The Oklahoma State Department of Health (OSDH) & Oklahoma State University
College of Engineering, Architecture & Technology (CEAT)
Professional Development Department
Present

2017 HAZWOPER for First Receivers Certification/Recertification Program

PLEASE READ THROUGH THIS GUIDE THOROUGHLY

The Oklahoma State Department of Health (OSDH) now requires a consistent certification/recertification training program for all Health Care Facilities (HCF) in Oklahoma that are participating in the Assistant Secretary for Preparedness and Response (ASPR) grant. The program is funded by the U.S. Department of Health and Human Services, Assistant Secretary for Preparedness and Response, Hospital Preparedness Program Cooperative Agreement. This program emphasizes adherence to the January 2005 Occupational Safety and Health Administration (OSHA) release of the “Best Practices for Hospital-Based First Receivers of Victims from Mass Casualty Incidents Involving the Release of Hazardous Substances”. Please note that in order for the state to incur the costs of your facility’s training, the training included in this program must be completed by the end of this ASPR fiscal year, June 30, 2017.

Oklahoma State University (OSU) CEAT Professional Development Department has produced a course in conjunction with the Oklahoma State Department of Health (OSDH) titled “HAZWOPER for First Receivers Certification/Recertification Program.” This course meets and/or exceeds the requirements and guidelines of OSHA, the National Institute for Occupational Safety and Health (NIOSH), the Environmental Protection Agency (EPA), and the Centers for Disease Control (CDC). This program is a state-wide recognized program. If a participant leaves the employment of one facility within the state for employment with another facility, the participant’s qualifications will be maintained. The current employer is then responsible for training on conditions unique to their facility.

Under this contract OSU CEAT Professional Development agrees to meet the applicable portion of FERPA (Family Educational Rights and Privacy Act: 34 CFR Section 99). Necessary recordkeeping regarding FERPA is included in this training. In order to meet the Federal Privacy requirements, all participants must complete a training records release form to give CEAT Professional Development permission to release their exam scores to OSDH and the employer. The form (page 16 of this guide and page 1 of the exam), containing an original signature, must be submitted to CEAT Professional Development with the participant’s completed exam to get full credit for the training.

It remains the employer (HCF) responsibility that employee qualifications meet OSHA medical requirements under both HAZWOPER 29 CFR 1910.120 and Respiratory Protection 29 CFR 1910.134 (included on the enclosed HCF CD), and to keep accurate employee medical and training records.
Each **Health Care Facility** (HCF) must select an HCF Contact to interact with the OSU CEAT Professional Development Department with regard to this program. The appointed contact will need to follow the directions below to ensure a successful program administration.

This individual is also considered as the **Program Manager** of the program for their HCF and must follow the directions for the Program Manager’s Program. There can be others from the same facility that participate in the Program Manager’s Program, but each HCF requires at least 1 Program Manager.

There are four (4) mandatory actions which must be completed by the HCF Contact to begin the 2017 training program:

1. **Destroy all 2016 (Version 6.0) CDs, DVDs, Exams, and Announcement Letter.** 2016 Exams are not being accepted as of September 30, 2016.

2. Confirm complete contents of this packet including:
   - This Announcement Letter/Guide: **Read Thoroughly**
   - 1 copy  CD: Health Care Facility Contact’s Guide for “HAZWOPER for First Receivers” Version 7.0
   - 1 copy  Training DVD: “HAZWOPER for First Receivers” Version 7.0
   - 4 copies  *Updated* 2016 Emergency Response Guide

3. The HCF Contact should read this Announcement Letter/Guide to become familiar with how the program is set up. This will allow the HCF to most efficiently certify selected employees through this State sponsored program that is under contract through June 30, 2017.

4. Attend one of the two (2) Program Manager’s Classes offered.
   - February 9, 2017- Integris Cancer Institute of Oklahoma, Oklahoma City
   - February 16, 2017- St. John Medical Office Building, Broken Arrow, OK

5. *Complete and fax the 2017 Hospital HCF Contact Verification Form* (page 4) to OSU CEAT Professional Development, Amber Coker. (FAX: 405-744-8802)

6. **Following proctoring guidelines stated on (page 17). Complete and fax the 2017 Proctor Agreement (page 21) to OSU CEAT Professional Development, Amber Coker. (FAX: 405-744-8802)

*Note:* Even though you may have already filled out a contact form and we have one on file, due to constant personnel changes with both OSU and HCFs, we are requiring this form to be filled out each year so that we can verify the current contact and information for each facility.

**Note:** Each person taking an exam for certification is **REQUIRED** to view training modules before taking exam (not only to aide them with exam) but also the videos include donning and doffing and PPE essentials that need to be watched prior to taking hands-on training class.

***Note:** An Operations Level Exam is **REQUIRED** at least 3 Weeks prior to taking a hands-on training class. Exam and Hands-on training class is **REQUIRED** for certification. You can register individuals anytime, seats fill quickly so register and get your seat(s) reserved.
HAZWOPER for First Receivers Certification/Recertification Program

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2017 HOSPITAL HCF CONTACT VERIFICATION FORM

Please print legibly or type

Healthcare Facility/HCF Contact: ____________________________________________________________

First Middle Last Title

Hospital: ________________________________________________________________

Address: ________________________________________________________________

City State Zip

Phone: __________________________ Fax: __________________________

E-mail: ______________________________________________________________________

I, ______________________________, have received the “HAZWOPER for First Receivers” packet and understand that I am to ensure that exam information is to remain confidential and information about exam questions and answers shall not be copied or shared with anyone. Hard copies of the exams are to be stored securely, made available to those taking the exam, and then returned back to secured storage or shredded or disposed of properly. I understand that the Training modules is copyrighted to Oklahoma State University Board of Regents and cannot be reproduced, although reproduction of hard copies of the exam as well as Adobe file “Additional Documents” training study materials are allowed. I understand that I am responsible for the training materials. By signing below I agree I have read and understood the following items:

1) It is understood that under the OSHA Standards medical evaluations are required of employees to attest of physical fitness prior to wearing Personal Protective Equipment (PPE). Oklahoma State University, the Oklahoma State Board of Regents, and the Oklahoma State Department of Health assume no responsibility that these standards are met. It is the HCF’s responsibility to ensure those participating in the Hands-On training are medically fit to do so.

2) The protocols and practices presented in this program are representative of current standards at the time of production and may change as new information becomes available.

3) Successful completion of this course does not insure continued competency in the subject matter. According to 29 CFR OSHA 1910, it is the employer’s responsibility to provide an environment where employees can maintain and be evaluated on their competency. Annual Refresher Training will help maintain a competency level commensurate with the intent of the OSHA HAZWOPER Standard.

4) It remains the employer (HCF) responsibility that employees designated to wear PPE prescribed by “Best Practices” meet OSHA medical requirements under both HAZWOPER 29 CFR 1910.120 and Respiratory Protection 29 CFR 1910.134 and to keep accurate employee medical and training records.

Estimated number to be trained to “Awareness” ________  Estimated number to be trained to “Operations” ________

Signed __________________________ Date ________________

Please complete and return to: OSU CEAT Professional Development
Hospital First Receiver Program
1812 Tyler Avenue
Stillwater, OK 74078
Phone: (405) 744-9226
Fax: (405) 744-8802
HAZWOPER for First Receivers Certification/Recertification Program

Program Description

This certification training will bring selected hospital employees to either the OSHA HAZWOPER “Awareness Level” or “Operations Level” of training. It also includes a “Program Manager Program” The enclosed Training DVD is used in both the “Awareness Level” and “Operations Level” training, as well as includes the Program Manager modules. An additional four (4) hours of Hands-On training is required for the “Operations Level” Certification to provide the training necessary to properly use the equipment associated with the OSDH ASPR grant and meet the OSHA HAZWOPER and Respiratory Protection Standards and to demonstrate competency while using the equipment.

*Note: Everything included on the Training DVD is also available for viewing & printing on our website:
- **Website:** http://ceatpd.okstate.edu/hospital-hazwoper
- **Training Modules** – link on the left side of screen
- **Login:** okstatehcf - lowercase
- **Password:** hazwoper - lowercase

This “HAZWOPER for First Receivers Certification” program has three training pathway options to train designated employees to the desired level of competency based on their roles and responsibilities:

1. **“Program Manager” First Receiver Training:**
   
   Step 1: Complete Program Manager Modules of the 2017 Version 7.0 Training DVD.
   
   Step 2: Register and attend a Program Manager’s Class.
   
   Step 3: Participate in at least 2 of the 4 Program Manager Webinar(s).
   
   **Program Managers are not REQUIRED to be certified at Awareness or Operations Level but it is HIGHLY RECOMMENDED that any program manager be certified in one of the other program pathway options.**

2. **“Awareness Level” First Receiver Training:**
   
   Step 1: Complete Modules 1-6 “Awareness Level” of the 2017 Version 7.0 Training DVD followed by “Awareness Level” Exam proctored by the HCF contact (following proctor guidelines – Pg. 17).

3. **“Operations Level” First Receiver Training:**
   
   Step 1: Complete Modules 1-16 (Excludes Module 14-15) “Operations Level” of the 2017 Version 7.0 Training DVD followed by “Operations Level” Exam proctored by the HCF contact (following proctor guidelines – Pg. 17).
   
   Step 2: Once HCF employee has passed “Operations Level” Exam, employee must successfully participate in an OSU-CEAT presented four (4) hour Hands-On training class.
   
   - 2017 Training dates can be found on the 2017 Health Care Facility Contact CD.
   - Register for an OSU-CEAT presented Hands-On training class. Registration form can be found on the 2017 Health Care Facility Contact CD, as well as page 22 in this guide.
For Recertification:

1. **Awareness Level First Receiver Recertification**

   Complete the “Awareness Level” Refresher training included in the 2017 Version 7.0 Training DVD followed by the 2017 Awareness Level Refresher Exam proctored by the HCF contact (following proctor guidelines – Pg. 17).

2. **Operations Level First Receiver Recertification**

   *Step 1: Register and successfully participate in an OSU-CEAT presented four (4) hour Hands-On training class.
   - 2017 Training dates and Registration form can be found on page 22 of this guide and on the 2017 Health Care Facility Contact CD.
Documents to be Printed and/or Viewed by HCF Contact

FROM THE TRAINING DVD OR WEBSITE

Under “Course Module Handouts”, print one hard copy of each of the following for each participant:

- “Program Manager” Handouts (Distributed to the contact as well as anybody interested in being involved with help in managing the First Receiver Training Program.)
- “Awareness Level” Handouts (Distributed to “Awareness Level” Participants only)
- “Awareness Level” Refresher Handouts (Distributed to “Awareness Level” Refresher Participants only)
- “Operations Level” Handouts (Distributed to “Operations Level” Participants only)
- Hazard Terms and Definitions (Distributed to All Participants)

Copies should be distributed to the respective participants in conjunction with viewing the associated course modules. Most exam questions come directly from the handouts. Certain terms and definitions have been left blank intentionally and should be filled in by the viewer as they are watching the modules.

FROM THE HEALTH CARE FACILITY CONTACT CD

Under “Exams,” print the exams to be administered by Proctor. Exam information is treated as confidential and to be stored securely.

- “Awareness Level Exam”
- “Awareness Refresher Exam”
- “Operations Level Exam”

Under “Additional Documents and Online Resources”, please review and become familiar with the following regulations, guidelines, and resources. Although this information is not required to pass either exam, these documents will be useful to the HCF Contact for the administration of the First Receiver Program:

- OSHA Best Practices for Hospital-Based First Receivers of Victims from Mass Casualty Incidents Involving the Release of Hazardous Substances - Should be reviewed and used to develop standard operating procedures and team selection. This is the base document for this training.
- Conditions Necessary for Hospitals to rely on PPE provided by OSHA Tables 1, 2, and 3
- U.S. Department of Labor, Hazardous Waste Operations and Emergency Response - 1910.120 - This is a link to the OSHA HAZWOPER Standard. You must be connected to the internet for this link to work.
- CDC – This is a link to the CDC Agent Website. You must be connected to the internet for this link to work.
- FEMA – Implementation Guidance and Reporting (NIMS and NIMS compliance)
- Link for Additional copies (printed and electronic) of the 2016 DOT Emergency Response Guidebook

Under “Forms,” review and print the following forms. Although some of these are non-mandatory, they can be of value for use with your First Receiver’s Decontamination team:

- Announcement Letter/Guide - If additional copies of the forms contained in this letter are needed, they may be accessed by reprinting this Announcement Letter/Guide found on the Health Care Facility Contact CD.
- 2017 Training Records Release Form
- 2017 Hospital HCF Contact Verification Form
- 2017 Training dates and four (4) hour Hands-On training Registration sheet/form
- 2017 Listserv Sign Up Form
- 2017 Proctor Agreement Form
- 2017 Program Manager Training Registration Form
- HICS Forms and Instructions
- Hazardous Material Data Sheet
- Hazardous Materials Decontamination Team, Team Personnel Medical Evaluation
- Donning and Doffing Instructions for 3M
- Donning and Doffing Instructions for Bullard
- ICS Job Description list
- Radiation Survey for Decontaminating Victims
PROGRAM MANAGER TRAINING DETAILS

PROGRAM MANAGER TRAINING

This training program focuses on preparing individuals (including hospital administrators and management) in the setup and administration of hospital decontamination teams including:

- Developing and sustaining a healthcare facility decontamination preparedness program
- Equipment issues and maintenance
- Emergency decontamination procedures and proficiency
- Incident Command System topics in accordance with NIMS
- Emerging issues and topics regarding preparedness
- Running/Managing HAZWOPER for First Receiver Certification/Recertification Program

Table-top scenarios are also used in the class to challenge preparedness levels and to enhance functional skills development.

The HCF is normally appointed as the Program Manager, but others involved with the Decontamination team are recommended to go through the Program Manager’s Program. Anyone participating in the Program Manager’s Program is recommended to be involved at the other levels/pathways of training.

Each HCF requires at least one HCF and one Program Manager which can be the same individual.

“Program Manager” training procedure:

1) HCF and any other selected employees shall view the Program Manager Modules.
2) Register and attend 1 of the 2 Program Manager Classes being offered
   o February 9, 2017- Integris Cancer Institute of Oklahoma, Oklahoma City
   o February 16, 2017- St. John Medical Office Building, Broken Arrow, OK
3) Participate in at least 2 of the 4 Program Manager Webinar(s).
AWARENESS LEVEL CERTIFICATION DETAILS

AWARENESS LEVEL FIRST RECEIVER TRAINING

First Receiver Awareness Level Training is required for those employees who work in the contaminant-free Hospital Post-Decontamination Zone, but might be in a position to identify a contaminated victim who arrives unannounced. This group includes ED clinicians, ED clerks, and ED triage staff who would be responsible for notifying hospital authorities of the arrival, but would not reasonably be anticipated to have contact with the contaminated victims, their belongings, equipment or waste. This group also includes decontamination system set-up crew members and patient tracking clerks, if their roles do not put them in contact with contaminated victims, their belongings, equipment, or waste (e.g., setting up the decontamination system before victims arrive, or tracking patients from a location outside of the decontamination zone). First Receiver Awareness Level Training also is required for hospital security guards who work away from the Hospital Decontamination Zone, but who may be involved tangentially in a mass casualty event (specifically, those security personnel who would not reasonably be anticipated to come in contact with contaminated victims, their belongings, equipment or waste). See specifics in OSHA’s Best Practices, Table 4, Training for First Receivers.

“Awareness Level” training procedure:

1) HCF selected employees shall view the 2017 training modules 1-6 prior to examination.

“Awareness Level” employees should also be provided the following documents for study:
- “Awareness Level” Handouts
- Hazard Terms and Definitions
- 2016 Emergency Response Guide Book

2) Complete the “Training Records Release Form”. (Page 16)
3) Take the “Awareness Level” exam in presence of HCF Proctor. The “Awareness Level” exam requires a copy of the “2016 Emergency Response Guidebook”. No other materials are allowed during the exam.
4) HCF Proctor signs each exam answer sheet and mails to OSU CEAT Professional Development for grading. (Faxed copies will not be accepted.)
5) OSU will notify the HCF Contact of exam results:
   a. OSU certificate and wallet card will be sent to HCF Contact for record keeping and distribution to employees who pass the exam.
   b. Retest process may be initiated if exam is failed.

A proctor must be provided by the participating HCF during any exam session. The Proctor must maintain exam security. Each completed exam answer sheet is to be signed by the proctor and mailed to CEAT Professional Development for grading. A Proctor Agreement Form (Page 21) should be filled out and returned to OSU.

If the exam is failed, a separate exam used for retest only will be sent to the HCF Contact along with the notice of failure. HCF employees have two (2) attempts (original plus one retest) to successfully complete the exam at no cost. If a third or subsequent tests are necessary, the HCF will be charged $25 per attempt.
**First Receiver Awareness Level Training**

Hospital Receives the Training Package.

Hospital HCF Contact form (pg. 4) is filled out and returned to OSU CEAT Professional Development.

Hospital employees selected for “Awareness Level” training watch/review Modules 1 through 6 of the training DVD. Employees needing recertification watch/review “Awareness Level” Refresher Modules on the training DVD.

Each employee completes the Training Records Release Form (pg. 16). The proctor mails original form to OSU CEAT Professional Development with completed exams.

An HCF qualified Proctor will proctor the exams and send the exams and Proctor Agreement Form (pg. 21) to OSU.

Exams are graded and recorded by OSU CEAT Professional Development.

An OSU certificate of completion and a wallet card are sent to the hospital HCF Contact for record keeping and to be awarded to the employee.

A reminder of the upcoming need for recertification will be sent to the hospital HCF Contact approximately two (2) months before the recertification is due.

Additional DVDs are available from OSU for $25 each.

Training is also available on website.

The charge for retesting will be $25 on third and subsequent attempts.

Notice of requirement to retest is sent to the hospital HCF Contact.

Hospital HCF Contact form (pg. 4) is filled out and returned to OSU CEAT Professional Development.

Each employee completes the Training Records Release Form (pg. 16). The proctor mails original form to OSU CEAT Professional Development with completed exams.

An HCF qualified Proctor will proctor the exams and send the exams and Proctor Agreement Form (pg. 21) to OSU.

Exams are graded and recorded by OSU CEAT Professional Development.

An OSU certificate of completion and a wallet card are sent to the hospital HCF Contact for record keeping and to be awarded to the employee.

A reminder of the upcoming need for recertification will be sent to the hospital HCF Contact approximately two (2) months before the recertification is due.

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OPERATIONS LEVEL CERTIFICATION DETAILS

OPERATION LEVEL FIRST RECEIVER TRAINING

First Receivers Operations Level training is required for all employees who may participate or have designated roles inside the Hospital Decontamination Zone. The Hospital Decontamination Zone includes any areas where the type and quantity of hazardous substance is unknown and where contaminated victims, equipment, or waste may be present. It is reasonably anticipated that employees in this zone might have exposure to contaminated victims, their belongings, equipment or waste. This zone includes, but is not limited to, places where initial triage and/or medical stabilization of possibly contaminated victims occur, pre-decontamination waiting (staging) areas for victims, the actual decontamination area, and the post decontamination victim inspection area. The group of personnel that should be trained to the Operations Level include, but is not limited to, the decontamination team staff, including inspectors, clinicians, physicians, nurses, nurse practitioners, and/or physician’s assistants who will triage and /or stabilize victims prior to decontamination. This also includes security staff involved in crowd control and those controlling access to the emergency department, initial decontamination set-up crew, and patient tracking clerks working in the Hospital Decontamination Zone.

“Operations Level” training procedures:

1) HCF selected employees shall view the 2017 training modules 1-16 (Excludes 14-15) prior to examination.
   “Operations Level” employees should be provided the following documents for study:
   • Operation Level Handouts
   • Hazard Terms and Definitions
   • 2016 Emergency Response Guide Book
   • 29 CFR

2) Complete Training Records Release Form (pg. 16). Proctor mails original to OSU CEAT Professional Development with the exams.

3) Take the “Operations Level” exam in presence of HCF Proctor.
   The “Operations Level” exam requires a copy of the 2016 Emergency Response Guidebook. No other materials are allowed during the exam.

4) HCF Proctor signs each exam answer sheet and mails to OSU CEAT Professional Development for grading.

5) OSU will notify HCF Contact of exam results:
   a. Upon satisfactory completion of the “Operations” exam, the HCF Contact will be notified that the employee is eligible to attend the required second component of training, the 4 Hour Hands-On training class.
   b. Register for a class using the registration form found on page 22 and the Health Care Facility Contact CD.
   c. Retest process may be initiated if exam is failed.

A proctor must be provided by the participating HCF during any exam. The Proctor must maintain exam security. Each completed exam answer sheet is to be signed by the Proctor and mailed to CEAT Professional Development for grading. A Proctor Agreement Form (Page 19) should be filled out and returned to OSU if one is not on file.

If the exam is failed, a separate exam used for retest only will be sent to the HCF Contact along with the notice of failure. HCF employees have two (2) attempts to successfully complete the exam at no cost. If a third or subsequent tests are necessary, the HCF will be charged $25 per attempt.
OPERATIONS LEVEL FIRST RECEIVER HANDS-ON TRAINING

A total of 35 Hands-On training class sessions will be held at different sites within Oklahoma. Each Hands-On training class will be four (4) hours in length and will be hosted by a local HCF as arranged by the OSDH and OSU. Every HCF Contact will have been informed of the Hands-On training schedule, included on the Health Care Facility Contact CD, for the year to allow registration of those employees who have passed the “Operations Level” exam.

During a Hands-On training day, two (2) separate courses will be held each day, between 8:00am - noon and the other from 1:00pm - 5:00pm, unless otherwise indicated on our training calendar. Each Hands-On training class has components that provide training in the skills required by the OSDH and OSHA. The Hands-On training class will contain a minimum of one (1) realistic scenario designed to evaluate the First Receiver’s ability to properly react and respond to an emergency.

Employees who have passed the “Operations Level” exam are not allowed to register themselves into a Hands-On training class - the registration must be scheduled by the HCF Contact. The Hands-On training registration form is on page 22 and included on the Health Care Facility Contact CD. Note the medical warning that follows:

**NOTE: Under the OSHA Standards, medical evaluations are required of employees to attest of physical fitness prior to wearing Personal Protective Equipment (PPE). This is the HCF’s responsibility in selecting and pre-qualifying employees for Operations Level training.**

Upon successful completion of the Hands-On training class; a picture ID wallet card and certificate will be sent to the HCF Contact for internal record keeping and for distribution to the employee.

MAXIMUM HANDS-ON CLASS SIZE

There will be a maximum class size of fifteen (15) people for each four (4) hour Hands-On training class to meet OSHA regulations per Training Curriculum Guidelines (29 CFR 1910.120 Appendix E).

**Please register for a hands-on training class as soon as possible to assure a spot. Completed Exams are required at least 3 weeks prior to the start of the scheduled hands-on training class. If we do not have an Operations Level exam for registrant, that spot will be dropped and given to another.**
Hospital Receives the Training Package.

Hospital HCF Contact Form (pg. 4) is filled out and returned to OSU CEAT Professional Development.

Hospital employees selected for “Operations Level” training review modules 1 through 16 (ex 14-15) of the training DVD.

Complete Training Records Release Form (pg. 16). Proctor mails original to OSU CEAT Professional Development with exams.

An HCF qualified Proctor will proctor the exam and send the exams (and Proctor Agreement (pg. 21) if one is not on file) to OSU.

Exams are graded and recorded by OSU CEAT Professional Development.

The charge for retesting will be $25 on third and subsequent attempts.

Notice of requirement to retest is sent to the HCF Contact.

Notification of eligibility to take the Hands-On training class is sent to the HCF Contact.

The HCF Contact registers selected employee for Hands-On training class.

Employee attends Hands-On Training Class.

Upon satisfactory course completion, an OSU certificate and a wallet card with Picture ID is sent to the HCF Contact for record keeping and to be awarded to the employee.

A reminder of the upcoming need for recertification will be sent to the HCF Contact approximately two (2) months before recertification is due. A separate reminder card will also be sent to the employee’s address of record.

Additional DVDs are available from OSU for $25 each.

Training is available on Website.

Hospital employees selected for “Operations Level” training review modules 1 through 16 (ex 14-15) of the training DVD.

Employee attends Hands-On Training Class.

Upon satisfactory course completion, an OSU certificate and a wallet card with Picture ID is sent to the HCF Contact for record keeping and to be awarded to the employee.

A reminder of the upcoming need for recertification will be sent to the HCF Contact approximately two (2) months before recertification is due. A separate reminder card will also be sent to the employee’s address of record.

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ANNUAL RECERTIFICATION GUIDELINES

AWARENESS LEVEL FIRST RECEIVER RECERTIFICATION

Annual “Awareness Level” recertification is required by law in accordance with OSHA 29 CFR 1910.120 and is necessary to maintain the knowledge and skill competencies of “Awareness Level” team members. OSU CEAT Professional Development will send a refresher reminder to the HCF Contact approximately two months before employee recertification is due. “Awareness Level” refresher training will be by updated DVD/web training and written examination only as no Hands-On training class is required.

“Awareness Level” RECERTIFICATION procedure is the same as the Certification Procedure. You should follow the “Awareness Level Certification Details” located on pages 7-8 for recertification. *Note: The only difference is that the Awareness Level Refresher Modules need to be reviewed and the refresher exam taken.

OPERATIONS LEVEL FIRST RECEIVER RECERTIFICATION

After a hospital employee is certified at “Operations Level,” annual recertification is required by law in accordance with OSHA 29 CFR 1910.120 to maintain the knowledge and skill competencies. Approximately two (2) months before recertification is due, OSU CEAT Professional Development will notify the HCF Contact of the need for recertification of “Operations Level” employees, as well as attempt to send refresher reminder cards to the “Operations Level” employee’s address of record. Refresher training will be completed through participation in a four (4) hour Hands-on training class which satisfies Federal Regulations for First Receiver Operations Level refresher recertification.

As before, registration for the Hands-On training class for refresher training must be scheduled by the HCF Contact. It is recommended that the HCF Contact register these Operations Level employees as soon as possible due to limited enrollment vacancies for the 35 courses that will be offered by June 30, 2017.

• Note: Make sure all recertification participants register for a live hands-on training class as quick as possible to assure a seat.
HCF ADMINISTRATION OF TRAINING AND EXAMS

There are separate exams for the “Awareness Level”, “Operations Level” and “Awareness Level Refresher”. The HCF must provide a proctor during exams. A 2017 Proctor Agreement Form must be on file at OSU CEAT Professional Development for each proctor. The Proctor Agreement Form is located on page 21. (Additional Proctor Agreement Forms may be printed from the Health Care Facility Contact CD/Forms/Announcement Letter/Guide).

Proctor guidelines for Proctoring Exams are found on page 17.

Under this contract CEAT Professional Development agrees to meet the applicable portions of FERPA (Family Education Rights and Privacy Act: 34 CFR Section 99). Necessary recordkeeping regarding FERPA is included in this training. In order to meet the Federal Privacy requirements, all participants must complete a release form to give CEAT Professional Development permission to release their exam scores to OSDH and the employer. The form (page 1 of the exam and page 16 of this guide), containing an original signature, must be submitted to CEAT Professional Development prior to the participant taking the exam.

Each exam answer sheet must be signed by the proctor and mailed to OSU CEAT Professional Development for grading. (Faxed copies will not be accepted.)

The “Awareness Level” Exam requires use of the 2016 Emergency Response Guidebook (ERG) during the exam. Copies of the 2016 ERG have been provided to the hospital in this package. No other materials are permitted.

The “Awareness Level” Refresher Exam requires use of the 2016 Emergency Response Guidebook (ERG) during the exam. Copies of the 2016 ERG have been provided to the hospital in this package. No other materials are permitted.

The “Operations Level” Exam requires a copy of the 2016 Emergency Response Guidebook (ERG) during the exam. Copies of the 2016 ERG have been provided to the hospital in this package. No other materials are permitted.

The exam answer sheets (scantron sheets) will be sent to the HCF Contact upon OSU’s receipt of the HCF Contact Verification Form with the estimated number of employees to be trained to each level.

If additional training DVDs are needed by a HCF they are available through CEAT Professional Development for a fee of $25 each (including shipping and handling). This fee is at the expense of the HCF and can be paid by credit card, check, or billed to the hospital.
Training Records Release Form

The Oklahoma State Department of Health is the agency that oversees this statewide certification program and your employer needs copies of training records in order to meet the applicable OSHA standards. Please fill out the form completely and return this form to OSU Professional Development, 1812 Tyler Avenue, Stillwater, OK 74078 before class begins or before examinations are administered.

I, the undersigned individual, do allow and request OSU Professional Development to send my training records to both my employer as listed below and the Oklahoma State Department of Health.

Student Full Legal Name: ___________________________________________________________

Student e-mail address: _____________________________________________________________

Name of Employer: _______________________________________________________________

Phone Number: __________________________________________________________________

Fax Number: ____________________________________________________________________

Employer Address: __________________________________________________________________

Employer City: ________________ State: _____ Zip: __________

By signing below, I understand that I am complying with the terms listed above and it is necessary to comply before I am allowed to attend training or complete any examinations.

Student’s Signature: _______________________________________________ Date: __________

2017 Version

Announcement/Guide pg. 16
Proctor Guidelines for Proctoring Exams

1) A 2017 Proctor Agreement form for each proctor must be on file at OSU CEAT Professional Development. Complete & fax the 2017 Proctor Agreement Form on page 21 to: (405) 744-8802.

2) The Proctor must have each participating employee complete a Training Records Release Form prior to taking any course or examination.

3) The Proctor must verify that each employee taking the exam reviewed the entire set of required DVD modules necessary for their respective exam:
   - “Awareness Level”: Modules 1 through 6
   - “Awareness Level” Refresher training modules 1-6
   - “Operations Level”: Modules 1 through 16 (Excludes 14-15)

4) The Proctor must be sure that each examinee has the additional reference resources for use during the exam:

5) No other materials are permitted. Exams are confidential and information about exam questions and answers shall not be copied or shared with anyone. Hard copies of the exams are to be stored securely, made available to those taking the exam, and then returned back to secured storage or shredded or disposed of properly. Those taking the exam are not allowed to retain a copy of the exam or copy questions or answers.

6) Answers MUST be marked using a #2 pencil on the Scantron answer sheets provided. If a previous answer is erased, make sure the erasure is complete and clean and the new desired answer is clearly indicated. Time limit is 90 minutes. The Proctor should verify that all answers have been selected.

7) Filling out Scantron answer sheet for “Awareness Level”, “Operations Level” or “Awareness Level Refresher” Exams
   - Part-1 side: Have the person taking the exam:
     ◆ In “NAME” field print the exam name they are taking: “Awareness”, “Operations” or “Awareness Refresher”
     ◆ In “TEST NO.” field print the exam code found at the beginning at the exam.
     ◆ In “DATE” field enter date
   - Part-2 side: Have the person taking the exam PRINT the following information in the four (4) shaded line areas:
     ◆ Their FULL name
     ◆ Hospital employer name
     ◆ Name of HCF Contact for this program
     ◆ Proctor printed name and signature required on each Scantron answer sheet
   See sample Scantron answer sheet on pages 18-20

8) The Proctor mails Scantron answer sheets and original copy of Training Records Release Form to:
   OSU CEAT Professional Development
   Hospital First Receiver Program – HCF Examinations
   1812 Tyler Avenue
   Stillwater, OK 74078-0532
2017 PROCTOR AGREEMENT:
AWARENESS & OPERATIONS LEVEL EXAMS
OKLAHOMA STATE UNIVERSITY

Please complete and return this Proctor Agreement form via FAX to:
Attn: Amber Coker
Fax: (405) 744-8802

PLEASE PRINT LEGIBLY OR TYPE:

Hospital: ________________________________

Location: ________________________________

The proctor must have already passed the exam for which they are proctoring or shall not be scheduled to take the exam within one year.

I understand that I am to ensure that exams are confidential, and information about exam questions and answers shall not be copied or shared with anyone. Hard copies of the exams are to be stored securely, made available to those taking the exam, and then returned back to secured storage or shredded or disposed of properly. Those taking the exam are not allowed to keep a copy of the exam or copy questions or answers. I will collect each exam and exam answer sheet at the end of the specified time, sign each answer sheet, and mail to the OSU CEAT Professional Development Office. If a copy of the completed answer sheet is retained, I will securely file it until the student’s grade is returned at which time the copy of the answer sheet will be shredded.

I understand that without an original copy of the Training Records Release Form OSU CEAT Professional Development will not grade a participant’s exam. This form must be submitted with the exam.

_________________________________   ______________________________
Proctor’s Name Printed Legibly    Proctor’s Signature

____________
Date

Please complete and return this Proctor Agreement form via FAX to:  (405) 744-8802

This is also the mailing address for the exam answer sheets:

OSU CEAT Professional Development
Hospital First Receiver Program
HCF Examinations
1812 Tyler Avenue
Stillwater, OK  74078-5023
Phone  (405)-744-9226
Fax    (405)-744-8802

Note: A 2017 Proctor Agreement Form must be on file for each proctor.
2017 “OPERATIONS LEVEL” HANDS-ON TRAINING REGISTRATION

Please choose your preferred first and second choices for location, date, and AM/PM classes. All classes are filled on a 1st come 1st serve basis, please register soon.

Please use full legal names to avoid confusion with OSU/OSDH recordkeeping.

*ONLY 15 PARTICIPANTS IN EACH CLASS ARE ALLOWED*

**Dates for March Locations:**
- 30th Stillwater Medical Center (Stillwater)

**Dates for April Locations:**
- 4th Eastern Oklahoma (Poteau) ½ day AM
- 5th St. Francis (Tulsa) ½ day AM
- 6th St. John Medical Center (Tulsa) ½ day AM
- 11th INTEGRIS Southwest Medical (OKC)
- 12th OU Medical Center (OKC)
- 18th Alliance Health Clinton (Clinton)
- 19th Mercy Hospital (OKC)
- 25th Cherokee Nation W.W. Hastings Hospital (Tahlequah)
- 26th St John Medical Center (Broken Arrow)

**Dates for May Locations:**
- 9th Comanche County Memorial Hospital (Lawton) ½ day AM
- 10th Norman Regional Hospital (Norman) ½ day AM
- 16th Mercy Kingfisher (Kingfisher) ½ day PM
- 17th INTEGRIS Bass Baptist (Enid)
- 23rd St John Medical Center (Owasso) ½ day PM
- 24th Hillcrest Medical Center (Tulsa)
- 30th Jackson County Memorial Hospital (Altus) ½ day AM
- 31st Duncan Regional Hospital (Duncan) ½ day AM

**Dates for June Locations:**
- 6th Chickasaw Nation (Ada)
- 7th McAlester Regional Health Center (McAlester) ½ day AM
- 8th Muscogee Creek Nation Medical Center (Okmulgee) ½ day AM
- 13th Alliance Health Madill (Madill) ½ day AM
- 14th Mercy Love County (Marietta) ½ day AM
- 23rd Memorial Hospital of Texas County (Guymon) ½ day AM
HOSPITAL FACILITY NAME: __________________________________________
HOSPITAL CONTACT NAME: _________________________________________
HOSPITAL CONTACT EMAIL: _________________________________________

1. Full Legal Name_________________________ Initial/Refresher Class________
   Email ________________________________________
   1st) Date_________ AM/PM_________ Location___________________________
   2nd) Date_________ AM/PM_________ Location___________________________

2. Full Legal Name_________________________ Initial/Refresher Class________
   Email ________________________________________
   1st) Date_________ AM/PM_________ Location___________________________
   2nd) Date_________ AM/PM_________ Location___________________________

3. Full Legal Name_________________________ Initial/Refresher Class________
   Email ________________________________________
   1st) Date_________ AM/PM_________ Location___________________________
   2nd) Date_________ AM/PM_________ Location___________________________

4. Full Legal Name_________________________ Initial/Refresher Class________
   Email ________________________________________
   1st) Date_________ AM/PM_________ Location___________________________
   2nd) Date_________ AM/PM_________ Location___________________________

5. Full Legal Name_________________________ Initial/Refresher Class________
   Email ________________________________________
   1st) Date_________ AM/PM_________ Location___________________________
   2nd) Date_________ AM/PM_________ Location___________________________

6. Full Legal Name_________________________ Initial/Refresher Class________
   Email ________________________________________
   1st) Date_________ AM/PM_________ Location___________________________
   2nd) Date_________ AM/PM_________ Location___________________________
7. Full Legal Name_________________________ Initial/Refresher Class ____________
Email ________________________________
1st) Date_________ AM/PM_________ Location_____________________
2nd) Date_________ AM/PM_________ Location_____________________

8. Full Legal Name_________________________ Initial/Refresher Class ____________
Email ________________________________
1st) Date_________ AM/PM_________ Location_____________________
2nd) Date_________ AM/PM_________ Location_____________________

9. Full Legal Name_________________________ Initial/Refresher Class ____________
Email ________________________________
1st) Date_________ AM/PM_________ Location_____________________
2nd) Date_________ AM/PM_________ Location_____________________

10. Full Legal Name_________________________ Initial/Refresher Class ____________
Email ________________________________
1st) Date_________ AM/PM_________ Location_____________________
2nd) Date_________ AM/PM_________ Location_____________________

11. Full Legal Name_________________________ Initial/Refresher Class ____________
Email ________________________________
1st) Date_________ AM/PM_________ Location_____________________
2nd) Date_________ AM/PM_________ Location_____________________

12. Full Legal Name_________________________ Initial/Refresher Class ____________
Email ________________________________
1st) Date_________ AM/PM_________ Location_____________________
2nd) Date_________ AM/PM_________ Location_____________________

13. Full Legal Name_________________________ Initial/Refresher Class ____________
Email ________________________________
1st) Date_________ AM/PM_________ Location_____________________
2nd) Date_________ AM/PM_________ Location_____________________
14. Full Legal Name_________________________ Initial/Refresher Class _______________
   Email _________________________________
   1st) Date____________ AM/PM________ Location________________________
   2nd) Date____________ AM/PM________ Location________________________

15. Full Legal Name_________________________ Initial/Refresher Class _______________
   Email _________________________________
   1st) Date____________ AM/PM________ Location________________________
   2nd) Date____________ AM/PM________ Location________________________

16. Full Legal Name_________________________ Initial/Refresher Class _______________
   Email _________________________________
   1st) Date____________ AM/PM________ Location________________________
   2nd) Date____________ AM/PM________ Location________________________

17. Full Legal Name_________________________ Initial/Refresher Class _______________
   Email _________________________________
   1st) Date____________ AM/PM________ Location________________________
   2nd) Date____________ AM/PM________ Location________________________

18. Full Legal Name_________________________ Initial/Refresher Class _______________
   Email _________________________________
   1st) Date____________ AM/PM________ Location________________________
   2nd) Date____________ AM/PM________ Location________________________

19. Full Legal Name_________________________ Initial/Refresher Class _______________
   Email _________________________________
   1st) Date____________ AM/PM________ Location________________________
   2nd) Date____________ AM/PM________ Location________________________

20. Full Legal Name_________________________ Initial/Refresher Class _______________
    Email _________________________________
    1st) Date____________ AM/PM________ Location________________________
    2nd) Date____________ AM/PM________ Location________________________
21. Full Legal Name________________________ Initial/Refresher Class ______________
   Email ________________________________
   1st) Date_________ AM/PM_________ Location__________________
   2nd) Date_________ AM/PM_________ Location__________________

22. Full Legal Name________________________ Initial/Refresher Class ______________
   Email ________________________________
   1st) Date_________ AM/PM_________ Location__________________
   2nd) Date_________ AM/PM_________ Location__________________

23. Full Legal Name________________________ Initial/Refresher Class ______________
   Email ________________________________
   1st) Date_________ AM/PM_________ Location__________________
   2nd) Date_________ AM/PM_________ Location__________________

24. Full Legal Name________________________ Initial/Refresher Class ______________
   Email ________________________________
   1st) Date_________ AM/PM_________ Location__________________
   2nd) Date_________ AM/PM_________ Location__________________

25. Full Legal Name________________________ Initial/Refresher Class ______________
   Email ________________________________
   1st) Date_________ AM/PM_________ Location__________________
   2nd) Date_________ AM/PM_________ Location__________________

26. Full Legal Name________________________ Initial/Refresher Class ______________
   Email ________________________________
   1st) Date_________ AM/PM_________ Location__________________
   2nd) Date_________ AM/PM_________ Location__________________
OKLAHOMA STATE UNIVERSITY
CEAT PROFESSIONAL DEVELOPMENT CONTACTS

Any inquiries, requests, etc. from the Oklahoma State Department of Health and participating Health Care Facilities will be coordinated through:

OSU CEAT Professional Development
Oklahoma Hospital First Receiver Program
1812 Tyler Avenue
Stillwater, OK  74078-5023

Phone:  (405)-744-9226
Fax:  (405)-744-8802
Email:  hcf@okstate.edu
Web:  http://ceatpd.okstate.edu/hospital-hazwoper

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Project Assistant:

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e-mail:  hcf@okstate.edu

NONDISCRIMINATION POLICY

Oklahoma State University, in compliance with Title VI of the Civil Rights Act of 1964, Executive Order 11246 as amended, Title IX of the Education Amendments of 1972, Americans with Disabilities Act of 1990 and other federal laws and regulations, does not discriminate on the basis of race, color, national origin, sex, age, religion, disability or status as a veteran in any policies, practices or procedures. This includes, but is not limited to admissions, employment, financial aid and educational services.