Certification Process Informational Handbook

(February 2020)
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Introduction
IBFCSM established in 1976, operates as an independent personal certification organization dedicated to “Upgrading Professions” in the areas of healthcare safety, patient safety, healthcare emergency management, hazard control management, product safety, and disaster management. More than 10,000 professionals have earned IBFCSM credentials since 1977. The CHCM remains the oldest safety related credential totally dedicated to safety management and leadership. The CHSP, founded in 1978, serves as the premier credential for healthcare safety personnel. IBFCSM adheres to impartiality and objectivity in every aspect of our certification processes. IBFCSM ensures fairness for all applicants, candidates, and certificants. IBFCSM encourages suggestions and recommendations from all stakeholders that enable on how we can improve our implementation of certification activities. The handbook describes certification requirements and related processes. The handbook addresses eligibility criteria, application submission, reference evaluations, and general examination procedures. The handbook contains information about requesting special testing accommodations and preparing for exams. It also includes information about maintaining a certification. IBFCSM makes no promises or warranties of any kind, either expressed or implied, about any action of third-party individuals or organizations. This publication is subject to change without notice. IBFCSM exists to develop, promote, and implement fair and equitable professional certification policies and processes for persons practicing in the disciplines of healthcare safety, emergency management, product safety, and hazard control. IBFCSM establishes minimum competency requirements for all certification offered. The Board reviews candidate applications, reference evaluations, relevant job practice, and educational achievements. IBFCSM adheres to the certification process requirements mandated by ISO/IEC Standard 17024-12. IBFCSM ensures that all candidates meet scheme requirements for the scope of certification sought.

- Key certification requirements include:
  - Reviewing/verifying applicant eligibility for certification
  - Developing/maintaining reliable and appropriate exams
  - Making assessment decisions in fair/equitable manner
  - Issuing credentials to candidates after certification
  - Publishing a public directory of all certified individuals
  - Establishing policies for maintaining certification
  - Monitoring individual compliance with certification requirements
  - Ensuring certificants meet/maintain ethical standards in their practice
Public Website Postings

Impartiality (4.3.1)
IBFCSM understands the importance of impartiality in carrying out its certification processes and activities, managing conflicts of interest, and ensuring fairness and objectivity of all certification activities.

Schemes, Scopes & Certification Process (7.2.2)
IBFCSM makes publicly available without request information regarding the scope of certification schemes and a general description of the certification process. Link:

Certification Prerequisites (7.2.3)
IBFCSM makes publicly available eligibility pre-requisites for certifications schemes without request.

Accuracy of Information (7.2.4)
IBFCSM assures that all public certification information is accurate and is never misleading.

Certification Scheme Change (9.2.2)
IBFCSM will document and make publicly accessible without request specific methods and mechanisms required of certified persons to comply with changed scheme requirements including any additional assessments.

Change in Fees (9.1.1)
IBFCSM publicly posts certification fee changes prior to the effective date.

Appeals (9.2.5)
IBFCSM makes a description of the appeals-handling process publicly accessible without request.

Complaints (9.9.2)
IBFCSM makes a description of the complaints-handling process shall be accessible without request.

Accommodations (9.1.2)
IBFCSM includes information in the Application to inform candidates about the opportunity to request accommodations for special testing needs.
Training and Certification
IBFCSM does not offer or endorse any training sessions or preparatory courses. The Board does not require candidates to purchase educational materials or textbooks to qualify for certification examination. As a courtesy, the Board does publish a listing of upcoming training/review sessions. IBFCSM only posts information when provided by the individual or organization conducting the session. IBFCSM does not endorse any person, product, resource, or service as a means of exam preparation. Candidates must plan their own course of study by reviewing the exam blueprint, identifying weak areas, and obtaining resources to adequately prepare for an exam.

Certification Access and Process
IBFCSM never restricts certification opportunities on the grounds of organizational or association membership, unrealistic eligibility requirements, exorbitant costs, or completion of IBFCSM sponsored/mandated education and training or educational sessions. IBFCSM encourages all candidates who meet published scheme eligibility requirements to apply for certification. IBFCSM personnel involved in certification processes sign impartiality agreements signifying that they fully understand the importance of impartiality. IBFCSM ensures that relationships with applicants, candidates, and certificants remain non-discriminatory and impartial during all processes. IBFCSM offers certifications using processes that reflect best practices and adheres to ISO/IEC Standard 17024-12. IBFCSM operates independently from all outside influences or threats. IBFCSM strives to maintain transparency of all certification processes and decisions. Transparency helps assure fairness and due process for all applicants, candidates, and certificants. IBFCSM employs sound psychometric processes to assure the reliability and equating of all examinations. IBFCSM also requires adherence to a professional Code of Ethics along with mandating Recertification every five years to assure continued competence of all certificants. IBFCSM operations focus on several key certification processes: (1) Independent governance with no outside influences or threats to certification mission; (2) Fair, equitable, non-discriminatory, and transparent certification policies/procedures; (3) Use of sound psychometric concepts that ensure reliable and defensible exams; (4) Ethical conduct and practice requirements for all certificants and personnel; and (5) Recertification requirements to ensure continued competence.

Criminal Conviction Validation
IBFCSM requires applicants to disclose criminal convictions or forfeited collateral for a felony conviction on the application form. Applicants answering yes must provide details including date, location, disposition, and an explanation of each violation. IBFCSM uses information provided relating to criminal convictions to determine if the application process can proceed or terminated.
Certification Agreements & Discipline Policies

IBFCSM upholds the highest ethical standards and candidates for certification must agree to all certification requirements and responsibilities. IBFCSM requires execution of these agreements during application completion and the online legal electronic signature. Please review all the certification agreements included in the Application Format found in this handbook prior to completing the online application process. Please note violations of a certification agreement can result in disciplinary actions including application denial and certification suspension or revocation. Verified violations of the Code of Ethics can also result in sanctions including certification suspension or revocation. Individuals may appeal all such sanctions. IBFCSM establishes policies and procedures for investigating complaints filed against certificants. Any individual may file a complaint. All complaints will be reviewed, and if determined to be founded and actionable, they will be investigated. Individuals who wish to file a complaint should send an email to info@ibfcsm.org or call 205-664-8412.

Public Impartiality Statement

IBFCSM takes actions to monitor relationships which could result in a conflict of interest or pose a threat to impartiality. IBFCSM makes all certification decisions impartially. Designated and competent management personnel make all certification decisions. IBFCSM does not enter arrangements within an outside entity that could impair impartiality. The Board prohibits offering commissions or inducements for referrals from anyone including certificants. IBFCSM never tolerates any conflict of interests with its ethical, fairness, and impartiality policies/procedures. The Board documents and investigates any situation that could impact impartiality. Management takes disciplinary actions for staff members failing to adhere to impartiality policies and procedures. IBFCSM also identifies and addresses threats to impartiality including: (1) self-interest, (2) actions of related bodies, (3) relationships of personnel, (4) financial interests, (5) conflicts of interest, (6) nepotism, (7) familiarity, and (8) intimidation. IBFCSM ensures impartiality in all processes, actions, and decisions. All applicants, candidates, and certificants remain subject to consistent criteria, policies, and procedures. Annual audits ensure compliance of all aspects of the certification program and its personnel. IBFCSM encourages suggestions and recommendations on how to improve our certification mission.
Non-Discrimination
IBFCSM does not discriminate on basis of age, disability, race, national origin, ethnicity, political affiliation, religion, sex, gender, veteran status, parental status, and marital status in employment practices and certification activities. IBFCSM complies with all applicable federal and state laws regarding non-discrimination, affirmative action, and anti-harassment. The Executive Director coordinates, and monitors the equal opportunity, non-discrimination, and affirmative action processes of IBFCSM. You can contact the Executive Director at info@ibfcsm.org or by calling 205-664-8412.

Confidentiality and Release of Information
IBFCSM does not release any information regarding any individual application status or examination performance to any employer, regulatory agency, supervisor, other person, or entity unless IBFCSM possesses written permission from the applicant, candidate, or certificant in question. IBFCSM maintains an online electronic directory of all certificants including name and certification status. IBFCSM also responds to inquiries about certification status of individuals who successfully completed the certification process.

Equal Opportunity
IBFCSM adheres to principles of fairness and due process and endorses the principles of equal opportunity. In administering the certification program IBFCSM does not discriminate or deny opportunity to anyone on the grounds of gender, age, religion, national or ethnic origin, marital status, veteran status, sexual orientation, or disability. IBFCSM adheres to principles of impartiality in all its dealings. IBFCSM shall act impartially toward all applicants, candidates and certificants. IBFCSM enforces its commitment to impartiality by continually monitoring processes to assure impartiality. Any complaint or indication of partiality is taken seriously and acted upon to mitigate the perceived or reported cause of partiality. IBFCSM does not allow commercial pressures to compromise impartiality.

Achieving Certification
Applicants must complete an online application to validate eligibility requirements. The application process also includes evaluations from two persons recommending the applicant for certification. Applicants must agree to abide by the IBFCSM Code of Ethics. An approved applicant becomes a candidate and must achieve a passing score on a closed book certification exam. Candidates achieving a passing exam score must successfully undergo a review of all supporting documents and pay all fees before award of certification. All certifications require payment of an annual maintenance renewal fee. Certificants must also complete the Recertification Process every five (5) years, keep their personal information current, and continue adhering to the Code of Ethics. Failure to maintain standards and comply with IBFCSM requirements may result in certification suspension or revocation.
Certification Process Oversight
The IBFCSM Board of Directors oversees the fair and equitable certification processes for all applicants, candidates, and certificants. Composition of membership ensures that no single scope area dominates. The Board delegates responsibility to the Executive Director or Assistant Director to oversee all certification processes and supervise staff members on day-to-day basis. The Board delegates authority to the Executive Director and/or Assistant Director to make all certification related decisions and ensure that all processes adhere to the requirements of ISO/IEC/ANSI Standard 17024:12 Standard. Oversight responsibilities include all certification processes addressed in Clause 9 of the Standard. The IBFCSM Board of Directors provide oversight of all certification related processes.

Issuance of Credentials
IBFCSM sends wall certificates out on the last day of each month provided the candidate has met all certification requirements. Candidates needing to replace a lost or damage certificate may request a replacement document for a fee. Certificants must be current with all certification obligations before IBFCSM can send a certificate. Please notify IBFCSM if you lose or destroy your certificate since IBFCSM retains ownership of all issued credentials. Standards require that certificates and wallet cards must be returned if requested by IBFCSM. Actions requiring the return of credentials can include failure to maintain standards, failure to pay fees, ethics code reasons, certification agreement violations, voluntary resignation, and certification suspension/revocation. Failing to return credentials as requested violates the Code of Ethics. Certificants must pay annual maintenance fees by December 31 of each year for the following calendar year period. Check the website for the current fee schedule. IBFCSM sends out Annual Maintenance statements during October. Fees not received by the due date can incur a $25 late fee. Certificants can pay fees online using the IBFCSM Secure Credit Card Portal or pay by sending a check or money order payable to IBFCSM, P.O. Box 515, Helena, AL 35080. Send all check or money order payments to the PO lockbox address. Do not send any mail payments to the IBFCSM physical address.

Certification Overview
IBFCSM involves panels and subject matter experts when developing certification schemes. IBFCSM ensures that no single interest dominates. IBFCSM ensures the alignment of prerequisites match competency requirements defined by Job Task Analysis Survey and the published JTA Technical Report. The analysis and resulting JTA Technical Report specify required tasks for successful performance, competency for each task, updating of prerequisites if applicable, determine exam content to ensure proper assessment, and update recertification requirements as warranted. Applicants must meet eligibility criteria such as relevant experience and/or education achievement. Applicants must obtain reference evaluations from two persons documenting their fitness for certification.
Certification Scheme Requirements

- **Scope** – Defines the target population for certification
- **Job Task Analysis** – Defines current practices, tasks, & competencies
- **Blueprint** – Defines exam content with weighted divisions of main topics
- **Examination** – Verifies competencies as defined in exam blueprints
- **Eligibility** – Academic/education, relevant experience, & reference evaluations
- **Certification** – Verifies credentials, abilities, experience, and competency (exam)
- **Fees** – Payment of current application/exam fees
- **Recertification** – Verifies continued job practice/professional development
- **Code of Conduct** – Ensures continued professional ethical conduct
- **Criteria for Suspending/Revoking Certification**
- **Assessment methods for making certification and recertification decisions**

Certification Scopes

1. CHSP™ (Certified Healthcare Safety Professional)©
2. CHCM™ (Certified Hazard Control Manager)©
3. CHCM-SEC™ (Certified Hazard Control Manager—Security)©
4. CHEP™ (Certified Healthcare Emergency Professional)©
5. CPSO™ (Certified Patient Safety Officer)©
6. CPSM™ (Certified Product Safety Manager)©
7. CEDP™ (Certified Emergency and Disaster Professional)©
8. CHFSP™ (Certified Healthcare Fire Safety Professional)©
9. CHSN™ (Certified Healthcare Safety Nurse)©
10. CHS-LTC ™(Certified Healthcare Safety—Long Term Care)©
11. CHS-EVS™ (Certified Healthcare Safety—Environmental Services)©

Note: IBFCSM provides PDF Exam Blueprints at www.ibfcsm.org

Certification Eligibility

Applicants for certification must meet the requirements of one of the following options:

**Option 1:** Documenting eight (8) years of relevant experience in the certification scope sought as documented by the online application process.

**Option 2:** Documenting eight (8) years of relevant experience in the certification scope sought and college education combined with at least two (2) years of relevant experience as documented by the online application process.
IBFCSM defines relevant experience as any job or professional experience from working, consulting, or providing education and training in a field related to the certification scope sought. Exam blueprints provide additional information on job tasks and professional knowledge requirements for each IBFCSM scope of certification. Please contact IBFCSM with any questions regarding eligibility. IBFCSM considers each 30 semester hours of college credit from an accredited institution as equal to one (1) year toward eligibility requirements. List all educational accomplishments in detail on the application. Applicants must complete and sign the online application which requires candidates to indicate their understanding and agreement to several certification mandates including but not limited to the IBFCSM Code of Conduct. Applicants must ensure that two persons aware of their professional candidacy or fitness for certification personally submit an online Reference Evaluation recommending certification. IBFCSM does not accept Reference Evaluations from direct report subordinates, close friends, or family members. Professional peers and superiors may submit evaluations. References must be submitted personally by the evaluators. Applicants must remit the current Application and Exam Fees before scheduling the Certification Examination. Applicants must complete the certification process within 18 months of application submission or submit an updated online application. Applicants must declare, within reason, any request for Exam Accommodation of special needs before scheduling a certification examination. Applicants read and agree to several certification requirements contained in the formal application. Applicants must execute a legal online signature when completing the formal application. Review this HANDBOOK before submitting the Online Application found at: www.ibfcsm.org.

Application Approval/Disapproval
IBFCSM applicants not meeting eligibility criteria receive a notice explaining the reasons for denial/disapproval. Applicants submitting insufficient information may submit additional documentation for consideration. Applicants with disapproved applications may appeal the decision in writing to the Executive Director. Submit appeals with all relevant documentation within 60 days of the disapproval notice.
Assessment Process
The IBFCSM assessment process adheres to published scheme requirements. The assessment process ensures each applicant meets published eligibility experience and education requirements. The assessment ensures that applications contain all required information. Applicants must provide a legal online signature signifying agreement with all certification requirements, ethics code, and other mandatory agreements. The assessment process can include requesting and assessing additional information. IBFCSM can validate any information provided on the application as part of assessment. IBFCSM reviews the two mandatory Reference Evaluations to ensure the applicant is recommended. The final step relates to competency of the Candidate. Passing the certification exam documents competency of the candidate. IBFCSM uses reliable, objective, and valid exams conforming to the JTA Blueprint. IBFCSM equates all exam versions to ensure fairness and consistency for both paper and electronic versions. Exam assessment serves as the final step in the process before making certification decisions. IBFCSM notifies pass/fail status using the email address provided by the applicant. If no valid email address is provided, exam results will be sent by U.S. mail. Exam results are only reported to the examinee. IBFCSM reports all exam results using Standard Scaled Scores. The scores do not reflect the percentage correct, but the total number of points earned on an exam. Test items can be weighted differently. IBFCSM ensures only competent and experienced management personnel make certification decisions.

Certification Decisions
The certification exam provides an audit trail for making the Pass/Fail decision. The exam answer sheet provides evidence of a candidate’s choices of each exam item. IBFCSM makes certification decisions using exam results and certification scheme criteria. IBFCSM bases all certification decisions solely on information collected during the application and exam processes. Issuance of certification occurs after an audit of each candidate’s record to ensure adherence to all requirements. IBFCSM retains ownership of certification certificate and wallet ID cards. IBFCSM issues certificates designed to prevent fraud or counterfeiting by including a raised seal along with a background watermark. When IBFCSM suspends or revokes a certification for any reason, certificants must immediately cease the use of the certification title and the acronym designation on all stationary, websites, business cards, and all promotional materials. Certificants must return certificates and cards when requested by IBFCSM. This includes individuals voluntarily relinquishing their certifications.
Maintaining Certification
Certified persons must meet continuing and ongoing requirements to maintain certification. Earning a certification goes beyond the earning of an education certificate for mastering limited content about a specific topic or subject. Maintaining certification requires certificants (1) to remit the annual maintenance fee by the required due date and (2) complete the recertification process every 5 years. Recertification involves documenting continued professional practice and 50 contact hours of continuing education in the certification scope. During October, IBFCSM sends annual invoices and new wallet cards to all certificants in good standing. The annual fees due by December 31 cover the upcoming calendar year. Annual Fees not received by January 31 incur a late fee. IBFCSM sends reminder information and takes the initiative to contact certificants about their certification maintenance responsibilities. Please note that IBFCSM renews all certification holders on a Calendar Year basis (January 1- December 31) and not on the anniversary of the initial certification award. IBFCSM requires certified individuals to meet three (3) annual requirements in addition to the Five-Year Recertification process. Annual Maintenance Fees are due December 31 of each year. IBFCSM sends a reminder in mid-October. Payment in issuance of a new Annual ID Wallet Card which validates a person’s continued certification. Certified individuals must adhere to the Code of Professional Conduct as published in the formal Application. Certified individuals must ensure that IBFCSM maintains current contact information including a current business mailing address, home mailing address, two email addresses, and two contact phone numbers.

Exam Preparation
IBFCSM encourages candidates to review PDF Exam Blueprints located on the Board’s website. Each blueprint contains sample practice questions and a list of study references. IBFCSM develops exam blueprints adhering to the specifications outlined in Job Task Analysis Technical Reports. Each Domain contains task practice descriptions and knowledge areas relevant to the scope. Each domain heading contains the percentage of exam items in that domain. IBFCSM distributes exam items for all domains throughout the exam. IBFCSM provides a blueprint for each examination. Please note that each exam contains a minimum three (3) knowledge/job practice domains. IBFCSM uses proven psychometric examination principles to develop, analyze, and revise certification exams. Use of psychometric concepts and analytical statistics ensures the exam reliability over multiple administrations. IBFCSM exams measure candidate knowledge, skills, and abilities for professional practice. IBFCSM determines cut-scores/passing scores to ensure that all exam forms remain equated. IBFCSM reports all exam results using Scaled Standard Scores to ensure consistency among exam forms. IBFCSM follows current psychometric principles to ensure a high degree of confidence that exams test at a level of competency required for each scope. Access the PDF Exam Blueprints at: www.bfcsm.org.
Examination Options
Individuals meeting all eligibility requirements must pass a multiple-choice examination to achieve certification. IBFCSM offers paper and pencil examinations with an approved proctor. IBFCSM also offers electronically delivered online proctored examinations. Contact: kristi@ibfcsm.org or 205-664-8412 for additional information about taking your certification exam. Candidates failing an exam can’t appeal the pass/fail results. Candidates can take a paper and pencil exam at the conclusion an authorized certification review/exam session. Candidates can also arrange for a local proctor. Local sessions require candidates to coordinate exam administration with the potential proctor. After coordinating the candidate must submit the online Proctor Form to IBFCSM. Candidates testing locally must select a specific date for the exam administration. The candidate may reschedule an exam with the local proctor provided the exam can be completed and returned to IBFCSM within 30 days of exam receipt by a designated proctor. All exam candidates must present a government-issued photo ID such as a valid driver’s license, passport, or government/military ID. The photo ID information must match the one entered on the formal Application. Candidates without a photo ID will NOT be permitted to test. Proctors will provide all instructions before the examination time begins. Authorized proctors must adhere IBFCSM administration and security requirements.

Electronic Exams
TesTrac provides online exam delivery services with EXAMITY providing a certified proctor for each online exam administration to ensure LEVEL 3 SECURITY and an in-presence proctor. Examiity has most stringent security in the industry. TesTrac can deliver examinations around the clock and on any day of the year. Candidates must have a computer with a webcam and high-speed internet service. Candidates must contact IBFCSM to obtain a Voucher Number to register for TesTrac exams. Vouchers expire in one year. IBFCSM provides a link to the TesTrac Exam Portal that must be accessed to formally register for an examination using the coupon. Candidates must complete all application requirements before IBFCSM will send an exam coupon. Candidates must register for online examinations at least 10 days prior to a desired exam date. The remote proctor will take actions to ensure the security of the computer during an exam. Candidates must not leave the computer area. Candidates must complete the exam in the time allotted unless an accommodation was previously approved. Proctors will file a report to IBFCSM for any irregularities observed during the administration of the exam. Proctors have real time intervention authority. Each exam session is also video-taped. Failure to adhere to security protocols can result in exam invalidation.
Exam Rescheduling
If a candidate misses a paper and pencil examination due to an emergency or hardship such as serious illness of either the candidate or an immediate family member; death in the immediate family; disabling traffic accident; court appearance or jury duty; or military duty, he or she will be permitted to reschedule the examinations at no additional charge if a candidate submits written verification and supporting documentation of the situation to IBFCSM within 7 days of the original exam date. If such a request is not made, the candidate will forfeit the full examination fee. Contact TesTrac to determine their cancellation and reschedule policy for online electronic examinations. If any candidate is unable to arrive at a designated exam site because of inclement weather, terrorist acts, natural disaster, or other unforeseen emergencies beyond control as determined by IBFCSM, the candidate will be allowed to take the next scheduled examination without being charged a re-examination fee. If for any reason the exam is unable to be administered, then the examination will be rescheduled within a reasonable period. Candidates will be responsible for their own expenses for testing. Applications expire 18 months from the date of receipt. If a candidate fails an exam, the exam retake must take place before expiration of application. Candidates failing an exam must wait 90 days before retaking an exam. IBFCSM can waive the 90-day requirement for expiring applications for personal hardship, job requirements, or other usual circumstances. A candidate failing to appear for an exam and anyone arriving to take an exam without proper ID forfeits the examination fee. IBFCSM makes exceptions for family death, serious illness, and military duty. Candidates must provide written documentation as soon as possible. IBFCSM does accept email notifications.

Exam Security
Any candidate observed engaging in misconduct risks dismissal from the exam session. Examinees dismissed for cause will forfeit the current examination fee and period of eligibility. Rules may differ depending on the examination mode (paper or electronic). Candidates must adhere to all examination rules as briefed and enforced by the assigned proctor. IBFCSM provides examination security rules for all paper and pencil proctors. Local proctors may enforce more stringent requirements and candidates must adhere to all local exam rules. Examity establishes and enforces stringent examination rules for online exam administration. Candidates taking online examinations must adhere to all examination procedures as enforced by the EXAMITY Proctors. IBFCSM believes that each candidate deserves a fair and equal opportunity to demonstrate his/her knowledge during the exam administration. Exam security measures prevent unfair advantage of one candidate over another. Examinations remain the intellectual and material property of IBFCSM. Candidates must not remove any materials or exam information from an exam venue or administration setting. IBFCSM copyrights all exams. IBFCSM forbids any attempt to reproduce or memorize examination material/information. IBFCSM prohibits unauthorized disclosure, publication, copying, reproduction, transmission, distribution, or possession of exam content/materials in any form. Individuals violating prohibitions stand subject to civil liability and/or criminal action, certification actions, and/or restrictions on future access to IBFCSM certification examinations.
Cancelling Scores for Security Breaches
The prohibition of unauthorized disclosure means never discussing contents of exams with anyone. Proctors may halt exam administration or report a candidate to IBFCSM for unauthorized behaviors and/or suspected cheating. Other prohibitions include; (1) attempting to gain unauthorized admission to an exam site, (2) attempting to take the examination for someone else, (3) creating a disturbance during examination administration, (4) giving/receiving help or attempting to do so, (5) removing or attempting to remove exam materials from testing area, and (5) exhibiting behavior consistent with memorization/copying of exam items. Candidates can’t access any electronic devices during the examination administration. Candidates observed accessing any electronic device will have their scores cancelled with no exceptions for any reason. IBFCSM holds the right to cancel any score when enough evidence exists to question exam results. IBFCSM can cancel scores for any security related reason. IBFCSM considers candidates having improper access to exam content prior to administration as a serious breach of security. Significant score increases achieved during a retest can also indicate a reason could exist to question the authenticity of the results. IBFCSM uses exam analysis procedures to help identify potential exam fraud. Engaging in any misconduct can disqualify individuals from future examinations. Other exam related conduct that could warrant score cancellation includes but not limited to the following:
• Referring to study aids during exam
• Copying from another examinee’s answers
• Unauthorized communication with others
• Copying, photographing, or transcribing exam information
• Removing exam materials from a testing site
• Aiding other examinees during the exam
• Receiving aid from another person
Revoking and Suspending Certification Policy

IBFCSM delegates all certification decisions to the Executive Director or Assistant Director including suspending and revoking certifications. IBFCSM requires applicants to read and sign an enforceable agreement addressing Certification Suspension and Revocation. Certified persons must refrain from further promotion of a suspended certification until reinstated. IBFCSM informs suspended certification holders not to continue to represent themselves as certified while under a suspension. The enforceable agreement requires certificants to refrain from using any reference to a holding certified status while suspended. Failure to resolve issues that resulted in suspension in the time frame established by IBFCSM can result in certification revocation. The agreement requires certificants not to represent themselves as certified after the revocation. IBFCSM uses determined time periods for suspended certifications, which may be adjusted as warranted by circumstances. IBFCSM considers misrepresentation of certification status or noncompliance with certification maintenance requirements as a misuse of the credential. Such misuse constitutes an ethical issue that could result in investigation and possible disciplinary action. Some common causes for suspension or revocation action includes but not limited to the following:

- Falsification of information on the formal Application
- Misrepresentation of continuing education credits required for recertification
- Falsification of any material information requested by IBFCSM
- Misrepresentation of IBFCSM certification status
- Documented pre-knowledge of exam content
- Impersonation, cheating, or evidence of exam compromise
- Serious violation of provisions in the ethics code
- Failure to pay annual maintenance fees

IBFCSM investigates allegations of misconduct, misrepresentation, or noncompliance with certification requirements. The process follows an objective review process to ensure due process for the certificant. IBFCSM expedites the review process to avoid placing undue burden on the certificant. Upon completion of the review process, IBFCSM reserves the right to take disciplinary action, for valid cause, against its certification holders, individuals seeking certification, or individuals misrepresenting their certification status. IBFCSM notifies the individual in writing of received evidence that substantiates: (1) denial of recertification, (2) certification suspension, or (3) certification revocation. The information sent to the certificant describes the purported cause for action. The notice informs the certificant to submit in writing, within 30 days of notification receipt, any evidence or argument concerning the proposed denial, suspension, or revocation of certification. Certificants can appeal the decision to revoke certification, suspend certification, or deny recertification. Certificants may appeal using the IBFCSM Appeals Process. When warranted, the person’s records in the IBFCSM database will be modified to indicate certification suspension or revocation. IBFCSM responds to any inquiries about the person’s certification status. Inquiries will simply be told that the individual is not currently certified. IBFCSM certificates and wallet cards remain the property of IBFCSM. Certificants must return credentials when certification revocation occurs.
Certification Suspension Timeframes
- Publicly impugning the Board’s reputation (30 to 90 Days)
- Neglect of performing duties in a professional manner (60 to 180 Days)
- Making false or misleading statements about certification (90 to 180 Days)
- Unprofessional or illegal conduct (6 months to 180 days)
- Failure to maintain annual renewal or recertification (30 to 90 days)

Certification Revocation Causes
- Failure to remedy a previous suspension
- Failure to maintain certification standards
- Failure to comply with suspension requirements
- Second infraction of publicly impugning IBFCSM reputation
- Second infraction of unprofessional conduct
- Making a false claim regarding professional competency
- Intentionally falsifying professional information, data, or records
- Requested by the certified individual for personal reasons
- Failure to pay annual maintenance dues

Certification Reinstatement
IBFCSM can suspend or revoke certificants for non-payment of annual fees or for not completing the five-year recertification process. IBFCSM will remove the suspended status when certificants remedy the cause for suspension. IBFCSM works with certificants to help them maintain their certification status. IBFCSM considers the revocation of certification as a final decision. Certificants requesting reinstatement after revocation of certification must request reinstatement within 24 months of the revocation effective date. Individuals must request such reinstatement in writing and provide details why IBFCSM should approve the reinstatement. Persons requesting reinstatement submit an updated online application, pay back fees, and fulfill any other lapsed current certification requirements.

Voluntary Lapse Reinstatement
- Option A: Lapse of Less Than 1 Year: Complete the reinstatement application and pay all associated fees.
- Option B: Lapse of Less Than 5 years or one recertification cycle: Complete the reinstatement application and pay all associated fees. Provide evidence of prorated professional continuing education or retake the certification exam.
- Option C: Lapse of 5 Years or More: Complete the reinstatement application and pay all associated fees. Successfully pass the current certification exam.
- Option D: Lapse Due to Unforeseen Circumstances: This type of lapse addresses circumstance such as documented military service, jury duty, or a major family related issue such as major illness or death of a child or spouse. IBFCSM places certification in a suspended status. If IBFCSM revoked the certification because of not receiving notification, the Board will work with the certificant to achieve reinstatement.
Use of Marks, Logos, and Titles
IBFCSM provides a certification description and designation (mark) for all scopes. Certificants must adhere to the proper use of all such description titles and designations (marks). IBFCSM takes action to protect the use of all such marks. Certificants sign a certificate/mark agreement indicating their responsibilities of use. IBFCSM protects the following logos, titles, and mark designations. IBFCSM owns and protects all intellectual property including logos, certification marks, and titles. IBFCSM provides a certification mark or title to each certificant. IBFCSM permits certificants to use the scope title and certification designation on business cards, websites, letterheads, and similar promotions whereby the certificant promotes the personally held designation in a professional manner. IBFCSM restricts use of marks to personal use and does not permit any corporate use. Certifications are for individuals and does not indicate any corporate achievement or endorsement by IBFCSM. Certification designations reflect a set of letters (acronym) used after a person’s name to indicate certification in a specific scope. IBFCSM certificants sign an agreement indicating they understand proper and improper use of any and all logos, marks, and titles. IBFCSM prohibits revising, changing, and altering all marks, titles, and logos. IBFCSM retains the right, at its sole discretion, to suspend or revoke any personal permission to use its certification mark or logo. Actions by IBFCSM to suspend or revoke use of the certification mark shall be communicated in writing to the person whose privileges are being suspended or revoked and to all other persons affected by the decision. Applicants agree on the Certification Application to adhere the IBFCSM policy on using any of the certification marks, titles, and logos listed below:

CHSP™ Certified Healthcare Safety Professional©
CHCM™ Certified Hazard Control Manager©
CHCM-SEC™ Certified Hazard Control Manager—Security©
CHEP™ Certified Healthcare Emergency Professional©
CPSO™ Certified Patient Safety Officer©
CPSM™ Certified Product Safety Manager©
CEDP™ Certified Emergency and Disaster Professional©
CHFSP™ Certified Healthcare Fire Safety Professional©
CHSN™ Certified Healthcare Safety Nurse©
CHS-LTC™ Certified Healthcare Safety—Long Term Care©
CHS-EVS™ Certified Healthcare Safety—Environmental Services©
Appeals Policy
Candidates must appeal a certification decision within 30 days of the decision. IBFCSM does not discriminate against anyone making a proper appeal. IBFCSM will send formal correspondence to the person making the appeal acknowledging receipt and outlining steps in the appeal process. IBFCSM will notify individuals of the result of their appeal. IBFCSM investigates and resolves appeals from applicants, candidates, certificants, and other parties. IBFCSM receives appeals only in written form by mail or email. Management validates all submissions by reviewing documentation, audit trails, records, and personal statements of those involved in certification related processes. IBFCSM attempts to contact individuals by email, or mail to acknowledge receipt of an appeal. Candidates failing an examination can’t appeal the test failure. Candidates can appeal exam venue deficiencies or other issues that hindered the exam administration. Appeal must be filed with within 30 days of the exam administration date. Send appeal to: info@ibfcsm.org. Please provide detailed information and describe the circumstance that hindered your performance on the exam. IBFCSM personnel will refer the appeal and all relevant information to the Executive Director for further action and disposition. A determination of appeal will be communicated to the appellant as soon as possible after a decision. IBFCSM considers Executive Director or Appeal Panel decisions as final.

Appeals Process
IBFCSM takes no retaliation against anyone or entity that participates in the appeals process. IBFCSM ensures the prompt resolution of appeals in a constructive, fair, consistent, and impartial manner. Sometimes individuals disagree with certification, recertification, and other related decisions. When this happens a person can file an appeal of that decision. IBFCSM collects information and investigates appeals to validate facts. The Executive Director informs the appellant of appeal receipt and actions planned to resolve the appeal. IBFCSM communicates the status of the appeal as necessary during the resolution process. IBFCSM issues a final notice resolution to each appellant after a decision on the appeal has been made. Individuals can’t appeal a failing exam score but can appeal circumstances that hindered the exam process. IBFCSM uses an impartial Appeals Panel to make all appeal-related decisions. The panel provides the Executive Director with their decision along with other information needed to resolve the situation. IBFCSM considers all appeals related information as confidential. No discriminatory is taken against an appellant. The Certification Handbook contains information about the appeals process. IBFCSM analyzes all appeals and related information annually. IBFCSM takes corrective or preventive actions based on any trends. IBFCSM attempts to resolve all appeals within 30 days of receipt. Applicants, candidates, and certificants who experienced an adverse decision as a result of the failure to pay fees have no grounds for making an appeal. Individuals who experienced certification denial, revocation, or suspension may present evidence that such action was unwarranted.
To ensure a proper appeals process, the appeals panel consists of at least three (3) certificants who will review all documentation and make a final decision. The appeals panel has authority to uphold a previous decision or overturn that decision. Appeal panel members agree on dates and times to review an appeal. Appellants will be informed at least 15 days prior to appeals panel process. IBFCSM ensures that panel members possess all information and documents relevant to the appeal. IBFCSM takes actions to notify appellants as soon as possible after a final appeal decision. All Appeal Panel decisions are final. Appeals not containing documented evidence to support reversal of the original decision will be denied. Decisions on appeals with merit are not made by the person or persons making the initial decision. Individuals must submit an appeal using either U.S. mail, or courier service to the following address: IBFCSM/Appeals, 201 Tucker Road, Suite 101, Helena, AL 35080. IBFCSM will attempt to contact appellants within 15 days via email after receiving their written appeal. IBFCSM will use email to communicate the status of the appeal until a final decision is made. The appeal resolution will be communicated in writing using U.S. Mail or courier service as soon as possible after the final decision. IBFCSM collects the following information for appeals: (1) Description of appeal and date received; (2) Individual documenting the appeal; (3) Name and status of person making appeal; (4) Detailed summary of appeal information; and (5) Date appeal made and information received.

Appeals Process Steps
- Document receipt of a certification decision appeal
- Notify appellant that the appeal has been received
- Request additional supporting information as needed
- Assemble documentation, facts, records, and statements
- Investigate and analyze available information about situation
- Determine if an appeal merits consideration by appeals panel
- Appeals without merit are resolved by Senior Management
- Appeals with merit are to be resolved by convening an appeals panel
- Arrange for appeals panel to consider the case as soon as possible
- Provide all available information and documentation to appeals panel
- Appeals panel considers all facts and make final resolution decision
- Management receives appeals panel decision and notifies appellant

Appeals Panel Composition
The Executive Director or Assistant Director shall have authority to convene the IBFCSM Appeals Panel to decide an appeal. This ensures that the appeal decision is made by individuals not involved in the original decision. Appeal panels constitute a minimum three (3) certified members currently on serving on a Scope Advisory Panel. Panel members selected will ensure a fair and equitable decision for the appellant based on facts presented about the situation. IBFCSM ensures that no conflicts of interest exist. The appeals panel observes impartiality in all deliberations and when making final decisions. The panel.
Complaints Policy
IBFCSM responds to complaints received from the candidates, certified persons, stakeholders, and other interested parties. IBFCSM evaluates complaints to determine cause and implements corrective action as needed. Complaints can address procedures, proctors, examinations, contractors, and/or vendors. Corrective actions can include training, personal counseling, agreement reviews, policy updates, and procedural changes. Management maintains a copy of the complaint and all relevant documentation for improving operations. IBFCSM reviews complaints against a certified person to determine validity and gather facts related to a complaint. When determined valid, IBFCSM sends the complaint to the individual subject of the complaint. No confidential information will be sent to complainants without written permission from the candidate or certified person. IBFCSM provides a certified person adequate time to respond. IBFCSM follows up as needed when a certified person fails to respond in a timely manner. IBFCSM communicates with a complainant at the end of the process to communicate findings and formally close process. IBFCSM maintains a copy of the correspondence certified person’s record. IBFCSM details all complaints and actions taken during management reviews. IBFCSM documents complaints to:
- Describe how received
- Person receiving complaint
- Name of individual making report
- Description of the complaint
- Date of complaint
- Summary of details provided

IBFCSM uses a consistent tracking system that focuses on: (1) identification, (2) documentation, (3) investigation, (4) analysis, and (5) determining proper resolution of all complaints. IBFCSM attempts to contact individuals by phone, email, or mail to acknowledge receipt of a complaint within 15 days from notification. IBFCSM handles complaints in a fair and impartial manner without any discrimination. The board ensure all information related to a complaint and related actions taken remain confidential. IBFCSM never takes discriminatory actions against any complainant. IBFCSM publishes this complaint process in the PDF Certification Handbook that can be accessed at: www.ibfcsm.org. IBFCSM takes actions based on any documented trends of complaints. Management attempts to close all complaints with 30 days of receipt. Resolution is never done by any person or persons that are subject of the complaint. Complaints consists of grievances or dissatisfaction with IBFCSM processes and operations. Details of all complaints and action taken are addressed during the periodic management reviews. The complaints process also accepts suggestions to identify preventive actions to improve processes, procedures, and systems. Senior management handles all complaints made against IBFCSM staff members, board members, volunteers, and all others with certification process related duties,
Appeal/Complaint Submission Format

Please fill in appropriate information related to your complaint, appeal, or recommendation and submit by either email to: info@ibfcsm.org or by postal mail to: IBFCSM/Complaints, P.O. Box 515, Helena, AL 35080

Name: ____________________________ Date: ___________

Phone: ___________________________ Email: ________________________

Address: ______________________________________________________________________

Signature: _______________________

**Statement of Appeal/Complaint/Recommendation**

This statement should include, but is not limited to, the nature of the complaint, appeal, or recommendation of all facts, supporting items, and the remedy requested. (Attach additional sheets if needed)

REVIEWED BY: ___________________________ DATE: ___________

REVIEWED BY: ___________________________ DATE: ___________

REVIEWED BY: ___________________________ DATE: ___________

ACTION: ________________________________

________________________________________
Subject: Appeal/Complaint Acknowledgement Format

Dear:

We are in receipt of your complaint/appeal dated:

We will be reviewing your situation and evaluate it. Within two weeks, you will be notified as to whether further action on this issue is needed or whether it meets our criteria for further action. We will notify you regarding subsequent milestones in this process.

Please notify us immediately if there are any changes in the contact information you submitted with your complaint. Thank you for taking the time to document your complaint. We seriously consider all complaints and incorporate them when possible in changes to our policies and procedures.

Sincerely,

Executive Director
Certification Fees
Application Fees cover costs associated with processing, assessing, validating, and evaluating information provided by applicants and reference evaluators. Examination fees cover costs associated with registration, exam delivery, reporting of results, analysis of exam performance, psychometric exam analysis, ongoing test maintenance and development, and related maintenance costs. Annual Renewal Fees cover costs related to organizational governance, staff, facility, equipment, supplies, operational support services and expenses, as well as promotion and improvement initiatives. Annual Renewal Fees are critical to Board operations and make continued growth and improvement possible. IBFCSM certificants must pay Annual Renewal Fees beginning the calendar year after the year of initial certification, regardless of the month certified. IBFCSM operates as a not-for-profit organization and currently receives no direct funding from any outside sources. For more than 40 years our fees have remained below the national average for those charged by other professional certification organizations. IBFCSM strives to make access to certification opportunities fair and equitable for all applicants when changing fees. The Annual Renewal Maintenance Fee remains one of the lowest of any national recognized certification.

**CURRENT FEE SCHEDULE**

<table>
<thead>
<tr>
<th>Fee Type</th>
<th>Fee</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Refundable Application Fee</td>
<td>$130.00</td>
<td>(Application Valid for 18 Months)</td>
</tr>
<tr>
<td>Paper &amp; Pencil Exam Fee</td>
<td>$200.00</td>
<td></td>
</tr>
<tr>
<td>Online/Electronic Exam Fee</td>
<td>$300.00</td>
<td></td>
</tr>
<tr>
<td>Retest Examination Fee</td>
<td>$200.00</td>
<td></td>
</tr>
<tr>
<td>Annual Certification Renewal</td>
<td>$125.00</td>
<td>(Late Fee $25.00)</td>
</tr>
<tr>
<td>Annual Renewal for Inactive Retired</td>
<td>$45.00</td>
<td></td>
</tr>
<tr>
<td>5-Year Recertification</td>
<td>$60.00</td>
<td>(Late Fee $25.00)</td>
</tr>
<tr>
<td>Certificate Replacement Fee</td>
<td>$35.00</td>
<td></td>
</tr>
<tr>
<td>Wallet ID Card Replacement Fee</td>
<td>$20.00</td>
<td></td>
</tr>
<tr>
<td>Certification Hand Stamp Fee</td>
<td>$80.00</td>
<td></td>
</tr>
<tr>
<td>Certification Pocket Seal</td>
<td>$95.00</td>
<td></td>
</tr>
</tbody>
</table>

**APPLICATION FEES ARE NON-REFUNDABLE.**

*(FEES PAYABLE IN U.S. FUNDS ONLY)*
Personal Info Update Format

If your address changes during your application process or after you become certified, you must provide IBFCSM with a change of address as soon as possible. Keeping your address accurate in our database ensures you receive important information about your certification(s). Send written change of address to notifications to:

IBFCSM
P.O. Box 515
Helena, AL 35080-0515

Candidates and certification holders may also provide change of address by emailing info@ibfcsm.org by placing Change of Address in the subject line. Candidates and credential holders may update their information online at http://www.ibfcsm.org and click on the Update Contact Link.

Name ___________________________________________ Certification Number _______

Current Home Mailing Address ______________________________________________________
____________________________________________________________________________
Current Secondary/Work Mailing Address _____________________________________________
____________________________________________________________________________
Primary Email Address __________________________________________________________
Secondary Email Address _________________________________________________________
Primary Contact Phone Number _____________________________________________________
Secondary Contact Phone Number ___________________________________________________
Signature:  ________________________________________________________________
Special Exam Accommodations

IBFCSM complies with the Americans with Disabilities Act (ADA) 1990. ADA prohibits the denial of an eligible individual to take an exam solely based on a disability as defined by ADA provided the disability does render the individual incapable of performing the duties of a certified position. Candidates who require special accommodations must declare the need for a testing accommodation during the application process. Reasons for accommodation requires ADA recognition. IBFCSM must receive a written validation report from a qualified professional with the knowledge of candidate’s need for accommodation. IBFCSM files the documentation with other candidate records. IBFCSM can arrange reasonable examination accommodations for candidates with documented disabilities as recognized under the Americans with Disabilities Act (ADA) and Amendments. Applicants must indicate their need for accommodation when completing the Application for Certification. Applicants requesting accommodation must complete the appropriate IBFCSM forms and ensure that their request is validated by a professional aware of the disability or special testing need. IBFCSM can only accommodate reasonable requests. ADA mandates that exam accommodations be individualized, meaning that no single type of accommodation is adequate or appropriate for all individuals with any given type of disability or health-related need. Health-related needs refer to a variety of medical conditions that impact a major life activity, such as those affecting digestion, immune function, respiration, circulation, and endocrine functions, etc. Examinees with health-related needs may be able to test under standard conditions if IBFCSM determines that only minor adjustments, if any, to the testing environment are required such as wheelchair access, insulin pump, heart rate monitor, etc. Examinees who wear an insulin pump do not need to be approved for accommodations unless the pump is very noisy. In that case, it is recommended that testing take place in a separate room so the noise will not disturb other test takers. Candidates who require food, beverages, or equipment such as glucose testing materials or an inhaler must apply for accommodations since a separate room may be necessary. IBFCSM exam score reports contain no indication of whether a test was taken with accommodations. All accommodations may not be available for each exam session. Some basic accommodations include the following:

- Extended testing time since all exams are timed
- Additional rest or bathroom breaks
- Reader of exam items
- Recorder/writer of answers
- Sign language interpreter (for spoken directions only)
- Selectable background and foreground colors
- Alternate test formats such as larger font sizes
Examination Accommodation Request

If you have a disability covered by the Americans with Disabilities Act, please provide the following information when completing the application process. Candidates must provide all requested information. Documentation of a Disability-Related Need must be provided so that examination accommodations can be processed efficiently. The information you provide and any documentation regarding your disability and your need for exam accommodations will be treated with strict confidentiality.

Candidate Name: ____________________________
Mailing Address: ____________________________
City/State/Zip: ____________________________
Phone Number: ____________________________
Email Address: ____________________________

Special Accommodations

☐ Reader ☐ Reduced distraction environment
☐ Extended examination time ☐ (please specify below)

Other special accommodations are needed

Comments: __________________________________________
____________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

PLEASE READ AND SIGN: I give my permission for my diagnosing professional to discuss with IBFCSM staff my records and history as they relate to the requested accommodation.

______________________________               _________________________
Candidate Signature                       Date

Return this form to  IBFCSM, P.O. Box 515, Helena, AL 35080

Email to info@ibfcsm.org

Fax to 205-663-9541
Provider Documentation of Disability-Related Needs

This form must be completed by a licensed healthcare provider or an educational/testing professional. The nature of the disability, identification of the evaluation(s) or exam(s) used to confirm the disability, description of any past accommodations made for the disability, and the specific testing accommodations requested must be documented.

I have known___________________________________ since ____________in my capacity as________________________________________________________

____________________________________________________________________________

Special Accommodations

The candidate discussed with me the nature of the exam being administered. It is my opinion that because of this candidate’s disability described below, he/she should be accommodated by providing the special arrangements listed on the Special Testing Accommodation Request Form.

Comments on Disability:

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Name/Title _________________________________________________________________

Organization: _______________________________________________________________

Address_______________________________________________________________

License Number (if applicable) _______________________________________________

Signature: _______________________________ Date _______________________________
Online Certification Application

Impartiality, Conflict of Interest, & Non-Discrimination Statement
IBFCSM does not restrict certification access for qualified applicants based on: (1) organizational affiliation, (2) association membership, (3) unrealistic eligibility criteria, (4) completing board mandated education or training. IBFCSM encourages individuals meeting published scheme eligibility requirements to apply. Persons involved with certification processes sign enforceable agreements signifying adherence to impartiality and conflict of interest policies. IBFCSM practices fairness, due process, and equal opportunity in all certification processes. IBFCSM never discriminates based on gender, age, religion, national origin, ethnicity, marital status, veteran status, sexual orientation, or disability. Competent managers make all certification decisions impartially. IBFCSM prohibits any actions viewed as a conflict of interest. Management documents, investigates, and resolves any threat to impartiality or conflicts of interest.

Certification Eligibility
Applicants for certification must meet the requirements of one of the following options:

Option 1: Documenting eight (8) years of relevant experience in the certification scope sought as documented by the online application process.

Option 2: Documenting eight (8) years of relevant experience in the certification scope sought and college education combined with at least two (2) years of relevant experience as documented by the online application process

Application Requirements
Applicants must complete, sign, and submit an online application. Applicants must notify IBFCSM to update any informational changes during the application period. Applicants must pay the current Application and Exam Fees. Please note that Application Fees are non-refundable. IBFCSM requires completion of the entire application. The Board does not accept any other document as a substitute for completing the entire application. Applicants must provide complete and accurate information regarding relevant job history and college education degrees and achievements. IBFCSM does not require college transcripts unless requested. Applicants give IBFCSM permission to verify all information provided. Please note information boxes automatically expand to accommodate data entry. Enter the words None/Not Applicable in any box with no entered information. The application contains several agreements that applicants must read and acknowledge understanding by entering their online legal signature. Applicants must arrange for submission of two online Reference Evaluations recommending certification. Applicants must send the Reference Evaluation Link to two persons for completion and submission. The Board must have received the Reference Evaluations before approving or disapproving an Application. Please note that applicants cannot submit their own Reference Evaluations! Applications remain current for 18 months from submission date.
Certification Scopes
CEDP™ (Certified Emergency and Disaster Professional)©
CHCM-SEC™ (Certified Hazard Control Manager—Security)©
CHCM™ (Certified Hazard Control Manager)©
CHEP™ (Certified Healthcare Emergency Professional)©
CHFSP™ (Certified Healthcare Fire Safety Professional)©
CHS-EVS™ (Certified Healthcare Safety—Environmental Services)©
CHS-LTC™ (Certified Healthcare Safety—Long Term Care)©
CHSN™ (Certified Healthcare Safety Nurse)©
CHSP™ Certified Healthcare Safety Professional©
CPSM™ (Certified Product Safety Manager)©
CPSO™ (Certified Patient Safety Officer)©
Note: IBFCSM provides PDF Exam Blueprints at www.ibfcsm.org

Overview of Candidate Requirements
1. Eligibility: Meeting published education and relevant experience criteria
2. Application: Completing, signing, and submitting an online Application
3. References: Obtaining two online Reference Evaluations recommending certification
4. Fees: Remitting current application and examination fees
5. Competency: Achieving passing score on certification exam
6. Agreements: Online legal signature indicates adherence to certification requirements.
7. Code of Conduct: Agreeing to adhere to the Code of Conduct
8. Annual Renewal: Remitting the Annual Renewal Fee by the due date
9. Recertification: Submitting 5-Year Recertification Summary Report to validate compliance
10. Personal Info Currency: Notifying IBFCSM about personal or contact information changes

CURRENT APPLICATION AND EXAM FEES (PAYABLE IN U.S. FUNDS ONLY)
Non-Refundable Application Fee: $130.00 (Application Valid for 18 Months)
Paper & Pencil Exam Fee $200.00
Online/Electronic Exam Fee $300.00
Retest Examination Fee $200.00
ALL INFORMATIONAL BOXES EXPAND TO ACCOMMODATE ENTRIES

1. INDICATE HOW DO YOU PLAN TO PREPARE FOR THE CERTIFICATION EXAM
   - Self-Study Course (Purchased On-Line)
   - Study Using Personal Preparation Methods
   - Other (Describe in Expanding Box)

2. CHECK ALL CERTIFICATIONS DESIRED FOR THIS APPLICATION *
   - CHSP
   - CHCM
   - CHCM-SEC
   - CHEP
   - CHFSP
   - CPSO
   - CPSM
   - CEDP
   - CHSN
   - CHS-LTC
   - CHS-EVS

3. APPLICANT PERSONAL INFORMATION
   Name *
   Home Address *
   Zip/Postal Code
   Primary Phone *
   Secondary Phone *
Primary Email *
(Used for all communications except exam results-unless the email address is the same.

Alternate Email (REQUIRED): *

4. CURRENT EMPLOYMENT
Name of Employer/Organization *

Work Address *

Street Address City State / Province / Region

Postal/Zip Code

Country

Work Phone *

Work Email *

5. CURRENT JOB INFORMATION
Describe Current Exact Position *

Time in Current Position *

Specific Employment Dates (From--To) *

Number of Employees You Supervise
6. DESCRIBE ALL CURRENT DUTIES (List % of Time Allocated to Major Duties) *

7. CURRENT SUPERVISOR INFORMATION
Immediate Supervisor Name/Title *

Supervisor Phone Number *

8. JOB HISTORY
(Enter All Relevant Job Experience Including Description and Dates) * Please Complete--Do Not Leave This Section Blank *

9. PROFESSIONAL ACCOMPLISHMENTS
List Any Professional Achievements: (Publications, Awards, Honors, etc.)
10. EDUCATION
High School Graduate/GED *
☐ YES ☐ NO

11. LIST COLLEGES ATTENDED (List Dates/College Names/City/State/Semester
Hours Earned/Degrees Conferred/Major Fields of Study)

12. OTHER TRAINING ACCOMPLISHMENTS (Dates/Program Descriptions/
Military Schools/Vocational Education/ Trade Schools, Internships, Etc.)

13. CURRENT PROFESSIONAL CERTIFICATIONS AND CREDENTIALS HELD
List Dates Awarded, Designations, and Issuing Organizations
14. MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS
List Dates, Descriptions, Organizations, and Positions Held

15. NAME ON CERTIFICATE
Please enter in exact wording how you wish the name on your certificate to read *

16. ENTER PREFERRED EMAIL ADDRESS IF YOU WISH PASS-FAIL EXAM RESULTS SENT. Note: You must enter an email in the box if you wish your exam results. If not entered results sent by U.S. mail.

☐ Do not email my exam results.

17. EXAM ACCOMMODATION (SPECIAL NEEDS)
My legal online signature verifies that I understand my right to submit a Request for Examination Accommodation based on a verifiable disability. I understand that I can access the actual forms related to requesting an accommodation on the IBFCSM website. I understand my failure to submit a request can result in an exam administration without accommodation. If applicable, please enter relevant information below. IBFCSM will verify all requests.
18. Criminal Conviction Validation
IBFCSM requires applicants to disclose felony criminal convictions on the application form. Applicants answering yes must provide details including date, location, disposition, and an explanation of each violation. IBFCSM uses information provided relating to criminal convictions to determine if the application process can proceed or terminated. If none, please enter NONE in the box.

19. REFERENCE EVALUATIONS
You must request two individuals aware of your fitness for certification to complete an on-line Reference Evaluation Form. Relatives, close personal friends, and workplace subordinates can’t serve as Reference Evaluators. Please send Reference Evaluation Link at the bottom of this application to your selected two references. Evaluators must personally submit the Reference Evaluations. IBFCSM does not accept reference evaluations submitted by applicants. My legal online signature verifies that IBFCSM can use information provided in my two Reference Evaluations in the certification evaluation process. IBFCSM reserves the right to validate any information provided by the reference evaluators.

20. MARKS, TITLES, & LOGOS USE
My legal online signature verifies that I understand and agree to abide by the IBFCSM policy regarding improper use of certification marks, titles, and logos. Should IBFCSM suspend my certification for any reason, I agree during the time of suspension not to use IBFCSM logos, titles, and marks. Should IBFCSM revoke my certification, I will return my certificate and cease use of all marks, titles, and logos. If notified of misuse, I will correct the use of all logos, titles, or marks as requested. I agree to never act or communicate in any manner that would impugn the reputation of my certification or IBFCSM.

21. EXAM CONFIDENTIALITY REQUIREMENTS
My legal online signature verifies my agreement to adhere to IBFCSM examination confidentiality requirements. I agree never to copy, reproduce, or share in any manner, in part or in whole, by any means whatsoever, including memorizing, copying, reproducing, or electronically storing/transmitting any exam related information. Violations occurring during exam administration will result in my immediate removal from exam room or termination of a proctored online electronic exam. I will not sell, distribute, provide, or obtain from any source exam related information or materials. I understand that IBFCSM paper and electronic online exams are protected by Federal Copyright Law.
22. ETHICS CODE
My legal online signature verifies that I agree to abide by the IBFCSM Ethics Code. I understand my responsibility to notify IBFCSM should I become unable to perform my professional certification responsibilities. I will carry out all responsibilities related to my position of trust as an IBFCSM certificant. I will serve my profession and community with integrity and honesty. I will promote the value of my certification to my peers, subordinates, superiors, and public. I will keep current of relevant issues within my scope of certification. I will avoid situations that could result in improper gain or advantage, or any perception thereof. I understand the importance of keeping confidential all personal and privileged information entrusted to me. I will share my knowledge and expertise with others to improve my profession and those I serve. I will provide only services for which I am qualified to perform and do so in a professional manner. I will conduct myself in a manner free of bias and discrimination against peers, clients, or customers. I will maintain the privacy of all information obtained in the course of my duties. unless the law requires such disclosure. I pledge to adhere to all other IBFCSM certification policies, procedures, and requirements.

23. DISCLOSURE OF CERTIFICATION STATUS AND INFORMATION
I understand that IBFCSM can disclose my certification status to the public. I understand the Board treats all other certification information as confidential and only discloses such information with my written permission. I agree to comply with all certification requirements and to provide any additional information needed.

24. APPLICATION AFFIRMATION STATEMENT
My legal online signature verifies that I did not willfully make any false statements or enter any misleading information when completing this application or when providing other requested information. My legal online signature also attests that I understand and will abide by all agreements and requirements published in this application. I grant IBFCSM permission to verify any and all information provided by me or provided by others on my behalf. My legal online signature frees IBFCSM from any and all liability should my application be declined because of information provided by me or discovered during the IBFCSM assessment process. I understand that providing false or misleading information can result in disqualification from certification consideration or the revocation of a current certification if previously awarded. I submit all information contained in this application as true, complete, and correct to the best of my knowledge. I hereby release, discharge, and exonerate IBFCSM and its directors, officers, representatives, or agents from any actions, suits, obligations, damages, claims, or demands arising out of, or relating to, any aspect of the certification process including exam results or other actions that may result in a decision to not certify me. I hereby apply for IBFCSM for certification with the understanding that my application approval will be based on meeting established requirements for scope of certification sought.

* (Information entered for ID must be the one you use for the certification exam administration)

Driver's License / Gov ID #:

Government Entity Issuing License/ID: *

ID Expiration Date: *
25. LEGAL ONLINE SIGNATURE
Please Sign Below. *

I Understand This Is A Legal Representation of My Signature. Clear

Today's Date * □/MM □/DD □/YYYY

26. ATTENTION! PLEASE READ NOW!

Please send the Reference Form Link below to your two chosen evaluators. Applicants must remit the application fee or make arrangement for payment prior to the application being considered. IBFCSM accepts Master Card, Visa, Discover, and Amex through its secure on-line payment page (See Link Below). Application/Exam Fees can be paid by check or money order made out to IBFCSM. Send payments to our lockbox address: P.O. Box 515, Helena, AL 35080. All payments must be in U.S. Funds. Exam Fees must be paid prior to scheduling an examination. Update your contact information if it changes after submission of this application. This enables IBFCSM to send correspondence and/or certification documents to you. Failure to update an address that can receive mail could result in documents becoming lost or returned as undeliverable. If this happens, an additional charge will apply to cover cost of reprinting and remailing.

Click Here To Pay For Application/Exam Fees

Click Here For Reference Form (Please Send This Link To 2 People)

Please Print This Entire Application For Your Records Before Submitting -Thank You!

Spam Protection. Please Answer This Simple Question.

In the Number 63829, What Is The 1st Digit? □

Continue
Certification Reference Evaluations

Note: Each applicant for certification must ensure submission of two (2) Reference Evaluations by two persons aware of their fitness for certification for which application was made. Reference Evaluators can’t be close personal friends, family members, or direct report subordinates of the applicant!

PLEASE PRINT A COPY OF THIS EVALUATION BEFORE SUBMITTING.

1. Please check the box for each certification to which this evaluation applies:
   - CHSP
   - CHEP
   - CHCM
   - CHCM-SEC
   - CEDP
   - CPSO
   - CPSM
   - CHFSP
   - CHSN
   - CHS-LTC
   - CHS-EVS

2. Applicant Name *

3. Applicant’s Company or Organization *

4. Name of Reference Evaluator*

5. I Have Known Applicant Since: (Enter Month & Year) *

Please enter your comments for Items 6, 7, & 8 in the expanding boxes.
6. Briefly Explain Under What Circumstance and Relationship Do Base Your Evaluation of the Applicant *

7. If your relationship or association with the applicant had a bearing on job or task responsibilities, briefly describe how the applicant performed. *

8. List any known achievements or accomplishments in the area(s) in which the applicant seeks certification. *
9. Personal Appraisal Ratings: From your personal knowledge and/or observation of the applicant, select the description that best expresses your appraisal in each area. Use the following scoring key.

EXCELLENT = 1  
SATISFACTORY = 2  
POOR = 3  
NOT OBSERVED = 0

1. DECISION MAKING *  
   0 1 2 3
2. ORAL EXPRESSION *  
   0 1 2 3
3. WRITING SKILLS *  
   0 1 2 3
4. SUPERVISORY EFFECTIVENESS *  
   0 1 2 3
5. PROBLEM SOLVING *  
   0 1 2 3
6. JOB INITIATIVE/INNOVATION *  
   0 1 2 3
7. WORKING RELATIONSHIPS *  
   0 1 2 3
8. LEADERSHIP *  
   0 1 2 3
9. TEAMWORK *  
   0 1 2 3
10. USE OF MANAGEMENT TECHNIQUES *  
    0 1 2 3
11. APPLICATION OF CODES/STANDARDS *  
    0 1 2 3
12. INSPECTION/OBSERVATION ABILITY *  
    0 1 2 3
13. TECHNICAL/PROFESSIONAL KNOWLEDGE *  
    0 1 2 3

10. Please enter any comments on your appraisal ratings in the space below.
11. Are there any reasons why you would not recommend the applicant for certification? *
○ Yes ○ No
(If Yes Explain Below)

12. Reference Evaluator Information
Name/Title: *

Organization: *

Address: *

City/State/Zip: *

Phone *-###-###-####

Email *

Draw your signature into the box below. *

Clear

Spam Protection. Please answer this simple question.

1 + 2 =? 

Please print/save a copy for your records before submitting.
Recertification

IBFCSM uses a five (5) year recertification process that aligns with published scheme requirements. IBFCSM communicates the requirements to all applicants, candidates, and certificants. IBFCSM ensures that during the recertification process that it confirms continued competence of the certified person and ongoing compliance with current scheme requirements by the certified person. Whether through continuing education or retesting, recertification should ensure continued competence in the field. The rationale for the recertification process considers: (1) changes to the scheme; (2) nature of certification scope, field, or industry; (3) risks resulting from an incompetent person; (4) technology changes; (5) job/task requirements; and (6) compliance/voluntary standards. The recertification process must be completed by August 31.

Recertification Policy

Recertification provides a foundational element of professional certification. IBFCSM considered the following issues when developing this policy: (1) changes to relevant schemes, (2) scope of industry or field of certification, (3) job risks resulting from incompetent persons, (4) changes in technology, (5) job and task requirements, and (6) compliance and adherence to standards. The initial recertification cycle begins January 1 of the year following the year of initial certification regardless of initial certification date. The recertification cycle ends five years later on December 31. Consider the following example: an applicant achieved certification on June 30, 2019. The five-year cycle for that certificant began January 1, 2020 and will end five years later on December 31, 2024. IBFCSM uses an online recertification management process. Certificants may complete the online recertification process at any time after completing their five-year cycle. Failing to complete the online recertification process by August 31 can result in certification suspension. Recertification candidates may complete the recertification process at any time to verify continued professional practice and document professional education and achievement related to exam blueprint. Recertification requires continued adherence to the Code of Conduct and other certification-related agreements. Self-assessment provides the catalyst for maintaining certification competence. IBFCSM uses a process that does not favor any association, member group, book publisher, college, or educational/training providers. Certificants must complete the online recertification and documentation process that verifies meeting professional practice requirements and documenting education and development achievements. Documentation must verify entries made on the recertification report. Recertification candidates must pay the current application Fee. Payment can be made by credit card using the IBFCSM online Secure E-Pay Portal. Applicants can also send checks or money orders to the following lock box address: IBFCSM/RECERT, P.O. Box 515 Helena, AL 35080. Recertification candidates must document 5,000 hours of Professional Job Practice and 50 hours of Professional Development Activities related to the certification scope.
Recertification Approval
IBFCSM approves recertification certificants have: (1) paid required fees, (2) documented sufficient recertification accomplishments, and (3) no other valid reason exists to deny, withhold, or delay recertification. Certificants must personally document all achievements and accomplishments. Applying for recertification constitutes the attestation of truthfulness and accuracy of all information submitted. IBFCSM can audit Recertification Applications to validate continued integrity of the process. Recertification requires candidates to agree to adhere to the IBFCSM Code of Ethics. IBFCSM can suspend certification if the recertification process is not completed by August 31. IBFCSM works with certificants experiencing hardships or unusual circumstances that hinder their recertification actions.

Category 1 - Active Professional Practice (Employment)
Recertification applicants must document at least 1,000 hours of continued professional practice. Qualified professional practice can include the following:

- Duties directly related to the scope of certification including professional practice, standards, regulations, technology, and other job-related areas.
- Consulting with practice directly related to the scope of certification including standards, regulations, technology and other scope related areas.
- Faculty serving at an accredited university in a teaching or researching in areas related to certification related practices, standards, regulations, technology, or other related areas.
- Instructors providing education and training outside of academic settings that address scope related practices, standards, regulations, technology, or other related topics. Training activities not related to professional practice could potentially receive credit in the professional development category.
- Non-compensated or volunteer work directly related to scope of certification including professional practice, standards, regulations, technology and other related areas.
- Consultants and self-employed professionals must retain documentation about professional practice and provide evidence of meeting professional practice requirements if audited.
Category 2 - Professional Development (Education/Achievement)

IBFCSM recognizes that certificants engage in many different types of activities that help them maintain currency in their profession, demonstrate professional growth, and enhance their knowledge, skills and abilities in the field of hazardous materials management and related areas. All qualifying activities must pertain to one or more content areas of the Examination Blueprint. Unless otherwise indicated, there is no maximum limit to the number of points that may be claimed for any listed activity. The points apply to the 5-year cycle in which the activities occurred. Certificants may request the evaluation of an activity by submitting a request describing the professional development activity and the rationale for its inclusion. This request should be included on the summary report. Applicants for recertification must maintain all supporting documentation for five (5) years after submission of their recertification application. IBFCSM reserves the right to request this documentation to substantiate credit claims at any time during the five (5) year period from the date of recertification submission. IBFCSM selects some submitted applications for audit. IBFCSM can request certificants to provide supporting documentation for recertification activities or achievements. Certificants must provide documentation in a readable and understandable format (jpg, photo, pdf, etc.). Certificants must decide how they send IBFCSM electronic copies of verifying documentation.

Documenting Professional Practice and Achievement

Certificants can document achievements from a variety of sources including but not limited to: (1) continuing education, (2) college credits, (3) publication reviews, (4) certificate courses, (5) authoring books/articles, (6) webinars, (7) video presentations, (8) conference educational sessions, (9) special work projects, (10) teaching/training, (11) educational research, (12) course development, (13) employer/peer feedback sessions, and (14) documenting achievement for special projects. IBFCSM recognizes one-time special education and training provided by employers if the content is relevant to the current exam outline. IBFCSM will accept course development hours and serving as an instructor for continuing education if the content is relevant to the exam blueprint and not mandated by the job. Instructor and course development credit can be granted only one time for each course or module developed, taught, or attend regardless of the number of sessions conducted. Attending, developing, or presenting education and training sessions that are supplemental in nature may qualify for credit if the session are not part of the credential holder’s official job description and the achievement is done on an occasional basis only. Achievement can’t be documented if the training and education endeavor is mandated by the job description or is a recurring requirement mandated by the organization. Achievement may be documented if the training is a special or one-time event that is not recurring or periodic in nature. Job related training and education is considered a part of active professional practice and is not professional development.
IBFCSM recognizes preparation time for voluntary and/or off-the-job consulting or teaching if related to the exam blueprint. Contact IBFCSM for guidance on what can be documented to meet recertification professional job practice and development achievements. Other ways to document recertification includes the following:

- Document leadership activities in relevant professional organizations
- Serve on IBFCSM or other voluntary boards, committees, or panels
- Participate in certification exams development activities
- Completing scope relevant educational quizzes with a passing score
- Earning other certifications, assessment-based certificates, and licenses
- Completing OSHA or other compliance training relevant to scope

Certificants must retain valid documentation to verify all achievements. IBFCSM usually considers mandatory organizational training part of professional practice. However, IBFCSM can recognize relevant one-time or special education/training sessions sponsored by the organization. Content must relate to the scope exam blueprint. Certificants unsure of the relevancy of professional activities or achievements may enter the information in Section 11 of the Recertification Application. IBFCSM will decide if the entered activities or achievements meet recertification requirements. IBFCSM will notify applicants should an entered activity/achievement not meet requirements. Certificants serving on an IBFCSM advisory panel or board can document up to five (5) hours of professional development achievement per year. IBFCSM uses clock hours to document practice and achievement. Remember, one Continuing Education Units (CEUs) can equal to 10 clock hours. IBFCSM equates 1 academic semester hour as 10 clock hours. College courses must relate to exam blueprint. For reporting purposes, please convert all professional practice and achievements to simple clock hours. Certificants serving on an IBFCSM board, committee, or panel may document a maximum of 25 hours of professional development for each 5-year recertification cycle.

**Reporting Recertification Activities & Achievements**

Please convert all professional achievements to clock hours for reporting purposes. Describe achievements or activities for the last five (5) years including college or university courses, seminars, workshops, documented educational experience at conferences, presentations, and panel discussions. Certificants must track and document their recertification activities. Documentation of practice and professional development achievement must be documented. Personal or self-created documentation of practice or achievement does not meet IBFCSM requirements. Certificants should develop a process to track and document professional practice and development achievements. Certificants should retain original documentation supporting accomplishments for five years after submission. IBFCSM reserves the right to conduct recertification audits to ensure the effectiveness of the recertification process.
Recertification by Examination
Recertification applicants may elect to recertify by taking the current exam in lieu of submitting a recertification documentation. Certificants who elect to recertify by exam must submit the online recertification application and schedule the exam before the deadline. Examinees must pay the published examination fee.

Retired Status
Any credential holder in good standing, who has recertified at least once, and wishes to voluntarily relinquish their active status can assume retired status. Retired status certificants may use the word Retired after their certification mark on personal stationery and cards. Retired certificants cannot use Retired on any business cards or stationery used for commercial purposes. Retired personnel engaged in professional practice must apply for reinstatement if using the certification mark. Any violation would make a person’s retired status subject to revocation.

Failure to Complete the Recertification Process
IBFCSM can revoke certification for failure to recertify. Once revoked, an individual must apply as a new candidate. The certificant must meet current eligibility requirements, pay required fees, and pass the appropriate exam. Records of individuals with revoked or expired credentials will handled in accordance with IBFCSM’s record retention policies. Any continued use of the certification after revocation will be considered a violation of the IBFCSM ethics policy. IBFCSM will require the individual cease using the certification. IBFCSM owns all issued certificates and certification marks.

Appealing Recertification Decision
Appeals must be made in accordance with the IBFCSM Appeals Policy. IBFCSM will review the facts to uphold or overturn the decision and notify the appellant of the decision. IBFCSM considers an appeal decision as final. Documenting any of the following during the 120 days prior to the final recertification deadline of June 30 can provide grounds for an making an appeal: (1) serious illness, (2) unexpected medical event, (3) death, serious illness, or medical event in the immediate family including parent, sibling, spouse, or children, (4) overseas military or professional deployment, and (5) other serious or unforeseen extenuating circumstances meriting review. Appellants must submit a signed written request for a reversal of the action. IBFCSM does accept a scanned, jpg, or PDF copy of the document bearing the original signature. The written request must describe the appropriate reason for the appeal. IBFCSM requires documentation verifying any claim made. Appeals made for any reason described in items 1-4 above reverses the revocation action. IBFCSM provides the appellant with written notice of decision. IBFCSM reserves the right to request documentation for any assertion made when completing the Recertification Application. Denial of a recertification appeal is final.
Online Recertification Application & Summary Report

Fill Out Entire Recertification Application Form

Complete Entire Form - Do Not Submit Any Documents Unless Requested. Thank You.

Please Check Certification: *
CHSP □ CHCM □ CHCM-SEC □ CHEP □ CPSO □ CPSM □ CEDP □ CHSN
CHFSP □ CHS-EVS □ CHS-LTC □

1. Payment Type *
□ Personal Check □ Employer Check □ Money Order □ Credit Card Online

2. Full Name: * First □ Middle □ Last

3. Certification Number: *

4. Current Position/Job Title: *

5. Previous Job Titles (If Any) During Last 5 Years: *

6. Total Hours of Professional Job Practice (Employment) During Past 5 Years *

Note: *Recertification applicants should document 1,000 hours for each year or 5,000 cumulative hours for the recert period of professional job practice.

7. CONTACT INFO UPDATE: (HOME/WORK ADDRESS, PHONE, E-MAIL) *


8. PROFESSIONAL DEVELOPMENT ACTIVITIES

Please describe any professional development activities such as conferences, presentations, panel discussions, breakout sessions, keynote speaking, community service, mentoring, serving on certification or other advisory panels, etc. Professional development activities must relate to at least one of the major domain topics listed in the current exam blueprint. **Provide number of clock hours for each entry.**

9. PROFESSIONAL DEVELOPMENT EDUCATION

Briefly describe qualifying professional development continuing education experience for the past 5 years. Professional development activities can include college credit courses, non-credit certificates, seminars, professional workshops, and relevant scope-related training, etc. Professional development education must relate to at least one of the major domain topics listed in the current Exam Blueprint. Please provide **topic/subject and number of clock hours for each session in the expanding box.**

10. AFFIRMATION OF TRUE AND ACCURATE RECERTIFICATION INFORMATION

I agree to continue abiding by the IBFCSM Ethics Code and all other published continuing certification requirements. I also understand that intentionally submitting false recertification information can result in the revocation of my certification. I acknowledge that IBFCSM can request official documentation from me to support all entries made on this Recertification Application. By checking the box below, I affirm all information submitted in this Recertification Application is true and accurate to the best of my knowledge.

☐
11. COMMENTS
Please enter in any other remarks or comments related to your recertification process. (Describe any achievements not entered elsewhere).

12. LEGAL ONLINE SIGNATURE
Please Sign Below. *

I Understand This Is A Legal Representation of My Signature. Clear

Today's Date * /MM /DD YYYY

RECERTIFICATION FEE: $60.00

REMIT TO:
IBFCSM/RECERTIFICATION
P.O. BOX 515
HELENA, AL 35080

(Please click below to open new window to pay recertification fee. Then hit continue to preview your re-certification form before submitting. Thank you! Please print and save a copy of application!)

(Secure link will open in a new window)

PLEASE NOTE: YOUR RECERTIFICATION WILL NOT BE UPDATED UNTIL IBFCSM RECEIVES THE RECERTIFICATION APPLICATION AND PAYMENT

Spam Protection. Please answer this simple question.

If tomorrow is Wednesday what day is today?
CHSP (Certified Healthcare Safety Professional)

The CHSP credential was established in 1978. The broad scope of the CHSP attracts candidates from various healthcare backgrounds including, but not limited to, safety, security, infection prevention, employee health, nursing, quality improvement, administration, risk management, facility management, plant operations, hazardous materials management, emergency management, life safety, biomedical services, environmental services, laboratory operations, nursing homes, surgery centers, insurance loss control, and safety consulting. Earning the CHSP credential provides recognition and documents achievement.

Exam Blueprint

<table>
<thead>
<tr>
<th>Domains</th>
<th>100-150 Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Management &amp; Leadership</td>
<td>36%</td>
</tr>
<tr>
<td>2. Hazard Control Management &amp; Practice</td>
<td>28%</td>
</tr>
<tr>
<td>3. Compliance &amp; Standards</td>
<td>36%</td>
</tr>
</tbody>
</table>

Domain 1—Management & Leadership (36%)

This domain requires exam candidates to demonstrate competency by using recall/recognition, comprehension, and application of knowledge to correctly answer items related to healthcare safety. CHSP holders provide leadership, and management that promotes safety as an operational priority. IBFCSM distributes domain exam items throughout the exam. Healthcare safety personnel must focus on designing, implementing, and maintaining comprehensive management systems to ensure the protection of patients, staff, visitors, property, and environment. Determining effectiveness of safety related functions and relevant systems that can measure and evaluate performance indicators to ensure continuous improvement to protect patients, staff, visitors, and contractors. Applying sound management and leadership practices to efficiently use resources to improve safety. Use appropriate methods to ensure stakeholders understand their roles in the formulation and implementation of proactive safety. Presenting safety and technical information to patients, staff, management, contractors, vendors, and the public. Accepting responsibility to promote safety by providing advice on issues related to accreditation, compliance, and consensus standards to protect people, property, and environment.
Domain 1 Topics

- Accident investigation/hazard reporting
- Authority and discipline
- Behaviors and communication
- Continuous improvement
- Decision-making
- Disaster preparedness/emergency management
- Education/training
- Employee health
- Facility safety priorities
- High reliability concepts
- Human factors
- Leadership principles
- Leadership/management
- Management concepts
- Medical errors
- Occupational health
- Operational culture
- Organizational dynamics
- Patient safety
- Performance improvement
- Policies/priorities
- Quality improvement
- Risk management
- Safety assessment
- Safety costs
- Security management
- System safety methods
- Training, education, and orientation

Domain 2—Hazard Control Management & Practice (28%)
This domain requires exam candidates to demonstrate competency by using recall/recognition, comprehension, and application of knowledge to correctly answer items related to healthcare hazards including the identification, analysis, and control of such hazards to ensure a safe environment for staff, patients, contractors, and visitors. Healthcare safety exam items are distributed throughout the examination. Practice includes evaluating facilities, products, systems, equipment, workstations, and processes by applying qualitative techniques to identify the hazards and assess their risks. Recommending controls through design and engineering to eliminate hazards and reduce the risks posed by safety hazards. Evaluating controls by analyzing feasibility, effectiveness, reliability, and costs to achieve a best solution. Implementing strategies by using the results of hazard identification and risk analyses to eliminate and/or reduce harmful exposure to people, property, and the environment. Obtaining compliance certifications, listings, approvals or authorizations by identifying applicable regulations, and standards to ensure facility safety. Communicating hazards, risks, and controls to employees, management, patients, and the public.
Domain 2 Topics
- Accident investigations
- Accident prevention
- Antimicrobial solutions
- Biohazards and chemical hazards
- Clinical area safety
- Departmental safety
- Environmental hazards
- Equipment risks
- Evaluating risks and hazards
- Facility assessments
- Facility wide hazards
- Gases and vapors
- Hazard assessment processes
- Hazard identification/control
- Hazardous material management
- Healthcare hazards
- Human factor risks
- Implementing controls
- Infection control
- Infection prevention education
- Job safety
- Medical equipment
- Personal protective equipment
- Reporting hazards & injuries
- Safety priorities

Domain 3—Compliance & Standards (36%)
This domain requires exam candidates to demonstrate competency by using recall/recognition, comprehension, and application of knowledge to correctly answer items related to ethical professional practice in the areas of compliance, accreditation, and meeting voluntary consensus standards. Items are distributed throughout the exam. Developing effective education and training by establishing objectives to impart knowledge and facilitate understanding of compliance, accreditation, and voluntary standards. Evaluating compliance through performance assessments and various forms of feedback in to ensure that training is effective. Maintaining a recordkeeping and data capture systems by to acquire, analyze, and distribute accurate data and to meet compliance requirements. Holding paramount protection of people, property, and environment by working with management and government agencies. Adhering to professional conduct by limiting practice to areas of competence and avoiding conflicts. Improving competency through continuing education and maintaining proficiency by the use of technologies. Referring to appropriate standards to guide compliance and accreditation actions.
Domain 3 Topics
- Accreditation standards (JC, DNV, HFAP, CMS)
- Antimicrobials & disinfectants
- Biohazards
- Clinical safety
- Code of Federal Regulations (CFR 10, 21, 29, 40, 42, 44, 49)
- Compliance
• Compressed gases
• Consensus standards
• Emergency management
• Environmental management
• EOC safety
• EPA standards
• Ergonomics and human factors
• Facility safety topics
• Federal Agencies (CDC, DHS, DHHS, DHS, DOT, EPA, FDA, FEMA, NRC, & OSHA, etc.)
• Federal agency compliance/reporting
• Fire safety management
• Flammable/combustible risks
• Hazardous exposures
• Hazardous materials management
• Infection control
• Ionizing & non-ionizing radiation
• Life safety
• Medical equipment
• Medical waste standards
• Occupational risks
• Occupational safety/health
• Patient safety
• Voluntary Organizations (ANSI, ASTM, ASHRAE, ASME, CGA, FGI, NFPA, NIOSH, etc.)

Sample CHSP Questions
1. What best describes the benefit of implementing a patient lifting program?
   a. Improved patient quality of care*
   b. Reduced worker compensation costs
   c. Greater patient satisfaction
   d. Increased worker morale

2. Which NFPA publication exclusively addresses healthcare facility topics?
   a. NFPA 13
   b. NFPA 72
   c. NFPA 99*
   d. NFPA 101

3. What control would be first when protecting workers from airborne contaminants?
   a. Isolating the hazard far from most workers
   b. Providing proper local and general ventilation*
   c. Requiring use of supplied air respirators immediately
   d. Conducting periodic monitoring in all exposure areas

4. What control would be least effective in preventing potential food-borne illnesses?
   a. Requiring food preparation workers to wash hands frequently
   b. Maintaining hot foods on the serving line at 140°F or higher
   c. Providing a supply of cloth towels to wipe food prep surfaces frequently*
   d. Maintaining coolers and refrigerators at 40°F or lower
Study Resources
Studying the resources listed does not guarantee that a candidate will pass the examination. Candidates must personally decide how they can best prepare for the examination. IBFCSM does not require any candidate to purchase study materials, resources, or attend any review session to qualify for certification. Study references include the following resources:


- OSHA Hospital and Healthcare References, Online at: www.osha.gov
  - Controlling Health Hazards to Hospital Workers: A Reference Guide for New Solutions
  - Hospital & Nursing Home E-Tools: Hazard and Solutions by Location, Function, and Department
  - OSHA Tool Kit for Hospital Staff on Safe Patient Handling
  - OSHA Education & Training for Worker Safety in Hospitals
  - OSHA Safety/Health Management Systems: A Road Map for Hospitals, (PDF) 2013


**CHEP (Certified Healthcare Emergency Professional)**

IBFSRM developed the CHEP credential in 2008 to meet a need for a practical but “professional certification” for healthcare emergency directors, managers, coordinators, and associates. The program relies on information, standards, and best practices from reliable sources including organizations such NFPA, ASTM, DHS, EPA, OSHA, FEMA, and accrediting organizations such as the Joint Commission. Healthcare organizations need professionals that understand how emergency management principles support the healthcare environment of care and the community. CHEP candidates must complete a formal application process and pass a comprehensive “closed book” exam.

### Exam Blueprint

<table>
<thead>
<tr>
<th>Domains</th>
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</tr>
</thead>
<tbody>
<tr>
<td>2. Healthcare Disaster Preparedness &amp; Response</td>
<td>35%</td>
</tr>
<tr>
<td>3. Emergency &amp; Safety Compliance Standards</td>
<td>26%</td>
</tr>
</tbody>
</table>

**Domain 1–Healthcare Emergency Management (39%)**

This domain requires exam candidates to demonstrate competency by using recall, recognition, comprehension, and application of knowledge to correctly answer items related to healthcare emergency management concepts to prevent harm, reduce risks, and maintain a safe environment for staff, patients, and visitors. Items are distributed throughout the exam. Design, implement, and maintain comprehensive management systems by defining emergency preparedness requirements including the development of policies, procedures, and plans needed to protect patients, staff, visitors, and property. Implement policies, procedures, and directives in systematic manner to support requirement to provide medical care as needed during declared emergencies or disaster events. Determine the effectiveness of emergency related function and relevant systems using collaboration and communication, and coordination continuous medical operations. Apply sound management and leadership concepts practices to efficiently use resources to improve all emergency and disaster preparedness functions. Use appropriate methods that will ensure stakeholders understand their roles in formulation, coordination, and implementation of emergency actions. Present and coordinate information to response organizations, government agencies, incident command structures, management, contractors, vendors, and the public about emergency management requirements. Accept responsibility to promote emergency management by providing counsel and advice on issues related to coordinating all emergency actions necessary to provide services and protect people, property, and the environment.
Domain 1 Topics

- Accreditation standards
- All-hazards preparedness
- ASPR capabilities
- Bioterrorism preparedness
- Building egress
- CMS requirements
- Coalitions
- Command structure
- Communications
- Community emergencies
- Community involvement
- Disaster legislations
- Drills and exercises
- ESF#6, #8, #9, #13
- Evacuation planning
- Exercise programs and agency responsibilities
- FEMA capabilities/responsibilities
- Healthcare sector preparedness
- Hospital response
- HVA/EOP
- ICS principles and system methods
- Incident action planning
- Incident Command Systems
- Incident commander responsibilities
- Information management
- Management functions
- Management principles
- Managing incidents
- Multi-agency coordination
- NIMS and healthcare
- Organizational fundamentals
- Organizational structure/culture
- Pandemic and other surge events
- Planning priorities and policy directives
- Preparedness and recovery
- Resource management
- Stakeholders
- Strategic planning
Domain 2—Disaster Preparedness (35% Items)

This domain requires exam candidates to demonstrate competency by using recall, recognition, comprehension, and application of knowledge to correctly answer items related to healthcare disaster preparedness to prevent harm, reduce risks, and maintain a safe environment for staff, patients, and visitors. Items are distributed throughout the exam. Evaluate facilities, products, systems, equipment, and processes by applying qualitative techniques to ensure proper planning, protection, response, mitigation, and recovery during emergencies. Recommend actions to minimize hazards and reduce risks posed during emergencies or disasters. Evaluate and coordinate response actions with appropriate agencies, institutions, coalitions, and others to ensure the feasibility, effectiveness, and reliability of healthcare operations to support all types of incidents. Implement strategies by using the results of hazard identification actions, risk analyses, planning, and coordination to reduce the impact of disasters on healthcare operations to provide care. Obtain compliance certifications, listings, approvals or authorizations by identifying applicable regulations, and standards to ensure facility and community emergency preparedness effectiveness. Communicate emergency and disaster related hazards, risks, and control measures to employees, management, vendors, and the public.

Domain 2 Topics
- Activity reporting
- Biohazards/bioterrorism
- Capabilities planning
- Chemical exposures/threats
- Community involvement
- Comprehensive preparedness guidance
- Cyber security threats
- Disaster educational resources and medical capabilities
- Disaster notification and security
- Domestic preparedness
- Emergency communications and operations
- Exercise simulation and drills
- Federal operational plans and FEMA planning methods
- Fire safety preparedness
- Hazard and risk assessments
- Healthcare/public health challenges
- Incident actions
- Industrial hazards
- Information collection/analysis
- Integration of information
- Lessons learned and manmade threats
- Mitigation and national disaster response
- Natural/manmade disasters
- NIMS operations
- Nuclear hazards
- Operational effectiveness
- Prevention, protection, recovery, response
- Risk assessment, sector capabilities, and support function annexes
- Technology emergencies
- Terror agents/threats
- Natural/weather emergencies
Domain 3—Safety/Compliance (26%)
This domain requires exam candidates to demonstrate competency by using recall, recognition, comprehension, and application of knowledge to correctly answer items related to healthcare emergency related safety and compliance to prevent harm, reduce risks, and maintain a safe environment for staff, patients, and visitors. Items are distributed throughout the exam. Develop effective emergency related education and training by establishing objectives to impart knowledge and facilitate understanding. Evaluate compliance through performance assessments and various forms of feedback in to ensure assure the effectiveness of emergency training, education, exercises, and drills. Maintain a recordkeeping and data capture systems by to acquire, analyze, and distribute accurate data and to meet emergency management and safety compliance requirements. Hold paramount the protection of people, property, and environment by working with management and government agencies to improve all phases of disaster preparedness and emergency management. Adhere to standards of professional conduct by limiting emergency professional practice to areas of competence and avoid all conflicts of interest. Demonstrate a knowledge of codes and standards including: CFR Titles 10, 21, 29, 40, 42, 44, 49; Federal Agencies (CDC, DHS, DHHS, DHS, DOT, EPA, FDA, FEMA, NRC, & OSHA); and Voluntary Organizations (ANSI, ASTM, ASHRAE, ASME, CGA, FGI, NFPA, NIOSH, UL).

Domain 3 Topics
- Accreditation standards
- ANSI/ASTM standards
- Code of Federal Regulations
- Emergency standards
- Federal agency responsibilities
- Federal legislation
- Federal Register and standards
- Fire safety and life safety
- Hazardous materials standards
- OSHA standards and NIOSH responsibilities
- NFPA codes/standards
- NIOSH responsibilities
- Voluntary emergency/safety standards
- Voluntary standard organizations
Sample Questions

1. Which concept relates to the number of individuals an incident supervisor can manage effectively?
   a. Delegation of authority
   b. Span of control*
   c. Form follows function
   d. Unity of command

2. Which Command Staff position monitors conditions and develops measures for protecting the health of all assigned personnel?
   a. The Public Information Officer
   b. The Liaison Officer
   c. The Operations Section Chief
   d. The Safety Officer*

3. Which incident facility serves as the location where personnel and equipment are kept while waiting for tactical assignment?
   a. Disaster compound
   b. Helicopter support base
   c. Incident command center
   d. Staging area *

4. An effective span of control during incidents may vary from three to seven, which ratio of supervisor to reporting elements is recommended?
   a. One supervisor to four reporting elements
   b. One supervisor to five reporting elements*
   c. One supervisor to six reporting elements
   d. One supervisor to seven reporting elements

CHEP Study Resources

Studying the resources listed does not guarantee that a candidate will pass the examination. Candidates must personally decide how they can best prepare for the examination. IBFCSM does not require any candidate to purchase study materials, resources, or attend any review session to qualify for certification. Study references include the following resources:

- OSHA Hospital and Healthcare Disaster Preparedness and Emergency Management References, Online at: www.osha.gov
- CDC, DHHS, DHS, CMS, EPA, FDA, OSHA & NIOSH Websites
**CHS-LTC (Certified Healthcare Safety—Long Term Care)**

The CHS-LTC credential focuses on using management principles to improve the safety performance of nursing care facilities. The certification would be appropriate for individuals desiring to improve their safety practice. Earning the CHS-LTC credential provides recognition and documents achievement. Long term care and other nursing care facilities need certified personnel that understand how proactive safety practice supports operational effectiveness, improves resident care processes, and reduces organizational costs.

#### Exam Blueprint

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<td>2. Hazard Control Management &amp; Practice</td>
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<tr>
<td>3. Compliance &amp; Standards</td>
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**Domain 1—Management & Leadership (36%)**

This domain requires exam candidates to demonstrate competency by using recall/recognition, comprehension, and application of knowledge to correctly answer items related to healthcare safety. IBFCSM ensures the distribution of all exam items throughout the exam. Design, implement, and maintain comprehensive management systems by defining requirements, developing policies, and procedures to protect residents, staff, visitors, property, and the environment. Determine the effectiveness of safety related function and relevant systems by measuring and evaluating performance indicators to ensure continuous improvement. Use appropriate methods to ensure stakeholders understand their roles in formulation and implementation of safety.

**Domain 1 Topics**
- Accident/hazard reporting
- Behaviors and communication
- Communication effectiveness
- Decision-making
- Disaster preparedness/emergency management
- Education/training
- Employee health
- Facility safety priorities
- High reliability concepts
- Human factors
• Improvement processes
• Leadership principles
• Management concepts
• Medical and care errors
• Occupational health
• Operational culture/dynamics
• Organizational performance
• Performance improvement
• Quality improvement
• Resident safety
• Risk management
• Safety assessment and authority
• Safety management, policies, and priorities
• System safety methods
• Training, education, and orientation

Domain 2—Hazard Control Management & Practice (28%)
This domain requires exam candidates to demonstrate competency by using recall/recognition, comprehension, and application of knowledge to correctly answer items related to healthcare hazards including the identification, analysis, and control of such hazards to prevent accidents, reduce risks, and maintain a safe environment for staff, patients, and visitors. Healthcare safety items are distributed throughout the examination. Evaluate facilities, products, systems, equipment, workstations, and processes to identify the hazards and assess risks. Recommend controls through design and engineering to eliminate hazards and reduce the risks posed by safety hazards. Communicate hazards, risks, and controls to employees, residents, management, and the public.

Domain 2 Topics
• Accident prevention and investigations
• Antimicrobial solutions
• Biohazards and chemical hazards
• Clinical and departmental hazards
• Employee protection from hazards
• Equipment risks and hazards
• Facility assessments
• Gases and vapors exposure
• Hazard identification and assessment
• Hazardous material management
• Implementing controls
• Infection control and prevention
• Job safety
• Medical equipment
• Personal protective equipment
• Reporting hazards & injuries
• Safety priorities
• Support department safety
Domain 3—Compliance & Standards (36%)
This domain requires exam candidates to demonstrate competency by using recall/recognition, comprehension, and application of knowledge to correctly answer items related to ethical professional practice in the application of, and adherence to compliance, accreditation, and voluntary consensus standards. Items are distributed throughout the exam. Maintain recordkeeping and data capture systems by to acquire, analyze, and distribute accurate data and to meet compliance requirements. Hold paramount the protection of people, property, and environment by working with management and government agencies. Refer to appropriate standards to guide compliance actions. Domain 3 topics include:

- Accreditation standards (JC, CMS, etc.)
- Antimicrobials & disinfectants
- Biohazards and chemical risks
- Clinical safety
- Code of Federal Regulations (CFR 10, 21, 29, 40, 42, 44, 49)
- Compliance
- Compressed gases
- Consensus standards
- Emergency and environmental management
- Ergonomics and human factors
- Facility safety topics
- Federal Agencies (CDC, DHS, DHHS, DHS, DOT, EPA, FDA, FEMA, NRC, & OSHA, etc.)
- Federal agency compliance
- Fire safety management
- Flammable/combustible risks
- Hazardous materials management
- Infection control
- Medical equipment
- Medical waste
- Occupational risks
- Resident safety
- Voluntary Organizations (ANSI, ASTM, ASHRAE, ASME, CGA, FGI, NFPA, NIOSH, etc.)
Sample Questions
1. What best describes the benefit of implementing a resident lifting program?
   a. Improved quality of care*
   b. Reduced worker compensation costs
   c. Greater resident satisfaction

2. Which NFPA publication exclusively addresses healthcare facility topics?
   a. NFPA 13
   b. NFPA 72
   c. NFPA 99*

3. What control would be first when protecting workers from airborne contaminants?
   a. Isolating the hazard far from most workers
   b. Providing proper local and general ventilation*
   c. Requiring use of supplied air respirators immediately

4. What control would be least effective in preventing potential food-borne illnesses?
   a. Requiring food preparation workers to wash hands frequently
   b. Maintaining hot foods on the serving line at 140F or higher
   c. Providing a supply of cloth towels to wipe food prep surfaces frequently*

Study Resources
Studying the resources listed does not guarantee that a candidate will pass the examination. Candidates must personally decide how they can best prepare for the examination. IBFCSM does not require any candidate to purchase study materials, resources, or attend any review session to qualify for certification. Study references include the following resources:

- OSHA Hospital and Healthcare References, Online at: www.osha.gov
CPSO (Certified Patient Safety Officer)

IBFCSM developed the Certified Patient Safety Officer (CPSO) designation to support a systematic approach to lead efforts for ensuring safety and welfare of patients. The CPSO designation would be appropriate for healthcare executives, risk managers, quality coordinators, nursing supervisors, safety directors, patient safety officers, consultants, physicians, emergency department personnel, pharmacy professionals, biomedical equipment specialists, and other qualified healthcare professionals.

Exam Blueprint

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<thead>
<tr>
<th>Domains</th>
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<tr>
<td>2. Patient Safety Processes &amp; Methods</td>
<td>40%</td>
</tr>
<tr>
<td>3. Patient Risks, Agencies, &amp; Standards</td>
<td>20%</td>
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</table>

Domain 1 — Patient Safety Fundamentals (40%)

This domain requires candidates to demonstrate competency by using recall/recognition, comprehension, and application of knowledge to answer items related to patient safety. Exam items focus on the identification, analysis, and control of hazards to prevent accidents, reduce risks, and maintain a safe environment for staff, patients, and visitors. Items appear distributed throughout the examination. Knowledge and job practice skills include the areas described. Evaluate facilities, products, systems, equipment, workstations, and processes by applying qualitative techniques to identify the hazards and assess their risks. Recommend controls through design and engineering to eliminate hazards and reduce the risks posed by processes and human errors. Evaluate controls by analyzing feasibility, effectiveness, reliability, and costs to achieve a best solution. Implement strategies by using the results of hazard identification and risk analyses to eliminate and/or reduce harmful exposure to patients and the care environment. Communicate hazards, risks, and controls to patients, their families, care staff, senior management, care providers, and the public.

Domain 1 Topics
- Adverse events
- Change analysis
- Clinical communication
- Collecting patient information
- Common patient never events
- Continuous learning
• Deferring to medical expertise
• Defining adverse events
• Discipline and non-punitive cultures
• Duty of care requirements
• Ethics
• Evidenced based medicine
• Facilitating change
• Functions of management
• Harm free care
• Healthcare organizational priorities
• History of patient safety
• Human error
• Improving reliability
• Leading others
• Malpractice
• Management principles
• Medical staff issues
• Medication safety
• Operational issues
• Organizational assumptions
• Organizational climate
• Organizational structures
• Patient care risks
• Patient data and information
• Patient participation in care
• Patient risks
• Patient safety officer duties
• Patient safety terms
• Personal accountability
• Personnel behaviors
• Risk management
• Safety challenges
• Safety cultures
• Senior leadership
• Teamwork and understanding
• Transparency
• Trust
• Understanding errors
Domain 2 – Patient Safety Processes, Methods, & Systems (40%)
This domain requires exam candidates to demonstrate competency by using recall, recognition, comprehension, and application of knowledge to correctly answer items related to patient safety methods and tools that can promote patient safety as an operational priority in healthcare organizations. IBFCSM ensures distribution of exam item types throughout the examination. Design, implement, and maintain comprehensive management systems by defining requirements, developing policies, and procedures to protect patients, staff, visitors, property, and environment. Implement policies, procedures, and directives in systematic manner to protect patients, staff, visitors, property, and the environment. Determine the effectiveness of safety related function and relevant systems by measuring and evaluating performance indicators to ensure continuous improvement to protect patients, staff, visitors, and contractors. Apply sound management and leadership practices to efficiently use resources to improve safety. Use appropriate methods to ensure stakeholders understand their roles in formulation and implementation of safety. Present technical information to patients, care staff, medical providers, management, contractors, vendors, and the public about compliance requirements. Accept responsibility to promote safety by providing technical counsel and advice on issues related to accreditation/compliance standards to protect patients, property, and environment.

Domain 2 Topics
- Analyzing incidents
- Culture change
- Defining and refining trusting cultures
- Defining reliability science
- Delegation, authority, and responsibility
- Evaluating human factors
- High reliability methods
- Human factors
- Improvement processes
- Investigations
- Need for change
- Outcome improvement
- Patient safety initiatives
- Performance improvement
- Prioritizing corrective actions
- Proactive safety objectives
- Problem solving
- Reporting errors
- Risk and quality management
- Safety assessment
- Safety cultures
- Sentinel events
- Staff education
- Statistics and information
- Strategic initiatives
- System methods
- Teams and patient safety
- Understanding failure
Domain 3—Patient Risks, Agencies, & Standards (20%)
This domain requires exam candidates to demonstrate competency by using recall and recognition, comprehension, and application of knowledge to correctly answer items related to ethical professional practice in evaluating patient risks including the application of, and adherence to compliance, accreditation, and voluntary consensus standards. Items appear distributed throughout the exam. Evaluate compliance through performance assessments and various forms of feedback to assure that training is effective. Develop effective education and training by establishing objectives to impart knowledge and facilitate understanding of compliance, accreditation, and voluntary standards. Maintain recordkeeping and data capture systems to acquire, analyze, and distribute accurate data that meets compliance requirements. Hold paramount the protection of patients, property, and environment by working with management, voluntary, and government agencies. Adhere to professional conduct by limiting practice to areas of competence and avoiding conflicts. Improve competency through continuing education and maintain proficiency by using appropriate methods, processes, and technologies. Refer to appropriate standards to guide patient safety, compliance and accreditation actions: (JC, DNV, HFAP, CMS); Federal Agencies (CDC, DHS, DHHS, DOT, EPA, FDA, FEMA, NRC, & OSHA); Voluntary Organizations (ANSI, ASTM, ASHRAE, FGI, NFPA, NIOSH, UL).

Domain 3 Topics
- Accreditation and patient safety
- Adverse organizational events
- Care environmental risks
- Communicating safety issues
- Diagnostic errors
- Emergency management
- Facility safety
- Hazardous drug safety
- Infection control issues
- Infection prevention methods
- Key adverse patient events
- Maintaining care levels
- Medical equipment safety
- Medication management processes
- Medication safety
- Occupational safety
- Patient clinical hazards
- Patient evacuation
- Patient fall prevention
- Patient safety organizations
- Patient safety responsibilities
- Pharmacy hazards
- Safety committees
- Security management
- Sharp-end medical issues
- Support function safety
Sample Questions
1. Which term does the Institute of Medicine (IOM) use to describe a patient injury resulting from poor medical management rather than underlying disease?
   a. Adverse event*
   b. Near miss
   c. An error

2. Which of the following would be a model for culture change that focuses on factors other than those involved in a patient caregiver event?
   a. Swiss-Cheese Model
   b. Blunt and Sharp End Process*
   c. Hindsight Bias

3. Which of the following would be the primary purpose for identifying and analyzing a medical error that does not produce any patient injury or harm?
   a. Report the error to state medical and nursing boards
   b. Identify and hold accountable persons responsible
   c. Help identify flaws within the system or any sub system*

4. Which of the following actions would contribute the most to reducing risks of organizational acquired infections in a hospitalized patient?
   a. Use disposable medical supplies in all times patient or treatment areas
   b. Establish a multi-disciplinary infection control committee to evaluate risks
   c. Require staff to follow established organizational hand sanitizing protocols*

Study Resources
CHFSP (Certified Healthcare Fire Safety Professional)

The CHFSP credential focuses on the importance of using management principles to improve the fire and life safety of healthcare facilities. The exam contains at least 100-130 multiple choice questions. The exam content was developed with the assistance of practicing healthcare fire safety professionals. Applicants must document 8 years of relevant education and experienced combined. Candidates must document a minimum of two years of experience. Applicants may qualify by documenting relevant experience of at least eight years.

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Domain 1—Management & Leadership (35%)
Candidates must demonstrate competency by using recall/recognition, comprehension, and application of knowledge to correctly answer items related to healthcare fire safety and management. IBFCSM ensures distribution of all exam types of items throughout the exam. Practice/knowledge requirements focus on designing maintaining fire safety systems including implementing systematic procedures to protect patients, staff, visitors, property, and the environment. Determining effectiveness of fire safety related functions and systems by measuring/evaluating performance indicators to ensure compliance. Applying sound management and leadership practices to ensure efficient use resources to improve fire safety. Presenting technical information effectively to management, contractors, vendors, and the public about compliance requirements. Accepting responsibility to promote fire safety by providing advice on issues related to accreditation and consensus standards to protect people, property, and environment.
Domain 2—Fire Safety Practice (25%)
Candidates must demonstrate competency by using recall/recognition, comprehension, and application of knowledge to correctly answer items related to healthcare hazards including identification, analysis, and control of fire hazards to prevent accidents, reduce risks, and maintain a safe environment for staff, patients, and visitors. Exam items are distributed throughout the examination. Candidates must evaluate facilities, products, systems, equipment, workstations, and processes by applying qualitative techniques to identify the fire hazards and assess their risks. Recommending controls through design and engineering to eliminate hazards and reduce the risks posed by fire hazards. Evaluating controls by analyzing feasibility, effectiveness, reliability, and costs to achieve a best solution. Implementing strategies by using the results of hazard identification and risk analyses to eliminate and/or reduce harmful exposure to people, property, and the environment. Communicating hazards, risks, and controls to staff, patients, contractors, and the public.

Domain 3—Compliance & Standards (40%)
This domain requires candidates to demonstrate competency by using recall/recognition, comprehension, and application of knowledge to correctly answer items related to ethical professional practice. This practice includes adherence to compliance, accreditation, and voluntary consensus standards. Items are distributed throughout the exam. Developing effective education and training by establishing objectives to impart knowledge and facilitate understanding of compliance, accreditation, and voluntary standards. Evaluating compliance through performance assessments and various forms of feedback to ensure training is effective. Maintaining a recordkeeping and data capture systems by to acquire, analyze, and distribute accurate data and to meet compliance requirements. Holding paramount protection of people, property, and environment by working with management and government agencies. Adhering to professional conduct by limiting practice to areas of competence and avoiding conflicts. Improving competency through continuing education, certification, and maintaining proficiency in the use of technologies.

Domain Topics
- Air handling equipment
- Aisles, corridors, and ramps
- Alarm systems
- Alternative approaches to life safety
- Automatic fire extinguishing systems
- Building construction types
- Built structure risks
- Classes of fire
- Commercial cooking operations
- Communications
- Compressed gas safety
- Confinement
- Construction and life safety
- Contingency planning
- Corridors
- Door locking in patient areas
- Drill monitoring
- Egress/exits
- Electrical fire risks/safety
- Elevator/escalator safety
- Emergency lighting
- Emergency power systems
- Emergency procedures
- Evaluating fire related hazards
- Evaluating risk of flammables
- Exhaust systems
- Exit passageways
- Extinguishing systems
- Fire and smoke doors
- Fire hoses
- Fire hydrant maintenance
- Fire safety cans
- Fire safety evaluations
- Fire-related deaths/injuries
- Flammable gases
- Flow testing on standpipes
- Foot candle requirements for emergency lighting
- Hazardous materials
- Heat detectors
- Hot work processes
- Incident command system
- Inspecting fire/smoke walls
- Kitchen fire safety
- Lab hazards
- Laundry fire safety
- NFPA 101 and NFPA 99
- Occupational hazards
- Off-site notification devices
- Out of service alarms
- Outpatient services
- Personal protective equipment
- Portable fire extinguishers
- Prioritized emergency response procedures
- Rated barriers
- Requirement non-sprinklered area separation
- Respirators
- Safety inspections
- Safety signs
- Separations for occupancies
- Smoke barriers
- Smoke compartments
- Smoke dampers
- Sprinkler systems
- Standpipe hoses
- Surgical fire risks
- Testing of roof surfaces
- Thermal barriers
- Welding safety
Sample Questions
1. What is the best method of identifying potential workplace fire and related hazards?
   a. Conducting comprehensive work site analyses and surveys*
   b. Reviewing hazard control publications and journals
   c. Analyzing accident and injury data for the five previous years
   d. Understanding the application of regulatory standards and codes

2. Which of the following statements about carbon monoxide is most accurate?
   a. An odorless gas that inhibits the blood from carrying oxygen to the brain*
   b. An indoor pollutant generated from the arcs of electrical motors
   c. OSHA does not regulate carbon monoxide exposures
   d. It can cause breathing problems but is not fatal

3. What type of fire extinguisher, known to be effective on computer fires, has been declared as environmentally dangerous?
   a. Carbon dioxide
   b. Dry powder
   c. Type: ABC
   d. Halon*

4. What National Fire Protection Association (NFPA) publication addresses electrical grounding requirements for patient areas in healthcare facilities?
   a. NFPA 70
   b. NFPA 99*
   c. NFPA 101

Study Resources
Studying the resources listed does not guarantee that a candidate will pass the examination. Candidates must personally decide how they can best prepare for the examination. IBFCSM does not require any candidate to purchase study materials, resources, or attend any review session to qualify for certification. Study references include the following resources:


NFPA Publications

- Automatic Sprinkler Systems (NFPA 25)
- Bonding, Grounding, and Electrical Fire Hazards (NFPA 70/70E)
- Bulk Oxygen Systems (NFPA 50)
- Compressed Gas Association (CGA)
- Electrical Power Standby Power Systems (NFPA 110, NFPA 111)
- Fire Doors and Fire Windows (NFPA 80)
- Fire Hoses (NFPA 1962)
- Fire Protection for Laboratories Using Chemicals (NFPA 45)
- Fire Safety and Emergency Symbols (NFPA 170)
- Fire Walls and Fire Barrier Walls (NFPA 221)
- Flammable and Combustible Liquids (NFPA 30)
- Healthcare Facilities (NFPA 99)
- Healthcare Facility Requirements (NFPA 99)
- Healthcare Flammable/Combustible Materials (NFPA 30)
- Inspection, Testing, & Maintenance of Water-Based Protection Systems (NFPA 25)
- Installation of Smoke Door Assemblies (NFPA 105)
- Installation of Sprinkler Systems (NFPA 13)
- Kitchen Hood Extinguishing (NFPA 96)
- Laser Fire Protection (NFPA 115)
- Life Safety and Egress (NFPA 101, 101A)
- Occupational Safety and Health Administration (OSHA)
- Portable Fire Extinguishers (NFPA 10)
- Smoke Control (NFPA 92 & NFPA 92A)
- Uniform Fire Code (NFPA 1)
- Ventilating System Dampers and Controls (NFPA 90A)
- Welding, Cutting, and Brazing (NFPA 51B)
**CHS-EVS (Certified Healthcare Safety—Environmental Services)**

The CHS-EVS credential was established to focus on the importance of using management principles to improve the safety performance of hospitals, nursing care facilities, and other healthcare locations. The CHS-EVS credential would be appropriate for Candidates desiring to improve their safety contributions during their professional practice of cleaning and maintaining built environments. Earning the CHS-EVS credential provides recognition and documents commitment to cleaning for safety and health. Hospitals, long term care and other nursing care facilities need certified personnel that understand how proactive safety practice supports operational effectiveness, improves resident care processes, and reduces organizational costs. Refer to sample questions and the exam blueprint outline.

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**Domain 1– Safety Management (30%)**

This domain requires exam candidates to demonstrate competency by using recall, recognition, comprehension, and application of knowledge to correctly answer items related to healthcare safety, leadership, and management to promote safety as an operational priority in healthcare organizations. IBFCSM ensures distribution of all exam types of items throughout the examination. Knowledge and job practice skills include the following. Design, implement, and maintain comprehensive management systems by defining requirements, developing policies, and procedures to protect patients, staff, visitors, property, and environment. Implement policies, procedures, and directives in systematic manner to protect residents, patients, staff, visitors, property, and the care environment. Determine the effectiveness of safety related functions and relevant systems by measuring and evaluating performance indicators to ensure continuous improvement to protect patients, staff, visitors, and contractors. Apply sound management and leadership practices to efficiently use resources to improve safety. Use appropriate methods to ensure stakeholders understand their roles in formulation and implementation of safety. Provide advice on issues related to accreditation and consensus standards to protect people, property, and environment.
Domain 1 Topics

- Accident prevention
- Accident reporting
- Accident, injury, and illness prevention and accident costing
- Classifying accident factors
- Cleaning profession
- Cleaning science
- Disaster planning
- Education, orientation, and training
- Emergency preparedness
- EVS management
- EVS roles accident prevention
- Functions of management
- Green cleaning solutions
- Hazard control management
- Healthcare worker risks
- Human behaviors
- Human relations
- Human relations and understanding organizational cultures
- Identifying risks
- Improving safety
- Incident collection systems
- Incident investigations
- Injury and accident reporting
- Inspections and audits
- Inspections, audits, surveys, investigations, and root cause analysis
- Job safety analysis
- Knowledge and understanding
- Management and leadership concepts/principles
- Management decisions
- Motivating people
- Organizational cultures
- Orientation
- Preparing for cleaning tasks
- Resource management
- Safety behaviors
- Safety checklists
- Safety colors
- Safety cultures
- Safety design
- Safety evaluations
- Safety information sources
- Safety leadership
- Supervising safety
- System safety
- Training and education
- Understanding safety cultures
- Worker safety responsibilities
Domain 2—Hazard Control Concepts (40%)

This domain requires exam candidates to demonstrate competency by using recall and recognition, comprehension, and application of knowledge to correctly answer items related to healthcare hazards. Exam items can focus on the identification, analysis, and control of hazards to prevent accidents, reduce risks, and maintain a safe environment for staff, residents, patients, and visitors. Items are distributed throughout the examination. Knowledge and job practice skills include the following. Evaluate facilities, products, systems, equipment, workstations, and processes by applying appropriate qualitative techniques to identify the hazards and assess their risks. Recommend controls through design and engineering to eliminate hazards and reduce the risks posed by safety hazards. Evaluate controls by analyzing effectiveness, reliability, and costs to achieve the best solutions. Implement strategies by using the results of hazard identification and risk analyses to eliminate and/or reduce harmful exposure to people, property, and the environment. Obtain compliance certifications, listings, approvals or authorizations by identifying applicable regulations, and standards to ensure safety. Communicate hazards, risks, and controls to employees, management, and the public.

Domain 2 Topics
- Accident causal factors
- Accident response
- Analyzing processes
- Biohazards
- Building contaminants
- Change analysis
- Chemical exposures
- Chemical safety
- Chemical storage and disposal
- Cleaning agents
- Disinfectant efficacy
- Disinfectant selection
- Disinfecting and sterilizing
- Disinfecting effectiveness
- Disinfecting, sterilizing, and sanitizing
- Electrical hazards
- Emergency drills and exercises
- Emergency response
- Ergonomic hazards
- Evaluating floor hazards
- Evaluating hazardous chemicals
- Facility and building safety
- Facility evacuations
- Fire risk evaluation
- Fire safety evaluations
- Hazard analysis
- Hazard controls
- Hazardous human exposures
- Hazardous wastes
- Healthcare facility security
- Healthcare hazards
- Healthcare work risks
- Human hazard exposures
- Indoor air contaminants
- Indoor health hazards
- Infection transmission
- Maintaining healthy buildings
- Maintenance and facility safety
- Preventing slips, trips, and falls
- Selecting cleaning methods
- Spill response procedures
- Understanding accidents
- Ventilation

Domain 3—Compliance & Voluntary Standards (30%)
This domain requires candidates to demonstrate competency by using recall and recognition, comprehension, and application of knowledge to correctly answer items related to ethical professional healthcare safety practice including adherence to compliance, accreditation, and voluntary consensus standards. Develop effective education and training by establishing objectives to impart knowledge and facilitate understanding of compliance, accreditation, and voluntary standards. Exam items appear throughout the exam. Job knowledge and practice skills include the following. Evaluate compliance through performance assessments and various forms of feedback in to assure that training is effective. Maintain a recordkeeping and data capture system to acquire, analyze, and distribute accurate data and meet compliance requirements. Hold paramount protection of people, property, and environment by working with management and government agencies. Adhere to professional conduct by limiting practice to areas of competence and avoiding conflicts. Improve competency through continuing education and maintaining proficient use of technologies. Refer to appropriate standards to guide compliance and accreditation actions.

Domain 3 Topics
- Bloodborne pathogens
- Disinfecting levels
- Emergency showers and eyewashes
- Environmental laws
- EPA standards
- Federal safety regulations
- Federal standards and regulations
- Fire extinguishers
- Hazardous material regulations
- Life safety
- Lost-time injury categories
- OSHA Bloodborne Pathogen Standard
- OSHA healthcare facility emphasis topics
- OSHA inspections
- OSHA safety enforcement
- PPE training
- Protective clothing and equipment
- Radiation safety
- Regulating antimicrobial products
- Safety regulations
- Training requirements
Sample Questions

1. Which of the following would be the best reason to conduct trending analysis?
   a. Determining accident costs
   b. Determining training needs
   c. Identifying problem areas*

2. A supervisor can best help safety efforts by doing which of the following?
   a. Purchasing safe equipment and tools
   b. Training employees on safe work procedures*
   c. Meeting with the hospital safety manager

3. According to Hazard Communication Standard, who has the responsibility for having hazardous material information available to the employees, upon request?
   a. The manufacturer
   b. The employer*
   c. The selling company

4. What is the first action that should be taken when a fire is discovered at the facility?
   a. Find the closest fire extinguisher
   b. Activate the fire alarm*
   c. Close all the doors and windows

Study Resources

This listing provides a guide of informative references that can help candidates prepare for the examination. Studying the resources listed does not guarantee that a candidate will pass the examination. Candidates must personally decide how they can best prepare for the examination. IBFCSM does not require any candidate to purchase study materials, resources, or attend any review session to qualify for certification. Study references include the following resources.


Controlling Health Hazards to Hospital Workers: A Reference Guide for New Solutions

OSHA Education & Training for Worker Safety in Hospitals
CHSN (Certified Healthcare Safety—Nursing)

The CHSN designation provide nurses with the opportunity to earn a practical safety credential that addresses both patient safety and healthcare occupational safety/health. The designation can improve professional practice and prepare holders for greater responsibilities in the areas of nursing safety, risk management, quality, occupational safety/health, and overseeing patient care.

Exam Blueprint

<table>
<thead>
<tr>
<th>Domains</th>
<th>100-150 Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Management &amp; Leadership</td>
<td>40%</td>
</tr>
<tr>
<td>2. Patient &amp; Occupational Safety</td>
<td>40%</td>
</tr>
<tr>
<td>3. Compliance &amp; Standards</td>
<td>20%</td>
</tr>
</tbody>
</table>

Domain 1—Safety Management & Leadership (40%)
This domain requires exam candidates to demonstrate competency by using recall, recognition, comprehension, and application of knowledge to correctly answer exam items related to nursing-related safety practice. Exam items can focus on identification, analysis, and control of risks/hazards related to patient safety and occupational health/safety. Items are distributed throughout the examination. Evaluate facilities, medical equipment, products, systems, equipment, workstations, and processes by applying qualitative processes to ensure patient safety by identifying hazards and assessing risks. Adhere to recommended controls to prevent patient harm during medical procedures and on-going care. Communicate hazards, risks, and controls to patients, families, staff, senior management, care providers, and the public. Domain topics include:
- Accident/hazard reporting
- Communication effectiveness
- Decision-making
- Disaster preparedness
- Education/training
- Emergency management
- Employee health
- Facility safety priorities
- High reliability concepts
- Human factors
- Leadership principles
- Management concepts
• Occupational health
• Operational culture
• Organizational dynamics
• Organizational improvement
• Organizational performance
• Patient safety
• Performance improvement
• Quality improvement
• Risk management
• Safety assessment
• Safety behaviors/communication
• System safety
• Training, education, and orientation

Domain 2 -- Patient & Occupational Safety (40%)
This domain requires exam candidates to demonstrate competency by using recognition/recall, comprehension, and application of knowledge to correctly answer items related to healthcare facility and occupational safety. IBFCSM ensures distribution of all exam types of items throughout the examination. Knowledge and job practice skills include the following. Determine the effectiveness of safety related function and relevant systems by measuring and evaluating performance indicators to ensure continuous improvement to protect staff, patients, and visitors. Apply sound management and leadership practices to efficiently use resources to improve safety. Use appropriate methods to ensure stakeholders understand their roles in patient and occupational safety.

Domain 2 Topics
• Accident investigations
• Accident prevention
• Antimicrobial solutions
• Biohazards
• Chemical hazards
• Clinical area safety
• Departmental hazards
• Employee protection
• Environmental hazards
• Equipment risks
• Evaluating hazards
• Facility wide hazards
• Gases and vapors
• Hazard assessment processes
• Hazard identification
• Hazard protection
• Hazardous material management
• Human risks and job safety
• Implementing controls
• Infection control and prevention
• Medical equipment
• Personal protective equipment
• Reporting hazards & injuries
• Safety priorities
Domain 3—Compliance & Standards (20%)
This domain requires exam candidates to demonstrate competency by using recall and recognition, comprehension, and application of knowledge to correctly answer items related to ethical professional practice in the application of, and adherence to compliance, accreditation, and voluntary/consensus standards. Items are distributed throughout the exam. Evaluate compliance through performance assessments and various forms of feedback in to ensure assure that training is effective. Conduct effective education and training by establishing objectives to impart knowledge and facilitate understanding of compliance, accreditation, and voluntary standards. Improve competency through continuing education and maintaining proficiency in the use of technologies. Refer to appropriate standards to guide compliance and accreditation action.
Domain 3 Topics
- Accreditation standards (JC, DNV, HFAP, CMS)
- Antimicrobials & disinfectants
- Biohazards
- Clinical safety
- Code of Federal Regulations (CFR 10, 21, 29, 40, 42, 44, 49)
- Compliance
- Compressed gases
- Consensus standards
- Emergency management
- Environmental management
- EOC safety
- EPA standards
- Ergonomics and human factors
- Federal Agencies (CDC, DHS, DHHS, DOT, EPA, FDA, FEMA, NRC, & OSHA, etc.)
- Federal agency compliance
- Fire safety management
- Flammable/combustible risks
- Hazard exposures
- Hazardous materials
- Infection control
- Ionizing & non-ionizing radiation
- Life safety
- Medical equipment
- Medical waste
- Occupational safety/health
- OSHA compliance
- Patient safety
- Voluntary Organizations (ANSI, ASTM, ASHRAE, ASME, CGA, FGI, NFPA, NIOSH, etc.)
Sample Questions

1. Which of the following best describes the benefit of implementing a patient lifting program?
   a. Improved patient quality of care*
   b. Reduced workers’ compensation costs
   c. Greater resident satisfaction
   d. Increased morale for employees

2. Which NFPA publication exclusively addresses healthcare facility topics?
   a. NFPA 13
   b. NFPA 72
   c. NFPA 99*
   d. NFPA 101

3. What control should be considered first when protecting workers from airborne contaminants?
   a. Isolating the hazard far from most workers
   b. Providing proper local and general ventilation*
   c. Requiring use of supplied air respirators immediately
   d. Conducting periodic monitoring in all exposure areas

4. Which of the following processes is considered a rapid change method?
   a. Fishbone Causation Analysis
   b. Plan-Do-Check-Act*
   c. Root Cause Analysis
   d. Failure Mode & Effect Analysis

Study Resources

This study listing provides a guide of informative references that can help candidates prepare for the examination. IBFCSM does not require any candidate to purchase study materials, resources, or attend any review session to qualify for certification. Study references include the following resources:

**CPSM (Certified Product Safety Manager)**

The CPSM designation was established to focus on the importance that safety engineering, effective management practices, and system methods can improve the field of product safety. The program stresses the importance of identifying, evaluating hazards, and reducing risks involving development, manufacture, distribution, and maintenance of products of all types during their total life cycle. Product safety management has world-wide implications because of our global economy. The CPSM credential is a viable option for any professional working in a product safety environment including those with responsibilities in traditional settings and those serving in emerging fields such as pharmaceuticals, biologics, medical equipment production, food manufacturing, electronics, import/export companies, and consulting.

### Exam Blueprint

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<thead>
<tr>
<th>Domains</th>
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<tr>
<td>1. Product Safety Management Concepts</td>
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<tr>
<td>2. Product Development Systems &amp; Methods</td>
<td>31%</td>
</tr>
<tr>
<td>3. Compliance, Regulations, &amp; Standards</td>
<td>23%</td>
</tr>
</tbody>
</table>

**Domain 1—Product Safety Management Concepts (46%)**

This domain requires exam candidates to demonstrate competency by using recall, recognition, comprehension, and application of knowledge to answer items related to product safety, leadership, and management. IBFCSM ensures distribution exam items throughout the examination. Design, implement, and maintain comprehensive management systems by defining requirements, developing policies, and procedures. Implement policies, procedures, and directives in systematic manner. Determine the effectiveness of product safety related function and relevant systems by measuring and evaluating performance indicators to ensure continuous improvement. Apply sound management and leadership to efficiently use resources to improve product safety. Use appropriate methods to ensure stakeholders understand their roles in formulation and implementation of product safety processes. Accept responsibility to promote product safety by providing technical counsel on issues related to safety regulation, compliance, standards to protect people, property, and environment.

**Domain 1 Topics**
- Accident costs
- Centralized safety
- Concept of strict liability
- Consumer product certification
- Defective product liability
- Defective product litigation
- Defend and indemnify liability cases
- Disclaimers
• Employee product safety training
• Flammability risks
• Food safety hazard control
• Food safety risks
• Hazard and danger warnings
• Hazardous materials
• History of product safety
• Human behavior and motivational issues
• Ignoring product safety procedures
• Improving organizational stewardship
• Independent safety reviews
• Industrial accident generation
• Injury due to negligence
• Legal negligence
• Legal theories
• Management functions
• Management safety commitment
• Manufacturer liability
• Negating a warranty
• Negligence
• Product adverse events
• Product and safety audits
• Product hazard control
• Product instructional information
• Product recall information
• Product records and control
• Product review processes
• Product risk management
• Product risk regulation
• Product safety literature
• Product safety litigation
• Product safety management
• Product safety responsibilities
• Product warranty
• Promotional campaigns
• Reasonably safe products
• Recall direct costs
• Records documentation
• Records retention
• Safety audits
• Safety hazard evaluation
• Safety information
• Safety intervention
• Safety training
• Voluntary recalls
• Warranty statements
Domain 2—Product Development Systems and Methods (31%)

This domain requires exam candidates to demonstrate competency by using recall and recognition, comprehension, and application of knowledge to correctly answer items related to healthcare hazards including the identification, analysis, and control of such product hazards to prevent accidents and reduce risks related to the use of products. Exam items are distributed throughout the examination. Evaluate facilities, products, systems, equipment, workstations, and processes by applying qualitative techniques to identify the product hazards and assess their risks. Recommend controls through design and processes to eliminate hazards and reduce the risks posed by safety hazards. Evaluate controls by analyzing feasibility, effectiveness, reliability, and costs to achieve a best solution. Implement strategies by using the results of hazard identification and risk analyses to eliminate and/or reduce harmful exposure to people, property, and the environment. Obtain compliance certifications, listings, approvals or authorizations by identifying applicable regulations, and standards to ensure product safety. Communicate hazards, risks, and controls to employees, management, and the public.

Domain 2 Topics

- Assessing hazard severity
- Audit and inspection process
- Basic elements of product design
- Benefit analysis
- Compliant safety system
- Conditional product related events
- Consumer product analysis
- Controlling production hazards
- Cost effectiveness analysis
- Ensuring design of safe products
- Evaluating existing product hazards
- Failure assessment
- Field disassembly or reassembly
- Flowcharting benefits
- Hazard Analysis
- Hazard analysis of complex systems
- Human factors
- Human factors and ergonomics hazards
- Manufacturing processes
- Medical product risks
- Modifications to existing products
- Potential user behaviors
- Preventing hazardous products from reaching consumers
- Product design, field report, hazard analysis
- Product sampling plans and testing criteria
- Production sequence
- Quality control functions
- Risk and hazard severity
- Safe design objectives and assessment
- Safety hazard categories
- Specification limits
- Substantially equivalent definitions
- System safety science and methods
Domain 3—Compliance Regulations and Standards (23%)
This domain requires exam candidates to demonstrate competency by using recall and recognition, comprehension, and application of knowledge to correctly answer items related to ethical professional practice in the application of, and adherence to compliance and voluntary consensus standards. Items are distributed throughout the exam. Develop effective education/training by establishing objectives to impart knowledge and facilitate understanding of compliance and voluntary standards. Evaluate compliance through performance assessments and various forms of feedback in to ensure assure that training is effective. Maintain a recordkeeping and data capture systems by to acquire, analyze, and distribute accurate data and to meet compliance and voluntary standard requirements. Hold paramount protection of people, property, and environment by working with management and government agencies. Perform in a professional manner by limiting practice to areas of competence. Improve competency through continuing education and maintaining proficiency use of technologies.

Domain 3 Topics
- Code of federal regulations
- Consumer product safety compliance
- Consumer product safety standards
- CPSC enforcement standards
- Defective product reporting standards
- Federal agency responsibilities
- Federal compliance standards
- Good reporting procedures
- Import product safety
- Laws related to sale of goods or products
- Manufacturer duty to warn
- Medical device regulations
- Medical equipment regulation
- Product complaint investigations
- Product safety compliance
- Product safety legislation
- Product safety signs
- Product safety warnings
- Product warning label
- Product warnings and cautions
- Radiation compliance standards
- Regulator jurisdiction
- Regulatory responsibility
- Reporting consumer product injuries
- Safety and hazard warnings
- Standards enforcement
- System safety process risks
- Voluntary safety standards
Sample Questions
1. What statement best describes the reason or reasons for a product legal liability claim?
   a. The misuse or poor application of safe products
   b. Design, manufacture, distribution, or sale of products*
   c. Purchase and use of illegal products
   d. Ownership and distribution of dangerous products

2. What best describes the fundamental philosophy of a system safety process?
   a. A system approach requires a complete safety staff including analysts
   b. System safety methods emphasize a reactive approach rather than a proactive approach to risk
   c. Complexity of safety systems requires a safety manager experienced in systems
   d. System safety approaches always improve the bottom line*

3. What is a manufacturer's duty to warn users about a product?
   a. Duty exists for products designated as hazardous by a regulatory/consensus organization
   b. Duty ends in most situations once the product has been sold*
   c. Duty to warn exists after the sale of the product
   d. Duty can be waived with a properly developed disclaimer

4. What key issue relates to the general theory of negligence in product safety?
   a. Reasonableness of the manufacturer's conduct at the time the product left its hands*
   b. Reasonableness of the product in the environment for which it was designed
   c. Reasonableness of product usage prior to an incurred injury
   d. Availability to manufacturer of reasonably safe alternative designs

Study Resources
• Product Safety Management Guidelines, 2nd Ed. Laing, P; Editor, NSC, Chicago, IL, 1996
• Human Perspectives on Warnings, Laughery, K. & Young, S, Human Factors & Ergonomics Society, Santa Monica, CA, 1994
• System Safety Engineering & Management, Roland, H. & Moriarty, B, John Wiley & Sons, NY, 1990
(Certified Hazard Control Manager)

CHCM & CHCM-SEC

The CHCM designation, established in 1976, focuses on the importance of using management and hazard control principles to improve the safety and health of various types of organizations. To date more than 3,400 hazard control personnel have earned the prestigious CHCM credential. CHCM holders work in various settings including, but not limited, to manufacturing, construction, oil & gas, utilities, mining, transportation, healthcare, government, education, consulting, insurance, compliance, risk management, and system safety. Organizations need professional hazard control managers that understand how safety and management principles support accident prevention and loss reduction efforts. In 2012, IBFCSM created the CHCM-SEC credential to meet a need in private and industrial security. The CHCM-SEC Exam addresses the same concepts as does the CHCM Exam with additional security questions.

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<tr>
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<tr>
<td>2. Hazard Control Management Principles</td>
<td>40%</td>
</tr>
<tr>
<td>3. Compliance and Standards</td>
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</tbody>
</table>

Domain 1—Management (30%)

This domain requires exam candidates to demonstrate competency by using recall and recognition, comprehension, and application of knowledge to correctly answer items related to safety and general management. Exam items appear throughout the examination. Exam items are distributed throughout the examination. Knowledge and job practice skills are described as follows. Design or coordinate implementation of management, plans, policies, and procedures to protect people, property, and the environment. Determine the effectiveness of safety functions, processes, and systems by evaluating performance indicators to ensure the protection of people, property, and the environment. Promote the value of safety by encouraging the effective use of resources and the importance of understanding the concepts and principles contribute to safety function effectiveness. Use appropriate methods that will ensure stakeholders understand their roles in formulation, implementation, and adherence to safety policies and directives. CHCM-SEC candidates must answer items that relates to understanding and applying principles and concepts of industrial and private security required during managing hazards. These items would not apply the CHCM candidates.
Domain 1 Topics
• Accident prevention
• Accident prevention models
• Accidents & human errors
• Analyzing complex systems
• Communication & coordination
• Emergency procedures
• Employee safety challenges
• Human factors
• Individual safety involvement
• Information security
• Investing in safety
• Operational safety issues
• Operational safety management
• Organizational change
• Organizational culture & climate
• Organizational safety involvement
• Organizational structures
• Performance improvement
• Policies & procedures
• Proactive safety
• Product hazard evaluations
• Risk management
• Safety decisions
• Safety design
• Safety duties
• Safety education
• Safety hazard priorities
• Safety inspections
• Safety leadership
• Safety priorities
• Safety management skills
• Safety policies, procedures, & directives
• Safety related costs & benefits
• Safety responsibilities
• Safety training
• Supervising safety
• System safety methodologies
• Training & educational methods
• Understanding accidents
Domain 2 – Hazard Control (40%)
This domain requires exam candidates to demonstrate competency by using recall and recognition, comprehension, and application of knowledge to correctly answer items related to hazard control management. Exam items appear throughout the examination. Knowledge and job practice skills include the following. Evaluate facilities, products, systems, equipment, workstations, and processes by applying qualitative techniques to identify hazards and assess their risks. Recommend controls with design/engineering features to eliminate hazards/reduce risks. Analyze feasibility, effectiveness, reliability, and cost to achieve the best possible solution. Take actions to identify the applicable standards or best practices to address safety issues. Implement strategies by using results of hazard identification and risk analyses to eliminate and/or reduce harmful exposure to people, property, and the environment.

Domain 2 Topics
• Accident factors
• Accident analysis
• Accident analysis and evaluation
• Accident causal factor analysis
• Accident causes
• Accident prevention principles
• Accident prevention priorities
• Chemical hazards
• Controlling hazards
• Crime risks
• Critical process safety
• Design safety
• Executive security
• Facility risks
• Facility safety
• Fire risks
• Fire safety
• Hazard analysis
• Hazard control concepts
• Hazard control effectiveness
• Hazard control management
• Hazard control methods
• Hazard control situations
• Hazard analysis
• Hazard evaluation
• Hazard identification
• Hazardous materials safety
• Human factors safety
• Identifying hazards & unsafe actions
• Improving safe job performance
• Improving safety functions
• Indoor contaminants
• Intelligence security
• Job safety analysis
• Occupational safety hazard
• Operational hazard analysis
• Operational security
• Private security
• Product safety management
• Protecting organizational assets
• Reducing workplace hazardous exposures
• Safety challenges
• Safety effectiveness
• Safety evaluation
• Safety management
• Safety warnings, signs, & tags
• Security concepts & principles
• System safety
• Transportation safety

Domain 3 – Compliance & Voluntary Standards (30%)
This domain requires exam candidates to demonstrate competency by using recall and recognition, comprehension, and application of knowledge to correctly answer items related to compliance and voluntary standards. Exam items are distributed throughout the examination. Knowledge and job practice skills include the following. Assess and develop education/training processes to ensure appropriate personnel complete mandated training and/or understand compliance and other standard requirements. Ensure adherence to relevant standards by performing audits and using various feedback mechanisms to validate compliance, hazard control, and training effectiveness. Disseminate standard related information to leaders, contractors, vendors, workers, and the public about compliance and/or accreditation standards and requirements. Hold paramount the protection of people, property, and environment by working with voluntary organizations and agencies. Adhere to standards of professional conduct by limiting practice to areas of competence and avoiding conflicts of interest. Accept responsibility to promote safety by providing technical counsel and advice on issues related to accreditation in order to protect people, property, and environment.

Domain 3 Topics
• Building & fire codes
• Codes & standards
• Compliance standards
• Controlling known hazards
• Disaster management
• Emergency response
• Emergency preparedness
• Evaluating hazard severity
• Facility hazards
• Federal agencies
• Federal agency requirements
• Federal agency responsibilities
• Fire & chemical safety
• Fire and life safety issues
• Fire safety prevention
• Fire safety control
• Fire safety codes & standards
• Fire safety evaluations
• Fire safety standards
• Hazard controls
• Hazard evaluation standards
• Hazard identification & communication
• Hazard substance standards
• Hazardous materials
• Hazardous waste standards
• Ionizing & non-ionizing radiation
• OSHA compliance
• Major OSHA standard
• Medical emergencies
• Occupational injuries & illnesses
• Occupational physical hazards
• Occupational safety
• OSHA standard compliance
• Personal protective clothing
• Safe storage practices
• Safety & emergency management
• Safety warnings
• Transportation safety risks
• Voluntary safety standards
• Consensus standards
• Voluntary standards
• Standard issuing organizations
• Workplace physical hazards
• Workplace safety
Sample Questions

1. Which of the following would contribute *most* to a hazard control manager’s success?
   a. Development of working relationships with line supervisors and staff function managers*
   b. Providing immediate solutions to all safety related problems when requested
   c. Promoting safety as a profit center and enlisting others to help improve the bottom line
   d. Correcting hazards without help from other members of the organization

2. Which of the following *best* describes the role of an effective hazard control manager?
   a. Inspector
   b. Analyzer
   c. Advisor*
   d. Technician

3. Which of the following is *not* a major component of hazard control management?
   a. Engineering
   b. Compliance*
   c. Human Factors
   d. Management

4. Which statement about accidents is true?
   a. Accidents can be classified as random events
   b. Accidents can sometime have only a single cause
   c. Accidents are symptoms of management problems*

Study Resources
This listing provides a guide of informative references that can help candidates prepare for the examination. Candidates must understand that items can come from a variety of resources that address professional healthcare safety practice. Studying the resources listed does not guarantee that a candidate will pass the examination.

CEDP (Certified Emergency & Disaster Professional)
The CEDP provides a professional certification opportunity for anyone working in emergency and disaster roles and positions in governmental positions or the private sector. Applicants come from emergency managers, disaster professionals, public health, emergency medical technicians, fire and law enforcement professionals, healthcare coalitions, hospitals, local, municipal, county/parish agencies, private security organizations, safety and health professionals, and military active duty personnel and veterans. The exam addresses the roles/responsibilities of DHS, FEMA, and DHHS agencies including ASPR and CDC. The exam addresses the National Response Framework (NRF) and FEMA objectives. Applicants can qualify for the CEDP by documenting eight (8) years of relevant experience or 8 years of relevant experience and college education combined with at least (2) years of experience. The exam requires candidates to use recall, recognition, comprehension, and application knowledge to answer items related to emergency and disaster management. IBFCSM distributes the multiple-choice exam items from each domain throughout the examination.

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<td>35%</td>
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<td>3. Safety &amp; Environmental</td>
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Domain 1–Emergency Management (39%)
CEDP holders must understand emergency preparedness concepts related to the development of policies, procedures, and plans needed to protect employees, visitors, property, and the public. Determine effectiveness of emergency related functions and relevant systems by using collaboration, communication, and coordination. Apply sound management practices to improve emergency/disaster functions. Ensure all stakeholders understand their roles in formulation, coordination, and implementation of emergency preparedness and disaster response actions. Communicate and coordinate effectively with organizations, government agencies, incident command structures, contractors, vendors, and the public about emergency management requirements.
Domain 1 Topics

- Agency coordination/collaboration
- Authority/responsibility
- Communications
- Disaster response and recovery
- Drills/exercises
- Emergency management concepts
- Emergency response coalitions
- Federal agency planning
- FEMA defined terms
- Governmental agency coordination
- Hazard analysis
- Healthcare emergency standards
- Human resource management
- Identifying hazards
- Incident command systems
- Information/data management
- Leadership/management
- Lessons learned
- Management models
- Medical services/systems
- Mitigation planning/recovery
- Natural risks/hazards
- Operational planning
- Organizational structures
- Planning effectiveness
- Preparedness
- Resource acquisition
- Response sector
- Supply chains/resources
- Sustaining operations
- System methods and processes

Domain 2—Disaster Preparedness (35%)

Evaluate facilities, products, systems, equipment, and processes to ensure proper planning to support protection, response, mitigation, and recovery actions during disasters. Recommend actions to minimize hazards and reduce risks during disasters. Evaluate and coordinate response actions with appropriate agencies, institutions, coalitions, and others. Ensure the feasibility, effectiveness, and reliability of operations to support all types of incidents. Implement strategies to promote hazard identification actions, risk analyses, planning, and coordination to reduce the impact of disasters. Communicate disaster related hazards, risks, and control measures to employees, management, vendors, and the public.
Domain 2 Topics
- Agency coordination
- Command/control
- Cyber security threats
- Disaster response actions
- Drills/exercises
- Emergency support functions
- Federal agency capabilities/responsibilities
- FEMA core capabilities
- Hazardous agents/materials
- Information collection/sharing
- Information technology
- Infrastructure security/resilience
- Lessons learned
- Management/authority models
- Mass car/medical services
- Mitigation activities
- National incident planning
- Natural disaster/weather risks
- Nuclear hazards/risks
- Organizational priorities
- Organizational response
- Protecting infrastructures
- Public safety/resilience
- Resource availability
- Response structures and commands
- Sector capabilities
- Supply/resource priorities
- Terror threats
- Threat assessment
- Transportation disasters

Domain 3—Safety and Environmental (26%)
Develop education and training by establishing objectives to impart knowledge and facilitate understanding of compliance and voluntary standards. Hold paramount the protection of people, property, and environment by working with management and government agencies. Address safety and environmental risks/hazards that pose threats to safety and health. Adhere to ethical conduct by limiting professional practice to areas of competence and avoid all conflicts of interest. Demonstrate a working knowledge of relevant codes, standards, and best practices in the area of safety and environmental risks.

Domain 3 Topics
- ANSI standards (PPE, eyewash stations, etc.)
- CDC (infection prevention, emergency, disaster, terrorism resources, etc.)
- CFRs (10, 21, 29, 40, 42, 44, 49, etc.)
- DHS oversight, roles, terrorism, drills/exercises, & responsibilities
- Disaster related hazards
- Emergency/disaster legislation
- EPA responsibilities/hazardous materials standards
• FDA roles and responsibilities
• Federal legislation related to emergencies and disasters
• Federal standards/guidelines
• FEMA roles, responsibilities, objectives, planning documents
• Food and water safety
• Hazard identification and analysis
• Hazardous materials exposure standards
• Hazardous materials safety
• Information access and security
• Life and fire safety concepts and standards
• Managing emergency utilities
• Managing hazardous substances
• NFPA standards
• NIOSH disaster related safety information
• NRC roles, responsibilities, and standards
• Occupational hazard exposures
• OSHA standards (HAZCOM, HAZWOPER, First Aid, Hazardous Materials, etc.)
• Pandemic, medical surge/evacuation
• Personnel protective equipment
• Physical security
• Post disaster safety hazards
• Radiation and nuclear safety
• Technological and man-made hazards

Sample Questions
1. What concept relates to the supervisory structure of the organization and pertains to the number of individuals or resources one incident supervisor can manage effectively?
   a. Delegation of authority
   b. Span of control*
   c. Form follows function

2. What agency regulates transport of hazardous materials through pipelines?
   a. Occupational Safety and Health Administration
   b. Department of Commerce
   c. Department of Transportation*

3. Homeland Security Presidential Directive 5 required DHS to create which of the following?
   a. Federal Response Plan
   b. Incident Command System
   c. National Incident Management System*

4. What action would most impact on how organizations respond to emergency situations?
   a. Conducting/evaluating disaster drills as required by DHS
   b. Conducting thorough HVA to ensure proper planning*
   c. Appointing an emergency coordinator as a liaison with local EMA
CEDP Resources
Studying the resources listed does not guarantee that a candidate will pass the examination.


Website Review Destinations
  o NIOSH
  o CDC
  o FDA
  o EPA
  o CMS
  o NRC
  o AHRQ
  o DHHS
  o DHS
  o FEMA
  o ATSDR

Key Voluntary & Consensus Standards: ANSI, ASTM, ASME, NFPA, ASHRAE, ACGIH
Exam Analysis

Exam statistics can include standard deviations, passing rates, reliability coefficients, and average exam scores. Reliability values refer to a set of scores already known. Reliability values can vary depending on the number of exams administered. IBFCSM does not consider R-values as stable unless the number of exams exceed 250. IBFCSM never uses reliability statistics as a validity index. Reliability statistics do document exam score performance consistency across multiple administrations. IBFCSM uses KR-20 formula to determine reliability. This process determines how the lower 27% of exam candidates compare with the top 27% of candidates. KR-20 analysis also reveals faulty exam items by generating a point-Biserial value for every question. The internal consistency reliability indicates how well the items are correlated with one another. Two ways to improve the reliability of the test are to increase the number of questions in the test or use items that have high discrimination values in the test. High reliability indicates that the items are all measuring the same thing, or general construct. IBFCSM determines passing scores are based on total points achieved on an exam. Some exam items may be weighted greater than a single point. IBFCSM converts total points earned to a pre-determined Standard Scaled Score for reporting to candidates. IBFCSM provides candidates failing an exam with feedback on the areas needing additional study before retaking the examination.

Validity

The Standards for Educational and Psychological Testing were jointly produced by the American Educational Research Association, the American Psychological Association, and the National Council on Measurement in Education in 2014. IBFCSM considers the following explanation of validity found in the 2014 Standards:

Validity refers to the degree to which evidence and theory support interpretations of test scores for proposed uses of tests. The process of validation involves accumulating relevant evidence to provide a sound scientific basis for the proposed score interpretations. It is the interpretations of test scores for proposed uses that are evaluated, not the test itself. Statements about validity should refer to interpretations for specified uses. It is incorrect to use the unqualified phrase, the validity of the test.

IBFCSM communicate results to candidates using accurate terms that improve understanding the exam process. Test items generate individual responses about proper content which was determined by a Job Task Analysis. Exam administration occurs in a standardized environment. Validity is an objective without restating that to examinees. Making any statement about validity restates point about accuracy that known. Test items generate individual responses about exam content as determined by a Job Task Analysis. Since all exam administrations occur in a standardized environment, validity remains the objective without overstating that point to candidates. IBFCSM does not consider Reliability values as the basis of declaring exam results as valid. References: American Educational Research Association, American Psychological Association, National Council on Measurement in Education, (2014) Standards for Educational and Psychological Testing; Published by American Educational Research Association, Washington, DC. ISBN 978-0-935302-35-6.
Point-Biserial Correlation Analysis
Point-biserial correlation exam scores operate on a continuous scale to compare a single item that has two possible values: correct or incorrect. This value correlates a response on a single exam item with the candidate’s overall score. The overall test score indicates high or low exam performance. Selected responses to an item should correlate with a person’s their overall exam score. A high point-biserial indicates that the exam item discriminated very well among high and low scorers. Values for point-biserial range from -1.00 to 1.00. Values of 0.15 or higher mean that an item is performing well. Very good items typically demonstrate point-biserial values exceeding 0.25. Sometimes items with incorrect keys or two similar answers will show point-biserial values at, close to, or below zero. These items should be examined for clarity and a possible incorrect key. Point-biserial values with negatives indicate a problem. High-performing students miss but low and/or mid performing students answer correctly. These items should be removed or reworked. Reference: Dr. Jennifer Balogh: A Practical Guide to Creating Quality Exams.

P-Values
Exam item difficulty can be simply expressed as a P-values written as a proportion from 0.0 to 1.00. The higher the value, the easier the item and lower the value, the harder the item. P-values above 0.90 are very easy items and should be identified for change on subsequent exam forms. P-values below 0.20 are very difficult items and must be reworked or replaced for subsequent exam forms. IBFCSM determines P-scores by determining items missed by 80% or more of exam candidates or correctly answered by 90% or more of candidates. These items poorly discriminate and provide no reliability values. IBFCSM identifies items not discriminating for possible correction, removal, or replacement.

Reliability
The concept of reliability refers to an R-value of a set of scores that is known. There is a tendency to consider reliability as a stable feature of an exam after documenting high-reliability values across iterations. However, if the same set of items is administered to a very small group, then observing a reliability value that is noticeably lower or higher is no surprise. Reliability reflects a test that consistently performs in a reliable manner to examinees with similar education and experience. IBFCSM avoid interpreting a reliability statistic as a validity index. Psychometric analysis estimates reliability and approximates the quantity of error. Documenting that a set of scores has a small error component is important but use caution before justifiably labeling examination results as valid based on solely on reliability. References: American Educational Research Association, American Psychological Association, National Council on Measurement in Education. (2014). Standards for Educational and Psychological Testing; Published by American Educational Research Association, Washington, DC. ISBN 978-0-935302-35-6.
Reliability Coefficient (KR-20)
The Kuder-Richardson Formula (KR-20) measures overall test reliability. Reliability is a measure of the amount of measurement error associated with a test score. The range is from 0.0 to 1.0. The higher the value the more reliable overall test scores. The internal consistency reliability indicates how well the items are correlated with one another. Two ways to improve the reliability of the test are to increase the number of questions in the test or use items that have high discrimination values. High reliability indicates that items are all measuring the same thing. Certification exams should perform at a KR-20 value of .80 or higher. Multiple-choice items are scored correct or incorrect, the (KR-20) formula calculate the internal consistency reliability with (1) k is the number of items, (2) p = proportion of persons who responded correctly (difficulty value), and (3) q = proportion of persons responded incorrectly to an exam item (1 – p) = total score variance.

Example: CHSP Exam Statistical Analysis
The statistics below indicate that the exams performed in a reliable manner with KR-20 Reliability Value of .82. The pass/fail rate was 75/25 with both exams performing almost identically. The Standard Deviation of 11.83 was also consistent between both forms. IBFCSM manages all other certification exam using the same process.

<table>
<thead>
<tr>
<th>Exam</th>
<th>Exams</th>
<th>Pass</th>
<th>Fail</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>245</td>
<td>186/76%</td>
<td>59/24%</td>
</tr>
<tr>
<td>D</td>
<td>155</td>
<td>114/74%</td>
<td>41/26%</td>
</tr>
<tr>
<td>Total</td>
<td>400</td>
<td>445/75%</td>
<td>148/25%</td>
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</table>

<table>
<thead>
<tr>
<th>Exam</th>
<th>KR-20</th>
<th>Std Dev</th>
<th>Exams</th>
</tr>
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<tr>
<td>C</td>
<td>.82</td>
<td>11.89</td>
<td>245 Exams</td>
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<tr>
<td>D</td>
<td>.81</td>
<td>11.78</td>
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<tr>
<td>Total</td>
<td>.82</td>
<td>11.83</td>
<td>400 Exams</td>
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HEALTHCARE SAFETY JTA TECHNICAL REPORT 2017

JOB TASK STUDY

Introduction
This report provides an overview of the study findings including demographic and psychometric data needed to develop CHSP examination blueprint. IBFCSM referenced ANSI/ASSE Standard Z590-2 (2203) to determine the scope and functions of professional safety position. The Board then developed a survey instrument to determine actual healthcare safety practices, tasks, priorities, criticality, and domain tasks. The survey was sent to more than 1,500 Certified Healthcare Safety Professionals in the summer of 2015. The survey results obtained from credentialed responders were compared to results from a similar 2016 survey completed by credential holders voluntarily serving on the CHSP Advisory Panel. IBFCSM used a variety of methods and sources to ensure that the Job Analysis Study was realistic and valid including gathering information from agencies such as OSHA, NIOSH, CDC, and CMS. IBFCSM also used information from The Joint Commission including standards and other documents addressing safety issues impacting healthcare facility operations.

Healthcare Safety Challenges
Hospitals and healthcare organizations can vary in size, number of employees, number of beds, types of care provided, organizational structure, and leadership styles. These differences and nuances can impact safety, but the goals and objectives remain the same. The objective of any healthcare safety function revolves around taking actions to protect the safety and health of patients, staff, and visitors. Differences in buildings and operational parameters does not change to goals. The discipline of healthcare safety must go beyond the empirical data conclusions to evaluate, address, and control emerging hazards that could cause harm. Research by individuals, organizations and agencies outside of the healthcare arena uncover new risks and safety concerns. IBFCSM is committed to using psychometric surveys and other job safety analysis methods to maintain a current examination blueprint that meets validity and reliability standards. IBFCSM will also implement measures to identify changes in healthcare safety practice between the job analysis projects.

Literature Reviews and Online Searches
IBFCSM continually conducts research from reliable sources including healthcare safety-related publications/journals and from professional societies such as the American Society of Healthcare Engineering (ASHE) to ensure that examination topics were relevant to real world challenges facing those working in healthcare safety positions. Another key source is the textbook: Healthcare Hazard Control and Safety Management, 3rd Edition which was published by CRC Press in 2014. This textbook was initially co-published by IBFCSM and St. Lucie Press in 1996 to provide guidance and direction for those studying for the CHSP examination. This comprehensive text addresses the myriad of hazards found in healthcare facilities and organizations. It provides direction on identifying, analyzing, and controlling hazards and behaviors that could result in injuries to patients, staff members, and visitors.
Professional Practice Contributions
Healthcare Hazard Control and Safety Management was written by IBFCSM Executive Director, Jim Tweedy who has more than 20 years of experience in healthcare training and consulting. Jim has consulted with hospitals, nursing homes, and conducted safety related workshops for medical school faculty and staff. James has presented safety educational sessions to more than 3,500 healthcare safety personnel during the past 20 years on the topics of hazard control, OSHA compliance, root causes analysis, leadership, accident investigations, patient safety, and system safety methods. He has published and edited healthcare safety newsletters. Jim’s experience, insights, and professional currency of healthcare safety issues, challenges, and solutions contributed greatly to the professional practice input to the IBFCSM’s Job Analysis Study.

Certified Healthcare Safety Professional (CHSP) Credential
Founded in 1978, the CHSP credential has certified more than 4,000 healthcare personnel. IBFCSM continues to lead the way in defining issues while promoting the use of a system methodologies to improve safety effectiveness and injury prevention/reduction. IBFCSM promotes a system approach to safety management. For example, a healthcare organizational safety system could consist of the following five broad interacting subsystems: (1) patient safety, (2) occupational safety, (3) visitor safety, (4) contractor/vendor safety, and (5) construction safety. Other related functions such as infection prevention, employee health, and risk management can also impact safety system effectiveness and efficiency. IBFCSM views healthcare safety as not just another program but as an organizational function. Safety as a function must also be given a high organizational priority. Viewing healthcare safety from a “system” perspective can help healthcare safety professionals lead efforts to address hazard identification, analysis, and control in a more meaningful way. The complexity and demands of healthcare impacts everyone including patients and their families, staff members and their families, temporary workers, visitors, contractors, and vendors. Practitioners bring an independence to the facility that can complicate safety efforts. IBFCSM views that earning the CHSP credential can help to upgrade the profession of healthcare safety practice.

Job Safety Analysis Process
The Job Analysis Surveys were sent to 1,540 CHSP credential holders in the summer of 2015 with a 20.6% return rate. The survey obtained demographic information and collected psychometric data for domains of: (A) Safety Management, (B) Hazard Control Practice, (C) Government Compliance and Accreditation, and (D) Adherence to Voluntary Standards. The Job Analysis Study also involved online searches related to healthcare safety standards and guidelines published by governmental agencies such as OSHA, EPA, FDA, NRC, CMS, CDC, FEMA, and NIOSH. The review included identifying Joint Commission and other accrediting organizational requirements and standards. The study also focused on healthcare voluntary standards and codes published by NFPA, ANSI, ASTM, AHSRAE, UL, and other voluntary standards organizations. The National Institute of Occupational Safety and Health (NIOSH) provides great resources on many of the occupational hazards’ workers face every day on the job.
Occupational Safety and Health Administration (OSHA)
Bureau of Labor Statistics (BLS) injury and illness data along with OSHA inspection history demonstrates that inpatient healthcare settings consistently expose workers to a variety of safety and health hazards. OSHA published new healthcare educational web resources in 2014 to help hospitals prevent worker injuries. These guiding resources focused on assessing workplace safety deficiencies to develop controls and education to reduce worker exposures to risks. The new OSHA materials placed a strong emphasis on the importance of using effective safety and health management systems. In 2014, OSHA sent thousands of letters to hospitals across the country with information about the new emphasis program. The new emphasis program established guidance for conducting inspections in NAICS Group 622 (hospitals) and Group 623 (nursing and residential care facilities). This emphasis was a result of 2013 information that hospitals recorded 244,800 work-related injuries and illnesses which is a rate of 6.4 work-related injuries and illnesses for every 100 full-time employees. This rate was almost twice as high as the rate for private industry which was 3.3 per 100 full-time employees for all industries. According to BLS 2013 data, one in five reported nonfatal occupational injuries occurred among healthcare workers. These statistics validate a continuing need for healthcare facilities to use proactive methods to reduce risks and hazards. The new focus includes the following hazards:

- Musculoskeletal disorders (MSDs) relating to patient or resident handling
- Workplace violence (WPV)
- Bloodborne pathogens (BBP)
- Tuberculosis (TB)
- Slips, trips and falls (STFs)

Other Relevant OSHA Standards
- Bloodborne Pathogens
- Control of Hazardous Energy
- Electrical Safety
- Ethylene Oxide
- Formaldehyde
- Hazard Communication
- Hearing Conservation
- Ionizing Radiation
- Laboratory Safety
- Permit Confined Spaces

General Duty Clause Hazards
- Hazardous Drug
- Infectious Diseases
- Laser Safety
- Tuberculosis
- Workplace Violence
OSHA and Joint Commission Alliance
The ongoing OSHA and Joint Commission cooperative alliance illustrates that safety of healthcare personnel remains a priority. The American Nursing Association (ANA) recently published patient handling and moving standards to help reduce caregiver injuries. Many state nursing associations proactively support safety as a top issue for their members. Patient safety remains a critical component of safety efforts as evidenced by the Joint Commission publishing new Patient Safety Standards and the National Patient Safety Goals. IBFCSM takes the position that healthcare worker safety and patient safety both should receive the highest priority in healthcare organizations. Healthcare must believe and act on the tenet that safer caregivers provide safer patient care. IBFCSM encourages healthcare organizations to support accident prevention by employing qualified healthcare safety professionals. Senior leaders must also provide the human and monetary resources necessary to make safety an organizational priority. This begins with governing body and executive involvement to ensure the development of proactive safety cultures. The visibility of leader supporting safety can help healthcare organizations communicate the priority to everyone including patients, staff, and visitors.

Identifying Healthcare Risks and Hazards
IBFCSM continues to keep abreast of the hazards impacting healthcare operations. The Board referred to several resources to ensure that the Job Analysis Study identified and addressed real hazards that exist in healthcare facilities and operations. The OSHA website contains many resources that provide guidance on identifying, analyzing, and controlling hazards of all types. OSHA recognizes five categories of workplace hazards: (1) physical, (2) chemical, (3) biological, (4) environmental/ergonomic, and (5) psychosocial. These five categories were placed on the survey instrument. OSHA categorizes their online resources in the following manner: fact sheets, booklets, bulletins, publications, web page topics, standards, compliance directives, and compliance/assistance e-tools. IBFCSM used the following Hospital E-Tools to help develop the survey instrument:

**Administration**
- Safety & Health Program
- Admissions & Records
- Computer Workstations
- Employee/Employer Rights
- Recordkeeping

**Central Supply**
- Bloodborne Pathogens
- Burns and Cuts
- Ergonomics
- Ethylene Oxide Gas
- Glutaraldehyde
- Hazardous Chemicals
- Slips, Trips, and Falls
Dietary
• Electrical Safety
• Ergonomics
• Fire Safety
• Foodborne Disease
• Hazardous Chemicals
• Kitchen Equipment
• Slips, Trips, and Falls

Emergency Department
• Bloodborne Pathogens
• Equipment Hazards
• Hazardous Chemicals
• Latex Allergy
• Slips/Trips/Falls
• Terrorism
• Tuberculosis
• Workplace Stress
• Workplace Violence

Heliport Safety
• Debris on Helipad
• Equipment Hazards
• Ergonomics
• Fueling Hazards
• Noise/Communication

Housekeeping
• Appropriate Disinfectants
• Contaminated Equipment
• Contaminated Laundry
• Contaminated Environments
• Hazardous Chemicals
• Latex Allergy
• Sharps & Containers
• Slips, Trips, and Falls
Intensive Care Units
- Bloodborne Pathogens
- Equipment Hazards
- Latex Allergy
- MRSA
- Slips, trips, and falls
- Working Space
- Workplace Stress
- Workplace Violence

Laboratories
- Bloodborne Pathogen
- Engineering Controls
- Ergonomics
- Formaldehyde Exposure
- Latex Allergy
- Morgue
- Needle Stick & Sharps Injuries
- OSHA Laboratory Standard
- Slips, Trips, and Falls
- Toluene, Xylene, Or Acrylamide Exposure
- Tuberculosis (TB)

Laundry
- Contaminated Laundry
- Fire Hazards
- Hazardous Chemicals
- Heat Stress
- Lifting/Pushing Hazards/Slips/Falls
- Noise Exposure
- Personal Protective Equipment
- Sharps Handling

Maintenance and Engineering
- Asbestos Exposure
- Electric Shock
- Hazardous Chemicals
- Legionella Disease
- Lockout & Tag Out
- Machine Guarding
- Welding Fumes
Pharmacy
- Hazardous Drugs Exposures
- Ergonomics
- Safe Handling Practices
- Hazard Communication
- Latex Allergy
- Workplace Violence

Physical Therapy
- Bloodborne Pathogens
- Equipment Hazards
- Ergonomics
- Hazardous Chemicals
- Legionella Disease
- Slips, Trips, and Falls

Radiology
- Tuberculosis
- Ergonomics - Lifting Hazards
- Radiation Exposure
- Slips, Trips, and Falls
- Bloodborne Pathogens
- Workplace Violence
- Workstations & Ergonomics

Surgical Suite
- Bloodborne Pathogens
- Compressed Gases
- Equipment Hazards
- Hazardous Chemicals
- Laser Hazards
- Latex Allergy
- Radiation Exposure
- Slips/Trips/Falls
- Smoke Plume
- Static and Awkward Postures
- Tuberculosis
- Waste Anesthetic Gases
OSHA Healthcare Citations (FY 2015)
OSHA inspections conducted at healthcare facilities during Fiscal Year 2015 resulted in citations being issued for a wide variety of hazards. The alphabetical listing below demonstrates the hazards that can exist in healthcare facilities.

- Abrasive Wheel Machinery
- Accident Prevention Signs
- Annual Summary of Injuries
- Asbestos
- Bloodborne Pathogens
- Compressed Gases
- Electrical Requirements
- Electrical Safeguards Ethylene Oxide
- Exit Routes
- PPE Eye and Face Protection
- Formaldehyde
- Floor & Wall Openings
- Portable Powered Tool
- Hand & Portable Tools
- Hazard Communication
- HAZWOPER
- Ladders
- Lead
- Lockout & Tag Out
- Machine Guarding
- Medical Services & First Aid
- General Duty Paragraph
- Gas Welding & Cutting
- Permit Confined Spaces
- Portable Fire Extinguishers
- Powered Industrial Trucks
- PPE General Requirements
- Recording Needle Sticks
- Flammable Liquids
- Respiratory Protection
- Walking Surfaces
- Wiring Design & Protection

Joint Commission Safety Related Standards
IBFCSM considers The Joint Commission as a key organization in promoting health and safety for workers, staff, and visitors at healthcare facilities. Listed below are some standard topics that address safety, risk, security, and care environments hazards. The environment of care, leadership, emergency management, patient safety, and life safety standards are key to healthcare safety professionals working in or with JC accredited facilities.
Accreditation Participation Requirements

• Assessment and Performance Measurement
• Survey Observations and Accreditation Status
• Safety & Quality Concerns

Environment of Care

• Safety and Security Management
• Hazardous Materials Management
• Fire Safety
• Medical Equipment Management
• Utility Management

Emergency Management

• Communications, Resources, And Assets
• Security, Safety, And Utilities
• Staff, Patients, And Volunteers
• Drills and Exercises

Human Resources

• Orientation, Training, And Education
• Competence and Evaluation of Performance

Infection Prevention and Control

• Planning and Implementation
• Evaluation and Improvement

Information Management

• Collection, Analysis, and Dissemination

Leadership

• Leadership Structure and Relationships
• Organizational Culture
• System Performance and Expectations

Life Safety

• General Building Requirements and Means of Egress and Protection
• Special Provisions and Building Services
• Operating Features

Patient Safety

• National Patient Safety Goals
• Universal Protocols

Performance Improvement

• Data Collection, Analysis, Improvement and Staff Effectiveness
CMS Medicare Hospital Requirements
The Centers for Medicare and Medicaid Services (CMS) issue deemed status to accrediting bodies so that the accredited institutions can participate in the Medicare and Medicaid Programs. CMS also oversees the state licensing and inspecting of long-term care facilities. The Conditions of Participation (COP) relate to healthcare facilities meeting certain safety and emergency related requirements published by CMS in the 42 CFR. These requirements primarily address governance and physical environment standards. CMS just adopted the NFPA 101-2012 moving from the NFPA 101-2000 edition. IBFCSM understands the role that CMS plays in healthcare facility safety.

Healthcare Hazard Control and Safety Management (3rd Edition) Table of Contents
The textbook, revised in 2014, provides a comprehensive overview of healthcare and hospital hazards and controls. The book provides a management and leadership in chapters 1 to 3 and then addresses the many compliance and voluntary organizations that impact healthcare safety through their existence, compliance requirements, or voluntary standards issuance. The scope of the text provides great guidance for developing checklists and surveys such as the one used in this Job Analysis Study. Listed below are the broad topics listed in the table of contents.

- Chapter 1: Healthcare Hazard Control
- Chapter 2: Understanding Accidents
- Chapter 3: Leadership and Management
- Chapter 4: Federal Agencies, Standards Organizations, and Voluntary Associations
- Chapter 5: Facility Safety
- Chapter 6: Emergency Management
- Chapter 7: Hazardous Materials
- Chapter 8: Infection Control and Prevention
- Chapter 9: Fire Safety Management
- Chapter 10: Environmental Services and Food/Dietary Department Safety
- Chapter 11: Support Department Safety
- Chapter 12: Nursing and Clinical Area Safety Topics
- Chapter 13: Patient Safety
- Chapter 14: Radiation, Laboratory, and Pharmacy Safety
- Appendix A: Hazard Control Management Evaluation Scoring System (HCESS)
- Appendix B: Worker Perception Survey Questions
- Appendix C: Sample Hazard Control Policy Statement
- Appendix D: Hazard Correction Status Form
- Appendix E: Sample Elements
- Appendix F: Improvement Principles
- Appendix G: Causal Factors Chart
- Appendix H: Ergonomic Symptoms Report
- Appendix I: Hazardous Exposure Limits and Terms
- Appendix J: Revised Hazard Communication Standard
- Appendix K: Hazard Communication Training Record
- Appendix L: Numerical Hazardous Material Ratings
- Appendix M: Model Hazard Communication Plan
- Appendix N: List of Selected NFPA Codes and Standards
- Appendix O: Personal Protective Equipment Hazard Assessment Form (Sample)
- Appendix P: HAZWOPER Training Requirements (29 CFR 1910.120)
SURVEY RESPONDENT RESULTS
During the summer of 2015 IBFCSM mailed a Job Analysis Survey to 1,540 CHSP credential holders in good standing with 318 responding for a 20.6% return rate. The domains surveyed: (A) Safety Management, (B) Hazard Control, (C) Government Compliance, and (D) Voluntary Standards

SURVEY FEATURES
a. Part 1-Demographic Information (Names, Gender, Salary, and Exact Ages Not Collected)
b. Part 2-Healthcare Safety Priorities (15 Items Rated: For Informational Purposes Only)
c. Part 3-Leadership Support of Safety Efforts (8 Items Rated: For Informational Purposes Only)
d. Part 4-Rated the Importance of Described Job Elements in Each Domain A – D
e. Part 5-Rated Importance Knowledge, Consequences, and Performance Frequency in Domains A - D
f. Part 6-Rated Importance of Specific Tasks as Defined in Domains A - D

DEMOGRAPHIC INFORMATION
AGE RANGES
a. 50 and up: 70%
b. 21 to 49: 30%

ORIGIN OF SURVEYS
a. Forty-five (45) states with surveys returned
b. Five states (5) states with no surveys returned
c. States not returning surveys DE, OR, SD, VT, WY

HEALTHCARE SAFETY EXPERIENCE
a. Average years held the CHSP: 12.1
b. Average years of healthcare safety experience: 17.9 years
PREPARATION METHOD FOR CHSP EXAMINATION
a. Attended course by employer or outside entity: 67%
b. Purchased or obtained self-study materials: 11%
c. Self-preparation: 22%

EMPLOYMENT DATA
a. Employed by a healthcare organization: 81.80%
b. CHSP’s with safety as part of their primary job title: 77%
c. CHSP’s with job titles related to safety: 23%
Note: Safety related job titles can include the following: infection control, facility management, support services, nursing supervision, risk management, quality improvement, etc.

OTHER CREDENTIALS HELD (75% of CHSP Credential Holders have at least one additional credential).
ARM 2.60%
CEM 1.30%
CHCM 8.00%
CHEC 2.20%
CHEM 2.60%
CHEP 12.7%
CHFM 7.70%
CHMM 2.20%
CPHQ 1.60%
CPHRM 1.60%
CPP 2.60%
CSP 5.80%
EMT 2.20%
FACHE/SASHE 2.20%
HEM 2.80%
MT-ASCP 2.00%

CREDENTIAL HOLDERS NOT WORKING FOR A HEALTHCARE FACILITY
a. Loss control: 4.20%
b. Safety and healthcare consulting: 8.30%
c. Risk management: 3.50%
d. Surveyors, auditing, and public health: 2.20%

JOB SATISFACTION
a. Satisfied: 95%
b. Not Satisfied: 3%
c. Neither: 2%
HIGHEST EDUCATIONAL LEVEL  Percentage  Years of Experience
a. High School:  7.60%  20.2
b. Some College:  6.30%  15.1
c. Associate:  11.8%  18.2
d. Bachelor:  35.7%  17.4
e. Master:  36.7%  17.5
f. Doctorate:  1.90%  20.2

EMPLOYEE SUPERVISION
a. CHSP’s not supervising others: 36%
b. CHPS’s supervising 1 to 19 workers: 44%
c. CHSP’s supervising 20 to 49 workers: 9.4%
d. CHSP’s supervising 50 or more workers: 10.6%

TIME SPENT IN EACH JOB DUTY LISTED
a. Safety Management:  47%
b. Facility Accreditation:  14%
c. Emergency Management:  12%
d. Environmental Management:  8%
e. Facility Management:  8%
e. Other Tasks:  11%

Note: The percentages listed above were solicited and calculated for demographic collection purposes only and the results were not used in examination blue printing process.

RATING OF SAFETY RELATED FUNCTIONS AND PRACTICES
(1-NOT IMPORTANT, 2-IMPORTANT, 3-VERY IMPORTANT)  Coefficient of Importance
a. Patient Safety: 2.82  (.94)
b. Environment of Care Safety: 2.74  (.91)
c. Visibility of Safety Leadership: 2.62  (.87)
d. Safety Training and Education Quality: 2.57  (.86)
e. Practicing Safety Ethics: 2.56  (.85)
f. Safety Committee Effectiveness: 2.52  (.84)
g. Emphasis on Safe Behaviors: 2.48  (.83)
h. Facility Safety and Community Perceptions: 2.45  (.82)
i. Safety Planning (Other Than Accreditation): 2.38  (.79)
j. Use of Proactive System Safety Methods: 2.36  (.79)

Notes: Coefficients above .670 are reliable indicators of importance.
### LEADERSHIP PERCEPTION  
Coefficient of Importance  
(1-NOT IMPORTANT, 2-IMPORTANT, 3-VERY IMPORTANT)  

<table>
<thead>
<tr>
<th>Domain</th>
<th>Coefficient of Importance</th>
</tr>
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<tbody>
<tr>
<td>a. Patient safety and care environment synergy</td>
<td>1.94 (.64)</td>
</tr>
<tr>
<td>b. Quality of education and training in healthcare</td>
<td>1.92 (.64)</td>
</tr>
<tr>
<td>c. Admin support and enough resources for safety</td>
<td>1.82 (.61)</td>
</tr>
<tr>
<td>d. Safety communication effectiveness by leaders</td>
<td>1.78 (.59)</td>
</tr>
<tr>
<td>e. Safety knowledge of leaders and department heads</td>
<td>1.77 (.59)</td>
</tr>
<tr>
<td>f. Clinical support of safety-related functions</td>
<td>1.76 (.59)</td>
</tr>
<tr>
<td>g. Safety support beyond compliance/accreditation</td>
<td>1.75 (.58)</td>
</tr>
<tr>
<td>j. Physician support of organizational safety efforts</td>
<td>1.55 (.52)</td>
</tr>
</tbody>
</table>

Notes: Coefficients above .670 are reliable indicators of importance.

### RATING DOMAIN CONTENT IMPORTANCE  
Each survey respondent rated the following areas according to the degree of importance in supporting organizational safety efforts. The survey respondents did not rank the list in any priority sequence.  

1. NOT IMPORTANT – DOMAIN ELEMENT NOT ESSENTIAL TO JOB  
2. IMPORTANT – DOMAIN ELEMENT ESSENTIAL TO JOB  
3. VERY IMPORTANT – DOMAIN ELEMENT DEFINITELY ESSENTIAL TO JOB  
COEFFICIENTS ABOVE .670 AS RELIABLE INDICATORS OF IMPORTANCE.

<table>
<thead>
<tr>
<th>Domain A - SAFETY MANAGEMENT (.830)</th>
<th>Coefficient of Importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Facility fire and life safety</td>
<td>2.82 (.940)</td>
</tr>
<tr>
<td>2. Facility security and workplace violence prevention</td>
<td>2.61 (.870)</td>
</tr>
<tr>
<td>3. Incident reporting, investigation, and correction</td>
<td>2.60 (.866)</td>
</tr>
<tr>
<td>4. Facility inspections, audit, and surveys</td>
<td>2.59 (.863)</td>
</tr>
<tr>
<td>5. Accident causation, prevention, and response</td>
<td>2.58 (.860)</td>
</tr>
<tr>
<td>6. Orientation, education, and training</td>
<td>2.56 (.853)</td>
</tr>
<tr>
<td>7. Emergency, disaster, and crisis management</td>
<td>2.55 (.850)</td>
</tr>
<tr>
<td>8. Principles and concepts of safety management and hazard control</td>
<td>2.48 (.826)</td>
</tr>
<tr>
<td>9. Information collection, evaluation, and dissemination</td>
<td>2.42 (.806)</td>
</tr>
<tr>
<td>10. Organizational cultures, systems, and structures</td>
<td>2.41 (.803)</td>
</tr>
<tr>
<td>11. Accreditation standards and requirements</td>
<td>2.40 (.800)</td>
</tr>
<tr>
<td>12. Government compliance standards</td>
<td>2.39 (.766)</td>
</tr>
<tr>
<td>13. Human relations, behaviors, and effective communications</td>
<td>2.38 (.793)</td>
</tr>
<tr>
<td>14. Employee health, worker compensation, and substance abuse</td>
<td>2.37 (.790)</td>
</tr>
<tr>
<td>15. Ergonomics and human factors</td>
<td>2.34 (.780)</td>
</tr>
</tbody>
</table>
DOMAIN B - HAZARD CONTROL (.858)
1. Facility wide hazards 2.74 (.913)
2. Biohazards and infection control 2.72 (.906)
3. Patient safety risks 2.71 (.903)
4. Emergency management 2.57 (.856)
5. Facility/engineering hazards 2.54 (.816)
6. Medical equipment management 2.53 (.843)
7. Hazardous materials 2.52 (.840)
8. Risk management, quality improvement, and employee health 2.52 (.840)
9. Clinical department hazards 2.51 (.836)
10. Ergo/environmental 2.48 (.826)

DOMAIN C - GOVERNMENTAL COMPLIANCE/ADHERENCE (.790)
Coefficient of Importance
1. Occupational Safety and Health Administration (OSHA) 2.72 (.906)
2. Centers Medicare and Medicaid Services (CMS) 2.49 (.830)
3. Centers for Disease Prevention and Control (CDC) 2.49 (.830)
4. Environmental Protection Agency (EPA) 2.42 (.806)
5. Department of Health and Human Services (DHHS) 2.38 (.793)
6. Food and Drug Administration (FDA) 2.31 (.770)
7. Federal Emergency Management (FEMA) 2.31 (.770)
8. Nuclear Regulatory Commission (NRC) 2.30 (.766)
9. American with Disabilities Act (ADA) 2.20 (.733)
10. Department of Transportation (DOT) 2.10 (.700)

DOMAIN D - VOLUNTARY STANDARDS ADHERENCE IMPORTANCE (.753)
1. National Fire Protection Association (NFPA) 2.67 (.890)
2. The Joint Commission (TJC) 2.58 (.860)
3. American Society of Healthcare Engineering (ASHE) 2.41 (.803)
4. American National Standards Institute (ANSI) 2.36 (.786)
5. Underwriters Laboratories (UL) 2.27 (.756)
6. Facility Guidelines Institute (FGI) 2.13 (.710)
7. Compressed Gas Association (CGA) 2.07 (.700)
8. American Society Heating, Refrigerating, & Air Conditioning Engineers 2.05 (.683)
10. American Conference of Governmental Industrial Hygienists (ACGIH) 2.02 (.673)
DOMAIN EVALUATION (KNOWLEDGE, CONSEQUENCES, & FREQUENCY)  
(CONSIDER COEFFICIENTS ABOVE .670 ARE RELIABLE INDICATORS)  

A. JOB PERFORMANCE KNOWLEDGE (.836)  
1 - KNOWLEDGE REQUIREMENTS NOT ESSENTIAL TO JOB PERFORMANCE  
2 - KNOWLEDGE REQUIREMENTS ESSENTIAL TO THE JOB PERFORMANCE  
3 - KNOWLEDGE REQUIREMENTS DEFINITELY ESSENTIAL TO THE JOB PERFORMANCE  

<table>
<thead>
<tr>
<th>Coefficient</th>
</tr>
</thead>
</table>
| A. SAFETY MANAGEMENT | 2.81 (.936)  
| B. HEALTHCARE HAZARD CONTROL | 2.61 (.870)  
| C. GOVERNMENT COMPLIANCE | 2.51 (.836)  
| D. VOLUNTARY STANDARDS | 2.10 (.700)  

B. ORGANIZATIONAL CONSEQUENCES (.807)  
1 - INABILITY TO PERFORM TASKS WOULD RESULT IN MINIMAL ORGANIZATIONAL CONSEQUENCES  
2 - INABILITY TO PERFORM TASKS WOULD RESULT IN MODERATE ADVERSE CONSEQUENCES  
3 - INABILITY TO PERFORM TASKS WOULD RESULT IN SEVERE OPERATIONAL CONSEQUENCES  

<table>
<thead>
<tr>
<th>Coefficient</th>
</tr>
</thead>
</table>
| A. SAFETY MANAGEMENT | 2.62 (.873)  
| B. HAZARD CONTROL PRACTICE | 2.55 (.850)  
| C. GOVERNMENT COMPLIANCE | 2.41 (.803)  
| D. VOLUNTARY STANDARDS | 2.11 (.703)  

C. FREQUENCY OF ACCOMPLISHMENT  
A. SAFETY MANAGEMENT 36%  
B. HAZARD CONTROL PRACTICE 28%  
C. GOVERNMENT COMPLIANCE 23%  
D. VOLUNTARY STANDARDS 13%  

EVALUATION OF TASK RELATED FUNCTIONS  
1 NOT IMPORTANT – TASK ELEMENT NOT ESSENTIAL TO JOB  
2 IMPORTANT – TASK ELEMENT ESSENTIAL TO JOB  
3 VERY IMPORTANT – TASK ELEMENT DEFINITELY ESSENTIAL TO THE JOB  
NOTE: COEFFICIENTS ABOVE .670 ARE RELIABLE INDICATORS OF IMPORTANCE
DOMAIN A – MANAGEMENT SYSTEM TASKS (.892)
1. Design comprehensive management systems by defining requirements and developing policies, procedures, and plans to protect people, property, and the environment 2.73 (.910)
2. Implement policies, procedures, and directives in systematic manner to protect people, property, and environment 2.79 (.930)
3. Determine effectiveness of systems by measuring and evaluating performance indicators to ensure continuous improvement in the protection of patients, staff, visitors, and contractors 2.70 (.900)
4. Implement strategies by using the results of hazard identification and analyses to eliminate and/or reduce harmful exposure to people, property, and the environment 2.70 (.900)
5. Apply sound management practices and economic principles by efficiently using resources to increase the value of safety 2.56 (.853)
6. Use appropriate methods that will ensure stakeholders understand their roles in formulation and implementation of safety (.258) (.860)

DOMAIN B: HAZARD CONTROL (.858)
1. Evaluate facilities, products, systems, equipment, workstations, and processes by applying qualitative techniques in order to identify the hazards and assess their risks 2.58 (.860)
2. Recommend controls through design and engineering to eliminate hazards and reduce safety risks 2.63 (.876)
3. Evaluate controls by analyzing feasibility, effectiveness, reliability, and cost in order to achieve the best possible solution 2.52 (.840)
4. Obtain compliance certifications, listings, approvals or authorizations by identifying applicable regulations, and standards to ensure facility safety 2.57 (.856)

DOMAIN C - GOVERNMENT COMPLIANCE (.847)
1. Develop effective education/training by establishing objectives to impart knowledge and facilitate understanding of standards 2.60 (.866)
2. Evaluate compliance through performance assessments and various forms of feedback in order to assure that training is effective 2.52 (.840)
3. Present technical information to effectively, management, contractors, vendors, and the public about compliance requirements 2.36 (.786)
4. Communicate hazards, risks, and control measures to employees, management, vendors, and the public 2.73 (.910)
5. Maintain a recordkeeping and data capture systems by to acquire, analyze, and distribute accurate data and to meet compliance requirements 2.62
6. Develop/maintain proficiency in use of technologies by continuing personal education 2.43 (.810)
DOMAIN D – VOLUNTARY STANDARDS (.853)
1. Hold paramount the protection of people, property, and environment by working with management and government agencies 2.62 (.873)
2. Adhere to standards of professional conduct by limiting practice to areas of competence and avoiding conflicts of interest 2.52 (.840)
3. Accept responsibility to promote safety by providing technical counsel and advice on issues related to accreditation in order to protect people, property, and environment 2.61 (.870)
4. Conduct professional activities by following organizational protocols in order to assist in making balanced and effective decisions 2.42 (.806)
5. Improve competency through continuing education and self-development 2.63 (.876)

COMPARISON OF RESPONDENTS AND VOLUNTARY PANEL RESULTS
This section of the report contains comparative information and data from the two groups.

RATING DOMAIN CONTENT IMPORTANCE

<table>
<thead>
<tr>
<th>DOMAIN A - SAFETY MANAGEMENT</th>
<th>Validity Coefficient</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Facility fire and life safety 2.82/2.97</td>
<td>(.949)</td>
</tr>
<tr>
<td>2. Facility security and workplace violence prevention 2.61/2.81</td>
<td>(.928)</td>
</tr>
<tr>
<td>3. Incident reporting, investigation, and correction 2.60/2.79</td>
<td>(.931)</td>
</tr>
<tr>
<td>4. Facility inspections, audit, and surveys 2.59/2.81</td>
<td>(.921)</td>
</tr>
<tr>
<td>5. Accident causation, prevention, and response 2.58/2.59</td>
<td>(.860)</td>
</tr>
<tr>
<td>6. Orientation, education, and training 2.56/2.70</td>
<td>(.948)</td>
</tr>
<tr>
<td>7. Emergency, disaster, and crisis management 2.55/2.71</td>
<td>(.940)</td>
</tr>
<tr>
<td>8. Principles/concepts of safety management &amp; hazard control 2.48/2.79</td>
<td>(.888)</td>
</tr>
<tr>
<td>9. Information collection, evaluation, and dissemination 2.42/2.79</td>
<td>(.895)</td>
</tr>
<tr>
<td>10. Organizational cultures, systems, and structures 2.41/.269</td>
<td>(.895)</td>
</tr>
<tr>
<td>11. Accreditation standards and requirements 2.40/2.69</td>
<td>(.892)</td>
</tr>
<tr>
<td>12. Government compliance standards 2.39/2.49</td>
<td>(.959)</td>
</tr>
<tr>
<td>13. Human relations, behaviors, and effective communications 2.38/2.71</td>
<td>(.878)</td>
</tr>
<tr>
<td>14. Employee health, worker comp, and substance abuse 2.37/2.81</td>
<td>(.843)</td>
</tr>
<tr>
<td>15. Ergonomics and human factors 2.34/2.49</td>
<td>(.937)</td>
</tr>
</tbody>
</table>

Validity Coefficient for Domain A = .937
DOMAIN B - HAZARD CONTROL

1. Facility wide hazards 2.74/2.89 (.948)
2. Biohazards and infection control 2.72/2.91 (.931)
3. Patient safety risks 2.71/2.92 (.928)
4. Emergency management 2.57/2.72 (.944)
5. Facility/engineering hazards 2.54/2.69 (.944)
6. Medical equipment management 2.53/2.69 (.940)
7. Hazardous materials 2.52/2.71 (.929)
8. Risk management, quality, and employee health 2.52/2.69 (.936)
9. Clinical department hazards 2.51/2.72 (.922)
10. Ergo/environmental 2.47/2.71 (.911)

Validity Coefficient for Domain B = .933

DOMAIN C - GOVERNMENTAL COMPLIANCE

1. Occupational Safety and Health Administration (OSHA) 2.72/2.70 (.992)
2. Centers Medicare and Medicaid Services (CMS) 2.49/2.60 (.957)
3. Centers for Disease Prevention and Control (CDC) 2.49/2.50 (.996)
4. Environmental Protection Agency (EPA) 2.42/2.70 (.896)
5. Department of Health and Human Services (DHHS) 2.38/2.60 (.915)
6. Food and Drug Administration (FDA) 2.31/2.40 (.962)
7. Federal Emergency Management (FEMA) 2.31/2.50 (.924)
8. Nuclear Regulatory Commission (NRC) 2.30/2.28 (.991)
9. American with Disabilities Act (ADA) 2.20/2.60 (.846)
10. Department of Transportation (DOT) 2.10/2.09 (.995)

Validity Coefficient for Domain C = .947

DOMAIN D - VOLUNTARY STANDARDS ADHERENCE IMPORTANCE (.753)

1. National Fire Protection Association (NFPA) 2.67/2.30 (.861)
2. The Joint Commission (TJC) 2.58/2.20 (.857)
3. American Society of Healthcare Engineering (ASHE) 2.41/2.60 (.926)
4. American National Standards Institute (ANSI) 2.36/2.60 (.907)
5. Underwriters Laboratories (UL) 2.27/2.40 (.945)
6. Facility Guidelines Institute (FGI) 2.13/2.20 (.968)
7. Compressed Gas Association (CGA) 2.07/2.00 (.975)
8. American Society Heating, Refrigerating, & Air Conditioning Engineers 2.05/2.40 (.854)
9. American Society for Testing and Materials, International (ASTM) 2.02/2.40 (.841)
10. American Conference of Governmental Industrial Hygienists (ACGIH) 2.02/2.20 (.918)

Validity Coefficient for Domain D = .905
DOMAIN EVALUATION (KNOWLEDGE, CONSEQUENCES, & FREQUENCY)
(CONSIDER COEFFICIENTS ABOVE .670 ARE RELIABLE INDICATORS)

A. JOB PERFORMANCE KNOWLEDGE (.836)
1 - KNOWLEDGE REQUIREMENTS NOT ESSENTIAL TO JOB PERFORMANCE
2 - KNOWLEDGE REQUIREMENTS ESSENTIAL TO THE JOB PERFORMANCE
3 - KNOWLEDGE REQUIREMENTS DEFINITELY ESSENTIAL TO THE JOB PERFORMANCE

<table>
<thead>
<tr>
<th></th>
<th>Survey</th>
<th>Panel</th>
<th>Validity Coefficient</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. SAFETY MANAGEMENT</td>
<td>2.81</td>
<td>2.91</td>
<td>(.965)</td>
</tr>
<tr>
<td>B. HEALTHCARE HAZARD CONTROL</td>
<td>2.61</td>
<td>2.91</td>
<td>(.896)</td>
</tr>
<tr>
<td>C. GOVERNMENT COMPLIANCE</td>
<td>2.51</td>
<td>2.66</td>
<td>(.943)</td>
</tr>
<tr>
<td>D. VOLUNTARY STANDARDS</td>
<td>2.10</td>
<td>2.42</td>
<td>(.991)</td>
</tr>
</tbody>
</table>

B. ORGANIZATIONAL CONSEQUENCES (.807)
1 - INABILITY TO PERFORM TASKS WOULD RESULT IN MINIMAL ORGANIZATIONAL CONSEQUENCES
2 - INABILITY TO PERFORM TASKS WOULD RESULT IN MODERATE ADVERSE CONSEQUENCES
3 - INABILITY TO PERFORM TASKS WOULD RESULT IN SEVERE OPERATIONAL CONSEQUENCES

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<td>C. GOVERNMENT COMPLIANCE</td>
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</tr>
<tr>
<td>D. VOLUNTARY STANDARDS</td>
<td>2.11 (.703)</td>
</tr>
</tbody>
</table>

C. FREQUENCY OF ACCOMPLISHMENT (Average)
A. SAFETY MANAGEMENT 36%
B. HAZARD CONTROL PRACTICE 28%
C. GOVERNMENT COMPLIANCE 23%
D. VOLUNTARY STANDARDS 13%

Notes: DOMAINS C & D WERE COMBINED = 36%
DOMAINS CHANGED TO:
DOMAIN 1 SAFETY MANAGEMENT = 36%
DOMAIN 2 HAZARD CONTROL = 28%
DOMAIN 3 COMPLIANCE/STANDARDS = 36%
EVALUATION OF TASK RELATED FUNCTIONS

1 NOT IMPORTANT – TASK ELEMENT NOT ESSENTIAL TO JOB
2 IMPORTANT – TASK ELEMENT ESSENTIAL TO JOB
3 VERY IMPORTANT – TASK ELEMENT DEFINITELY ESSENTIAL TO THE JOB

NOTE: COEFFICIENTS ABOVE .670 ARE RELIABLE INDICATORS OF IMPORTANCE

DOMAIN A – MANAGEMENT SYSTEM TASKS (.892)
1. Design comprehensive management systems by defining requirements and developing policies, procedures, and plans to protect people, property, and the environment 2.73 (.910)
2. Implement policies, procedures, and directives in systematic manner to protect people, property, and environment 2.79 (.930)
3. Determine effectiveness of systems by measuring and evaluating performance indicators to ensure continuous improvement in the protection of patients, staff, visitors, and contractors 2.70 (.900)
4. Implement strategies by using the results of hazard identification and analyses to eliminate and/or reduce harmful exposure to people, property, and the environment 2.70 (.900)
5. Apply sound management practices and economic principles by efficiently using resources to increase the value of safety 2.56 (.853)
6. Use appropriate methods that will ensure stakeholders understand their roles in formulation and implementation of safety (.258) (.860)

DOMAIN B: HAZARD CONTROL (.852)
1. Evaluate facilities, products, systems, equipment, workstations, and processes by applying qualitative techniques in order to identify the hazards and assess their risks 2.58 (.860)
2. Recommend controls through design and engineering to eliminate hazards and reduce safety risks 2.63 (.876)
3. Evaluate controls by analyzing feasibility, effectiveness, reliability, and cost in order to achieve the best possible solution 2.52 (.840)
4. Obtain compliance certifications, listings, approvals or authorizations by identifying applicable regulations, and standards to ensure facility safety 2.57 (.856)

DOMAIN C - GOVERNMENT COMPLIANCE (.847)
1. Develop effective education/training by establishing objectives to impart knowledge and facilitate understanding of standards 2.60 (.866)
2. Evaluate compliance through performance assessments and various forms of feedback in order to assure that training is effective 2.52 (.840)
3. Present technical information to effectively, management, contractors, vendors, and the public about compliance requirements 2.36 (.786)
4. Communicate hazards, risks, and controls to employees, leaders, vendors, and the public 2.73 (.910)
5. Maintain a recordkeeping and data capture systems by to acquire, analyze, and distribute accurate data and to meet compliance requirements 2.62
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4. Conduct professional activities by following organizational protocols in order to assist in making balanced and effective decisions 2.42 (.806)
5. Improve competency through continuing education and self-development 2.63 (.876)
Introduction
Since 1976, IBFCSM has issued more than 3,500 CHCM credentials. IBFCSM continues to promote the use of system methodologies to improve hazard control effectiveness. IBFCSM considers the related functions of fire safety, industrial hygiene, system safety, industrial security, human factors, infection prevention, employee health, continuous improvement, emergency management, and risk management as important to the hazard control profession. IBFCSM views hazard control as a priority organizational function. Viewing hazard control from a “system” perspective can help professional hazard control managers lead efforts to address hazard identification, analysis, and control in a more meaningful way. IBFCSM believes that earning the CHCM credential can help to upgrade professional practice. Hazard control managers serve in most every industry including manufacturing, government, service industries, mining, construction, transportation, education, communication, healthcare, insurance, consulting, and

Job Safety Analysis Survey
Hazard control, as a profession uses, leadership and management techniques to better evaluate, address, and control hazards. IBFCSM believes that surveys and other job safety analysis methods helps upgrade the profession. IBFCSM sent Job Analysis Surveys to 700 CHCM credential holders during the summer of 2015. The completion rate was 17.8%. The survey requested needful demographic information and collected psychometric data for domains of: (A) Safety Management, (B) Hazard Control Practice, (C) Government Compliance and Accreditation, and (D) Adherence to Voluntary Standards. The Job Analysis Study also involved online searches related to healthcare safety standards and guidelines published by governmental agencies such as OSHA, EPA, FDA, NRC, CMS, CDC, FEMA, and NIOSH. The review included identifying Joint Commission and other accrediting organizational requirements and standards. The study also focused on healthcare voluntary standards and codes published by NFPA, ANSI, ASTM, AHSRAE, UL, and other voluntary standards organizations. The National Institute of Occupational Safety and Health (NIOSH) provides great resources on occupational hazards workers face every day on the job. Since professional hazard control practice could be considered very similar to safety practice, IBFCSM referenced ANSI/ASSE Standard Z590-2 (2003) to determine the scope and functions of professional safety position when designing the survey instruments for the CHCM Job Analysis Study.

Literature Reviews and Online Searches
Bureau of Labor Statistics (BLS) injury and illness data along with OSHA inspection history demonstrates that many settings consistently expose workers to a variety safety and health hazards. The Board referred to a number of resources to ensure that the Job Analysis Study identified and addressed real hazards that exist in healthcare facilities and operations. The OSHA website contains many resources that provide guidance on identifying, analyzing, and controlling hazards of all types. OSHA identifies 5 categories of hazards: (1) physical, (2) chemical, (3) biological, (4) environmental-ergonomic, and (5) psychosocial. These five categories were addressed on the survey. The agency categorizes their online resources as fact sheets, booklets, bulletins, publications, web page topics, standards, compliance directives, and compliance/assistance e-tools. IBFCSM continually conducts research from reliable sources including safety-related publications, journals, and standards.
IBFCSM looks to professional societies such as the American Society of Safety Engineers (ASSE) to ensure examination topics remain relevant to real world challenges facing healthcare safety professionals. Another key source is the textbook: Introduction to Hazard Control Management – A Vital Organizational Function published by CRC Press in 2013. This textbook provides guidance and direction for those studying for the CHCM examination. The text, written in active voice, addresses the concepts of hazard control management including the importance of identifying, analyzing, and controlling hazards and behaviors that could result in injuries or other losses.

Professional Practice Contributions
IBFCSM Executive Director, Jim Tweedy who has more than 20 years of experience in hazard control consulting. Jim has experience in a variety of industrial and healthcare settings. James has presented safety educational sessions to more than 4,000 safety personnel during the past 20 years on the topics of hazard control, government compliance, product safety, root causes analysis, safety leadership, accident prevention, inspections, investigations, and system safety methods. He has published and edited hazard control and safety newsletters. He also authored the textbook: An Introduction to Hazard Control Management. Jim’s experience, insights, and professional currency of hazard control and safety issues, challenges, and solutions contributed greatly to the professional practice input to the IBFCSM’s Job Analysis Study.

SUMMARY OF ANSI/ASSE Z590.2–2003, STANDARD FOR PROFESSIONAL SAFETY PRACTICE

Individuals practicing safety endorse a proactive approach to professional responsibility. National and state agencies, private sector organizations, and standards development bodies are attempting to establish limitations, parameters, and baseline competences including standardization, regulation, and legislation in the area of professional safety practice. This standard sets forth the paradigm for those entities establishing competencies for professional safety practice. The standard provides for reciprocity agreements between national/state regulatory agencies, legislative bodies, private sector organizations, and national consensus standards development bodies. The standard consolidates in a clear and consistent manner an objective assessment of the professional safety position. If any of the provisions of this standard are deemed to be not applicable, the other requirements or recommendations shall still apply.

Scope
The standard specifically recognizes that professional safety position is not all-encompassing and there exists a need for other related specialties and expertise from professionals such as industrial hygienists, occupational health professionals, and ergonomist. Safety practice seeks to anticipate, identify, and evaluate hazardous conditions and practices from experience, historical data, and other information sources. The scope of professional safety practice must ensure review, with assistance of specialists as needed, entire systems, processes and operational failure modes, causes, and effects of an entire system, process/operation, or components due to:

- System, subsystem, or component failures
- Human error
- Incomplete or faulty decision-making, judgment or administrative actions
- Weaknesses in proposed or existing policies, directives, objectives or practices

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Function
Safety practice includes identifying and recognizing hazards in existing or future systems, equipment, products, software, facilities, processes, operations, and procedures during their expected life cycle. Practice also includes taking action to evaluate and assess the probability and severity of loss events which may result from actual or potential hazards. Safety practice requires application of these methods and the conduct of hazard analyses to interpret results.

Summary of Safety Practice Scope and Function
• Anticipating, identifying, and evaluating hazardous conditions and practices
• Developing hazard control designs, methods, procedures and programs
• Implementing, administering, and advising others on hazard controls and hazard control programs
• Measuring, auditing, and evaluating effectiveness of hazard controls and hazard control programs

Tasks and Responsibilities
1. Review, compile, analyze, and interpret data from accident and loss reports or other sources regarding injuries, illnesses, property damage, environmental effects or public impacts to identify causes, trends and relationships. Ensure completeness, accuracy, and validity of the information used.

2. Evaluate the effectiveness of classification schemes and data collection methods to ensure accuracy and when appropriate initiate investigations.

3. Provide advice and counsel about compliance with safety, health, and environmental laws, codes, regulations or standards.

4. Conduct research studies of existing or potential safety or health problems and issues.

5. Determine the need for surveys and appraisals that help identify conditions or practices affecting safety and health, including those that require the services of specialists, such as physicians, health physicists, industrial hygienists, fire protection engineers, design and process engineers, ergonomists, risk managers, environmental professionals, psychologists and others.

6. Safety personnel must assess environments, tasks, and other elements to ensure that physiological and psychological capabilities, capacities, and limits of humans are not exceeded.

7. Develop hazard control designs, methods, procedures, and programs to include formulating and prescribing engineering or administrative controls, preferably before exposures, accidents and loss events occur to eliminate hazards and causes of exposures, accidents and loss events.

8. Take action to reduce the probability and/or severity of injuries, illnesses, losses or environmental damage from potential exposures, accidents and loss events when hazards cannot be eliminated

9. Develop methods that integrate safety performance into the goals, operations and productivity of organizations and their management and into systems, processes, operations or their components.

10. Develop safety, health and environmental policies, procedures, codes and standards for integration into operational policies of organizations, unit operations, purchasing and contracting.
11. Consult with and advise individuals and participating teams engaged in planning, design, development and installation or implementation of systems or programs involving hazard controls.

12. Provide advice and assist human resource specialists when applying hazard analysis results or dealing with the capabilities and limitations of personnel.

13. Stay current with technological developments, laws, regulations, standards, codes, products, methods and practices related to hazard controls.

14. Implement, administer and advise others on hazard control programs, as implemented in whole or in part by appropriate methodology.

15. Prepare reports that communicate valid and comprehensive recommendations for hazard controls based on analysis and interpretation of accident, exposure, loss event and other data.

16. Use written and graphic materials, presentations and other communication media to recommend hazard controls and hazard control policies, procedures, and programs to decision-making personnel.

17. Direct or assist in planning and developing educational and training materials or courses involving hazard recognition and control; and conducting or assisting with courses related to designs, policies, procedures and programs involving hazard recognition and control.

18. Advise others about hazards, hazard controls, relative risk and related safety matters when they are communicating with the media, community and public.

19. Manage and implement hazard controls and hazard control programs that are within the duties of the individual’s professional safety position.

20. Measure, audit and evaluate the effectiveness of hazard controls and hazard control programs as implemented in whole or part by proper methodology.

21. Establish and implement techniques involving risk analysis, cost, cost-benefit analysis, work sampling, loss rate and similar methodologies for periodic and systematic evaluation of hazard control and hazard control program effectiveness.

22. Develop methods to evaluate the costs and effectiveness of hazard controls and programs and measure the contribution of components of systems, organizations, processes and operations towards the overall effectiveness.

23. Provide results of evaluation assessments, including recommended adjustments and changes to hazard controls or hazard control programs to individuals or organizations responsible for their management and implementation.

24. Direct, develop, or help develop management accountability and audit programs that assess safety performance of entire systems, organizations, processes and operations or their components and involve both deterrents and incentives.
References

DEMOGRAPHICS

Current State of Residency: 36 states and 2 territories
Years Holding CHCM: 16.9
Years of Hazard Control Experience: 28.3
Other Credentials Held: 64% hold at least one additional credential with both CHSP and CSP at 12.9%.
Job Title: 82% hold job titles related to hazard control or safety with 18% working as consultants.

Education Level
High school: 2.9%
Associate: 8.7%
Bachelor: 52.2%
Master: 33.4%
Doctorate: 2.8%

HAZARD CONTROL – ITEMS RATED ACCORDING TO SCALE
1-Not Important
2-Important
3-Very Important
1. Behavioral Safety 2.34
2. Compliance 2.55
3. Injury Prevention 2.74
4. Employee Health and Wellness 2.15
5. Employee Involvement 2.48
6. Employee Psychological Safety 2.04
7. Ethical Practices 2.51
8. Ergonomics & Workplace Design 2.37
9. Proactive Safety Initiatives 2.51
10. Safety Committee Effectiveness 2.28
11. Education and Training 2.65
12. Senior Leadership Visibility 2.54
13. System Safety 2.12
14. Hazard Identification 2.71
15. Hazard Analysis and Control 2.65
16. Accident Investigation 2.54
17. Root Cause Analysis 2.55
18. Off-the-Job Safety 2.01
19. Communication and Feedback 2.40
20. Making Safety a Priority Function 2.68
LEADERSHIP SUPPORT – RATED ACCORDING TO SCALE
1. How would you rate the effectiveness of education/training within your industry? 2.12
2. How would you rate the support provided to safety beyond compliance priorities? 2.12
3. How would you rate the support given to safety efforts by senior leaders? 2.21
4. How would you rate the safety knowledge of supervisors and department heads? 1.94
5. How would you rate the participation of front-line employee support of all safety efforts? 2.12

DOMAIN ANALYSIS – RATED ACCORDING TO SCALE
1-Not Important
2-Important
3-Very Important

DOMAIN I. LEADERSHIP AND MANAGEMENT
Agreement = .888	Raw Average = 2.52
1. Effective leadership and management 2.58 (2.77) = .931 (2.67)
2. Using hazard control management techniques 2.44 (3.00) = .813 (2.72)
3. Accident prevention and response activities 2.58 (3.00) = .860 (2.79)
4. Worker compensation and return to work initiative 2.20 (2.33) = .944 (2.66)
5. Government compliance with safety-related standards 2.34 (2.33) = .995 (2.33)
6. Voluntary standards adherence 2.04 (2.44) = .836 (2.24)
7. Emergency and disaster management 2.37 (2.22) = .936 (2.29)
8. Ergonomics and human factors 2.34 (2.39) = .979 (2.37)
9. Ethical conduct and governance 2.47 (3.00) = .823 (2.73)
10. Facility inspections, audit, and surveys 2.44 (2.88) = .847 (2.66)
11. Facility security and workplace violence prevention 2.21 (2.77) = .797 (2.49)
12. General management concepts and leadership principles 2.30 (2.22) = .956 (2.26)
13. Human relations, behaviors, and effective communications 2.38 (2.66) = .894 (2.52)
14. Information collection and reporting 2.2 (2.55) = .867 (2.37)
15. Organizational cultures, systems, and structures 2.25 (2.77) = .812 (2.51)
16. Orientation, education, and training 2.58 (2.77) = .931 (2.68)
DOMAIN II. HAZARD CONTROL PRACTICE
Agreement = .924 Raw Average = 2.39
1. Organizational hazards (fire/life safety, slips/falls, air quality, housekeeping, etc.) 2.68 (2.66) = .992
   (2.67)
2. Biohazards (blood-borne pathogen exposures, pandemic, and infection control) 2.57 (2.33) = .906
   (2.45)
3. Lack of support involvement in hazard control processes (HR, purchasing, etc.) 2.01 (2.44) = .823
   (2.23)
4. Facility/engineering hazards (electrical, lockout/tag-out, confined spaces, etc.) 2.51 (2.77) = .906
   (2.64)
5. Employee, contractor, vendor, and visitor safety and security 2.24 (2.33) = .961
   (2.28)
6. Emergency management (ICS, NIMS, EOP, HVA, etc.) 2.21 (2.44) = .905
   (2.33)
7. Hazardous materials (solvents, air contaminants, gases, etc.) 2.40 (2.66) = .902
   (2.53)
8. Ergonomic and environmental hazards (equipment use, lifting, slips, falls, etc.) 2.48 (2.55) = .972
   (2.51)
9. Physical hazards (electrical, equipment/tools, noise, lasers, radiation, etc.) 2.52 (2.55) = .988
   (2.54)
10. Psychological and social hazards (stress, substance abuse, etc.) 2.04 (2.33) = .875
    (2.20)
11. Employee wellness and health 2.14 (2.11) = .985
    (2.12)
12. Fleet and transportation safety 2.04 (2.33) = .875

DOMAIN III. GOVERNMENTAL COMPLIANCE
Agreement = .876 Raw Average = 2.23
1. Agency Toxic Substances and Disease Registry (ATSDR) 1.74 (2.33) = .746
   (2.04)
2. Centers for Disease Prevention and Control (CDC) 2.05 (2.22) = .923
   (2.13)
3. Department of Transportation (DOT) Regulatory Agencies 2.07 (2.44) = .848
   (2.25)
4. National Institute of Occupational Safety and Health (NIOSH) 2.38 (2.44) = .975
   (2.41)
5. Environmental Protection Agency (EPA) 2.17 (2.66) = .815
   (2.41)
6. Federal Emergency Management (FEMA) 2.00 (2.44) = .819
   (2.22)
7. Food and Drug Administration (FDA) 1.80 (2.22) = .810
   (2.01)
8. Nuclear Regulatory Commission (NRC) 1.95 (2.33) = .836
   (2.14)
9. Occupational Safety and Health Administration (OSHA) 2.67 (2.66) = .996
   (2.67)
10. Department of Homeland Security (DHS) 2.01 (2.00) = .995
    (2.00)
DOMAIN IV. VOLUNTARY STANDARDS
Agreement = .901   Raw Average = 2.27
1. American Conference of Governmental Industrial Hygienists (ACGIH) 2.28 (2.66) = .857 (2.47)
2. American Industrial Hygiene Association (AHA) 2.15 (2.33) = .922 (2.24)
3. American National Standards Institute (ANSI) 2.42 (2.66) = .909 (2.54)
5. American Society of Heating, Refrigerating, & Air Conditioning Engineers 1.90 (2.11) = .900 (2.01)
6. American Society of Mechanical Engineers (ASME) 2.05 (2.22) = .923 (2.13)
7. American Society of Safety Engineers (ASSE) 2.28 (2.00) = .877 (2.23)
8. Compressed Gas Association (CGA) 2.01 (2.44) = .823 (2.23)
9. Factory Mutual (FM) 1.90 (2.22) = .858 (2.23)
10. National Fire Protection Association (NFPA) 2.64 (2.77) = .953 (2.70)
11. Underwriters Laboratories (UL) 2.27 (2.22) = .977 (2.25)

KNOWLEDGE, CONSEQUENCE, AND FREQUENCY

<table>
<thead>
<tr>
<th>TABLE 1 - JOB KNOWLEDGE IMPORTANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>RATING OF IMPORTANCE</td>
</tr>
<tr>
<td>1- Knowledge requirements not essential to job performance</td>
</tr>
<tr>
<td>2- Knowledge requirements essential to the job performance</td>
</tr>
<tr>
<td>3- Knowledge requirements definitely essential to the job performance</td>
</tr>
<tr>
<td>DOMAIN</td>
</tr>
<tr>
<td>I. SAFETY MANAGEMENT</td>
</tr>
<tr>
<td>(.925)</td>
</tr>
<tr>
<td>II. HAZARD CONTROL PRACTICE</td>
</tr>
<tr>
<td>(.940)</td>
</tr>
<tr>
<td>III. GOVERNMENT COMPLIANCE</td>
</tr>
<tr>
<td>(.939)</td>
</tr>
<tr>
<td>IV. VOLUNTARY STANDARDS</td>
</tr>
<tr>
<td>(.837)</td>
</tr>
<tr>
<td>RESPONDENT PANELIST MEAN RELIABILITY</td>
</tr>
<tr>
<td>2.57 (.936) 2.61 (.866) 2.59 (.863)</td>
</tr>
<tr>
<td>2.82 (.870) 3.00 (1.00) 2.91 (.970)</td>
</tr>
<tr>
<td>2.47 (.833) 2.30 (.766) 2.38 (.793)</td>
</tr>
<tr>
<td>2.15 (.700) 1.80 (.60) 1.95 (.650)</td>
</tr>
</tbody>
</table>
**TABLE 2 – CRITICALITY IMPORTANCE**

**RATING OF TASK PERFORMANCE**
1 - Inability to perform tasks would result in minimal organizational consequences
2 - Inability to perform tasks would result in moderate adverse consequences
3 - Inability to perform tasks would result in severe operational consequences

<table>
<thead>
<tr>
<th>DOMAIN</th>
<th>RESPONDENTS</th>
<th>PANELIST</th>
<th>RELIABILITY</th>
<th>MEAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAFETY MANAGEMENT</td>
<td>2.54 (.846)</td>
<td>2.60 (.866)</td>
<td>(.976)</td>
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<tr>
<td>HAZARD CONTROL PRACTICE</td>
<td>2.68 (.893)</td>
<td>3.00 (1.00)</td>
<td>(.893)</td>
<td>2.84</td>
</tr>
<tr>
<td>GOVERNMENT COMPLIANCE</td>
<td>2.47 (.823)</td>
<td>2.30 (.766)</td>
<td>(.931)</td>
<td>2.39</td>
</tr>
<tr>
<td>VOLUNTARY STANDARDS</td>
<td>1.91 (.636)</td>
<td>1.60 (.533)</td>
<td>(.837)</td>
<td>1.98 (.650)</td>
</tr>
</tbody>
</table>

**TABLE 3 - FREQUENCY OF JOB PERFORMANCE**

<table>
<thead>
<tr>
<th>DOMAIN</th>
<th>SURVEY</th>
<th>PANEL</th>
<th>RELIABILITY</th>
<th>MEAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAFETY MANAGEMENT</td>
<td>26%</td>
<td>31%</td>
<td>.838</td>
<td>29%</td>
</tr>
<tr>
<td>HAZARD CONTROL PRACTICE</td>
<td>37%</td>
<td>34%</td>
<td>.918</td>
<td>36%</td>
</tr>
<tr>
<td>GOVERNMENT COMPLIANCE</td>
<td>24%</td>
<td>23%</td>
<td>.958</td>
<td>23%</td>
</tr>
<tr>
<td>VOLUNTARY STANDARDS</td>
<td>13%</td>
<td>12%</td>
<td>.923</td>
<td>12%</td>
</tr>
</tbody>
</table>

**JOB TASK IMPORTANCE**

This part of the survey had respondents and panel members rate the importance of specific healthcare safety task job elements in the domains of: (I) safety management, (II) hazard control, (III) government compliance, & (IV) voluntary standards using the importance definition below.

1 - Minimally important task not essential to the job
2 - Important task element essential to job
3 - Very important task definitely essential to the job

**DOMAIN I. LEADERSHIP AND MANAGEMENT**

Agreement = .980 Mean Score = 2.58

1. Design comprehensive management systems by defining requirements and developing policies, procedures, and plans to protect people, property, and the environment
2. Implement policies, procedures, and directives in systematic manner to protect people, property, and the environment

3. Determine the effectiveness of systems by measuring and evaluating performance indicators in order to ensure continuous improvement in the protection of employees, visitors, and contractors

4. Implement management strategies by using the results of hazard identification and risk analyses to eliminate and/or reduce harmful exposure to people, property, and the environment

5. Apply sound practices and economic principles by efficiently using resources to increase the value of safety

6. Use appropriate methods that will ensure stakeholders understand their roles in formulation and implementation of safety
DOMAIN II: HAZARD CONTROL
PRACTICE
Agreement = .970 Raw Mean Score = 2.60
1. Evaluate facilities, products, systems, equipment, workstations, and processes by applying qualitative techniques to identify the hazards and assess their risks

2. Recommend controls through design and engineering to eliminate hazards and reduce the risks posed by safety hazards

3. Evaluate controls by analyzing feasibility, effectiveness, reliability, and cost in order to achieve the best possible solution

4. Obtain compliance certifications, listings, approvals or authorizations by identifying applicable regulations, and standards to ensure facility safety

DOMAIN III. GOVERNMENT COMPLIANCE
Agreement = .967 Mean Score = 2.44
1. Develop effective education/training by establishing objectives to impart knowledge and facilitate understanding of standards

2. Evaluate compliance through performance assessments and various forms of feedback in order to assure that training is effective
3. Present technical information to effectively, management, contractors, vendors, and the public about compliance requirements

4. Communicate compliance hazards, risks, and control measures to employees, management, vendors, and the public

5. Maintain a recordkeeping and data capture systems by to acquire, analyze, and distribute accurate data and to meet compliance requirements

6. Develop/maintain proficiency in the use of technologies by conducting continuing education

DOMAIN IV – VOLUNTARY STANDARDS

Agreement = .962 Mean Score = 2.59

1. Hold paramount the protection of people, property, and environment by working with management and government agencies

2. Adhere to standards of professional conduct by limiting practice to areas of competence and avoiding conflicts of interest

3. Accept responsibility to promote safety by providing technical counsel and advice on issues related to accreditation to protect people, property, and environment
4. Conduct professional activities by following organizational protocols to assist in making balanced and effective decisions.

5. Improve technical competency through continuing education and self-development

**PSYCHOMETRIC RESULTS**

<table>
<thead>
<tr>
<th>Domain</th>
<th>Importance Coefficient</th>
<th>Knowledge</th>
<th>Consequences</th>
<th>Job Tasks</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>2.52</td>
<td>2.55</td>
<td>2.57</td>
<td>2.58</td>
<td>2.55</td>
</tr>
<tr>
<td>II</td>
<td>2.39</td>
<td>2.91</td>
<td>2.84</td>
<td>2.60</td>
<td>2.68</td>
</tr>
<tr>
<td>III</td>
<td>2.23</td>
<td>2.39</td>
<td>2.39</td>
<td>2.44</td>
<td>2.35</td>
</tr>
<tr>
<td>IV</td>
<td>2.27</td>
<td>1.98</td>
<td>1.86</td>
<td>2.59</td>
<td>2.18</td>
</tr>
<tr>
<td>Avg.</td>
<td>2.35</td>
<td>2.46</td>
<td>2.42</td>
<td>2.55</td>
<td>2.44</td>
</tr>
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</table>

**Table 5 - Agreement Reliability Coefficients**

<table>
<thead>
<tr>
<th>Domain</th>
<th>Importance</th>
<th>Knowledge</th>
<th>Criticality</th>
<th>Frequency</th>
<th>Tasks</th>
<th>Reliability</th>
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<tbody>
<tr>
<td>I</td>
<td>.888</td>
<td>.925</td>
<td>.976</td>
<td>.838</td>
<td>.980</td>
<td>.938</td>
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<td>.931</td>
<td>.931</td>
<td>.958</td>
<td>.967</td>
<td>.937</td>
</tr>
<tr>
<td>IV</td>
<td>.901</td>
<td>.837</td>
<td>.837</td>
<td>.913</td>
<td>.962</td>
<td>.893</td>
</tr>
<tr>
<td>Avg.</td>
<td>.897</td>
<td>.908</td>
<td>.909</td>
<td>.907</td>
<td>.970</td>
<td>.927</td>
</tr>
</tbody>
</table>
CONCLUSION/RECOMMENDATIONS
This report provides an overview of the study findings including demographic and psychometric data needed to develop CHCM examination blueprint. The CHCM constituency practices in a broad array of industries and disciplines which the survey results indicated. CHCM holders serve in safety positions that range from manufacturing and hospitals to transportation and mining which was reflected in the survey results from the ratings of compliance and voluntary standard organizations. IBFCSM developed a survey instrument to determine actual safety practices, tasks, priorities, criticality, and domain tasks with the emphasis on safety management and hazard control techniques applicable to all types of organizations. The survey was sent to CHCM credential holders in the summer of 2015. The survey results obtained from the 2015 survey responders provided data to compare with data from a similar survey completed by practicing professionals voluntarily serving on the CHCM Advisory Panel. IBFCSM used a variety of methods and sources to ensure that the Job Analysis Study was realistic and included gathering information from agencies such as OSHA, ASSE, and NIOSH along with the guidance from ANSI/ASSE Z590-2 (2003) Standard on Professional Safety Practice. The survey data from both groups was consistent in the five assessment categories of all four domains as illustrated by Table 5. The results indicated a solid correlation between survey respondents and panel members as illustrated by a reliability coefficient score of .927. The domain coefficient average of .803, reflected in Table 5 indicates a high level of agreement between the two groups across the four domains evaluated. The actual surveys identified the Domains A, B, C, and D. However, those domains are now identified as Domains I, II, III, and IV. The CHCM examination blueprint should reflect the following percentages: Domain I, Safety Management 29%, Domain II, Hazard Control 36%; and Domain III, Compliance, 23%, and Accreditation, & Voluntary Standards 12%. The examination domain percentages were determined by averaging the results from the survey respondents and the CHCM advisory panel members.

DOMAIN I - SAFETY MANAGEMENT (30%)
A. Design or coordinate implementation of management, plans, policies, and procedures to protect patients, staff, visitors, property, and the environment
B. Determine the effectiveness of safety functions, processes, and systems by evaluating performance indicators to ensure the protection of patients, staff, visitors, and the environment
C. Promote the value of safety by encouraging the effective use of resources and the importance of understanding the concepts and principles contribute to safety function effectiveness
D. Use appropriate methods that will ensure stakeholders understand their roles in formulation, implementation, and adherence to safety policies and directives

DOMAIN II - HAZARD CONTROL (40%)
A. Evaluate facilities, products, systems, equipment, workstations, and processes by applying qualitative techniques to identify hazards and assess their risks
B. Recommend controls with design/engineering features to eliminate hazards and reduce risks
C. Analyze feasibility, effectiveness, reliability, and cost to achieve the best possible solution
D. Take actions to identify the applicable standards or best practices to address facility safety issues
E. Implement strategies by using results of hazard identification and risk analyses to eliminate and/or reduce harmful exposure to people, property, and the environment
DOMAIN III - GOVERNMENT COMPLIANCE (31%)
A. Assess and develop education/training processes to ensure appropriate personnel complete mandated training and/or understand compliance and accreditation requirements
B. Ensure adherence to relevant standards by performing audits and using various feedback mechanisms to validate compliance, hazard control, and training effectiveness
C. Disseminate standard related information to leaders, staff, patients, contractors, vendors, and the public about compliance and/or accreditation standards and requirements
D. Maintain compliance recordkeeping and data collection process to ensure analysis and distribution of accurate information as mandated by compliance and accreditation organizations
E. Communicate hazards, risks, and control measures to patients, staff, vendors, and visitors concerning relevant regulations and recommendations made by government compliance agencies
F. Hold paramount the protection of people, property, and environment by working with voluntary organizations and agencies
G. Adhere to standards of professional conduct by limiting practice to areas of competence and avoiding conflicts of interest
H. Accept responsibility to promote safety by providing technical counsel and advice on issues related to accreditation in order to protect people, property, and environment
I. Conduct professional activities by following organizational protocols in order to assist in making balanced and effective decisions related to safety
J. Improve competency through continuing education and maintaining proficiency about relevant standards, resources, and guidelines available from voluntary agencies or organizations

CHCM EXAM FRAMEWORK
Domain I - Safety Management (30%)
A. Apply management along with economic principles to increase safety performance and value
B. Provide oversight of self-inspections, and accident investigations
C. Communicate safety issues with senior leaders, department heads, and safety committee
D. Ensure use of efficient and effective reporting processes for incidents, accidents, and injuries
E. Communicate safety issues with employee health and improvement leaders
F. Demonstrate dedication to continuous learning by keeping abreast of emerging hazards and risks
G. Design realistic safety management plans to protect people, property, and the environment
H. Develop hazard identification/investigation procedures to identify hazards and unsafe behaviors
I. Educate senior leaders on safety or hazard control goals and objectives
J. Educate organizational members about using system methods to improve safety performance
K. Educate others about the role that open and closed systems play in organizational safety efforts
L. Ensure information dissemination to stakeholder to increase their knowledge about safety issues
M. Evaluate performance indicators to ensure protection of patients, staff, and visitors
N. Evaluate safety effectiveness using a variety of methods including injury and accident data
O. Use of management concepts and principles to support safety efforts
P. Facilitate organizational participation to promote safety as priority function
Q. Facilitate safety function integration of safety with other risk, care, and quality functions
R. Facilitate safety leadership development among organizational all members
S. Systematically implement directives to better protect people, property, and the environment
T. Integrate safety with continuous improvement processes and risk control activities
U. Lead by example by walking-the walk and ensure ethics remains the foundation of safety
V. Lead special emphasis areas such as workplace violence prevention and stress management
W. Link safety objectives with day-to-day operations and strategic objectives
X. Participate in emergency management planning by providing insight to safety-related concerns
Y. Practice ethical conduct by practicing in areas of competence and avoiding conflicts of interest
Z. Practice good communication skills to ensure effective coordination among various stakeholders
AA. Promote safety culture development and educate others about overt and covert cultures
BB. Promote the role that ethics play in bringing value to the safety function.
CC. Provide guidance to stakeholder about surveys and compliance inspections
DD. Stress the importance of good human relations and communications with stakeholders
EE. Use analysis methods to identify risks and appropriate corrective actions to take
FF. Use appropriate methods to ensure stakeholders understand their responsibilities
GG. Use managerial techniques to provide oversight to safety, health, and environmental risks
HH. Use risk and job analysis to eliminate and reduce harmful risks

**DOMAIN II - HAZARD CONTROL (40%)**

A. Evaluate facilities, products, systems, equipment, and job processes to identify hazards and risks
B. Apply qualitative/quantitative techniques to analyze risks to consider appropriate hazard controls
C. Recommend controls after evaluating options that would reduce or eliminate hazards
D. Evaluate potential controls by analyzing costs, feasibility, and effectiveness
E. Communicate to employees, senior staff, and visitors the hazards controls used to ensure safety
F. Ensure the organization takes actions to meet/exceed applicable safety regulations and standards.
G. Obtain appropriate certifications and pursue continuing professional education
H. Educate managers, supervisors, and other stakeholders on how to conduct self-inspections
I. Task all departments to conduct and document a hazard assessment to determine appropriate PPE
J. Provide safety/accident information on a regular basis to all leaders, managers, and supervisors
K. Actively promote safety and hazard control as priority organizational function
L. Promote safety as the right thing to do with people providing its real value
M. Identify, evaluate, and ensure actions to eliminate and control facility-wide hazards and risks
N. Coordinate infection risks with the infection control and prevention
O. Identify serious safety risks and coordinate corrective actions
P. Participate in emergency management planning and understand key ICS, NIMS, and EOP concepts
Q. Provide emergency planners with insights about safety requirements assist with HVA development
R. Identify, evaluate, and control facility engineering hazards
S. Identify and evaluate hazardous material control measures and safe usage
T. Coordinate care environment risks and concerns with risk management and quality improvement
U. Facilitate the identification, assessment, and control of all physical hazards
V. Provide safety and hazard control guidance and assistance to all departments/functions
W. Coordinate identification and correction of ergo/environmental hazards
X. Help with addressing stress, shiftwork, and substance abuse
DOMAIN III – COMPLIANCE/STANDARDS (30%)

A. Federal Register (FR)
   a. Purpose
   b. Administrative law

B. Code of Federal Regulations (CFR)
   a. Purpose
   b. Key titles:
      i. 10 CFR (NRC)
      ii. 21 CFR (FDA)
      iii. 29 CFR (OSHA)
      iv. 40 CFR (EPA)
      v. 42 CFR (NIOSH, CMS, AHRQ, CDC)
      vi. 44 CFR (DHS, FEMA)
      vii. 49 CFR (DOT)

C. Department of Health and Human Services (DHHS)

D. Agency Toxic Substances and Disease Registry (ATSDR)
   a. Chemical hazard investigations
   b. Hospital resources about decontamination

E. Centers for Disease Prevention and Control (CDC)
   a. Responsibilities
   b. Publications and Guidelines

F. Food and Drug Administration (FDA)
   a. Food Safety
   b. Recalls

G. Department of Homeland Security
   a. Emergency Preparedness and Response
   b. Federal Emergency Management Agency
   c. U.S. Fire Administration
   d. Information Analysis and Infrastructure Protection
   e. US Coast Guard

H. Department of Transportation (DOT)
   a. Hazardous materials regulations
   b. Placard hazardous material categories

I. Environmental Protection Agency (EPA)
   a. Clean Air Act and Clean Water Act
   b. Comprehensive Environmental Response, Compensation, and Liability Act
   c. Federal Insecticide, Fungicide, and Rodenticide Act
   d. Resource Conservation and Recovery Act
   e. Toxic Substances Control Act
   f. Universal Waste Act
   g. Disinfectant approval
J. Federal Emergency Management (FEMA)
   a. Roles and responsibilities
   b. FEMA Planning Documents
   c. Online FEMA training courses

K. Nuclear Regulatory Commission (NRC)
   a. Regulatory requirements addressing human exposure
   b. Isotope Management and License

L. Occupational Safety and Health Administration (OSHA)
   a. OSHA Whistle-Blowing Responsibilities
   b. Posting the OSHA Log Summary
   c. Priorities of Inspection
   d. Recording Work-Related Injuries and Illnesses
   e. Recordkeeping
   f. Restricted Work and DART Rates
   g. OSH Act Duties and Responsibilities
   h. Key OSHA Standards

M. Americans with Disabilities Act
   a. Title I Employment
   b. Title II Public Services
   c. Title III Public Accommodation
   d. Title IV Telecommunications
   e. Title V Miscellaneous

N. Department of Labor
   b. OSHA Whistle Blower Mandates

Voluntary Standards
A. American Conference of Conference of Governmental Industrial Hygienists (ACGIH)
B. American Industrial Hygiene Association (AHA)
C. American National Standards Institute (ANSI)
E. American Society of Healthcare Engineering (ASHE)
F. American Society of Heating, Refrigerating, & Air Conditioning Engineers
G. American Society of Mechanical Engineers (ASME)
H. Compressed Gas Association (CGA)
I. Facility Guidelines Institute (FGI)
J. National Fire Protection Association (NFPA)
K. Other Voluntary Groups (USMP, USP, FM, etc.)
L. Underwriters Laboratories (UL)
A. Demographics
Average Years Held CHEP: 3.5
Healthcare Experience: 14 Years
Holding at least one other credential: 76%
Most Frequent Credential Held: CHSP 24%
Job Title Directly Related to Emergency or Disaster Management: 77%

Education Level
- Master: 37%
- Bachelor: 44%
- Associate: 11%
- Some College: 3%
- High School: 5%

B. Discussion
IBFCSM launched the CHEP credential in the fall of 2008 with more than 50 beta participants defining the content and domains. The credential has grown since the first certification were issued in 2009. The majority of CHEP credential holders working in hospital or healthcare organizations also have other duties in areas such as security, safety, nursing, and facility management. Larger hospitals tend to have more CHEP credential holders primarily dedicated to emergency management duties than the smaller facilities. The foundational information provided during the CHEP beta period provided the basis for the 2015 survey. Emergency management knowledge and expectations have increased since 2008. IBFCSM did extensive research to identify the latest needs in healthcare emergency management. Two separate federal agencies are involved in identifying the issues and domains relevant to healthcare emergency management. The Department of Homeland Security along with FEMA identify areas of responsibility in the National Response Framework, the Department of Health and Human Services (DHHS) through the ASPR office oversee the healthcare sector during emergencies and disasters. The other key federal agencies that have responsibilities in the healthcare sector include OSHA, EPA, DOT, and DOD. The primary organization that has shaped healthcare emergency management issues and requirements is The Joint Commission which has published Emergency Standards (EM) in its Hospital Accreditation Manual. The Centers for Medicare and Medicaid Services (CMS) recently published emergency requirements that healthcare organizations must meet as a condition of participation in the federal Medicare programs. NFPA 1600 serves as a voluntary code for businesses seeking to plan, respond, and recover from emergencies. IBFCM believes that the CHEP is helping shape this emerging healthcare professional designation as evidenced by the credential’s continued growth. This job analysis study will help IBFCSM develop examinations that can reliably assess competency of CHEP candidates. Survey respondents were tasked with rating the importance of elements in the following Domains: I – Healthcare Emergency Management Fundamentals, II – National Preparedness Concepts, III – Disasters, Resilience, and Terrorism, and IV – Safety, Health, and Environmental using a scale of importance. All responses with a survey raw score below 1.94 were dropped and considered not important to the tasks and responsibilities of those serving in healthcare emergency related positions.
C. Domain Importance to Healthcare Emergency Management Practice
1-Not Important to healthcare emergency management practice
2-Important to healthcare emergency management practice
3-Very Important to healthcare emergency management practice

Domain I – Emergency Management Fundamentals (Mean Score 2.66)
1. All-Hazards Planning
2. ASPR Identified Healthcare Sector Capabilities
4. Common ICS Principles and Terminology
5. Communication & Information Management
6. Community Involvement
7. Comprehensive Resource Management
8. Consolidated Incident Action Plans
9. Emergency Exercises, Drills, & Training
10. Engaging Program Stakeholders
11. Free Standing Building Exercises
12. Functions of Management
13. Healthcare Hazard Vulnerability Analysis (HVA)
15. Homeland Security Exercise and Evaluation Program
16. Hospital EOP Development and Response
17. Hospital Evacuation Planning
18. Hospital Roles in Community Emergencies
19. ICS Command Functions
20. Integrated Communications
22. Managing Complex Incidents
23. Modular Organization
24. Multi-Agency Coordination
25. NIMS Healthcare Implementation and Adoption
26. Organizational Culture Fundamentals
27. OSHA Emergency Planning
28. Pandemic and All Hazards Preparedness Act of 2006
29. Pre-Designated Incident Facilities
30. Public Health Security
31. Strategic National Stockpile
32. Understanding System Thinking
33. Unified Commands
Domain II – National Preparedness Concepts (Mean Score: 2.27)
1. Capabilities-Based Planning
2. Center for Domestic Preparedness
3. Chemical Stockpile Emergency Preparedness Program
4. Continuity of Operations
5. Cyber Security and Communications Reliability
6. Department of Health and Human Grants
7. ESF #13 - Public Safety and Security
8. ESF #8 - Public Health and Medical Services
9. FEMA Objectives 1, 2, 7, 18, 20, & 25
10. Function-Based Planning
11. Hazard Risk Assessment
12. Incident Action Planning Guide
13. Integrated Public Alert & Warning System
14. Mitigation Core Capabilities
15. National Incident Management System (NIMS)
16. NRF Emergency Support Function (ESF) Annexes
18. Prevention Core Capabilities
19. Protection Core Capabilities
20. Recovery Core Capabilities
21. Response Core Capabilities
22. Scenario-Based Planning
23. Situational Awareness & Information Collection/Analysis
24. Strategic Planning
25. Sustainability and Resiliency
26. Tactical Planning
27. The National Preparedness System

Domain III – Disasters, Resilience, and Terrorism (Mean Score: 2.20)
1. Biological Agents
2. Bomb Threats
3. Chemical Agents
4. Coalition Exercises
5. Communication Technology Emergencies
6. Critical Infrastructure Security and Resilience
7. Cyber Security
8. Emergency Services Sector
9. Floods
10. Healthcare and Public Health Sector
11. Healthcare Coalitions
12. Industrial Chemical Emergencies
13. National Disaster Medical System
14. Nationwide Nuclear Security
15. Natural Disasters (Earthquakes, Floods, Mudslides, Wildfires, Etc.)
16. Pandemic
17. Terrorism
18. Thunderstorms and Tornadoes
19. Transportation Incidents and Issues
20. Tropical Storms
21. Warning and Advisory Systems
22. Winter Storms

Domain IV – Safety, Health, And Environmental (Mean Score: 2.19)
1. Airborne Chemical Exposures
2. American National Standards Institute (ANSI)
3. Chemical Storage
4. Code of Federal Regulations
5. Emergency Planning and Community Right-to-Know Act
6. Emergency Shower & Eyewash Requirements
7. Environmental Protection Agency
8. EPA Define Characteristics of Hazardous Materials
9. Federal Highway Administration (FHWA)
10. Fire Safety
11. Flammable/Combustible Liquids
12. Hazardous Chemical Determination
13. Hazardous Material Exposure Routes
14. Hazardous Material Exposure Terms
15. Hazardous Materials Planning Considerations
16. HAZWOPER Emergencies
17. National Fire Protection Association
18. National Institute of Occupational Safety and Health
20. OSHA & Ionizing Radiation Exposure
21. OSHA Emergency Related Standards
22. OSHA Hazard Communication Standard
23. OSHA Respiratory Protection Standard
24. OSHA Standard & Violations
25. Portable Fire Extinguishers
26. Resource Conservation & Recovery Act
27. Security Management
Table 1. Domain Importance Ratings

<table>
<thead>
<tr>
<th>Domain</th>
<th>Survey</th>
<th>SME</th>
<th>Mean</th>
<th>Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I – Healthcare Emergency Management</td>
<td>2.75</td>
<td>2.57</td>
<td>2.66</td>
<td>.934</td>
</tr>
<tr>
<td>II – National Preparedness</td>
<td>2.36</td>
<td>2.18</td>
<td>2.27</td>
<td>.919</td>
</tr>
<tr>
<td>III – Disasters, Resiliency, and Terrorism</td>
<td>2.29</td>
<td>2.11</td>
<td>2.20</td>
<td>.921</td>
</tr>
<tr>
<td>IV – Safety, Health, &amp; Environment Management</td>
<td>2.29</td>
<td>2.10</td>
<td>2.10</td>
<td>.917</td>
</tr>
<tr>
<td>Average</td>
<td>2.42</td>
<td>2.24</td>
<td>2.33</td>
<td>.922</td>
</tr>
</tbody>
</table>

Table 2. Job Performance Knowledge

1 Knowledge requirements are not essential to job performance.
2 Knowledge requirements are essential to the job performance.
3 Knowledge requirements are definitely essential to the job performance.

<table>
<thead>
<tr>
<th>Knowledge Importance</th>
<th>Respondents</th>
<th>SME</th>
<th>Mean</th>
<th>Reliability</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Healthcare Emergency Concepts</td>
<td>2.91</td>
<td>2.66</td>
<td>2.78</td>
<td>.914</td>
</tr>
<tr>
<td>II. National Preparedness</td>
<td>2.26</td>
<td>2.33</td>
<td>2.45</td>
<td>.969</td>
</tr>
<tr>
<td>III. Disasters, Resiliency, and Terrorism</td>
<td>2.62</td>
<td>2.56</td>
<td>2.59</td>
<td>.977</td>
</tr>
<tr>
<td>IV. Safety, Health, &amp; Environment Management</td>
<td>2.86</td>
<td>2.20</td>
<td>2.53</td>
<td>.769</td>
</tr>
<tr>
<td>Avg.</td>
<td>2.66</td>
<td>2.44</td>
<td>2.55</td>
<td>.907</td>
</tr>
</tbody>
</table>

Table 3. Organizational Criticality

1 Inability to perform tasks would result in minimal organizational consequences.
2 Inability to perform tasks would result in moderate adverse consequences.
3 Inability to perform tasks would result in severe operational consequences.

<table>
<thead>
<tr>
<th>Consequences</th>
<th>Respondents</th>
<th>SME</th>
<th>Mean</th>
<th>Reliability</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Healthcare Emergency Management</td>
<td>2.64</td>
<td>2.66</td>
<td>2.65</td>
<td>.992</td>
</tr>
<tr>
<td>II. National Preparedness</td>
<td>2.01</td>
<td>1.70</td>
<td>1.86</td>
<td>.845</td>
</tr>
<tr>
<td>III. Disasters, Resiliency, and Terrorism</td>
<td>2.52</td>
<td>2.36</td>
<td>2.44</td>
<td>.936</td>
</tr>
<tr>
<td>IV. Safety, Health, &amp; Environment Management</td>
<td>2.59</td>
<td>2.46</td>
<td>2.53</td>
<td>.949</td>
</tr>
<tr>
<td>Avg.</td>
<td>2.44</td>
<td>2.30</td>
<td>2.37</td>
<td>.929</td>
</tr>
</tbody>
</table>

Table 4. Frequency of Performance

<table>
<thead>
<tr>
<th>Domain</th>
<th>Respondents</th>
<th>SME</th>
<th>Mean</th>
<th>Reliability</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Healthcare Emergency Management</td>
<td>36%</td>
<td>42%</td>
<td>39%</td>
<td>.857</td>
</tr>
<tr>
<td>II. National Preparedness</td>
<td>12%</td>
<td>15%</td>
<td>14%</td>
<td>.800</td>
</tr>
<tr>
<td>III. Disasters, Resiliency, and Terrorism</td>
<td>20%</td>
<td>22%</td>
<td>21%</td>
<td>.954</td>
</tr>
<tr>
<td>IV. Safety, Health, &amp; Environmental Management</td>
<td>32%</td>
<td>21%</td>
<td>26%</td>
<td>.656</td>
</tr>
<tr>
<td>Avg.</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>.816</td>
</tr>
</tbody>
</table>

Table 5. Agreement Reliability Coefficients Between Survey and SME Ratings

<table>
<thead>
<tr>
<th>Importance</th>
<th>Knowledge</th>
<th>Criticality</th>
<th>Frequency</th>
<th>Reliability</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>.934</td>
<td>.914</td>
<td>.992</td>
<td>.857</td>
</tr>
<tr>
<td>II</td>
<td>.919</td>
<td>.969</td>
<td>.845</td>
<td>.800</td>
</tr>
<tr>
<td>III</td>
<td>.921</td>
<td>.977</td>
<td>.936</td>
<td>.954</td>
</tr>
<tr>
<td>IV</td>
<td>.917</td>
<td>.769</td>
<td>.949</td>
<td>.656</td>
</tr>
<tr>
<td>Avg.</td>
<td>.922</td>
<td>.907</td>
<td>.929</td>
<td>.816</td>
</tr>
</tbody>
</table>
Summary

IBFCSM conducted a study of healthcare emergency management tasks and knowledge requirements after the Joint Commission published separate EM Standards in 2008. This study involved a beta process with more than 50 healthcare emergency personnel participating in developing the first CHEP Examination. IBFCSM’s efforts coupled with the continued emphasis that the government places on the role of healthcare organizations play in area, regional, and national disasters. NFPA 1600 became a Code to provide guidance to all businesses including healthcare in the areas of preparation, response, and recovery. CMS now requires healthcare organizations participating in Medicare and Medicaid programs to meet specific emergency management requirements. The Joint Commission Standards continue to provide guidance to all healthcare organizations especially hospitals in the areas of emergency planning, response, mitigation, and recovery. In recent years the National Response Framework and FEMA’s 31 Objectives outlines many of the roles and responsibilities of healthcare organizations.

Conclusions

The CHEP Job Analysis Study and the survey of current CHEP credential holders provided IBFCSM with strong guidance to develop a new examination blueprint and outline. The psychometric data indicates a strong agreement coefficient in all areas especially in agreement on Domain Importance with a .922 value. The agreement ratings for Job Knowledge Importance (.907) and Criticality (.929) were also strong. Frequency of Performance had the lowest agreement coefficient at .878. IBFCSM discovered that 40% of CHEP credential holders worked in Emergency Management positions and 60% had emergency management responsibilities but also had other job responsibilities such as facility management and safety. This accounted for some differences in frequency of performance. IBFCSM compared data from both groups to determine the level of agreement. IBFCSM used the mean score to set the percentage of exam items to be allocated to each of the four domains. Many of the items rated by the respondents in Domain Importance rating portion of the survey have been deleted due to low score of importance and some items have been combined to reduce the number tasks/knowledge requirements. The items that scored 1.94 (.65) on the scale of 1 to 3 were retained and will become a part of the CHEP Examination Blueprint and Outline. The agreement or reliability coefficient was .894 for the four areas surveyed which indicates a strong agreement among respondents. IBFCSM will take into consideration the survey results and have the CHEP Oversight and Advisory Panel provide guidance and approve final examination blueprint.