procedures by communicating relevant information about the nature and consequences of an incident and by explaining the benefits of activating the EOP.

PMC-2.5: Provide the Incident Manager with a list of all facility personnel positions with the authority to activate the EOP, as requested, and outline the methods for activation.

**PMC-3: Assist in the rapid mobilization of activated VHA facilities to transition from day-to-day activities to response and recovery operations.**

*Recommended proficiency for Primary Competency: Operations level*

Knowledge

PMC-3.1: Describe processes and procedures used to mobilize VHA facilities for emergency response and recovery.

PMC-3.2: List all the external agencies (non-VHA) that should be notified of the VHA facility's EOP activation and determine their level of response.

Skills

PMC-3.3: As requested by facility leadership, assist in facility mobilization by ensuring appropriate external liaisons are established and ensuring the facility management structure for response is clearly disseminated externally.

PMC-3.4: Provide the facility Incident Management Post with an initial projection of the supplies and resources needed for response and recovery.

PMC-3.5: Provide the Incident Manager with a briefing on the response actions undertaken by external incident response agencies, or assure this is accomplished by the VHA senior liaison.

**PMC-4: Ensure full and proper execution of the appropriate VHA emergency operations plan (EOP) for designated VHA healthcare facilities during response and recovery.**

*Recommended proficiency for Primary Competency: Expert level*

Knowledge

PMC-4.1: Describe the VHA facility incident management organizational structure and response roles of all functional areas and key positions.

PMC-4.2: Describe the VHA organizational requirements as well as laws, regulations, policies and precedents that affect VHA emergency operations and principles of emergency management.

Skills

PMC-4.3: Verify that VHA personnel have adopted incident management roles and responsibilities by referring to the response structure and functional roles outlined in appropriate facilities' EOPs.

PMC-4.4: Verify compliance of VHA EOP response actions with applicable rules and regulations, and advise the facility Incident Manager as indicated.

PMC-4.5: Provide assistance with emergency response systems monitoring by assessing the adequacy and effectiveness of the incident management system in place at activated VHA facilities, as appropriate for the Program Manager's jurisdiction.

PMC-4.6: Address any apparent deficiencies noted in the incident management system during response and recovery by notifying the facility Incident Manager and recommending solutions.

**PMC-5: Demonstrate the ability to function as a VHA facility's Plans Chief within ICS/IMS structure as indicated by the facility's Emergency Operations Plan (EOP).**

*Recommended proficiency for Primary Competency: Expert level*

Knowledge

PMC-5.1: Describe the VHA response roles and responsibilities ascribed to the chief of the Planning Section in the EOP.

PMC-5.2: Describe the facility Incident Planning Cycle and the key components for which the Plans Chief is responsible.

PMC-5.3: Describe the methods for functional area reporting and for the collation, processing, and dissemination of this information.

PMC-5.4: Describe methods for monitoring response and recovery actions in order to assist the Incident Manager in determining progress towards achieving the incident objectives.

Skills

PMC-5.5: Establish an effective Incident Planning Cycle by defining operational periods (approved by the facility Incident Manager), coordinating the Planning Cycle timing with

non-VHA response agencies, and disseminating the schedule for essential planning activities (management and planning meetings, operational briefings, and others).

PMC-5.6: Ensure adequate functional area reporting by establishing the time schedule for reporting and verifying reports are received, to include situation, resource status, specific tactics utilized, progress accomplished, and unusual problems encountered; include patient tracking as necessary.

PMC-5.7: Include information originating internal and external to the facility in the planning process by monitoring internal and external sources for information, including the level of response by external organizations, and considering the information in the planning process.

PMC-5.8: Ensure awareness of event parameters at the facility by providing continual updates to the leader of functional areas and external agencies as appropriate.

PMC-5.9: Provide rapid contingency response by monitoring for sudden changes in event parameters that necessitate revision of response strategies and tactics, and disseminate appropriate notification to relevant internal and external parties.

PMC-5.10: Manage orderly and concise planning activities (management and planning meetings, operational briefings) by limiting distractions, providing agendas, and ensuring documentation of all relevant information discussed in the meetings.

**PMC-6: Perform or assist with the senior facility liaison function and ensure that relevant response and recovery information is exchanged with senior VHA management levels.**

*Recommended proficiency level for Primary Competency: Operations level*

Knowledge

PMC-6.1: Describe the purpose and structure of the Veterans Integrated Service Network (VISN) and its potential role during facility emergency response and recovery.

PMC-6.2: Describe essential components of facility planning that should be disseminated to senior VHA management levels.

PMC-6.3: Describe the assigned VHA responsibilities defined by the VHA-DoD Contingency Plan.

Skills

PMC-6.4: Follow the region-wide Veterans Integrated Service Network (VISN) level emergency operations (response) plan if it is activated.

PMC-6.5: Ensure that senior VHA officials are receiving accurate information from the facility by providing the current facility IAP in communications with them.

PMC-6.6: Ensure that the facility Incident Manager receives appropriate communications from senior VHA officials.

PMC-6.7: Assure responsibilities under the VHA-DoD Contingency Plan are accomplished when the Plan is activated.

**PMC-7: Establish (as requested by facilities) senior liaison with all appropriate external (non-VHA) emergency response officials in your area, conduct information exchange, and coordinate incident response strategies and tactics.**

*Recommended proficiency level for Primary Competency: Operations level*

Knowledge

PMC-7.1: List relevant external emergency response agencies in your area and methods of contacting them.

PMC-7.2: Describe how the emergency response and recovery actions of external agencies in your area and VHA facilities impact one another.

PMC-7.3: Describe how VHA facilities and external agencies in your area may support one another during emergency response and recovery.

Skills

PMC-7.4: Ensure the incident management organization and structure of VHA facilities in your area are disseminated to appropriate external emergency response agencies, including contact information.

PMC-7.5: Facilitate VHA facility access to appropriate external emergency response agencies by serving as liaison or providing contact methods.

PMC-7.6: Facilitate coordination of response strategies and tactics by ensuring regular exchange of Incident Action Plans between VHA facilities and appropriate external emergency response agencies.

PMC-7.7: Ensure appropriate needs requests are delineated and assistance is provided to/from VHA facilities or external emergency response agencies.

**PMC-8: Participate in demobilization processes within the VHA facility and Veterans Integrated Service Network (VISN) to transition from VHA facility response to recovery operations.**

*Recommended proficiency level for Primary Competency: Operations level*

Knowledge

PMC-8.1: Describe both the general objectives of the demobilization process and the specific management issues associated with demobilization, rehabilitation of response elements, and preparation to return to routine professional roles.

PMC-8.2: Describe the Planning and Management processes for transitioning from response to recovery.

Skills

PMC-8.3: Assist in the demobilization of VHA facilities by verifying that operational objectives have been met (or are reassigned to continuing units) and that appropriate internal and external notification is made regarding demobilization.

PMC-8.4: Participate in initial Incident Reviews\* (as appropriate) and assist facility leaders with ensuring appropriate procedures are followed.

PMC-8.5: Assist with the debriefing and performance assessments of VHA personnel under your supervision, and others as requested by facility incident managers.

**PMC-9: Assist with VHA facility recovery (in your area as indicated by your position) to full pre-incident function, including return to routine facility management and medical care activities.**

*Recommended proficiency level for Primary Competency: Operations level*

Knowledge

PMC-9.1: Describe the procedures and priorities for returning VHA facilities to pre-incident operations and management.

EPMC-9.2: Describe the process required to re-evaluate the facility's patient population and post-incident patient care activities, including and addressing the backlog of regular work.

Skills

PMC-9.3: Assist, as requested, with longer-term facility personnel rehabilitation by providing advice on procedures for addressing physical or mental concerns.

PMC-9.4: Assist, as requested, with longer-term facility and equipment rehabilitation by identifying priority areas for attention and identifying external resources that may be required.

PMC-9.5: Assist, as requested, with addressing backlogs of regular work by providing advice to facility leaders on surge capacity methods and the prioritization of services.

**PMC-10: Fulfill emergency management program requirements for formal incident After-Action Review (AAR), capture and processing of recommended changes and organizational learning (by implementing accepted changes).**

*Recommended proficiency level for Primary Competency: Expert level*

Knowledge

PMC-10.1: Describe the policies and procedures as well as other considerations for formal After Action Review of VHA facility response.

PMC-10.2: Describe procedures for capturing information, analysis and acceptance or recommendations, and implementation of changes to a VHA facility EOP.

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\* Incident Review is a brief review of the event conducted with relevant section leaders and other personnel as appropriate attending. This is conducted as soon as possible after the event to address misunderstandings and to provide the relevant parties with a more complete picture of "what happened and why." The incident review is distinct from the formal After-Action Review, which is conducted later and serves to capture technical performance information for EOP improvement.



Skills

PMC-10.3: Conduct efficient facility After Action Reviews by utilizing response procedures for conducting a meeting and by ensuring After Action Review items are documented in the required format: issue, background, recommended action, responsible party and recommended timeframe.

PMC-10.4: Ensure organizational learning by conducting appropriate analysis of recommendations, obtaining formal administration approval of accepted recommendations, and incorporating the recommended changes into the VHA facility EOP and emergency management program.