# BP5 G1. Develop resilience for hospital CBRNE management staffing

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| **Sub-recipient name** | Independent Hospitals |
| **Deliverable number and name** | **G1.Develop resilience for hospital CBRNE management staffing** |
| **Submit deliverable to** | **dohmhcore@health.nyc.gov** |

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| **Submit what you propose to do.** | **G1.a. Develop resilience for hospital CBRNE management staffing (Proposal) | DUE DATE:** Oct 31, 2023 | **Submit to:** [dohmhcore@health.nyc.gov](mailto:dohmhcore@health.nyc.gov) | |
| **List the document(s) regarding the management of chemical spill/release emergencies upon which you are basing your chemical incident management staff resiliency proposal.**  **(Examples: your facility’s HVA, a visit from The Joint Commission, an exercise AAR, etc.)** | |
| **Describe the chemical response capability/capacity gap(s) found in the above document(s).** | |
| **Your chemical incident management staff resilience project is (select “Yes” to only one (1) below):** | |
| **Provide a chemical spill/release or safety training for at least twenty (20) staff** | Yes  No |
| **Conduct a chemical incident risk assessment** | Yes  No |
| **At least one (1) staff person will complete FEMA or HHS-approved training (see examples provided in separate document) or other DOHMH-approved training** | Yes  No |
| **At least one (1) staff person will obtain/renew memberships for chemical safety associations/organizations** | Yes  No |

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| **Submit final documents.** | **G1.b. Develop resilience for hospital CBRNE management staffing (Documentation) | DUE DATE:** June 3, 2024 | **Submit to:** [dohmhcore@health.nyc.gov](mailto:dohmhcore@health.nyc.gov) |
| Submit either:  Proof of attendance (e.g., certificates of completion, sign-in sheet/participant roster, or EPC attestation) for training Or Proof of membership/credential due in the final performance period of the contract.  **Proof must match proposed activities.** |