

National Biodefense Science Board (NBSB) – *Collection of recommendations related to disaster training for the health workforce, 2019-2021*

Published Report Title ^a	Publication Date	Serial Number ^b	Recommendation Group ^c	Recommendation
Recommendations for the 2023-2026 National Health Security Strategy	Dec 2021	3	Establishing a national investment strategy for the public health and medical emergency response workforces	Conduct a comprehensive assessment of the public health and medical emergency response workforces and establish an investment plan that modernizes and stabilizes the national human resource capacity for health emergency response.
Filling Critical Gaps: Comprehensive Recommendations from the NBSB	May 2021	3e	Enhancement of Medical Countermeasures Development, Domestic Manufacturing, and National Supply Chain	Increase federal funding for appropriate laboratory facilities, programs, training, and field work to increase the understanding of the natural history of zoonotic infectious diseases.
Filling Critical Gaps: Comprehensive Recommendations from the NBSB	May 2021	4a	Health Workforce Readiness and Resilience	Coordinate among key professional groups and stakeholders to ensure that every health worker in the United States receives training in disaster preparedness and the principles of effective emergency response, including (among other topics) epidemic infection control and use of personal protective equipment for high-risk infectious diseases.
Filling Critical Gaps: Comprehensive Recommendations from the NBSB	May 2021	4b	Health Workforce Readiness and Resilience	Promote and coordinate development of standardized curricula for health professionals (appropriate to their most likely role during a public health emergency) and promote disaster preparedness, response, and recovery education and accreditation in undergraduate and graduate health and public health programs.

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Filling Critical Gaps: Comprehensive Recommendations from the NBSB	May 2021	4c	Health Workforce Readiness and Resilience	Expand the absolute number of infectious disease specialists who are ready to support an emergency response by increasing training and employment activities, incentives, and funding, as well as by supporting income opportunities that attract pre-professionals to the field.
Integrating Clinical Disaster Response Training with Community and State Based Emergency Planning	May 2020	1	-	Include public health professionals, medical practitioners, and emergency management representatives in the training of clinicians and cover specific content about how clinicians can function effectively within the public health response to disasters.
Integrating Clinical Disaster Response Training with Community and State Based Emergency Planning	May 2020	4	-	Strengthen engagements with health system leaders, communicate return on investment from emergency preparedness programs at the facility level, and establish incentives where needed to ensure that front-line practitioners are involved in preparedness activities and receive the training needed to provide skilled care during a disaster.
Integrating Clinical Disaster Response Training with Community and State Based Emergency Planning	May 2020	5	-	Address ongoing gaps identified through joint exercises...of disaster events, provide reimbursement for joint simulations of disaster events to heighten awareness, and provide follow up support at the local, regional, and national levels to address such gaps [as identified through joint exercises of disaster events, with an emphasis on patient populations with special needs and vulnerabilities.

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Integrating Clinical Disaster Response Training with Community and State Based Emergency Planning	May 2020	6	-	Provide "Just-in-Time" Training. National "Just-in-Time" Training opportunities, tools, and reference materials- combined with capacities for remote consultation- should be made available to coalitions from ASPR and allied HHS organizations.
Integrating Clinical Disaster Response Training with Community and State Based Emergency Planning	May 2020	10	-	Formalize, organize, and promote disaster medicine as a specialty.
Recommendations from the National Biodefense Science Board	Sep 2019	4a	Community-based providers should also be prepared to serve as "first responders" during a protracted disaster while resuming and maintaining usual care functions.	Community-based providers should be provided with CE and JIT training [personal wellbeing] ; ready access to PPE and associated training/drills; ready access to MCMs including pre-exposure vaccination; personal and professional practice preparedness plans, such as contingency plans for healthcare providers' family and pets; support systems for families while practitioners are "deployed" during a disaster.

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Recommendations from the National Biodefense Science Board	Sep 2019	4b	Community-based providers should also be prepared to serve as "first responders" during a protracted disaster while resuming and maintaining usual care functions.	Community-based providers should be provided with CE and JIT training [unique needs of vulnerable populations] ; exercises and drills to promote skills, team trust-building, and competence; certification and other means to recognize additional training/competency; knowledge and dissemination of local, regional, and national resources for information and support; and incentives that link preparedness to reduction in cost for medical liability coverage, practice insurance, or maintenance of certification.
Recommendations from the National Biodefense Science Board	Sep 2019	4c	Community-based providers should also be prepared to serve as "first responders" during a protracted disaster while resuming and maintaining usual care functions.	Community-based providers should be provided with continuity of operations plans ; local, regional, and national resources for support; disaster and crisis modifiers for health insurance reimbursement and other payment means to temporarily increase practice reimbursement during disaster; MOU and licensure and/or insurance coverage modification in disasters to temporarily increase workforce and improve surge capacity; and mechanisms to be reimbursed for "lost productivity" during participation in selected training/drills/exercises.
Recommendations from the National Biodefense Science Board	Sep 2019	5a	What are possible topics for ongoing research to help with the NDMS?	There need to be subject matter experts designated to assist during disasters, either available locally or remotely through consultative services or active deployment during the disaster.

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Recommendations from the National Biodefense Science Board	Sep 2019	5c	Specialists related to disaster medicine fields are invaluable and should be promoted.	The number and distribution of disaster specialists should be considered more in terms of "availability and access" than "physical presence" within a facility as persons with such training may be hard to sustain within different communities based on population size, cost, and ability to attract such persons.
Recommendations from the National Biodefense Science Board	Sep 2019	5d	Specialists related to disaster medicine fields are invaluable and should be promoted.	There should be redundancy and backup for the possibility of systems failures (e.g., cell phones going down) that clearly delineate how SMEs who are only remotely available can be activated quickly.
Recommendations from the National Biodefense Science Board	Sep 2019	5e	Specialists related to disaster medicine fields are invaluable and should be promoted.	Establish and incentivize certification for Disaster Medicine SMEs.

^a The first entry for each report is hyperlinked to the ASPR website and the full report.

^b Some number/letter combinations have been assigned for administrative recordkeeping and do not necessarily appear in the published report.

^c Some groups were created for administrative recordkeeping and do not necessarily appear in the published report.