



**Program Development Branch**

**Training Standards, Objectives &  
Scenarios**

**June, 2008**

**Version 3**

## Glossary

<b>ASPR-</b>	Assistant Secretary for Preparedness and Response
<b>BoO-</b>	Base of Operations
<b>BST-</b>	Burn Specialty Team
<b>DHS-</b>	Department of Homeland Security
<b>DMAT-</b>	Disaster Medical Assistance Team
<b>DMORT-</b>	Disaster Mortuary Operational Response Team
<b>DMORT-</b>	Disaster Mortuary Operational Response Team-Weapons of Mass
<b>WMD-</b>	Destruction
<b>DoD</b>	Department of Defense
<b>DPMU-</b>	Deployable Portable Morgue Unit
<b>EMR-</b>	Electronic Medical Record
<b>FACT-</b>	Family Assistance Coordination Team
<b>FEMA-</b>	Federal Emergency Management Agency
<b>FMS-</b>	Federal Medical Station
<b>HHS-</b>	Department of Health and Human Services
<b>ICS-</b>	Incident Command System
<b>IMSURT</b>	International Medical Surgical Response Team
<b>IRCT- A</b>	Incident Response Coordination Team- Advanced
<b>ME-</b>	Medical Examiner
<b>MH-</b>	Mental Health Response Team
<b>MRC-</b>	Medical Reserve Corps
<b>NDMS-</b>	National Disaster Medical System
<b>NIMS-</b>	National Incident Management System
<b>NMRT-</b>	National Medical Response Team
<b>NNRT-</b>	National Nurse Response Team
<b>NPRT-</b>	National Pharmacy Response Team
<b>NVRT-</b>	National Veterinary Response Team
<b>OFRD-</b>	Office of Force Readiness and Deployment
<b>PDB-</b>	Program Development Branch
<b>PST-</b>	Pediatric Specialty Team
<b>RT-</b>	Respiratory Therapist
<b>SME-</b>	Subject Matter Expert
<b>SNS-</b>	Strategic National Stockpile
<b>VA-</b>	Department of Veterans Affairs

# **NDMS TRAINING STANDARDS - PRE-REQUISTES**

## **INTRODUCTION**

The National Disaster Medical System (NDMS) is a nation-wide partnership embracing communities with world-class medical care, mortuary services and veterinary care in the wake of a natural or man-made disaster. Within the Department of Health and Human Services (HHS), NDMS is located within the Office of Preparedness and Emergency Operations (OPEO) in the Office of the Assistant Secretary for Preparedness and Response, (ASPR).

The National Disaster Medical System (NDMS) is a cooperative, asset-sharing partnership that leverages federal and non-federal resources to care for large numbers of casualties generated in a domestic disaster or an overseas conventional conflict. The statutory mission of NDMS is to organize a coordinated effort by the NDMS federal partners, working in collaboration with the states and other appropriate public or private entities, to provide health services, health-related social services, other appropriate human services, and appropriate auxiliary services to respond to the needs of victims of a public health emergency, and to be present at locations, and for a limited period of time, specified by the HHS Secretary on the basis that the HHS Secretary has determined that a location is at risk of a public health emergency during the time specified. The NDMS federal partners are the Departments of Homeland Security (DHS), Defense (DoD), and Veterans Affairs (VA).

The Program Development Branch (PDB) within NDMS is tasked with the development and implementation of professional training standards and pre-requisite qualifications for all personnel within the NDMS. PDB in conjunction with the NDMS Operations Branch and Medical Branch will:

1. Establish minimum standards and requirements for training, experience, physical fitness level, and current training standards for NDMS positions which all participating branches have agreed to meet for Federal deployments.
2. Establish minimum pre-requisite training qualifications for new and existing personnel involved in Disaster Medical Assistance Team (DMAT); National Veterinary Response Team (NVRT); Disaster Mortuary Operational Response Team (DMORT); National Medical Response Team (NMRT); International Medical Surgical Response Team (IMSURT); NDMS Specialty Team or any NDMS individual specialty member position.

## **CERTIFICATION AND RE-CERTIFICATION**

Individual training certifications and documentation of successful training courses, seminars, or classes are the responsibility of the individual and their designated team training officer. Each team is responsible for annually certifying qualifications of its personnel based upon their position requirements and specific requirements supplementing their position. Completion of required training and pre-requisites alone does not guarantee an individual will be qualified to perform in a position.

## **POSITION QUALIFICATIONS**

### **Pre-Requisite Required Training – For Applicants**

**(Required upon submission of application for intermittent employment)**

1. Current license or training certification for the position level applying for;
2. ICS 100 – Introduction to Incident Command System – IS-100;  
<http://www.training.fema.gov/>
3. ICS 200 – ICS for Single Resources and Initial Action Incidents – IS-200;  
<http://www.training.fema.gov/>
4. ICS 700 – National Incident Management System (NIMS) An Introduction – IS-700; <http://www.training.fema.gov/>
5. ICS 800B – National Response Framework, An Introduction – IS-800B;  
<http://www.training.fema.gov/>

### **Required Pre-Deployment Training – Newly Appointed NDMS Response Personnel**

1. NDMS Pre-Deployment Course Part I ( 7 modules) ***awaiting platform***
  - Course Info and Navigation
  - Disaster Response Part 1: Types of Disaster
  - Disaster Response Part 2: Life Cycle of a Disaster
  - NDMS in Review
  - Personal and Family Preparedness
  - Media Relations and the Role of the PIO
  - Personal Gear
2. NDMS Pre-Deployment Course Part II (5 Modules) ***awaiting platform***
  - Incident Management System
  - Team Safety
  - Occupational Safety
  - Aircraft Safety
  - Legal Issues and Answers
3. NDMS Team Core Course(s) - Part I (5 Modules) ***awaiting platform***
  - DMAT Roles and Responsibilities
  - Veterinary Issues in Disasters
  - DMORT
  - Tents and Command Setup
  - Health Consequences and Response
4. NDMS Team Core Course(s) - Part II (5 Modules) ***awaiting platform***
  - Critical Incident and Traumatic Stress Management
  - HAZMAT Awareness
  - ABCs of Terrorism
  - Cultural Awareness
  - Other Resources
5. Completion of a Field Training which includes the set-up of a complete BoO- Base of Operations (2 days at least every 3 years),
6. Ethics Training-(HHS online course); <http://ethics2007.cit.nih.gov/training/begin.htm>

## Required Pre-Deployment Training – Current NDMS Response Team Employee

1. Current license or training certification for the position level currently held;
2. ICS 100 – Introduction to Incident Command System – IS-100;  
<http://www.training.fema.gov/>
3. ICS 200 – ICS for Single Resources and Initial Action Incidents – IS-200;  
<http://www.training.fema.gov/>
4. ICS 700 – National Incident Management System (NIMS) An Introduction IS-700; <http://www.training.fema.gov/>
5. ICS 800B – National Response Framework, An Introduction – IS-800B;  
<http://www.training.fema.gov/>
6. ICS 300 – Intermediate Incident Command System; (For designated Command Staff Personnel- team leader, deputy team leader, chief medical officer, logistical officer, training officer and administrative officer);
7. ICS 400 – Advanced Incident Command System (For designated Command Staff Personnel, as noted above);
8. Ethics Training- <http://ethics2007.cit.nih.gov/training/begin.htm>
9. NDMS Pre-Deployment Course Part I ( 7 modules) **awaiting platform**
  - Course Info and Navigation
  - Disaster Response Part 1: Types of Disaster
  - Disaster Response Part 2: Life Cycle of a Disaster
  - NDMS in Review
  - Personal and Family Preparedness
  - Media Relations and the Role of the PIO
  - Personal Gear
10. NDMS Pre-Deployment Course Part II (5 Modules) **awaiting platform**
  - Incident Management System
  - Team Safety
  - Occupational Safety
  - Aircraft Safety
  - Legal Issues and Answers
11. NDMS Team Core Course(s) - Part I (5 Modules) **awaiting platform**
  - DMAT Roles and Responsibilities
  - Veterinary Issues in Disasters
  - DMORT
  - Tents and Command Setup
  - Health Consequences and Response
12. NDMS Team Core Course (s) - Part II (5 Modules) **awaiting platform**
  - Critical Incident and Traumatic Stress Management
  - HAZMAT Awareness
  - ABCs of Terrorism
  - Cultural Awareness
  - Other Resources
13. Safety Officer Course (8 Modules) **awaiting platform**
  - Course Information and Navigation
  - The Role of the Safety Officer
  - Regulations and Standards

- Risk Management
- Team Health
- Occupational Safety
- Safety in Austere Environment
- Documentation and Investigation

14. Administrative Officer (11 modules) ***awaiting platform***

- Course and Navigation
- The Role of the Administrative Officer
- Team member Application Process
- NDMS Identification Cards
- Updating Team Member Information
- Training requests and Notifications
- Deployment related paperwork
- Workplace violence
- Resolving Poor Performance
- Employment and Workplace Discrimination
- Sexual Harassment

**Additional Required Pre-Deployment Training for NDMS DMAT and Specialty Team Employees**

1. Current license or training certification for the specialty level currently held;
2. NDMS DMAT Core Course(s) (once every 3 years); ***awaiting platform***
3. NDMS Pre-Deployment Course (once every 3 years); ***awaiting platform***

4. DMAT Advanced Courses (19 Modules) ***awaiting platform***

- Course Information and Navigation
- Airway Management
- Abdominal Trauma
- Thoracic Trauma
- Spinal Injuries
- Head Injuries
- Blast Injuries
- Heat Exposure Injuries
- Cold Injuries and Hypothermia
- Burn Injuries
- Crush Injuries
- Pediatric Care/Triage
- Field Dentistry
- Orthopedic Injuries
- Eye Injuries Following Disasters
- Resuscitation Fluids in Disasters
- Intraosseous Infusion
- Terrorism
- Refugee Health Care

5. NDMS Communication Course (8 Modules) ***awaiting platform***

- Course Information and Navigation
- The Role of the Communication Officer
- Principals of Radio Communications
- Rules and Regulations in Communications
- Safety Issues in Communications
- Antenna Systems
- Communication Equipment
- Computer Equipment

### **Additional Required Pre-Deployment Training for NDMS DMORT Employees**

1. Current license or training certification for the specialty level currently held;
2. NDMS Pre-Deployment Course, (once every 3 years);
3. NDMS DMORT Annual Training, (once every 3 years);
4. DMORT Core Online Courses; (17 Modules) *awaiting platform*
  - o Course Information and Navigation
  - o WMD
  - o DPMU
  - o Morgue Operations
  - o Photography
  - o NTSB
  - o Morgue Operations
  - o Pathology
  - o Radiological
  - o Anthropology
  - o Dental
  - o DNA
  - o Fingerprint
  - o Preparation of Remains
  - o Morgue Operations
  - o Release
  - o FACT

### **Additional Required Pre-Deployment Training for NDMS NMRT Employees**

1. Current license or training certification for the specialty level currently held;
2. NDMS NMRT Core Training (16 hrs.);
3. NDMS NMRT Proficiency Training (40 hrs); (includes field training and set-up of a BoO)

### **Additional Required Pre-Deployment Training for NDMS NVRT Employees**

1. Current license or training certification for the specialty level currently held;
2. NDMS NVRT Annual Training (once every 3 years to be held at annual summit);

### **Additional Required Pre-Deployment Training for NDMS IMSURT Employees**

1. Current license or training certification for the specialty level currently held;
2. NDMS DMAT Core Course
3. NDMS IMSURT Annual Training (once every 3 years, includes set-up of a BoO);

### **BoO- Base of Operations Expectations;**

In order to prepare NDMS team employees for deployment they should be proficient in the establishment of a BoO. Training opportunities should utilize this objective as many times as possible. Below are the requirements to be met when establishing a BoO;

#### **Footprint**

- 10,000 sq feet clear of hazards
- Safety plan / security plan in place

### **Generator**

- Portable Diesel deployed and fueled
- Generator Ground Rod attached with clamp and ground cable
- Electric cords attached (generator Adaptor and drop cords)
- Power Distribution Panel attached
- Perimeter Flood Lighting attached

### **Western Shelter Tent System**

- Four (4) Each
  - One (1) Command Tent
  - Three (3) Treatment Tents

### **Western Shelter Tent Set up**

- Mainframe bag set up
- Wall cover set attached
- Roof cover set attached
- Weather cap installed
- Single or double door attached
- Insulation panel set attached to interior
- Floor cover assembled on interior
- Vestibule kit assembled and attached
- Attach wiring harness
- Attach all weather lighting to mainframe
- Single or double door Ramp (threshold) attached to mainframe
- Team ID Panel attached to exterior
- Tie down kit

### **Medical Set up in Western Shelter Tent**

- Oxygen cylinder attached to multi outlet manifold
- Tubing attached and connectors (Christmas Tree type)
- Life Pac 12 set up on portable shelves
- Power supply attached to life pac 12s
- Glucometer set-up, testing and cleaning
- General supplies stocked (blankets, sheets, etc.)
- Assembly of cots
- General medical supplies stocked on portable shelves and inventoried
- Suction units assembled and set up
- Portable ventilator Eagle/Impact set up and attached to power supply
- EMR laptops set up in all tents
- EMR router and network gear assembled connected to communication equipment.
- Medical tent set-up to facilitate patient care delivery

### **WS Work Station, Desk/Shelves**

- Assemble work shelves/desk
- Attach work shelves to main frame system in tent

### **Western Shelter Heating System**

- Duck boot attached to wall panel of western shelter tent
- Duct hose attached to boot, attached to heater
- Multi fuel heater deployed from container and fueled
- Remote thermostat installed in shelter

### **Water System**

- Portable Bladder deployed (Potable and Gray water)
- Water pump assembled
- Water manifold kit assembled
- Water purifier assembled
- Hydrant adaptor and other support gear utilized if needed
- WS Hot water heater assembled
- WS Hot water shower heater assembled (Propane)

### **Western Shelter Sink and Shower Units**

- Field Sink assembled and attached to water system
- Latrine Facilities privacy tent set up
- WS shower system double stall kit deployed
  - Hot water heater attached
  - Sump pump attached
  - Shower attached to water system
  - Floor assembly attached
  - Privacy curtain attached to shower

### **Command / Communication Tent**

- Generator set up
- Field Refrigerator set up
- Un-Interruptible power supply
- Base Antenna mast kit set up with ground
- Base Unit radio assembled and attached to exterior antenna
- Satellite phone set up with exterior antenna
- Radio bank charges set up for portable XTS radios
- Printers and laptops set up in command tent

### **Recurrent Training**

In order to maintain currency, some positions have identified recurrent training at various intervals.

### **Other Training Which Supports Development of Knowledge and Skills**

Personnel may learn skills from other sources (hospital, medical facility, fire, law enforcement, search and rescue, or other agency specific training programs) however PDB will make the determination on training equivalents

### **Disaster Field Experience**

Disaster field experience includes qualification in any prerequisite position and successful position performance through team or PDB evaluation. Credit will be reviewed as it is submitted to PDB on "real world" experience in disaster field experiences. Disaster field experience cannot be challenged.

### **Course Equivalent**

NDMS will determine the validation of substitute training course equivalency for any mandated NDMS requirements.

### **Certifications:**

Team members are required to have and maintain certain certifications as conditions of employment. However, if a team member is required to obtain a NDMS approved special certification, these will be reviewed on a case by case basis.

### **Equipment and Supplies at a Training Event:**

No Federal cache items can be utilized at a **non-Federal** approved training/event at this time. This is presently in the review process by the Office of General Counsel at the Department of Health and Human Services. PDB will keep the teams advised when and if this situation changes.

### **Patient Interactions at an Event:**

All team trainings involving live patient involvement will be reviewed on a case by case basis. Trainings which involve patients (inclusive of humans alive or expired and animals) must be reviewed by the NDMS Chief Medical Officer (CMO or in case of animals the NVRT- Chief Veterinarian Officer) after Program Development Branch. A qualified team medical officer (or veterinarian officer on the NVRT trainings), must be identified on the training request. This person will be the lead for medical issues/actions and procedures and will be present at the training for oversight of medical care. Training should not be a substitute for local care or hinder revenue for local medical/animal support.

### **Team Members in Military Planes/Helicopters:**

There are **specific liability coverage limitations**. The NDMS weekly newsletter sent on July 26, 2007 and again on April 18, 2008, provides greater detail on this situation.

### **Training Options:**

Teams may chose from two categories for training:

- **Non-Funded-** which consists of no Federal funds for a training event (no salaries, per diem, travel, equipment or rentals). Approved team members will be provided with USERRA coverage and Workman's Compensation.
- **Funded-** which consists of Federal funds for training event, which maybe partially or fully funded (based on team budget). Approved team members will be provided with USERRA coverage and Workman's Compensation.

### Training Period:

- The training package shall be submitted to the Program Development Branch for review via the e-mail box: [NDMSTraining@hhs.gov](mailto:NDMSTraining@hhs.gov)
- All NDMS team trainings **requiring funding** must be completed by **Friday, August 15, 2008**. It is anticipated that by that date all teams will close out all travel vouchers and related expenses in reference to FY08 training.
- **After August 15, 2008**, teams may continue to train, if there is **no funding** associated with events. Teams will continue to submit the training package as directed without a cost estimator for these trainings.

### Training Request Package:

- All training request packages must be sent in at the **minimum** of :
  - **60 days** for any training request that requires approval outside the immediate office
  - **60 days** for any training requiring logistical support
  - **45 days** for any training request that does not involve approval outside the immediate office
  - **60 days** for any request for frequency
- Training package information, submission and direction can be found in the Training guidance dated January 2008.
- Training packages should be sent to the [NDMSTraining@hhs.gov](mailto:NDMSTraining@hhs.gov). If you have difficulty with follow up, please contact the appropriate Section Chief. If all fails, you can always contact the Branch Chief for Program Development Branch.
- Training packages must be complete for submission and review
- Training package includes the following documentation:
  - Training Request (form labeled as “NDMS Training Request Form”), located on the NDMS web site.
  - Roster of all applicable team employees (in database, licensure and certifications of position current, HHS ID badge and have a governmental credit card). This form is labeled as the “NDMS Training Roster Form”. Located on the NDMS web site.
  - Any cost comparison travel work sheet, as needed. Located on the NDMS web site.
  - ASAM (Assistant Secretary for Administration and Management) cover letter and roster, if required. Located on the NDMS web site.
  - NDMS Cost Estimator completed for all funded request. Located on the NDMS website
  - EMR/JPATS, Logistics and Communication requests for training if required. All these forms are also located on the NDMS web site.
    - For Communication requests use the form labeled “NDMS Temporary Frequency and Interoperability Request Form”.
    - For Logistical requests use the form labeled “ASPR Logistical Request form”
    - For EMR/JPATS request utilize the form labeled “EMR Training Requests Form”
  - **No team employee may engage in purchasing, contracts, or committing Federal funds. If this occurs it will be the individual’s responsibility for payment, will risk cancellation of the training for the team, possible dismissal from the NDMS system and Federal law enforcement.**

- 393's and SSR's can only be submitted **once the team has received approval** for training from the PDB team.
- No changes can be made to the training roster less than **30 days** prior to the event. We need to adhere to this policy, due to the high cost a team is charged with travel changes, in the current environment.
- Please make sure all team employees on the training roster have current licensure for their discipline, have a government credit card and are in the NDMS data base. This will help us vet the list in a smoother and faster time period. If this becomes a faster process, we will be able to lower the 45 day advance range.
- Cost estimator has GS levels built out to assist in the planning process for the teams. Remember this is an **estimator** to assist the team in planning the financial aspect for the event.

#### **Travel Associated with Training:**

- All travel, lodging and rentals associated with training can only be submitted when training is approved.
- Trips **can only be** booked via Gov Trip, as outlined by NDMS and as detailed in the Federal Travel Regulations.
- Hotel rooms must be at Federal per diem rates
- Per diem rates are available on Federal web sites such as; <http://www.gsa.gov> .
- Administrative Officers (AO's) will voucher back for each team employee through the Gov Trip mechanism and as outlined by HHS policy.

#### **Training Closure:**

- A completed After Action Report (AAR) must be submitted to NDMS PDB within 14 days of the conclusion of a training event. This is to include:
- A roster of all team members who **actually attended** the training must be sent into PDB within 14 days. This will help PDB reflect actual cost of training and participation of team employees at a specific training.
- If PDB does not receive an AAR, future trainings will not be reviewed until this is submitted to headquarters. This documentation assists us in developing support mechanisms, constructive use of training opportunities and enhances response capabilities.

#### **Training Officer Accountability and Documentation:**

- Each training officer is responsible for maintaining a documented log of their team employee attendance at trainings. Document to include the; name, position on team, training, dates of attendance and role in the actual training event.
- Training calendars shall be based on the FY schedule (October to October).

## **Training Objectives and Scenarios:**

The below listed training scenarios are based on the Department of Homeland Security, (DHS) Federal Emergency Management Agency, (FEMA) National Planning Scenarios, April 2005. **Sample** NDMS response team objectives are listed for each specific scenario. Additionally, these sample training objectives include setting up a BoO (Base of Operations) to provide medical acute care under austere conditions, use of designated specialized skills in the field, using ICS, assisting and coordinating with Federal Partners-outside of HHS, Department of Defense (DoD), Veterans Administration (VA), Department of Homeland Security (DHS), coordinating with the IRCT-A, State/local agencies, and using EMR/JPATS System during operations.

### **1. Nuclear Detonation and Attack**

- 10 Kiloton Improvised Nuclear Device
- Radiological Dispersal Devices

#### **NMRT Objective:**

NMRT to set up a BoO to provide decontamination, acute medical care and check completeness of decontamination at a safe upwind location from ground zero. This would include the use of the EMR system and patient transportation by military/state/local sources followed by definitive care.

- Demonstrate setting up a BoO (Base of Operations)
- Demonstrate setting up a decontamination operation
- Identify and demonstrate how to decontaminate patients
- Identify and state knowledge of the medical protocols and treatments in the contaminated area
- Describe and demonstrate how to triage patients in a disaster setting
- Identify the multiple transportation component options for patients
- Demonstrate setting up and the implementation of Electronic Medical Records (EMR) system

#### **DMAT Objective:**

DMAT to set up a BoO to provide triage and acute medical care to patients at a safe upwind location from ground zero. This would include the use of the EMR system and patient transportation by military/state/local sources followed by definitive care.

- Demonstrate setting up a BoO
- Describe and demonstrate how to triage patients in a disaster setting
- Identify and state knowledge of the medical protocols and treatments
- Identify multiple transportation component options for patients
- Demonstrate setting up and the implementation of EMR

**NNRT/NPRT/BST/PEDS/RT/IMSURT/Mental Health Objective:**

Members to augment response team staffing utilizing specialty skills to provide triage and acute medical care to patients. This would include the use of the EMR system.

- Describe and demonstrate how to triage patients in a disaster setting
- Identify and state knowledge of the medical protocols and treatments
- Identify multiple transportation component options for patients
- Demonstrate setting up and the implementation of EMR

**NVRT Objective:**

NVRT to set up a BoO to provide triage and acute care for animals at a safe upwind location from ground zero.

- Demonstrate setting up a BoO
- Describe and demonstrate how to triage patients in a disaster setting
- Identify and state knowledge of medical protocols and treatments after decontamination

**DMORT Objective:**

DMORT to assist the Medical Examiner (ME) with handling, processing and identifying human remains at a safe upwind location from ground zero and may include establishing a DPMU (Deployable Portable Morgue Unit).

- Describe and identify the ME's role during DMORT operations
- State and elaborate the process to handle, process and identify human remains
- Demonstrate mortuary specialties within the DPMU stations
- Identify and describe Federal mortuary protocols

**DMORT-WMD Objective:**

DMORT-WMD to set up a BoO and assist the ME with staging, decontaminating and handling contaminated human remains at a safe upwind location from ground zero.

- Demonstrate setting up a BoO
- Demonstrate setting up a decontamination operation
- Working knowledge on how to decontaminate, stage and handle human remains
- Describe the ME's role during DMORT-WMD operations
- Identify and explain Federal mortuary protocols

**FACT Objective:**

FACT to assist local/state/federal agencies with the collection of information from the next of kin relating to the identification of human remains.

- Identify and describe the FACT role during DMORT operations
- Explain the local/state/federal roles during DMORT operations
- Describe the collection process of ante-mortem information

## 2. **Biological Attack**

- Aerosol Anthrax
- Pandemic Influenza
- Smallpox
- Plague
- Botulism
- Novel (SARS-like) agent
- Foreign Animal Disease (Foot and Mouth Disease)
- Food Contamination

### **NMRT Objective:**

NMRT to set up a BoO to provide selective decontamination, acute medical care and check completeness of decontamination at a safe upwind location from ground zero. This would include the use of the EMR system and patient transportation by military/state/local sources followed by definitive care.

- Demonstrate setting up a BoO (Base of Operations)
- Demonstrate setting up a decontamination operation
- Identify and demonstrate how to decontaminate patients
- Identify and state knowledge of the medical protocols and treatments in the contaminated area
- Describe and demonstrate how to triage patients in a disaster setting
- Identify the multiple transportation component options for patients
- Demonstrate setting up and the implementation of EMR

### **DMAT Objective:**

DMAT to provide triage and acute medical care to patients, mass prophylaxis, FMS supplemental staffing, utilizing the EMR system. This may include establishing a BoO.

- Demonstrate setting up a BoO
- Describe and demonstrate how to triage patients in a disaster setting
- Identify and describe knowledge of medical protocols and treatments
- Identify multiple transportation component options for patients
- Describe the use of mass prophylaxis operations using the SNS
- Describe the FMS concept and staffing requirements
- Demonstrate setting up and the implementation of EMR

### **NNRT/NPRT/BST/PEDS/RT/IMSURT/Mental Health Objective:**

NNRT/NPRT/BST/PEDS/Mental Health (IRCT-A support, force protection)/Respiratory Therapists Members to augment response team staffing utilizing specialty skills to provide triage and acute medical care to patients. This would include the use of the EMR system.

- Describe and demonstrate how to triage patients in a disaster setting
- Identify and describe knowledge of medical protocols and treatments
- Identify multiple transportation component options for patients
- Demonstrate setting up and the implementation of EMR (Electronic Medical Records) system

**NVRT Objective:**

NVRT to provide triage and acute care for animals and Subject Matter Experts (SME) liaison to local/State/ federal agencies while utilizing the EMR system. This may include establishing a BoO.

- Demonstrate setting up a BoO
- Describe and demonstrate how to triage animals in a disaster setting
- Identify and describe knowledge of medical protocols and treatments
- Describe the local/state/federal roles during disasters and the NVRT relationship (may be liaison)

**DMORT Objective:**

DMORT to assist the ME with handling, processing and identifying human remains at a safe upwind location from ground zero and may include establishing a DPMU.

- Identify the ME's role during DMORT operations
- Describe procedure on how to handle, process and identify human remains
- Demonstrate mortuary specialties within the DPMU stations
- Explain Federal mortuary protocols

**DMORT-WMD Objective:**

DMORT-WMD to set up a BoO and assist the ME with staging, selective decontamination and handling contaminated human remains.

- Demonstrate setting up a BoO
- Demonstrate setting up a decontamination operation
- Describe procedure on how to decontaminate, stage and handle human remains
- Identify the ME's role during DMORT-WMD operations
- Explain Federal mortuary protocols

**FACT Objective:**

FACT to assist local/state/federal agencies with the collection of information from the next of kin relating to the identification of human remains.

- Explain the FACT role during DMORT operations
- Identify the local/state/federal roles during DMORT operations
- Demonstrate the collection process of ante-mortem information

**3. Chemical Attack**

- Blister Agents
- Toxic Industrial Chemicals
- Nerve Agents

**NMRT Objective:**

NMRT to set up a BoO to provide decontamination, acute medical care and check completeness of decontamination at a safe upwind location from ground zero. This would include the use of the EMR system and patient transportation by military/state/local sources followed by definitive care.

- Demonstrate setting up a BoO
- Demonstrate and explain setting up a decontamination operation
- Explain how to decontaminate patients and monitor for completeness
- Identify and explain knowledge of the medical protocols and treatments in the contaminated area
- Describe and demonstrate how to triage patients in a disaster setting
- Identify the multiple transportation component options for patients
- Demonstrate setting up and the implementation of EMR (Electronic Medical Records) system

**DMAT Objective:**

DMAT to set up a BoO to provide triage and acute medical care to patients at a safe upwind location from ground zero. This would include the use of the EMR system and patient transportation by military/state/local sources followed by definitive care.

- Demonstrate setting up a BoO
- Describe and demonstrate how to triage patients in a disaster setting
- Identify and explain knowledge of medical protocols and treatments
- Identify and explain multiple transportation component options for patients
- Demonstrate setting up and the implementation of EMR (Electronic Medical Records) system

**NNRT/NPRT/BST/PEDS/RT/IMSURT/Mental Health Objective:**

Members to augment response team staffing utilizing specialty skills to provide triage and acute medical care to patients. This would include the use of the EMR system.

- Describe and demonstrate how to triage patients in a disaster setting
- Identify and explain knowledge of medical protocols and treatments
- Identify and explain multiple transportation component options for patients
- Demonstrate setting up and the implementation of EMR (Electronic Medical Records) system

**NVRT Objective:**

NVRT to set up a BoO to provide triage and acute care for animals at a safe upwind location from ground zero. This would include the use of the EMR system.

- Demonstrate setting up a BoO
- Describe and demonstrate how to triage animals in a disaster setting
- Identify and explain knowledge of medical protocols and treatments after decontamination

**DMORT Objective:**

DMORT to assist the ME with handling, processing and identifying human remains at a safe upwind location from ground zero and may include establishing a DPMU.

- Identify the ME's role during DMORT operations
- Explain and demonstrate how to handle, process and identify human remains
- Demonstrate mortuary specialties within the DPMU stations
- Explain Federal mortuary protocols

**DMORT-WMD Objective:**

DMORT-WMD to set up a BoO and assist the ME with staging, decontaminating and handling contaminated human remains at a safe upwind location from ground zero.

- Demonstrate setting up a BoO
- Demonstrate and explain setting up a decontamination operation
- Explain the procedure on how to decontaminate, stage and handle human remains
- Identify the ME's role during DMORT-WMD operations
- Explain Federal mortuary protocols

**FACT Objective:**

FACT to assist local/state/federal agencies with the collection of information from the next of kin relating to the identification of human remains.

- Identify the FACT role during DMORT operations
- Explain the local/state/federal roles during DMORT operations
- Demonstrate the collection process of ante-mortem information

**4. Explosive Attack**

- Bombing using Improvised Explosive Devices

**NMRT Objective:**

NMRT to set up a BoO to provide triage and acute medical care to patients. This would include the use of the EMR system and patient transportation by military/state/local sources followed by definitive care

- Demonstrate setting up a BoO
- Demonstrate and explain how to triage patients in a disaster setting
- Identify and explain knowledge of medical protocols and treatments
- Identify multiple transportation component options for patients
- Demonstrate setting up and the implementation of EMR (Electronic Medical Records) system

**DMAT Objective:**

DMAT to set up a BoO to provide triage and acute medical care to patients. This would include the use of the EMR system and patient transportation by military/state/local sources followed by definitive care

- Demonstrate setting up a BoO
- Demonstrate and explain how to triage patients in a disaster setting
- Identify and explain knowledge of medical protocols and treatments
- Identify the multiple transportation component options for patients
- Demonstrate setting up and the implementation of EMR (Electronic Medical Records) system

**NNRT/NPRT/BST/PEDS/RT/IMSURT/Mental Health Objective:**

Members to augment response team staffing utilizing specialty skills to provide triage and acute medical care to patients. This would include the use of the EMR system.

- Demonstrate and explain how to triage patients in a disaster setting
- Working knowledge of medical protocols and treatments
- Identify multiple transportation component options for patients
- Demonstrate setting up and the implementation of EMR (Electronic Medical Records) system

**NVRT Objective:**

NVRT to set up a BoO to provide triage and acute care for animals. This would include the use of the EMR system.

- Demonstrate setting up a BoO
- Identify and explain how to triage animals in a disaster setting
- Explain medical protocols and treatments after decontamination

**DMORT Objective:**

DMORT to assist the ME with handling, processing and identifying human remains at a safe upwind location from ground zero and may include establishing a DPMU.

- Identify ME's role during DMORT operations
- Demonstrate and explain how to handle, process and identify human remains
- Demonstrate mortuary specialties within the DPMU stations
- Explain Federal mortuary protocols

**FACT Objective:**

FACT to assist local/state/federal agencies with the collection of information from the next of kin relating to the identification of human remains.

- Explain FACT role during DMORT operations
- Identify the local/state/federal roles during DMORT operations
- Demonstrate the collection process of ante-mortem information

**5. Natural Disasters**

- Major Earthquake
- Major Hurricane/typhoon
- Tsunami
- Floods
- Ice Storms
- Wild land Fires

### **5.1 NMRT Objective-**

NMRT to set up a BoO to provide triage and acute medical care to patients, mass immunizations and staffing assignments to special needs shelters. This would include the use of the EMR system and patient transportation by military/state/local sources followed by definitive care.

- Demonstrate setting up a BoO
- Demonstrate and explain how to triage patients in a disaster setting
- Identify specific knowledge of medical protocols and treatments
- Identify the multiple transportation component options for patients
- Demonstrate setting up and the implementation of EMR (Electronic Medical Records) system
- Explain in detail mass immunizations operation
- Identify and explain shelter and special needs operations

### **5.2 DMAT Objective:**

DMAT to set up a BoO to provide triage and acute medical care to patients, mass immunizations and staffing assignments to special needs shelters. This would include the use of the EMR system and patient transportation by military/state/local sources followed by definitive care.

- Demonstrate setting up a BoO
- Identify and demonstrate how to triage patients in a disaster setting
- Explain and describe knowledge of medical protocols and treatments
- Identify multiple transportation component options for patients
- Demonstrate setting up and the implementation of EMR (Electronic Medical Records) system
- Identify and explain or demonstrate mass immunizations operation
- Demonstrate shelter and special needs operations

### **5.3 NNRT/NPRT/BST/PEDS/RT/IMSURT/Mental Health Objective:**

Members to augment response team staffing utilizing specialty skills to provide triage and acute medical care to patients. This would include the use of the EMR system.

- Identify and demonstrate how to triage patients in a disaster setting
- Describe knowledge of medical protocols and treatments
- Identify multiple transportation component options for patients
- Demonstrate setting up and the implementation of EMR (Electronic Medical Records) system
- Identify, Explain and demonstrate mass immunizations operation
- Demonstrate shelter and special needs operations

### **5.4 NVRT Objective:**

NVRT to provide triage and acute care for animals and SME liaison to local/state/ federal agencies while utilizing the EMR system. This may include establishing a BoO.

- Demonstrate setting up a BoO
- Identify and demonstrate how to triage animals in a disaster setting
- Describe and explain knowledge of medical protocols and treatments
- Identify the local/state/federal roles during disasters and the NVRT relationship (may be liaison)

### **5.5 DMORT Objective:**

DMORT to assist the ME with handling, processing and identifying human remains at a safe upwind location from ground zero and may include establishing a DPMU.

- Identify the ME's role during DMORT operations
- Demonstrate and describe knowledge on how to handle, process and identify human remains
- Demonstrate mortuary specialties within the DPMU stations
- Explain Federal mortuary protocols

### **5.6 DMORT-WMD Objective:**

DMORT-WMD to set up a BoO and assist the ME with staging, decontaminating and handling contaminated human remains.

- Demonstrate setting up a BoO
- Demonstrate setting up a decontamination operation
- Demonstrate and explain knowledge on how to decontaminate, stage and handle human remains
- Explain the ME's role during DMORT-WMD operations
- Identify Federal mortuary protocols

### **5.7 FACT Objective:**

FACT to assist local/state/federal agencies with the collection of information from the next of kin relating to the identification of human remains

- Identify the FACT role during DMORT operations
- Explain the local/state/federal roles during DMORT operations
- Demonstrate the collection process of ante-mortem information

## Additional Assistance in Writing Approved Training Objectives

The following information is provided as a resource to NDMS Team Training Officers for the submission of the Training Request Form objectives.

### **A. Information Source**

Parts of this summary have been taken from the IS-130 "Exercise Evaluation and Improvement Planning" and the 2-Day TO training materials at the NDMS Summit 2008, Nashville, TN.

### **B. SMART**

The SMART technique: Specific, Measurable, Achievable, Realistic and Tangible/Task Oriented.

#### **S = Simple**

Objectives should be straightforward and easy-to-read.

#### **M = Measurable**

Objectives should be specific and observable.

#### **A = Achievable**

Players must reasonably able to accomplish all objectives within the constraints of the exercise.

#### **R = Realistic**

Objectives should reflect actual goals of the community in terms of time, resources, and personnel.

#### **T = Task-Oriented**

Objectives should focus on specific operations, not wide-ranging or multi-part missions.

Note: Planners of a training event should limit the number of training objectives to enable timely execution and to facilitate design of a realistic scenario. Currently, the NDMS Program Development Branch (PDB) recommends 5 or more objectives for training.

## **C. Team Example**

A selected example of some submitted Training Objectives from a DMAT teams:

CA-6 – This request contained both the goals and objectives:

### **General Training Goals:**

- Training in 1-2 hours modules will be provided for all levels of members. Attendance of training will be confirmed by a sign in sheet.
- Training modules are specific to new members, general members, medical clinicians and those interested in specialty areas like logistics, administration and operations
- Training is provided by team members who are subject matter experts in the areas in which they teach.
- Medical Operations Training will require a sign in sheet for confirmation of attendance; skills sheet signoff, post test and evaluation. Continuing Education credits will be given where appropriate.
- Tracking of training is managed by the AO in a computer database.
- The over all goal is for new members to complete their track in 1 year, and for any team member to complete the cycle in 3 years

### **New Member Overview and Objectives**

- **Shelter Systems Overview – 1 hour** – Didactic orientation to the DMAT tents and their setup, followed by hands-on setup and teardown.

*At the end of this training, the new member will be able to demonstrate how to erect a Western Shelter with other team members*

- **Family/Employer Preparedness – 1 hour** – How to work with your employer, including USERRA coverage, when it applies, and USERRA resources; how to prepare your family for deployment, and orientation to Home Team services.

*At the end of this training, the new member will be able to understand USERRA protection and how to better explain deployment requirements and responsibilities to their employer and family*

- **Disaster Mental Health – 1 hour** – An understanding for new team members on stressors associated with deployment including; dealing with time away from home, working in an austere environment; what to expect when coming home. Includes information on mental health resources.

*At the end of this training, the new member will be able to demonstrate understanding of the stressors associated with deployment, that stress is a normal response to an abnormal situation, and how to mitigate stress with the use of positive coping mechanisms*

### **General Member**

- **Command Overview – 1 hour** – To give the team member and understanding of the command role, command structure overview, policies & procedures and rules of behavior and ethics.

*At the end of this training, the general member will be able to demonstrate understanding of the command role, structure, policies, procedures and rules of behavior and ethics*

- **Helicopter Operations (Didactic) – 1 hour** – Basic DMAT orientation to helicopter safety, LZ setup, etc. Classroom material covered.

*At the end of this training, the general member will be able to understand helicopter safety as it relates to patient evacuation in a disaster*

- **LP-12 Advanced, Part 1**

*At the end of this training, the clinician general member will be able to return demonstrate the more advanced procedures with the LP-12 including pacing and cardioversion*

#### **Safety**

- **Base camp Safety Concepts – 1 hour** – Placement of fire suppression devices (extinguishers, hand pump extinguishers, pressurized hoses, hand tools), hazardous materials (fuel, waste), carbon monoxide detectors.

*At the end of this training, the general member will be able to understand and demonstrate basic safety concepts found in a base camp including fire extinguishers, management of hazardous materials and use of carbon monoxide detectors*