

**APRN Education for Emergency Preparedness and
All Hazards Response:
Resources and Suggested Content**

Developed by the

**National Panel for APRN Emergency Preparedness
and all Hazards Response Education**

2007

**Project funded by the
National Nursing Emergency Preparedness Initiative (NNEPI)**

**Published by
National Organization of Nurse Practitioner Faculties
Washington, DC**

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Background

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

Guide to Using this Document

The purpose of this document is to be a resource to APRN educators and is not meant to be prescriptive. It attempts to provide a framework that reviews the roles and opportunities for APRNs in all phases of disaster response: planning, event response, recovery, and mitigation. Recognizing that educators may find it overwhelming to consider integration of all the suggested content, the National Panel identified the critical content areas that should be considered. See section “**APRN Competencies and Content at a Glance**” for the competencies and the critical content areas. **Table 1** then provides a comprehensive overview of the suggested educational concepts, content, and associated content resources to prepare APRNs to meet the HRSA/Columbia U competencies.

The panel realizes that the depth in which APN programs may want to consider this suggested content will vary depending on their interest, geographical location, mission and vision of their programs, and inherent disaster risks to their surrounding communities. Educators might pick and choose from Table 1 the content and resources that capture the critical content areas and are most-suited to their programs. The suggested areas of content can easily be integrated into courses currently being offered, or as one stand alone course, or as multiple courses making up a specific specialty or major and/or for continuing education courses and conferences.

Example of selected content integration: An example of integrating some of the suggested content into existing courses and incorporating with other content areas could be as follows:

Within population health/community service learning, leadership, and/or APN role courses: (HRSA Competencies number 1, 2, 8 and 9): Leadership and membership on teams in emergency preparedness and response (NIMS, ICS, HICS); Surveillance Systems for terrorist agents; Community Response to Emergencies and Disasters; Roles of the APN in Emergency and Disaster Response

Ethics Course or Content Area (HRSA Competency 2 and 6): Triage and rationing of limited resources

Research and Theory Course(s) (HRSA Competency 11): Program Evaluation; Research in Disasters (lack of)

Specific content areas (HRSA competencies 3-10):

Respiratory Conditions: Pneumonic Plague (Biological Agent); Inhalation Anthrax (Biological Agent); Tularemia (Biological Agent); Lung Damaging and Choking Agents (Chemical Agent)

Dermatologic Conditions: Bubonic Plague (biological agent); Cutaneous Anthrax (biological agent); Small Pox (biological agent); Blister/Vesicants (Chemical Agent); Burns related to radiation (nuclear/radiological agent).

Neurological Disorders: Botulism (bio agent); Nerve agents (chemical agent)

Infectious Diseases: Personal Protective Equipment (along with discussions of isolation/respiratory precautions etc.); Small Pox (bio agent); Viral hemorrhagic Fevers (bio agent); Plague (bio agent)

Cancer Treatment: Nuclear/radiation sickness/exposure (nuclear/radiological agent)

Trauma: Blast, explosive agents/events (Explosive agents)

Psych Mental Health: PTSD (related to Emergency and disaster situations); Management of Concerned Citizens (worried well)

Glossary

The following is a glossary of acronyms and terms used in this document.

CBRNE	Chemical, Biological, Radiological, Nuclear and Explosive (and includes influenza)
DHS	Department for Homeland Security [U.S. Government]
DOD	Department of Defense [U.S. Government]
DPH	Department of Public Health
EOC	Emergency Operations Center
FEMA	Federal Emergency Management Agency [DHS]
HHS	Department of Health and Human Services
HICS	Hospital Incident Command System
High Impact Event	Includes CBRNE, emerging and re-emerging infectious diseases, including pandemic influenza, natural disasters, and other high impact events resulting in multiple, possibly mass, casualties.
IED	Improvised explosive devices
JIC	Joint Information Center
JIS	Joint Information System
JC	Joint Commission on Accreditation of Healthcare Organizations
MCI	Mass Casualty Incident
NGO	Non-Governmental Organization (e.g., American Red Cross)
NIMS	National Incident Management System
PPE	Personal Protective Equipment
PTSD	Post traumatic stress disorder
START	Simple Triage and Rapid Treatment
JumpSTART	Pediatric MCI Triage Tool. Principles of multicasualty triage

APRN COMPETENCIES & CONTENT AT-A-GLANCE

The National Panel adapted slightly the nationally-vetted 11 clinician competencies originally developed by the APTR and Columbia University (“Emergency Response Clinician Competencies in Initial Assessment and Management”) and subsequently promulgated by HRSA in evaluating *Bioterrorism Training and Curriculum Development Program* (BTCPD) sites. Listed with each competency is the suggested, critical content to include in APRN curricula. This “**Content At-A-Glance**” may help to guide APRN educators in selecting content to infuse into the curriculum to ensure that all APRNs have a foundation of knowledge for disaster response. For the full breadth of suggested content for the curriculum, see Table 1, which includes broad concepts, content areas, and resources that correspond with the competencies.

Competency 1: Describe expected role in emergency response in the specific practice setting as a part of the institution or community response

Suggested Content

- Review of common roles that the APRN may assume in disaster planning and response: leader/manager, interdisciplinary team member, physical and mental health care provider.
 - ✦ The role that the APRN will play will be contingent upon the mission of the employing agency.
 - ✦ Primary roles for APRNs will likely include management and supervision of care, along with provision of direct care, to individuals or populations
- Identification of institutional response plan and designated role

Competency 2: Respond to an emergency event within the emergency management system of the clinical practice, institution and community

Suggested Content:

- The Incident Command system - an overview of the ICS (that will be comparable to the IS 100 Course that can be taken online thru FEMA)
- At least one simulated event or table top requiring minimally verbalized response that shows ability to respond within a planned system

Competency 3: Recognize an illness or injury as potentially resulting from exposure to a biologic, chemical or radiological agent and explosive-incendiary devices 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; and b) recognize emerging patterns or clusters of unusual presentations

Suggested Content:

- Review of Class A biological agents and selected other biological or chemical agents (nerve agents, cyanide, vesicants, pulmonary agents and riot control agents), radiation and incendiary/explosive devices, including common symptoms.
- Active and passive surveillance systems as source of alerts to clinicians, including (active) individual case reporting or case finding, and (passive) ED complaint logs, EMS call type logs, pharmaceutical sales for prescription and OTC drugs).
- Clinical case review requiring differential diagnosis of at least some of these conditions

Competency 4: Institute appropriate steps to limit spread, including infection control, decontamination techniques, and use of appropriate personal protective equipment

Suggested Content:

- Types of precautions and recommended methods or precautions (based upon procedures of employer and suspected organism or agent)
- Correct selection of appropriate level of Personal Protective Equipment (PPE) to a situation/event.
- Principles of and techniques for decontamination
- Monitoring of decontamination staff for illness or injury during or after the process

Competency 5: Report suspected or identified cases or events to the public health system to facilitate surveillance and investigation using the established institutional or local communication protocol

Suggested Content:

- Accurate completion of required reports to appropriate organizational unit
- Regulations for reporting communicable diseases and reporting process

Competency 6: Initiate patient care within your professional scope of practice and arrange for prompt referral appropriate to the identified condition(s)

Suggested Content:

- Accurate description of priorities for process:
 - ✦ Scene safety, keep yourself safe, triage for mass casualty and epidemics
- Description of initiation of care and either continuing or referring, always using the most up to date information, with situation/case examples

Competency 7: Use reliable information sources for current referral and management guidelines

Suggested Content:

- Identification and utilization of standard, reliable resources: CDC, State Department of Health, NIH, Professional Organization guidelines, etc.

Competency 8: Provide reliable information to others (e.g., institutional administration or media), as relevant to the specific practice site and emergency response protocol

Suggested Content:

- Description of the communication chain of command within the organization and between the organization and the media or external agencies. Distinction of the PIO or designee to speak for the organization.

Competency 9: Communicate risks and actions taken clearly and accurately to patients and concerned others

Suggested Content:

- Basic principles of risk communication

Competency 10: Identify and manage the expected stress/anxiety associated with emergency events, making referrals for mental health services if needed

Suggested Content:

- Application of basic crisis recognition and intervention techniques, such as
 - ✦ Understanding importance of and is able to locate appropriate sources for psych mental health follow up
 - ✦ Recognizing symptoms of fellow responder decompensation
 - ✦ Recognizing the importance of periodic rest for responders

Competency 11: Participate in post-event feedback and assessment of response with the local Emergency Management and public health system and take needed steps to improve future response

Suggested content:

- Articulating the essential elements of a post event response evaluation.
- Demonstration of case example

TABLE 1. APRN COMPETENCIES WITH COMPREHENSIVE SUGGESTED CONTENT & RESOURCES

This table provides a comprehensive overview of the *suggested* educational concepts, content, and associated content resources to prepare APRNs to meet the adapted HRSA/Columbia U/APTR competencies. This material builds on the above “Content at a Glance” and includes extensive content and resources from which educators may pick to integrate into curricula. The National Panel realizes that the depth in which APRN programs may want to consider this suggested content will vary depending on their interest, geographical location, mission and vision of their programs, and inherent disaster risks to their surrounding communities. As stated previously, the suggested areas of content can easily be integrated into courses currently being offered, as one stand alone course, or as multiple courses making up a specific specialty or major and/or for continuing education courses and conferences.

COMPETENCIES HRSA/Columbia U/APTR	APRN EDUCATION BROAD CONCEPTS	CONSIDERATIONS FOR DEVELOPMENT OF CONTENT	RESOURCES
<p>1. Describe expected role in emergency response in the specific practice setting as a part of the institution or community response.</p>	<p>The APRN assumes the role of manager and/or team member as appropriate in disaster preparedness, response, & recovery:</p> <ol style="list-style-type: none"> 1. Incorporates a pro-active role in anticipation of the risks and vulnerabilities of the institution and community. 2. Seeks involvement in the All Hazards Disaster Planning efforts and policies of local healthcare & other institutions and communities. 3. Understands/analyzes the health care and public health systems and other sectors with which they interact. 4. Understands federal, state and local legislation related to the Public Health Security and Bioterrorism and all hazards responses. 5. Assumes a healthcare leadership role, as appropriate. 	<p>Understanding the institutional and community disaster plans where they practice</p> <p>Designing and/or participating in the development of institutional and community disaster plan(s)</p> <p>Understanding own institutional emergency/disaster response plan and one’s own role</p> <p>Understanding the basic tenets of the HICS (Hospital Incident Command System)</p> <ul style="list-style-type: none"> ➤ National Response plan ➤ National Incident Management System <p>Understanding the process for conducting a community level hazards vulnerability assessment and its implications for planning.</p> <p>Understanding the importance for developing linkages and relationships with:</p> <ul style="list-style-type: none"> ➤ Interagency groups ➤ Mutual Aid Cross-jurisdictional agreements ➤ Other health care agencies and organizations working together during a MCI- Development of Memorandums of Understanding with other health care facilities and agencies ➤ NGOs ➤ Non-medical workers and volunteers ➤ law enforcement 	<p>The nature of this curriculum guidance for APRN education is based on high impact events that are likely to initiate a local, state, and/or National response and as such the suggested references are predominantly from the state and national and/or organizational level. It is important to use resources and references that are <u>routinely reviewed, updated and revised as appropriate as best practices may change</u> based on the best available evidence and lessons learned. They serve as resources for consideration for further information regarding the suggested content.</p> <p>National Response Plan (NRP) http://www.dhs.gov/xprepresp/committees/editorial_0566.shtm</p> <p>National Response Base Plan and Appendices (PDF, 114 pages, 2MB)</p> <ul style="list-style-type: none"> • Full Version (PDF, 426 pages, 4MB) including all annexes, "Emergency Support Function Annexes", "Support Annexes", and "Incident Annexes." • Notice of Change to the National Response Plan (PDF, 51 pages - 451 KB) • Quick Reference Guide to the National Response Plan

COMPETENCIES HRSA/Columbia U/APTR	APRN EDUCATION BROAD CONCEPTS	CONSIDERATIONS FOR DEVELOPMENT OF CONTENT	RESOURCES
		<ul style="list-style-type: none"> ➤ other cooperative health care and disaster agencies ➤ Identifying the likely emergency response functional role they would likely be asked to assume; is able to describe how they would be trained for that role 	<ul style="list-style-type: none"> • (PDF, 27 pages - 315 KB) FEMA Independent Study Program: IS-800.A National Response Plan (NRP), An Introduction http://www.training.fema.gov/emiweb/S/is800a.asp National Incident Management System (NIMS) http://www.nimsonline.com/ http://www.training.fema.gov/emiweb/is/is700.asp Incident Command System (ICS) http://training.fema.gov/EMIWeb/IS/is100.asp Incident Command System (ICS) advance http://emilms.fema.gov/is200_ICS/index.htm ICS for applying ICS to Healthcare Organizations http://emilms.fema.gov/IS200HLC/index.htm http://www.training.fema.gov/EMIWeb/IS/ICSResource/index.htm <i>Mass Medical Care with Scarce Resources: A Community Planning Guide.</i> Chapter II. Ethical Considerations in Community Disaster Planning and Chapter III. Assessing the Legal Environment Concerning Mass Casualty Event Planning and Response. www.ahrq.gov/research/mce/mceguide National Strategy for Pandemic Influenza www.pandemicflu.gov

COMPETENCIES HRSA/Columbia U/APTR	APRN EDUCATION BROAD CONCEPTS	CONSIDERATIONS FOR DEVELOPMENT OF CONTENT	RESOURCES
			<p>Joint Commission Guide to Emergency Management Planning in Health Care www.jcrinc.com/1022</p> <p>JCAHO Emergency Management Standards Handbook of Bioterrorism and Disaster Medicine 2006. Springer Publishing Company www.springerlink.com/content/j413881268uu1130/</p> <p>Bioterrorism and Emergency Preparedness Program http://www.ahrq.gov/path/biotrspn.htm</p> <p>Urban Institute report on Katrina http://www.urban.org/afterkatrina/</p> <p>Homeland Security Presidential Directive /HSPD- 7 www.fas.org/irp/offdocs/nspd/hspd-7.html</p> <p>National Infrastructure Protection Plan: Sector Overview http://www.dhs.gov/xlibrary/assets/NIPP_SectorOverview.pdf</p>
<p>2. Respond to an emergency event within the emergency management system of the clinical practice, institution and community.</p>	<p>1. Encourages a climate of mutual trust and effective communication through partnerships with other cooperative health care and disaster agencies, and all other critical sectors*. (*DHS 17 Critical Infrastructure (CI)/Key Resources (KR)sectors).</p> <p>2. Understands the role and infrastructure of healthcare personnel within the context of the national, state, and county</p>	<p>Within the principles of the Incident Command System:</p> <p>Scene assessment & situational awareness</p> <p>Estimating current and projected needs:</p> <ul style="list-style-type: none"> ➤ Medical supplies/equipment ➤ Pharmaceuticals ➤ Laboratory support ➤ Providers ➤ Mental health support ➤ Veterinary services for sick or deceased animals ➤ Mortuary personnel 	<p>Emergency Preparedness: 26 web-based distance learning modules on emergency preparedness. International Coalition for Mass Casualty Education available at http://webapps.nursing.vanderbilt.edu/incmcelauncher/</p> <p>Mass Medical Care with Scarce Resources: Strategies and Tools for Community Planners. Chapter IV: Pre-hospital Care and Chapter V: Hospital/Acute Care, Chapter VI:</p>

COMPETENCIES HRSA/Columbia U/APTR	APRN EDUCATION BROAD CONCEPTS	CONSIDERATIONS FOR DEVELOPMENT OF CONTENT	RESOURCES
	<p>response plan, and NIMS</p> <p>3. Recognizes the implications of an event being a crime scene.</p> <p>4. Anticipates and facilitates the plan for sheltering in place and or evacuation of patients or populations.</p> <p>5. Actively assesses availability of organizational and community resources in response effort.</p> <p>6. Recognizes the need to employ disaster triage model in order to allocate scarce resources.</p>	<ul style="list-style-type: none"> ➤ Food, potable water, shelter, rest, and health care for those involved in search, rescue, and health care at the scene ➤ Security ➤ Developing a Plan B: Working within the constraints/reality of what is available to you at the time and until other assistance arrives. <p>Recognizing roles of others including federal, state, local law enforcement, health care, disaster agencies and organizations depending on the reality of the situation and available resources.</p> <p>Assuming a leadership role, as appropriate, in guiding colleagues, subordinates, lay volunteers and others to assist with the appropriate management of multiple victims and casualties in the midst of the initial and ongoing confusion of high impact events.</p> <ul style="list-style-type: none"> ➤ Educating ➤ Delegating ➤ Supporting <p>Managing and prioritizing multiple simultaneous roles as needed during the crisis:</p> <ul style="list-style-type: none"> ➤ delegator ➤ communicator ➤ provider ➤ coordinator of care ➤ educator ➤ coach ➤ advocate for <ul style="list-style-type: none"> ○ populations ○ patients ○ families ○ health care workers ○ volunteers. 	<p>Alternative Care Sites, Chapter VII Palliative Care www.ahrq/research/mce/mceguide</p> <p>HICS : http://www.emsa.ca.gov/hics/hics.asp</p> <p>National Infrastructure Protection Plan: Sector Overview http://www.dhs.gov/xlibrary/assets/NIPP_SectorOverview.pdf</p> <p>Mass Medical Care with Scarce Resources: Strategies and Tools for Community Planners. Chapter IV: Pre-hospital Care and Chapter V: Hospital/Acute Care, Chapter VI: Alternative Care Sites, Chapter VII Palliative Care www.ahrq/research/mce/mceguide</p>

COMPETENCIES HRSA/Columbia U/APTR	APRN EDUCATION BROAD CONCEPTS	CONSIDERATIONS FOR DEVELOPMENT OF CONTENT	RESOURCES
		<p>Managing and assisting with triage of victims for the appropriate level of care within the constraints of available resources. (<i>Standards of Care Appropriate to Situations</i>)</p> <ul style="list-style-type: none"> ➤ Standard Emergency Department Triage versus Mass Casualty triage <ul style="list-style-type: none"> ○ START: Simple Triage and Sorting for adults ○ JumpSTART for pediatric patients ➤ Ensuring appropriate minimum documentation and tracking of victims and fatalities. <ul style="list-style-type: none"> ○ Utilizing the victim tracking processes that are in use <p>Understanding the plan for controlled entry into and out of security of hospital(s) and or clinics</p> <ul style="list-style-type: none"> ➤ in case of contamination and/or highly infectious disease (dictated by the MCI agent(s)) <ul style="list-style-type: none"> ○ infectious ○ chemical ○ nuclear ○ radiological (etc.), ○ natural disaster <p>Estimating and preparing for surge capacity</p> <p>Making decisions based on need to manage resources. <i>Standards of Care Appropriate to Situations and ANA Code of Ethics for Nurses</i></p> <p>Assessing high impact events to prioritize demands for additional resources</p> <p>Planning health care for increased numbers of victims/patients</p> <ul style="list-style-type: none"> ➤ Initiating surge capacity within institutions ➤ Facilitating the evacuation of hospital(s) and long term care facilities (<i>Standards of Care Appropriate to Situations</i>) 	<p>Triage: START (Simple Triage and Rapid Treatment) The START system, helps prepare emergency personnel to quickly organize their resources to handle multi-casualty emergencies. The START triage system, relies on making a rapid assessment (taking less than a minute) of every patient, determining which of four categories patients should be in, and visibly identifying the categories for rescuers who will treat the patients.</p> <p>www.citmt.org/start/background.htm</p> <p>The JumpSTART Pediatric MCI Triage Tool and other pediatric disaster and emergency medicine resources http://www.jumpstarttriage.com/JumpSTART_and_MCI_Triage.php</p> <p>JumpSTART: Triage and Training (CD) EMS-C (In production)</p> <p>Bioterrorism and Other Public Health Emergencies Tools and Models for Planning and Preparedness <i>National Hospital Available Beds for Emergencies and Disasters (HAVBED) System: Final Report</i> Prepared for: Agency for Healthcare Research and Quality U.S. Department of Health and Human Services Task Order No. 8 Contract No. 290-00-0014 Principal Investigator Stephen V. Cantrill, MD HAVBED System which explores the</p>

COMPETENCIES HRSA/Columbia U/APTR	APRN EDUCATION BROAD CONCEPTS	CONSIDERATIONS FOR DEVELOPMENT OF CONTENT	RESOURCES
		<ul style="list-style-type: none"> ➤ Setting up Alternative Care Sites ➤ Developing Mass Care, Mass Prophylaxis, and Shelter in Place strategies. <p>Maintaining a chain of custody as dictated by a high impact event that is considered/designated as a crime scene</p> <p>Understanding the logistical and resource planning necessary for on-going and future community medical operations</p> <ul style="list-style-type: none"> ➤ Monitoring <ul style="list-style-type: none"> ○ current and future weather patterns (drift of the agent(s), potential for hypo/, hyper-thermia etc.) and anticipating their impact on the affected/at-risk population and the search and rescue teams ○ Critical infrastructure ○ Priority supply delivery ○ evacuation routes ○ Medical capacity ○ structural and bed status of area facilities ○ status of utilities, ● food availability, ● potable water availability ● availability of adequate shelter for providers and volunteers ● Status of workforce: professionals and volunteers to ensure rest/sleep/work cycles adequate to sustain the effort over time <p>Tracking of patients and fatalities</p> <p>Planning for reunification of families</p> <p>Initiating baseline and ongoing data collection as appropriate for outcomes management.</p>	<p>feasibility of a national real-time hospital-bed tracking system to address a surge during a high impact event resulting in mass casualties. http://www.ahrq.gov/research/havbed</p> <p><i>Altered Standards of Care in Mass Casualty Events</i> Hrrp://www.ahrq.gov/research/mce/</p> <p>CDC Mass Casualties: In a Moment's Notice: Surge Capacity in Terrorist Bombings.- Challenges and Proposed Solutions http://www.bt.cdc.gov/masscasualties/surveillancecapacity.asp</p>

COMPETENCIES HRSA/Columbia U/APTR	APRN EDUCATION BROAD CONCEPTS	CONSIDERATIONS FOR DEVELOPMENT OF CONTENT	RESOURCES
<p>3. Recognize an illness or injury as potentially resulting from exposure to a biologic, chemical or radiological agent and explosive – incendiary devices 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.</p>	<p>Identifies etiology , symptoms, treatment and PPE recommendations for selected biological and chemical agents</p> <p>Identifies common symptoms of exposure to radiological agents.</p>	<p>Recognizing the signs and symptoms of selected/most likely illnesses/injuries resulting from high impact events, and implementing appropriate measures, including but not limited to:</p> <p>Syndromal surveillance (active epidemiologic surveillance, designed to rapidly identify or uncover CBRNE attack and/or first cases of emerging or re-emerging infectious illness, such as pandemic flu and includes, but is not limited to, the following:</p> <ul style="list-style-type: none"> ➤ Large numbers of fatal cases ➤ Pt. presenting with a relatively uncommon bio-terrorism potential disease ➤ Clusters of patients from a single locale ➤ Unusual increase in number of people seeking care, especially with fever, respiratory, or GI complaints ➤ Endemic disease rapidly emerging at uncharacteristic time or pattern ➤ Rapidly increasing disease incidence in normally health population ➤ Illness out of season ➤ Passive surveillance through practitioner reporting <p><u>Agents</u></p> <p>A. Emerging or re-emerging infectious diseases including Pandemic Influenza</p> <p>B. CDC Category A Biological agents:</p> <ul style="list-style-type: none"> ➤ Anthrax ➤ Tularemia ➤ Plague ➤ Viral Hemorrhagic Fevers ➤ Botulism ➤ Small Pox <p>C. Chemical agents</p> <ul style="list-style-type: none"> ➤ Blister agents 	<p>Control of Communicable Diseases in Man, 18th edition of the CCDM was published by the American Public Health Association in 2004, under the editorship of David L. Heymann. The paperback and hardcover editions are both 623 pages. The paperback dimensions are 1.12" x 6.86" x 4.36", hardcover dimensions are 1.32" x 7.34" x 4.40". The ISBN for the hardcover edition is ISBN 0-87553-182-2, the paperback is ISBN 0-87553-242-</p> <p>Centers for Disease Control: Emergency Preparedness and Response: Agents, Disease, & Other Threats – Bioterrorism, Chemical Emergencies, Radiation Emergencies, Mass Casualties, Natural Disasters & Severe Weather, Recent Outbreaks & Incidents http://www.bt.cdc.gov/</p> <p>HANDBOOKS (all available at website) https://ccc.apgea.army.mil/products/handbooks/books.htm</p> <ul style="list-style-type: none"> ▪ <i>Field Management of Chemical Casualties</i> ▪ <i>Medical Management of Chemical Casualties The Red Book</i> ▪ <i>Medical Management of Biological Casualties The Blue Book</i> ▪ <i>Medical Management of Radiological Casualties</i> ▪ <i>The Medical NBC Battle Book – USACHPPM Tech Guide 244.</i> ▪ <i>Treatment of Biological Warfare Agent Casualties - Field Manual (AFMAN(I) 44-156)</i>

COMPETENCIES HRSA/Columbia U/APTR	APRN EDUCATION BROAD CONCEPTS	CONSIDERATIONS FOR DEVELOPMENT OF CONTENT	RESOURCES
		<ul style="list-style-type: none"> ➤ Choking agents ➤ Tissue (Blood) agents ➤ Nerve agents D. Radiological/Nuclear agents E. Incendiary/explosive device <ul style="list-style-type: none"> ➤ High-energy explosives ➤ Low-energy explosives F. Suicide bomb G. Improvised Explosive Devices (IEDs) serving as bombs I. Other agents/mechanisms as they may evolve as threats. <p>Man-made:</p> <ul style="list-style-type: none"> Disruption of public services Commutations Water and power Explosives or the threat there of Other <p>Natural</p> <ul style="list-style-type: none"> Weather related Geological related <p>Psychosocial consequences of disasters (<i>e.g.</i>, <i>Post traumatic stress disorder (PTSD)</i>; <i>panic attack/ high anxiety state</i>)</p> <p>Managing patients presenting with any of the above in accordance with the most current evidence based guidance from the DHS, DPH, DOD, HHS and other medical authorities.</p>	<p>POCKET CARDS: <u>Biologic induced Illness</u> <u>Radiation induced illness</u> <u>Chemical induced illness</u> <u>Blast and Explosions</u></p> <p>Taking care of yourself....Field Hygiene and Sanitation http://chppm-www.apgea.army.mil/deployment/fm21-10.pdf</p> <p>Radiation pocket guide - <i>Terrorism with Ionizing Radiation General Guidance: Pocket Guide.</i> http://www.afrii.usuhs.mil/www/outreach/pdf/pcktcards.pdf</p> <p>HAZMAT: Emergency Response Guide http://hazmat.dot.gov/pubs/erg/guidebook.htm</p> <p>Pandemic Flu www.pandemicflu.gov</p> <p>Radiation</p> <ol style="list-style-type: none"> a. Radiation basics http://www.orau.gov/reacts/define.htm b. Radiation Emergencies http://www.bt.cdc.gov/radiation/ c. Hospital Triage in the First 24 Hours after a Nuclear or Radiological Incident http://www.orau.gov/reacts/triage.pdf d. Acute radiation syndrome http://www.bt.cdc.gov/radiation/ar_sphysicianfactsheet.asp

COMPETENCIES HRSA/Columbia U/APTR	APRN EDUCATION BROAD CONCEPTS	CONSIDERATIONS FOR DEVELOPMENT OF CONTENT	RESOURCES
			<ul style="list-style-type: none"> e. Prenatal Radiation Exposure: A Fact sheet for physicians http://www.bt.cdc.gov/radiation/prenatalphysician.asp f. Software to record radiological incidents and assess dose rates http://www.afri.usuhs.mil/ g. Terrorism with Ionizing Radiation General Guidance: Pocket Guide. http://www.afri.usuhs.mil/www/outreach/pdf/pcktcad.pdf h. Procedures for managing radiation emergencies (protective clothing, prepping the area, removing contaminated clothing, surveying for contamination and decontamination procedures for wounds and intact skin) http://www.orau.gov/reacts/procedures.htm i. 37 web-based distance learning modules on radiation emergencies (17 CNE-free). Center for Disaster Assistance and Humanitarian Medicine available at http://o pep.usuhs.edu/.
<p>4. Institute appropriate steps to limit spread, including infection control, decontamination techniques, and use of appropriate personal protective equipment.</p>	<ol style="list-style-type: none"> 1. Understands legal authority of public health agencies to protect the community from threats and facilitates performances of their role during infection control activities. 2. Implements best practices of safety and protection. 	<p>Understanding safety principles associated with the management of victims of CBRNE events</p> <p>Chemical – decontamination and antidotes</p> <p>Biological – surveillance, containment, isolation, and transmission reduction</p> <p>Radiological – Time, distance, and shielding</p> <p>Explosive – Secondary device surveillance and blast injury</p>	<p>Mass Medical Care with Scarce Resources: A Community Planning Guide. Chapter III. Assessing the Legal Environment concerning Mass Casualty Event Planning and Response. www.ahrq/research/mce/mceguide</p> <p>NIOSH Safety and Health Topic: Emergency Response Resources www.ahrq.gov/research/devmodels/devmodel2a.htm</p>

COMPETENCIES HRSA/Columbia U/APTR	APRN EDUCATION BROAD CONCEPTS	CONSIDERATIONS FOR DEVELOPMENT OF CONTENT	RESOURCES
		<p>Importance of personal planning and protection</p> <ul style="list-style-type: none"> ➤ Developing a personal and family/pet care plan of response ➤ Demonstrating familiarity with the Personal Protective Equipment (PPE) available in one's community. ➤ Demonstrating ability to use PPE safely ➤ Assisting others to determine appropriate PPE and to use appropriately ➤ Describing the constraints on clinical practice as the result of wearing PPE ➤ Monitoring personnel for <ul style="list-style-type: none"> ○ proper use of Personal Protective Equipment (PPE) ○ signs of adverse response related to the weight, temperature, and ability of PPE to protect. <p>Planning for isolation of contaminated patients and quarantining as directed by state authorities</p> <ul style="list-style-type: none"> ➤ Infectious diseases ➤ CBRNE and other dangerous manmade, natural agents and events <p>Establishing a basic decontamination operation, including hot zone, warm zone, cold zone, (in the field), and warm zone and cold zone (in the hospital setting) monitoring of workers, and equipment for contamination, etc.</p> <p>Knowing how to decontaminate victims of various types of incidents</p> <p>Discussing and planning for the contamination of the ER/Hospital in a worse case scenario</p> <p>Discussing and planning for the spread of contamination via "good Samaritans" bringing victims to the hospital and leaving</p>	<p>Development of Models for Emergency Preparedness: Personal Protective Equipment, Decontamination, Isolation/Quarantine, and Laboratory Capacity www.citmt.org/start/background.htm</p> <p>Development of Models for Emergency Preparedness: Personal Protective Equipment, Decontamination, Isolation/Quarantine, and Laboratory Capacity : PPE Classifications www.ahrq.gov/research/devmodels/devmodel2a.htm</p>

COMPETENCIES HRSA/Columbia U/APTR	APRN EDUCATION BROAD CONCEPTS	CONSIDERATIONS FOR DEVELOPMENT OF CONTENT	RESOURCES
<p>5. Report suspected or identified cases or events to the public health system to facilitate surveillance and investigation using the established institutional or local communication protocol.</p>	<ol style="list-style-type: none"> Adheres to protocol for reporting to appropriate health agencies. Adheres to HIPAA regulations within scope of authority, understanding the limitations in a disaster setting. 	<p>Knowledge of state regulations for reportable diseases, including agents of terrorism</p> <p>Reporting, tracking, and documenting</p> <ul style="list-style-type: none"> suspicious symptoms/signs of biological, chemical, infectious agents, radiological agents to the local Department of Public Health accurate casualty and resource statistics, data and findings with and to other agencies for effective resource management accurate victim/patient/fatalities, using effective communication, documentation and tracking procedures 	<p>Own State Department of Public Health Web site and resources</p>
<p>6. Initiate patient care within your professional scope of practice and arrange for prompt referral appropriate to the identified condition(s).</p>	<ol style="list-style-type: none"> Initiates and/or provides best practices for management and treatment of conditions created by high impact events. Continually assesses the incident to prioritize treatments and requests for additional resources (<i>i.e., transport vehicles, providers, medical supplies, volunteers, etc.</i>). Initiates triage in response to high impact events in accordance with best practices, and availability of resources. Understand the ethical challenges when requirements exceed the available resources. Ensures a system of tracking is in place for managing patients, 	<p>Providing care and ensuring continuity of care based on expertise and scope of practice:</p> <ul style="list-style-type: none"> Providing or delegating care (depending on the availability and numbers of medical professionals), including patient management according to the standards of DPH, HHS, JC (joint commission) and community standards. <i>[In a MCI, this is an essential function for an APRN not so much at the one-to-one level but at the population level and through the rapid education and direction of volunteers and health care workers to function at higher levels than in their usual scopes of practice]</i> When possible, allocating resources to match special populations to the appropriate provider or transfer to a supportive environment. <p>Understanding how to assume a leadership role to assist colleagues, subordinates, and lay volunteers with the appropriate management,</p>	<p>Centers for Disease Control: Emergency Preparedness and Response: Agents, Disease, & Other Threats – Bioterrorism, Chemical Emergencies, Radiation Emergencies, Mass Casualties, Natural Disasters & Severe Weather, Recent Outbreaks & Incidents http://www.bt.cdc.gov/</p> <p>Providing Medical Care with Scarce Resources -Strategies & Tools for Community Planners. www.ahrq.gov/research/mce/</p> <p>Mass Medical Care with Scarce Resources: A Community Planning Guide www.ahrq.gov/research/mce/mceguide</p>

COMPETENCIES HRSA/Columbia U/APTR	APRN EDUCATION BROAD CONCEPTS	CONSIDERATIONS FOR DEVELOPMENT OF CONTENT	RESOURCES
	<p>referrals, transfers, and dispositions.</p> <p>6. Maintains sensitivity to the diversity of the population affected and/or at-risk of any casualty event.</p> <p>7. Recognize and respond appropriately to the unique needs of special populations (e.g., pregnant women, newborns, children, those with chronic illnesses & disabilities, the elderly, technology dependent, those in need of palliative care and others).</p>	<p>triaging (and decontamination as appropriate) of multiple victims and casualties in the midst of the confusion of a high impact event.</p> <ul style="list-style-type: none"> ➤ Using skill sets to provide or delegate task based care (depending on the availability and numbers of medical professionals) <p>patient management according to the standards of DPH, HHS, JC (Joint Commission)</p> <ul style="list-style-type: none"> ➤ educating, ➤ delegating ➤ supporting <p>Triaging and treatment of victims/patients</p> <ul style="list-style-type: none"> ➤ Recognizing when the triaging and sorting of victims changes from “caring for the sickest and most in need;” to ensuring the “greatest good for the greatest number with the least amount of harm” ➤ Understanding rationing of health care and resources ➤ Understand prioritizing patients by the appropriate categories (mass care triage vs. usual ED triage depending on the numbers presenting) to preserve the greatest number of lives while preserving scarce resources <p>Understanding that adjustment of triage and care standards will be dictated by resource availability.</p> <ul style="list-style-type: none"> • Revisiting triage and classification decisions as information and/or resources become less or more available. • Suspending normal provider practices, as needed, to delegate to lower level personnel based on their level of skill. • Gaining patient's trust to administer what is essential and move them on to make room for others 	<p>OSHA Best Practices for Hospital-Based First Receivers of Victims http://www.osha.gov/dts/osta/bestpractices/firstreceivers_hospital.html</p> <p>START (Simple Triage and Rapid Treatment) www.citmt.org/start/background.htm</p> <p>The JumpSTART Pediatric MCI Triage Tool and other pediatric disaster and emergency medicine resources http://www.jumpstarttriage.com/JumpSTART_and_MCI_Triage.php</p> <p>Start/SAVE Triage http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=pubmed&cmd=Retrieve&dopt=Abstract&list_uids=10159733</p> <p><i>Pediatric Terrorism and Disaster Preparedness: A Resource for Pediatricians.</i> AHRQ Publication Nos. 06(07)-0056 and 06(07)-0056-1, October 2006. Agency for Healthcare Research and Quality, Rockville, MD. http://www.ahrq.gov/research/pedprep/resource.htm</p>

COMPETENCIES HRSA/Columbia U/APTR	APRN EDUCATION BROAD CONCEPTS	CONSIDERATIONS FOR DEVELOPMENT OF CONTENT	RESOURCES
		<ul style="list-style-type: none"> ○ Risk communications is essential to convey caring and empathy for affected populations ○ The provision of palliative care to those so designated <p>Ensuring patient safety and stabilization within the constraints of the scene for transport to a higher level of care.</p> <ul style="list-style-type: none"> ➤ Ensuring patient safety and stabilization within the constraints of the work environment for transport to an alternative level of care. ➤ Prioritizing patients for evacuation and transport <p>Concern for overworked and stressed providers.</p> <ul style="list-style-type: none"> ➤ Recognizing and appreciating the moral and ethical strains that all parties will experience when forced to make hard rationing choices that could potentially be based on minimal data. 	<p>White Ribbon Alliance Women and Infants Service Package (WISP) of the White Ribbon Alliance for Safe Motherhood. National Working Group for Women and Infant Need in Emergencies: http://www.whiteribbonalliance.org/Resources/Documents/WISP%20Final%20Version4.pdf or available from: http://www.whiteribbonalliance.org/Resources/Documents/WISP</p> <p>Aeromedical evacuation http://navymedicine.med.navy.mil/Files/Media/directives/5115.pdf</p>
<p>7. Use reliable information sources for current referral and management guidelines.</p>	<p>1. Maintains current knowledge of resources available regarding best practices, guidelines, and legal authorities.</p>	<p>Seeking reliable resources</p> <ul style="list-style-type: none"> ➤ Given the complexity and nature of high impact events, the rapidly changing national threat level, and the likelihood of a national response; local, state, federal, and professional organization websites which are updated regularly are suggested as initial resources. ➤ Accessing up-to-date reliable websites, federal and state agencies for current, accurate information related to identification and treatment for agents of terrorism. ➤ Recognition that in an actual event, access to online resources may not be available; need to have information available in alternate formats. 	<p>Centers for Disease Control: Emergency Preparedness and Response: Agents, Disease, & Other Threats – Bioterrorism, Chemical Emergencies, Radiation Emergencies, Mass Casualties, Natural Disasters & Severe Weather, Recent Outbreaks & Incidents http://www.bt.cdc.gov/</p>

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		<p>Identifying and implementing evidence-based and best practices resources from DPH, DOD, JC, HHS, DHS, and other security and health care agencies.</p> <p>Seeking and implementing the most current and best available verbal, electronic, and/or written guidance for treatment and management of victims from local DPH, State DPH, or federal agencies such as HHS, DHS, JC, and other professional organizations and agencies as appropriate.</p> <p>Learning from the experience of others</p> <ul style="list-style-type: none"> ➤ LLIS –Lessons Learned Information Sharing Systems 	<p>LLIS Lessons Learned in information systems. www.llis.gov Preparedness Directorate, Office of Grants and Training, Department of Homeland Security</p>
<p>8. Provide reliable information to others (e.g., institutional administration or media), as relevant to the specific practice site and emergency response protocol.</p>	<ol style="list-style-type: none"> 1. Functions within the NIMS/HICS chain of command for communication and dissemination of information. 2. Identifies appropriate opportunities to increase public awareness of the APRN's role in all hazard events. 3. Participates in planning groups on a regular basis 	<p>Understanding the need for only one identified designee (PIO – Public Information Officer) at a site or scene to communicate with the media and the press to ensure accuracy and confidentiality.</p> <p>Working within the organizational structure of the JIS (Joint Information Systems).</p> <p>Knowing how to prepare statements and utilize the media as a source for the dissemination of important information concerning an event in attempts to inform, control, and direct the public</p> <p>Understanding the key concepts of developing a comprehensive communications plan</p> <ul style="list-style-type: none"> • Infrastructure • Personnel • Authority • Message 	<p>Terrorism and other Public Health Emergencies: A Reference Guide for Media. (2005) US Department of Health and Human Services www.hhs.gov/emergency/mediaguide/pdf or google: HHS Media Reference Guide</p>

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		<ul style="list-style-type: none"> • Distribution targets • Method • Redundancy • Special populations 	
<p>9. Communicate risks and actions taken clearly and accurately to patients and concerned others.</p>	<ol style="list-style-type: none"> 1. Understands and utilizes the principles of risk communication with individuals, groups, and agencies. 2. Translates to others the rationale behind triage and rationing of resources. 3. Identifies & implements strategies to address priorities and fears of the community (clients, families, populations). 4. Communicating in a manner that reflects a sensitivity to the diversity of the population affected and/or at-risk of any high impact event. 	<p>Definition of Risk Communication and identification of risk communication strategies</p> <p>Valuing interagency linkages: interagency coordination and cross-jurisdictional cooperation.</p> <ul style="list-style-type: none"> ➤ Establishing and maintaining relationships with local health care agencies, law enforcement agencies, and other cooperative health care and disaster organizations including non-governmental organizations that would collaborate during a high impact event. <ul style="list-style-type: none"> ○ Creating a climate of mutual trust throughout the establishment of communication and partnerships ○ Participating in the planning, implementation and evaluation of disaster drills and simulated a high impact event, at the community level <p>Preparing risk communications that convey caring and empathy for affected populations to engage trust from those at risk.</p> <ul style="list-style-type: none"> ➤ Anticipating the challenges of managing large numbers of casualties from among many diverse classes and cultures ➤ Developing culturally and spiritually sensitive media and public service announcements with attention to health literacy, the diversity of the population and age appropriateness ➤ Preserving confidentiality, privacy, and cultural awareness as much as possible during the a high impact event,. ➤ Anticipating the need to recruit and 	<p>Crisis Emergency Risk Communications by Leaders for Leaders www.cdc.gov/communication/emergency/leaders.pdf or google CDC Risk Communication for Leaders</p> <p>Crisis Emergency Risk Communications by Leaders for Leaders Participant Manual www.bt.cdc.gov/erc</p> <p>Communicating in a Crisis: Risk Communication guidelines for Public Officials</p> <p>Northwest Center for Public Health Practice at the University of Washington School of Public Health and Community Medicine <i>Emergency Risk Communication for Public Health Professionals</i> http://www.nwcp.org/edu/training/courses-exercises/courses/risk-communication</p> <p>National Network of Libraries of Medicine <i>Health Literacy</i> http://nnlm.gov/outreach/consumer/hlthlit.html</p> <p>HRSA website http://www.hrsa.gov/healthliteracy/</p>

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		<p>develop educational tools to address global, as well as specific event of, prevention, preparation, self-care, treatment, and long-term impact discharge instructions in a variety of languages during a high impact event, as appropriate to the population(s) affected and based on the best available evidence at the time.</p> <ul style="list-style-type: none"> ➤ Anticipating varied cultural responses from families in relation to mass devastation and fatalities of homes, family members and friends. ➤ Anticipating the spiritual needs of the at risk populations related to the psychosocial consequences of disasters. ➤ Providing for palliative care and spiritual needs for those triaged as “expectant” (given a minimal chance of survival based on resources available) and those caring for them in their final hours. 	
<p>10. Identify and manage the expected stress/anxiety associated with emergency events, making referrals for mental health services if needed.</p>	<ol style="list-style-type: none"> 1. Acknowledges and manages conflict between values and beliefs and rationing of resources and care. 2. Anticipates the short and long term psychological consequences of those affected by the event. 3. Recognizes the importance and value of teams, counselors, spiritual/religious personnel, psychiatric-mental health resources and makes referral, as available. 	<p>In a culturally appropriate manner:</p> <ul style="list-style-type: none"> ➤ Planning for the impact and care of the “concerned citizens” on the health care system during a high impact event. ➤ Preparing for assessment and support to providers, rescuers, patients and others at risk for post traumatic stress disorder (PTSD). ➤ Monitoring own and others’ emotional responses to the extraordinary and extremes of the experience of MCI. ➤ Enlisting the support and counsel of spiritual and mental health professionals as indicated for patients, survivors, self and others. ➤ Mobilizing mental health teams, counselors, spiritual/religious personnel, psychiatric/mental health resources during MCI. <p>3. Monitoring others’ and own emotional responses to the extraordinary and extremes</p>	<p>Tips for Managing and Preventing Stress: A Guide for Emergency and Disaster Response Workers http://mentalhealth.samhsa.gov/publications/allpubs/KEN-01-0098/</p> <p>Preparing for the Psychological Consequences of Terrorism: A Public Health Strategy (2003) Board on Neuroscience and Behavioral Health of the Institute of Medicine http://books.nap.edu/openbook.php?isbn=0309089530</p> <p>Mental Health All-Hazards Disaster Planning Guidance from Substance Abuse and Mental Health Services Administration Disaster Relief Information http://mentalhealth.samhsa.gov/disasterr relief/publications/allpubs/SMA03-</p>

COMPETENCIES HRSA/Columbia U/APTR	APRN EDUCATION BROAD CONCEPTS	CONSIDERATIONS FOR DEVELOPMENT OF CONTENT	RESOURCES
		<p>of the experience of high impact events.</p> <ul style="list-style-type: none"> ➤ Anticipating the psychosocial consequences of high impact events. <p>Enlisting the support and counsel of spiritual and mental health professionals as indicated for patients, survivors, self and others.</p>	<p>3829/part_four.asp</p>
<p>11. Participate in post-event feedback and assessment of response with the local Emergency Management and public health system and take needed steps to improve future response.</p>	<p>1. Collects data for review; participates in analysis and later development of lessons learned to improve future responses.</p> <p>2. Incorporates “lessons learned” from post-event evaluations into future disaster planning</p>	<p>Understanding and participating in the development of an after action plan.</p> <ul style="list-style-type: none"> ➤ Documenting ongoing assessments and adjustments for the effectiveness of the management and interventions at the current and future mass casualty and high impact events. ➤ Learning from the experiences of others from their post event feedback. 	<p>LLIS Lessons Learned in information systems = http://www.llis.gov Preparedness Directorate, Office of Grants and Training, Department of Homeland Security</p>
			<p>Other resources:</p> <p>University of Albany, School of Public Health, Center for Public Health Preparedness http://www.ualbanycph.org/learning/default.cfm . Eight web-based modules ranging from personal preparedness to Emergency Preparedness Training for Hospital Clinicians. CE producing. No costs.</p> <p>Materials under the other Centers for Public Health Preparedness, including the South Central Center for Public Health Preparedness, a joint effort of the schools of public health at the University of Alabama at Birmingham, and Tulane University</p> <p>Other Resources:</p> <p>Veenema, T.G. (2007) <i>Disaster Nursing and Emergency Preparedness for Chemical, Biological and Radiological Terrorism and Other Hazards</i>. 2nd Ed. New</p>

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			<p>York: Springer Publishers.</p> <p>25 Module e-Learning Program for Nurses and Nurse Practitioners: http://www.webinservice.com/index.asp?a=Catalog&c=cat2&bsec=29. (Veenema, T.G. (2007) <i>ReadyRN: Comprehensive Curriculum for Disaster Nursing and Emergency Preparedness</i> . New York Elsevier/ MC Strategies)</p>

APPENDIX
NATIONAL PANEL ON APRN EMERGENCY PREPAREDNESS AND
ALL HAZARDS RESPONSE EDUCATION

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