

Background

A priority for public health agencies, professional associations and other involved organizations is that clinicians know about infectious organisms or chemicals that might be involved in a disaster or terrorist event and to ensure that they have the competency to apply that knowledge. A well-defined, practiced disaster plan; a competent workforce that is available and willing to respond; and appropriate technological infrastructure are essential to any health-related organization in order for a community to respond to a wide-scale emergency—deliberately caused or not.

Clinicians are key to early detection of many adverse events, crucial to rapid decision-making about clinical management, and vital to appropriate



reporting to public health officials. Any clinician in a position to make initial assessments and decisions needs the competencies

in emergency preparedness. If that clinician has further responsibilities, such as infectious disease management, mental health services, or nursing care, additional knowledge and competencies specific to the profession and condition will be applied.

Many clinicians already have acquired some of the identified competencies. In other cases, a substantial level of additional knowledge and competency-based education is needed to achieve the desired level of readiness. The competencies identified through this project will be used to develop training and to assess the preparedness of clinicians

Competency Development

These competencies were developed by the Association of Teachers of Preventive Medicine in collaboration with the Center for Health Policy, Columbia University School of Nursing. The authors would like to extend their sincere appreciation to the Centers for Disease Control and Prevention, Office of Terrorism Preparedness and Emergency Response and to the many individuals and national professional associations that generously gave of their expertise and guidance during the development of these competencies to ensure their relevance to the needs of front-line clinicians. The list of organizations that participated in drafting the competencies follows and does not reflect approval or official position.

American Academy of Dermatology
American Academy of Family Physicians
American Academy of Nurse Practitioners
American Academy of Pediatrics
American College of Emergency Physicians
American College of Obstetricians and Gynecologists
American College of Physicians
American Medical Association
American Osteopathic Association
Association of Community Health Nursing Educators
Association of Schools of Public Health
Association of State and Territorial Health Officials
Association of Teachers of Preventive Medicine
Centers for Disease Control and Prevention
Council of State and Territorial Epidemiologists
National Association of County and City Health Officials

This document incorporates comments made through review of the competencies by over 1,400 individual physicians, nurses, emergency medical technicians, mental health professionals, emergency response experts and others; the majority of whom were identified as very knowledgeable in emergency response.

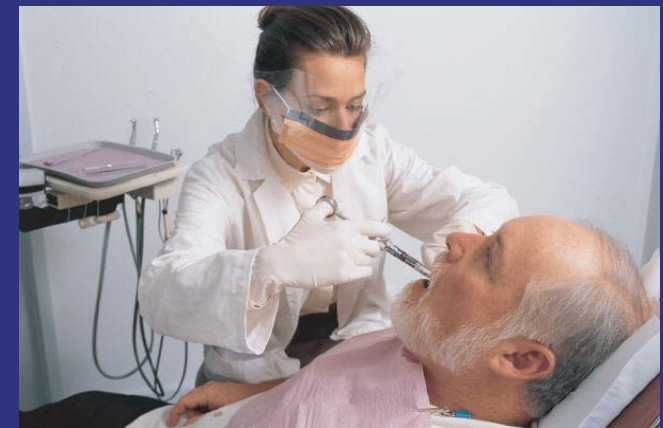
For further information about these competencies, or for additional copies of this document, contact:

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CLINICIAN COMPETENCIES

DURING INITIAL ASSESSMENT AND MANAGEMENT OF EMERGENCY EVENTS



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OF PREVENTIVE MEDICINE

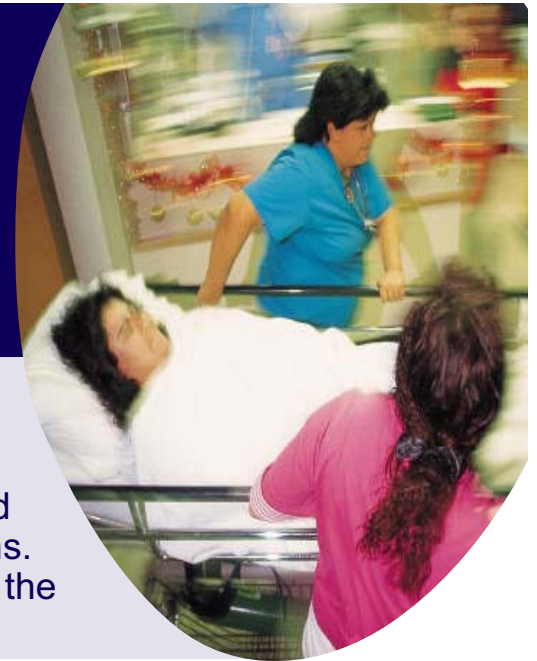


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ARE YOU A CLINICIAN WHO SEES AND TRIAGES PATIENTS? DO YOU COMMUNICATE WITH PATIENTS?

Then you are in the position to recognize initial cases and manage the initial care and referral of patients in an emergency event.

Whether you practice in an emergency department, hospital clinic, urgent care center, medical office, patient telephone triage line, or elsewhere, you may become part of your community's emergency response system. These clinical competencies describe the abilities that you should possess to recognize new problems, effectively communicate with patients and report to administrators, and obtain needed guidance during emergency response situations. While the competencies are generic to clinical practice, they are always defined or limited by the legal scope of practice of the specific professional discipline.



A CLINICIAN IN AN INITIAL ASSESSMENT AND DECISION-MAKING ROLE SHOULD BE ABLE TO:

1. Describe your expected role in emergency response in the specific practice setting as a part of the institution or community response.
2. Respond to an emergency event within the incident or emergency management system of the practice, institution and community.
3. Recognize an illness or injury as potentially resulting from exposure to a biologic, chemical or radiologic agent possibly associated with a terrorist event.
 - a. Recognize uncommon presentations of common diseases and distinguish these from common presentations of uncommon diseases that may be related to a terrorist event or emerging infectious disease.
 - b. Recognize emerging patterns or clusters of unusual presentations.
4. Institute appropriate steps to limit spread, including infection control measures, decontamination techniques and use of appropriate personal protective equipment.
5. Report identified cases or events to the public health system to facilitate surveillance and investigation using the established institutional or local communication protocol.
6. Initiate patient care within your professional scope of practice and arrange for prompt referral appropriate to the identified condition(s).
7. Use reliable information sources (e.g., infection control department, state or local public health agency, Centers for Disease Control and Prevention) for current referral and management guidelines.
8. Provide reliable information to others (e.g., institutional administration, other patients) as relevant to the specific practice site and emergency response protocol.
9. Communicate risks and actions taken clearly and accurately to patients and concerned others.
10. Identify and manage the expected stress/anxiety associated with emergency events, making referrals for mental health services if needed.
11. Participate in post-event feedback and assessment of response with the local public health system and take needed steps to improve future response.



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