## **Educational Support Matrix**

Sub-Competencies	Healthcare Facility Target Personnel		
	Awareness / All (1)	Knowledge / Operations (2)	Proficiency / Command (3)
Introduction – potential triggers, need for consistent terms and plan	Ń	V	
Definitions – timing (urgent/emergent) and types (shelter, relocate, evacuate)	$\checkmark$	$\checkmark$	$\checkmark$
Unit-based actions: • Sheltering actions • Relocation actions	Actions taken by individuals to protect patients (where to move, how to move)	$\checkmark$	$\checkmark$
Decision-making : • Sheltering • Relocation • Evacuation		Decision to shelter/relocate/evacuate a unit	Risk/benefit of all three, considerations for partial/complete facility evacuation
Incident Command	Who do you answer to?	Who do you supervise/report to?	Organizing command response and communication within facility
Inter-agency Coordination Activities			EMS, RHPC <sup>1</sup> , Other hospitals
Transportation		Interface in staging	Organization / vehicle staging
Staging		Interface unit-to-staging	Locations, supplies, staffing
Patient triage / color system	Tags / using tags	Accessing evac kits, triage process	Triage process - general
Patient records and belongings	$\checkmark$	$\checkmark$	$\checkmark$
Patient movement (relocation/staging)	Means of moving patients (including equipment education)	Internal patient transport to relocation/staging area	Organization of patient movement to staging area (By units? All at once?)
Staging: • Supplies • Staffing • Loading areas	Location of unit default staging area	Location of and role in staging area	Establishment of staging areas, supplies and locations, supervision
Facility shut-down considerations		Facility-specific (IT, security, facilities supervisors, etc.)	Situational analysis, decision-making, command/control

1 – Line personnel - self-learning packet with orientation and practice with unit leader/charge RN

2 – Unit supervisor / charge RN – 30 minute presentation, orientation to unit resources, scheduled exercises

3 – Command & general staff – administrators, nursing supervisors, directors – 60 minute presentation / discussion and 60 minute tabletop exercise Educational components above must be incorporated in facility planning and training cycles in addition to initial training.

LTC and critical access hospitals may only utilize awareness and proficiency/command levels.

<sup>1</sup> RHPC – Regional Hospital Preparedness Coordinator – 8 Healthcare Regions in Minnesota with designated RHPC.