

**Looking Back and Moving Forward: 20 years of Worker Education and Training  
NIEHS National Trainers' Exchange – March 2007**

**POST-CONFERENCE PROCEEDINGS  
WORKSHOP SESSION SUMMARY  
NIEHS NATIONAL TRAINERS' EXCHANGE  
MARCH 2007**

**1. Session Title and Presenter's Contact Information:**

"Training Healthcare First Receivers': Bringing HAZWOPER Operations-level Training into Hospitals"

Bruce Mahan  
ICWUC Training Center  
329 Race St.  
Cincinnati, Ohio 45202  
Phone: 513-621-  
[bmahan@icwuc.org](mailto:bmahan@icwuc.org)

Mark Catlin  
SEIU Education and Support Fund  
1800 Massachusetts Avenue NW  
Washington, DC 20036  
Phone: 202-730-7290  
[Mark.catlin@seiu.org](mailto:Mark.catlin@seiu.org)

**2. Workshop Summary**

This session described two different "train-the-trainer" models for delivering effective Hospital-based First Receiver emergency response classes. The ICWUC model was a solution to the difficulty in getting participants released from their jobs to attend three- and four-day programs. The SEIU approach was to develop a First Receiver class using the Small Group Activity Method, led by worker-trainers.

**3. Methods**

The participants joined in a roundtable discussion focused on overcoming the barriers to conducting this training in healthcare, an industry with very limited experience with HAZWOPER. SEIU led the group through one SGAM activity - It's better to give than to receive - to demonstrate the SGAM method and to better understand OSHA's best practices for hospital based first receivers of victims from mass casualty incidents involving the release of hazardous substances. This was followed by a discussion by the ICWUC of their approach. Their three day "core" program is generic. After a hospital employee has been through the "core" program they are eligible to attend a site specific "train the trainer". The "train the trainer" is a combination of training methodologies and curriculum development. Participants develop site specific modules and then are given the opportunity to practice presenting. The session concluded with a question and answer

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## 4. Main Points

### Key lessons from the case study

Barriers to establishing effective Hazwoper First Receiver training programs at hospitals include a lack of experience with Hazwoper issues, difficulty in obtaining adequate staff time, initial reluctance to use in-house staff over outside consultants and hierarchy in healthcare which separates groups of staff who need to work together in hazardous material emergencies. Creative approaches to establishing training programs can overcome these barriers.

### Responses from the participants

Other industries which have been involved in Hazwoper training for more than 15 years have overcome similar barriers. However, hospitals seem more resistant, at this point, than other industries had been. Over time and with more experience, this resistance should fade. The next step should be to integrate spill response training to permit these teams to respond to in-house releases.

## 5. References

OSHA Best Practices for Hospital-Based First Receivers of Victims from Mass Casualty Incidents Involving the Release of Hazardous Substances. OSHA, (2004, December 20).

## 6. Workshop Handouts/ Resources

SEIU SGAM hospital decontamination activity, It's Better to Give Than to Receive