Personnel Deployment Competencies for Distant Emergencies

Comments from the Competency Survey
July 8, 2009

The document presents the comments produced by respondents to the Web-based survey of Personnel Deployment Competencies for Distant Emergencies, conducted May 18 to June 2, 2009.

The comments from the survey respondents were aggregated according to their survey sections (comments related to 1) program competencies; 2) response & recovery competencies, 3) additional competencies). They were then analyzed and categorized according to the following comment designators.

Comment Category Key

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

Reviewer comments are in RED CAPS.

Comments from Survey Section 1 (Program Competencies)

1a) Technological preparedness - to include maintaining necessary and relevant files on a flash stick or website; current/valid VPN and other program passwords (VISTA, CPRS, etc); maintain laptop, blackberry, aircard, whatever; travel chargers (AC and 12-volt); and so on. AGREE – ADDED AS PD-P3.13 Segue to capability to operate in remote environment or telework/COOP scenario. ALREADY ADDRESSED
1a) PD-P3 contains too much of a combination of inter- and intra-personal issues and should be split with the resulting two competencies better defined. RE-EVALUATED PD-P3; DISAGREE WITH NEED TO SPLIT SINCE THESE ARE ALL RELATED TO PROFESSIONAL DUTIES
1b) Realistically, the family will be the toughest - you can't live in a heightened state of readiness for the whole family. AGREE, BUT THIS IS IMPLEMENTATION BY THE

ORGANIZATION TO BE EFFICIENT WITH TRAINING
1a, 2) PD-P1.6 is an awkward sentence ADDRESSED 2. PD-P1.11: I'm not sure how many, if any, VAMCs do regular established fitness for duty examinations. This is a can of worms. If someone is not fit for duty for deployment, are they fit for duty for work? - especially since the deployment would be in their work category. If they aren't fit for deployment/work, is this reported to their supervisor? What happens to their job? ADDRESSED IN FOOTNOTE 3. PD-P2.5,6,7 How do you establish and prove awareness? Do they sign a form? THIS IS UP TO THE ORGANIZATION – CAN BE ACCOMPLISHED WITH A BROCHURE OR VIDEO OR TRAINING SESSION
1c) What is the question that this survey is attempting to address? Three of the five answer choices are variations on "Important." Concern that the semantics of the answer choices may affect overall survey results.
3) I had hoped to be better utilized in this position by now
3) I like to know why I'm never call for duty
2) Deployment is not easy for staff that work in direct patient care areas due to supervisors not having enough resourses to provide patient care in the absence of staff. DEMPS meetings should be established to give the volunteers information, examples of deployment scenerios, and preparedness status.
2) Do we even have training for all this? I have signed up and been asked once to deploy, and know almost nothing other than i want to help and am able.
1a) One element not addressed so far is the willingness to leave the comfort of the routine for the unknown/dirty/messy deployment situation at the drop of a hat -- mental readiness? ADDRESSED IN PD-P1.3
3) Deployed during air force humanitarian mission for greater than 90 days gives me the comfort level of saying I am intermediate in my experience.
1c) I question the criticality of PD-P3.3 and PD-P3.4 for my personal use, but someone needs to have this information DISAGREE – BOTH ARE RELEVANT FOR INDIVIDUAL DEPLOYMENT
2) Just in time training could cover much of the training needed for response.
1b) It is critically to maintain "professional readiness" for personnel deployment.
2) Better hands-on training pre deployment in addition to computer only
1b) I think it is essential to be knowledgeable in our own readiness in an emergency situation and to facilitate the process of deploying to a disaster.
3) My extensive background as a twenty year Air Force Medic should be noted; I worked Emergency Rooms for 14.5 years, IDMT (Independent Duty Medical Technician) I worked in the roll of a doctor at remote sites, Air Force Special Operations Medic, EMT-B, EMT-I, EMT-D. Highly trained and practiced triage and feel very comfortable in that roll.
3) The questions above denote listing quilifications and training ect.,but they do not open a line to answer the questions? I have attended 4 NDMS conferences which encompased a completion of over 40 courses.I have completed ICS and NIMS Courses

through FEMA and DHS/LSU 100-1200 Including ICS 300-400 advanced...About 1400 hrs.of training...
3) No comments at this time.
1b) I was an Army Reservist for 20 years and found each of these matters critical to my readiness.
2) I have been willing to deploy a number of times but my Supervisor ALWAYS prevents it. I think this is unfair since she is also a VA employee. I think she just doesn't care about others, yet if it involved a member of HER FAMILY, she'd be the first one pushing for help to go.
3) should ask for experience outside of the VA system as well
2) Due to the lack of depth in personnel in the positions most likely to deploy, covering the work load for deployed personnel is one of the most difficult challenges faced by facility management. The reality is often that the work is stockpiled for the employee to complete upon return, in addition to normal work load that requires completion upon return.
2) I can't imagine going into a crisis without the Red Cross disaster Mental Health training that I had. I would like a refresher for the VA that includes VA paperwork and Red Cross.
2) Need more support from the home facility in preparing to deploy. Also, when I was deployed, no one from my facility checked up on me, where as everyone else had their DEMPS coordinator looking out for them.
1b) ALL OF THESE ITEMS ARE IMPORTANT
2) I think agency deploying should retain copies of certificates and such identified in PD-P3.10 This would also help the sending site in determining which volunteer may be best suited for the deployments need.
3) I am always ready to volunteer for our country needs concerning emergency disaster needs.
1b) All these are very important and need to be conveyed in detail to all that are interested in being deployed.
1b) I think all this is relevant. I also think as the va's first line of care -in an emergency that all e.r. employees should be trained in decon and emergency care procedures for mascal event. as a reservist with 21 years of decon and mascal experience(with several real world mascals under my belt - there is no such thing as enough practice; and without it panic and mishaps are bound to occur.
2) Would recommend that an annual list be sent out to potential deployees of what they will need in their "go" bags and a list of items essential for family readiness for deployment.
2) I have been a member of the Decontamination Team for several years. I have been trained and prepared for many situations and feel I would be an asset, if deployed. I was prepped for deployment during Hurricane Katrina, but never received the go ahead to be deployed. I have been considered for deployment, but twice now have been denied

due to lack of coverage at my workstation. This is a matter that the management at this facility needs to address.
3) "professional readiness" has taken on a lot of additional requirements as disaster response has become more "regulated"; professional readiness does not substitute for experience or the ability to "learn on the fly" when situations not covered within the portfolio of "professional readiness" arises
1b) Imperative to maintain a high professional level of competencies in all areas of nursing. Always able to adapt to any change in duties that are necessary for a successful transition of evacuees.
1c) This is confusing
1b) It is difficult to rate the three items above individually and all three have high criticality. Family Readiness directly impacts Personal Readiness which directly impacts Professional Readiness which directly impacts patient care and team preparedness.
1b) This is my first year as a DEMPS participant, and was called and placed on standby, however, was not called out as our team did not deploy. Readiness on the job, at home, with the family and interpersonally are all very essential to predeployment!
2) The information to deploy needs to be made clearer and where to go for additional information needs to be communicated. The person(s) responsible in each of these areas need to be responsive to us. Not returning calls or answering e-mails is not helpful.
3) N/A
3) none
1b) As disasters can be sudden and there would be no time to prepare for them one should stand at the 'ready' at all times
3) ready, willing and able to help thank you
2) the personnel that are/want to deploy, should not have to worry about who will cover there duties.
2) Definitely would want to know since employed by VA, what leave would I take to be off from work and would my health insurance still cover me. Do I pay for my travel?
2) Need to take into consideration experience in health care in situations that are far below optimal. Many people believe they can function in an emergency response situation but they are not prepared for how very "foreign" the situation will be for them. Maybe some "mock" situation classes that we can participate in would help. I would love to help set some of these up.
3) Previously deployment was with the American Red Cross, last 2 deployments have been with the Veterans Administration Affairs.
3) Being prior active duty army I've always been ready and have responded swiftly I hope one day to able called upon for the Dept of The VA
2) Training should be made available.
2) All personnel should be prepared in their area of expertise, and trained in as many

other areas that might be needed in any disaster imaginable. I know you can't plan for everything, but there are always consistent needs in most situations. Then set up contingency plans for possibilities.
2) all training is very important in all areas: Functions, processes, procedures, and forms per home organization's deployment program.
2) It is important to keep competency files in order, updated, and on hand to be carried with you for deployment. I would have appreciated a basic list of items to take on deployment with me (especially as a novice) so I have a general direction in packing.
1c) Did not answer Essential because many time you will go somewhere where the level of austerity is no more than a conference and you and your family is accustomed to deployments. This assumes that the people selected have a background in this type of operation such as ex-military who typically are deployed 25% of the time. As a former DHS/FEMA emergency planner who helped write or edit some of our national plans, and a medical practitioner, I do NOT believe that a medical practitioner needs to know some of the P3 documents. Medical practioners need to know how to practice medicine. Leave the P3 documents to emergency managers. COMPLETELY DISAGREE WITH THIS POINT OF VIEW
3) I was much better prepared personally when I was active duty.
3) I have prepared for deployment for 7 years, I am a member of the VA EMRT Team, I have worked in emergency capacity on the outside, I continue to take trainings that would enhance the experience.
2) I would like to know if there are any thing that I can do toward this end.
1b) We as VA employee should always be ready for deployment
3) What rewarding experiences I've had! We as a team were able to help many people. Thank you for the opportunity to serve.
1b, 1c) Some of these are essential, e.g. maintaining my state license to practice. As a retiree, others are less important.
3) Murphy's Law
2) During a deployment, the duties left "unperformed" either need to be suspended until the person returns, or reassigned for the duration.
2) All the staff involved with the DEMPS team in pittsburgh for my deployment to N. Dakota in "09" was on top of things, I was informed of changes and even updated on the statis of the flood waters before even leaving to N. Dakota.
1b) For any deployment, there are many unforeseen variables that any training can cover...these however, are mostly situational...It appears with adequate professional training in individual skills and personal flexibility (as the key component), all situations can be handled readily.
1b) Note: Though you may be a physician, nurse, electrician, etc. The most important element is to leave your "ego at the front door." All personnel must be prepared to do anything they can safely regardless of their title. ADDRESSED IN THE FLEXIBILITY SUPPORTING COMPETENCY

2) There is a need for more support from our organization (locally). And educate Directors/administrators on how quickly a deployment can occur. They need to have a better understanding of the VA mission in a deployment
2) No procedure for the assessment of current physical abilities has been demonstrated.
1b) IT'S ESSENTIAL TO GET THINGS ORGANIZED AS SOON AS YOU ARE PUT ON STAND BY SO YOU ARE READY TO GO WHEN YOU GET THE PHONE CALL.
3) One can never be overprepared.
3) None come to mind
3) I also work in the research field and my Doctor/PI can take care of the study in my absents.
3) I am also an Emergency Services Officer with the United States Civil Air Patrol Which is under supervision of Homeland Security and the U.S. Air Force.
1b) PD-P2 criticality rating placed at 5 due to fact if a deployed individual is concerned about the family back home, they cannot concentrate fully on the deployment, and therefore may not be nearly as effective in the field.

Comments from Survey Section 2
(Response & Recovery Competencies)

Comment Category Key

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

Reviewer comments are in RED CAPS.

1b) Through the use of NIMS and the Incident Command System most of these competencies should be met. Especially with a stong Incident Management Team in place. I think it is essential that all leadership that can be deployed be required to have the necessary training to run an efficient and competent Incident Command System.
1a, 2)You should strongly consider a lesser category of "awareness" to differentiate between a basic competency and the "Operational" level described to achieve a greater focus on the truly operational issues as distinguished from the planning etc. issues intermixed. Similarly, an "Advanced" level of competency would encompass the meta-deployment issues encountered at the organizational level that the manager/coordinator would be responsible for. AGREE – ANY TEAM LEADER DEPLOYING WITH PERSONNEL SHOULD HAVE EXPERT PROFICIENCIES, BUT THAT WAS NOT THE FOCUS OF THIS COMPETENCY EFFORT; THIS IS AN ORGANIZATIONAL ISSUE
1b) Under the family and personal preparations, we need to address the necessity of financial preparations, both at the deployment site and your family's capabilities.ADDRESSED
1c) My impression is that these competencies are too detailed for deployment. Try to eliminate as much paperwork as possible. Priorities should be lead time if known, health and safety and followup post-deployment. DISAGREE THAT IT IS TOO DETAILED – THE DETAIL IS NECESSARY FOR TRAINING AND FOR EVALUATING READINESS OF PERSONNEL
1b, 3) Unclear how useful this survey data will be as all of the elements are important but priorities may differ depending on one's status during the deployment. What is the question that this survey is attempting to answer?
3) Being a DEMPS volunteer you should always be ready move out at a moments notice.
1b) All these competencies listed above are equally important, a volunteer needs to

perform in their primary function, if you can't perform at work you can't perform while deployed, it's very important that the family is taken care of for the 2weeks one is deployed, a volunteer does not need the additional stress, etc, etc.
2) When deployed, only part of the time was my primary job in use. most of the time was assisting the medical staff with patient needs. Cross training would have been helpful.
2) Established templates for personal readiness kit, deployment process, and recovery check list could be standard for all site with minor tweeking specific to home site.
2) I feel that an exercise or a presentation on what a "typical" deployment is like would help spur more interest in this program. Many people want to help but uncertainty keeps them rooted in their routine.
3) Who us responsible for determining competencies?
2) When deployed in 2005. I had a very hard time cashing my Federal issued check. I could not cash it in any host banking institutions either because they where not functioning due to the disaster or because I did not have a account. Even the employee's Federal Credit Union inside the very federal facility i was there to assist would not cash the Federal issued check. There should be a independant needs assesment team to assure that the work that is needed is being done and not other projects outside of the scope of the disaster.
1b, 2) The mission is dependent on all these tasks for successful completion, but major for many of us is more support from DEMPs coordinators and senior VA management. Local managers are reluctant to release personal for training let alone deployments, clearer directions from VA1 and VISNs would help.
3) My experience comes with 20 years of military readiness and deploying twice along with going through Hurricane Katrina.
2) I personally would have a difficult time with many of the tasks/competencies listed above without further training.
2) Nims and ICS forms and programs to complete these forms are extremely under-utilized w/in the VA system, more station wide training should be supported with software and infrastructure to complete these task on a daily basis to become proficient with this system, to have this become integrated and second nature with proceedural operational reports and outcomes "Operational readiness".
2) The administrative "stuff", especially pay, is critically important to me. My experience has been that travel, set up and execution of the mission goes with the flow and "works out" as it unfolds.
3) TEAM WORK is essential
3) I'm not really sure what information will be useful from this?
1b) Very comprehensive.
2) RN's that are trauma trained and currently serving in GS positions shoulg be allowed to deploy as RN's to a disaster...
2) The survey assumes that facility management is able to devote time and resources to

the deployment of employees to a disaster area. The reality is that this is in conflict with other priorities. While supported in theory, the deployment of staff is in reality a nightmare of scrambling to provide coverage while the employees are gone, and attempting to maintain their morale to keep up with the increased work load. When employees return from deployment, another challenge is to keep their morale up while they attempt to catch up on the work missed during the deployment that could not be completed by other staff. While the competencies outlined could for the most part be of value, in practice, unless a more comprehensive and resourced (including adequate back fill) DEMPS volunteer base is established and trained, meeting these competencies is not entirely realistic.
2) Red Cross is right in giving all of the mental health or hospital social workers the same training. It avoids hours of therapy and it's efffective and efficent.
1b) being ready to deploy thru family work and mentally is always important, also always reporting to the person in charge helps them know that everyone is safe and where they are suppose to be for a timely completetion of the task at hand
2) I believe that competencies are important, but am concerned that it will dissuade potential volunteers from enrolling into DEMPS. We would need to roll this out in a way that is a positive rather than seen as another training requirement.
1b) Wordy but relevant. All measureable objectives.
1a, 2) PD-R8 – Should include Completion of Health Survey or Exam upon de-mobilization to ensure return to duty status and to identify any potential future claims of injury as a result of deployment. COVERED IN PD-R9.10 PD-R7 - Skill I think it should be required for volunteers to have mandatory education such as Ethics training, differnet type of Privacy reminder, not to talk to press or give out situational information, meaning not only patient information, and who they should refer such inquiry to. Not allowed to take pictures of victims or other workers without consent to do so. THIS IS COVERED IN "CODE OF CONDUCT" IN PD-R5.7
1b) Clinical competencies should be required for those clinical staff deployed.
2) Supervisory/management personnel need to be more supportive regarding Emergency Preparedness and deployment. I understand that home "units" need to be staffed properly and coverage is imperative BUT when they standardly refuse staff to go to training and/or be deployed they are hurting the VA Mission. They need to have training themselves so that they understand the importance of this mission. Too many supervisors/managers have no Emergency Management experience and are non-sympathetic to the cause at large "outside their box" at their home VA. Training should ultimately start at the top so they understand the magnitude of what we do as responders. They damage morale and people drop off response teams due to inability to train and not having the opportunity to help.
2) As I stated above, I have been prepared for several years, both with my home, work and family; to be deployed. The only reason I was not deployed was due to a lack of coverage at my work station.
1a) PD-R7 Skills might emphasize the importance of appropriate respiratory PPE in the context of the skills noted (hand washing is important; respiratory protection may be

more important) ADDED INTO PD-R7.7
1b) In a nutshell...Personnel must always be prepared in all fashions to deploy. On deployment all activities related to departure, arrival, transit, and operations must be completed with maximum safety and appropriate oversight. Though important, adherence to planning must be flexible and allow deviation. Activities related to reporting, though also important, have the benefit of a slower pace and more time to complete.
1b, 1c) The survey competencies above attempt to quantify arrangements and assignments that are never constructed to this level of detail on site during a response. The paperwork and bureaucratic burden associated with much of this makes it unrealistic and undesirable. As a result of this perception, I rated criticality of 4 as opposed to 5 in an effort to communicate that each was very important but not indispensable. Even a half-prepared person with little experience can contribute significantly to the success of the deployment. Actions to be taken vary widely with each deployment and attempts to quantify those measures will likely create numerical and reporting burdens that seem to hold little relevance to capability and mission accomplishment. From an education, training, and certification perspective they make perfect sense. THE FINAL SENTENCE IS WHAT THEY ARE INTENDED FOR…
3) N/A
3) none
1b) PD-R7 Consider adding some comments on wear of protective gear - hard hat, safety glasses, safety boots, etc as required by site activity. ALREADY INCLUDED IN PD-R 7.7
3) my passport is up to date
2) What about background checks? THIS IS AN ORGANIZATIONAL ISSUE…
3) I have not participated in any demobilization due to low RN staffing at time of need.
3) was a member of army reserve medical unit
2) Pre-deployment exercises such as Telephone recall, bag drag to assess readiness of members and more formal training should be investigated.
1b) I feel that rapid competent deployment to an area is priority. Then do anything thats needs to be done before worrying about specific duties assigned to each person based on their expertise. Example: Truck loads of water and cloths might be more important than administrative or medical duties. We have to have priorities. Survival is first.
2) All personnel should have continued ongoing training.
1c) Again, as a former DHS/FEMA emergency planner who helped write or edit some of our national plans, and a medical practitioner, I do NOT believe that a medical practioner needs to know some of the "R" issues. Medical practioners need to know how to practice medicine. Leave emergency management to emergency managers, security to security managers, admin to administrators, psych to "psychos", safety to safety officers and engineering to engineers. AGAIN, STRONGLY DISAGREE
1b) We have been trained to follow incident command and the funcality of this type of

command, This should insure that all are working on the same page following the same chain of command
2) This must be accomplished as the equipment and personnel must be ready to redeploy on a moments notice.
1b) Would there be any thing that possibly would be needed such as a passport. ALREADY INCLUDED
1c) The grouping of the supporting competencies was somewhat confusing. As I read, some are essential, some not so.
3) Murphy's Law
2) In the past I was deployed and my supervisor gave immediate approval , this past deployment I had difficult time getting approval from supervisor which inturn delayed the timing for deployment.
1b) A persons flexibility or ability to think on your feet is the key and most difficult requirement to predetermine. USED ACCEPTANCE OF ASSIGNMENTS AS A MEASURE OF FLEXIBILITY
2) Travel arrangements always present unique problems; this is truly an organization's or agency's responsibility, not that of the deployed employee. Any costs in connection with the travel should be covered up front. The deployed individual has enough responsibilites. AGREE TRAVEL IS AN ORGANIZATION'S RESPONSIBILITY, BUT ELEMENTS ARE SHARED BY THE INDIVIDUALLY DEPLOYED PERSONNEL
1b) Debriefing is important. Not done on a regular basis. And poorly done
1b, 2)Certainly all of these are important but specifics might be helpful, ie: seeing copies of forms required for example would be helpful
1b) The need to have a debreiveing is essential. There needs to be a closer to the activities. Each unit should have a debreifing after a deployment with all members present.
3) I am unmarried with no children. Family arrangements unnecessary.
2) I am a Psychiatric Clinical Nurse Specialist with prescriptive authority. However, it was evident that I was listed as a "nurse" since I was assigned to bedside patient care. It has been years since I've done nursing care for a quadraplegic, including dressing changes - but I did it with trepidation. So, addressing operational competencies is really contingent upon an appropriate assignment. This was my first deployment, and I met few of the Deployment Competencies. The Safety Officer at my facility was wonderful in completing arrangements, helping solve problems, and keeping in contact throughout.
1b) I feel these are critical elements to be prepared for. Just retruning from a mission we experienced an earthquake. Our leader informed us prior to arrival with a preparedness plan. It worked! You can never be over-prepared.
3) It has been some time since my last training in disaster preparedness and shelter management. It would be to everyones advantage to be made familiar with radiac

instruments and what radiation tolerances are as well as general conduct leaving and entering shelter areas.
3) I have NOT been deployed any where YET. I have gone to Guatemala for a medical mission. I have my passport and I am willing to go where needed.
1b) I know that even if you were deployed as one job description, you may be called upon to do others instead of/ as well.
1b) Having just returned from a medical mission to Guatemala, I find that post-mission mental readjustment has far more impact than physical and mental "stress" that might have occurred prior-to or during the time served. DECOMPRESSION proceedure/time is vital!
2) On the one previous deployment to Houston during the flooding of 1998 we were kept in the VA Hospital learning their computer program and use of CPRS. This was completely unneccessary for those of us that were VA employees. All we needed was access and verify codes and then be placed in the areas of our expertise to get to work. It turned out the county hospital required critical care nurses and after 2 days of CPRS training we were sent to the county hospital in Houston which still did paper charting. We were wasting time that could have been spent caring for ill patients learning computer programs that we already knew. To much wasted time with administration making decisions as to what was necessary instead on knowing where we were needed and putting us to work.
2) Additional training specific to the expectations and directives DEMPS has outlined would be nice i.e. specialized equipment, and scenerios.
1a) There should have been more primary competencies categorized by type or function. In some cases the list of supporting competencies was so extensive it included less important elements with significant & essential elements resulting in a high rating of the primary competency by default. For example: "Describe methods for media interaction" is paired with "Maintain Unit Log of activities", a potential legal document demonstrating activities & services to disaster victims. DISAGREE THAT MEDIA INTERACTION IS MORE IMPORTANT THAN MAINTAIN UNIT LOG. IF SOME OF THE SUPPORTING COMPETENCIES ARE BROKEN OUT, THEN MANY WOULD HAVE TO BE FOR CONSISTENCY AND THE NUMBER WOULD BE VERY CUMBERSOME.

Comments for Additional Competencies 1

Comment Category Key

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

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1a) Effectively perform under an incident command system NEW SUPPORTING COMPETENCY (PD-R5.9) DEVELOPED; OTHERWISE, ICS COMPETENCY IS ADDRESSED IN THE CORE COMPETENCY SET
1b) Strong systems thinking ALREADY ADDRESSED
1b) Willingness to work outside of your area of expertise ALREADY ADDRESSED
1b) Basic First Aid ALREADY ADDRESSED
1b) Flexibility – during a deployment the training and job one is used to doing may be affected by the nature of the events that triggered the deployment so that jobs may be handled differently or one may have to perform tasks not normally within one's area of expertise. ALREADY ADDRESSED
3) Supply specialist while in US Army
2) Training
1b)Knowing your limits. It's tempting to jump in and help out, but sometimes this can lead to injury and damaged equipment. NOT A SPECIFIC COMPETENCY
1b) Yes, Nims Natl frameworks and Infrastucture which regards to your role in this system... ALREADY ADDRESSED
1A) Possession and understanding of use of a government credit card TOO SPECIFIC TO GOVERNMENT WORKERS; COVERED UNDER MORE GENERAL COMPETENCY
3) Decontamination Team: Trained and ready whenever needed.
2) Training in best way to set-up and run shelters. There should be a SOP. This would decrease time loss due to individual preferences.
3) Licensed RN
2) Other than on-line training, for example a practice exercise to determine how well the deployment really works, including the travel section.
3) hang iv fluids, pass medication,

2) have at least 1 class people must attend and "practice" as real as possible "mock" emergency response from beginning to end.
3) army mission adapt and overcome and perform...
3) I have not participated in any demobilizationdue to low RN staffing at time of need.
1b, 2) Each Volunteer should be certified in CPR and First Aid. THIS WOULD BE AN ORGANIZATION SPECIFIC COMPETENCY, NOT APPLICABLE TO ALL; IT MAY ALSO BE A CORE COMP[ETENCY FOR ALL PERSONNEL FROM A SPECIFIC ORGANIZATION
1b) Travel arrangements ALREADY ADDRESSED
1b) On site hazards at disasters: animal bites, building collapses, aftershocks, secondary explosions, sharp objects, hazardous chemicals, water pollution, insects, sewage, infectious disease, sunstroke, radiation, etc. ALREADY ADDRESSED WITHOUT STATING THE SPECIFIC HAZARDS
2) After action reports from teams and team members to identify areas that need improvement. THIS IS AN ORGANIZATIONAL ISSUE
1b) Interpersonal Skills: Any individual deployed should be able to work well with others; regardless of their normal job title, which does not mean much during a deployment. Must be a team player. Must be able to check "ego" at the front door. ALREADY ADDRESSED IN MORE GENERAL MANNER
2) Collaboration among other government agencies such as Public Health Services ORGANIZATIONAL ISSUE
NONE
2) Member should be reminded periodically to update their advanced directives and their personnl resposibilities so that those worries won't hinder their ability to perform.
3) LPN
1b) Knowing how to react in difficult situations and do so while staying in mental and emotional control of yourself. ALREADY ADDRESSED
1b) Post-mission readjustment. ALREADY ADDRESSED
1a) completion of basic disaster life support program THIS WOULD BE AN ORGANIZATION SPECIFIC COMPETENCY, NOT APPLICABLE TO ALL; IT MAY ALSO BE A CORE COMP[ETENCY FOR ALL PERSONNEL FROM A SPECIFIC ORGANIZATION
2) we probably need to beef up our system
3) Civil Air Patrol Emergency Services Officer
2) This organization has limited physical fitness standards for staff and I believe that these are critically important particularly in view of capability to deploy in an emergency response or management position. Physical fitness or lack thereof impacts on deployee safety. I believe that staff should be able to pass a fitness examination and perform certain physical tasks and that this should be tested periodically. I personally practice this competency.

Comments for Additional Competencies 2

3) Operations personnel while in US Army
3) ICS agroterrorism TOO ORGANIZATION SPECIFIC
3) Many years of experience as a Nurse's Aide, Medical Assistant and Medical Secretary. I also am CPR and First Aid Certified.
1a) Basic Life Support, CPR, and ACLS Certified THIS WOULD BE AN ORGANIZATION SPECIFIC COMPETENCY, NOT APPLICABLE TO ALL; IT MAY ALSO BE A CORE COMP[ETENCY FOR ALL PERSONNEL FROM A SPECIFIC ORGANIZATION
2) More training for in-field assignments i.e. schooling, etc
2) preceptor for new employees
2) General Packing guidance
1a) First aid and CPR for all deployers. THIS WOULD BE AN ORGANIZATION SPECIFIC COMPETENCY, NOT APPLICABLE TO ALL; IT MAY ALSO BE A CORE COMP[ETENCY FOR ALL PERSONNEL FROM A SPECIFIC ORGANIZATION
2) there should be a minimum standard level of physical fitness. Participants should be tested regularly to insure the standard is met.
3) Are we ready?

3) Willingness to accept the risk of addressing problems when there are time constraints

Comments for Additional Competencies 3

1a) Basic and advanced disaster life support courses... THIS WOULD BE AN ORGANIZATION SPECIFIC COMPETENCY, NOT APPLICABLE TO ALL; IT MAY ALSO BE A CORE COMP[ETENCY FOR ALL PERSONNEL FROM A SPECIFIC ORGANIZATION
3) Have worked in many difficult environments and have volunteered at a few local emergencies and disaters (some of which were my own).
3) 18+ years of Nursing Experience in a variety of settings including: Med/Surg, NICU, Outpatient Day Surgery, Outpatient and InPatient Mental Health, Case Management and Utiliztion Review
2) hand washing monitor
2) Team Training
2) Paricipants should be reminded periodically as to where and to whom to report updates and changes in their licenses and abilities. Perhaps a card with contact info that can be carried in ones wallet.

1a) Confidence to lead NOT APPLICABLE TO ALL

Additional Competencies 4

2) Electronic Disaster Life support courses...
3) Extremely organized and motivate to help. Can run any office situation, as well as some healthcare areas. I have proven that through my years of service at the Department of Veteran's Affairs, other positions and my volunteer efforts in the community.
3) Critical thinker and problem solver
1b) Capability to recognize co-workers who are not handling the stress well and provide minimal intervention. Must know when to elevate! ALREADY ADDRESSED

Additional Competencies 5

2) OSHA 1910.10 (3) DAY DECON COURSE-This would provide a basic and advanced overview of onsite multiple agency involvement within the overall infrastucture of the VA system