Emergency Management Principles and Practices for Health Care Systems, 2nd edition

Unit 5: Appendices

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Appendix A

ICDRM/GWU
Emergency Management Glossary of Terms

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Institute for Crisis, Disaster, and
Risk Management
The George Washington University

Washington, D.C.

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Foreword

Terminology in this glossary was established for the purposes of emergency management education and practice, and therefore uses an emergency response and recovery context. Where appropriate, terminology definitions from the National Incident Management System (NIMS) and other Federal guidance documents are cited. Definitions not referenced to other sources in this glossary are products of substantive research and development efforts by the authors themselves during academic research and writing initiatives. Reference sources that are recurrently cited have their full citations listed at the end of this document.

This glossary was developed by The Institute for Crisis, Disaster and Risk Management (ICDRM) at The George Washington University (GWU) with support from the Veterans Health Administration (VHA), Department of Veterans Affairs. The glossary will continue to be periodically revised and re-posted to the ICDRM site.

The current GWU ICDRM project team consists of:

Joseph A. Barbera, MD, Principal Investigator
Anthony G. Macintyre, MD, Co-principal Investigator
Gregory L. Shaw, DSc, Project Administrator
Dale Yeatts, MD, Project Coordinator
Lissa T. Westerman, RN, BSN
Sergio de Cosmo, MS

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Acceptable Risk: That level of risk (likelihood of occurrence and consequence of impact) for any activity or situation that is sufficiently low that society (or an organization within society that is managing the risk) is comfortable with it. Society (and an individual organization) does not generally consider expenditure in further reducing such risks justifiable. *(Adapted from Australian National 1994*)[1]

Accessible: Having the legally required features and/or qualities that ensure easy entrance, participation, and usability of places, programs, services, and activities by individuals with a wide variety of disabilities. *(NIMS 12/08)*

Accreditation: Empowerment provided to an organization through legislation, statute or regulation from an appropriate local, State, Tribal or Federal government agency authorizing the organization to credential personnel for incidents in which the organization participates. According to the NIMS Integration Center, accreditation refers to the "empowerment of certifying/qualifying organizations with the authority to declare an individual capable of performing critical tasks and capabilities."[2]

Acquisition Procedures: A process used to obtain resources to support operational requirements. *(NIMS 12/08)*

Act of God: An unintentional hazard event (usually a natural hazard) whereby society feels that no individual or organization is responsible for the hazard occurrence or its impact, i.e., an "accident." This is an increasingly narrow category of hazards in the U.S., as society has begun to view almost all hazards or their impact as predictable, and that mitigation actions could be undertaken. In particular, risk management has presented the view that technological hazards are expected outcomes of planned risk behavior, and even that technological failure from a natural hazard is usually predictable and could have been avoided. For example, almost all motor vehicle crashes are now viewed as expected outcomes of speed, substance use, distracted drivers or other behavior, failure of mechanical equipment or road design, and are now referred to as "crashes"" rather than motor vehicle accidents.

Action plans: Written or verbal plans that reflect the overall incident goal (control objectives) and incident strategy, objectives for the designated operational period, specific tactical actions and assignments, and supporting information for the designated operational period. They provide designated personnel with knowledge of the objectives to be achieved and the strategy and steps to be used for achievement, hence improving coordination across different levels of government and intrastate jurisdictional borders. Actions plans not only provide direction, but also provide a metric for measuring achievement of objectives and overall system performance. (*Adapted from SEMS)*[3]

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[1] Cited in FEMA Higher Education Project: Australian National, 1994.
[2] Credentialing the Nation's Emergency Responders: Working Group Guidelines – Draft Version 1.6 (November 2005), NIMS Integration Center, Federal Emergency Management Agency, Washington D.C.
[3] Standardized Emergency Management System (SEMS) Guidelines, Part I. System Description Section A (Draft 12/23/94), p. 5, available at: http://www.oes.ca.gov/Operational/OESHome.nsf/a0f8bd0ee918bc3588256bd400532608/b49435352108954488256c2a0071e038?OpenDocument, accessed April 24, 2006.

Activate (emergency management definition): To begin the process of mobilizing a response team, or to set in motion an emergency operations (response) or recovery plan, process, or procedure for an exercise or for an actual hazard incident. An activation may be **partial** (stipulating the components of the EOP to activate, or some indication of the level of commitment to be made by the notified entity) or **full** (stipulating activation of the notified entity's entire EOP).

Activation: see "Activate."

Activation notification: A notification category that provides urgent information about an unusual occurrence or threat of occurrence, and orders or recommends that the notified entity activate its emergency response (usually via its emergency operations plan). An activation notification may indicate a **partial** or **full** activation (see "activate"). It usually includes actionable information directing the notified entity on initial actions for mobilization, deployment, and/or response (See "update" - "alert" – "advisory" for contrast between the other notification categories).

Actor: Individual simulating a victim, victim family, media, perpetrator, or other person within the exercise scenario to prompt realistic action/reaction from the exercise players.

Acute Radiation Syndrome (ARS): An acute illness caused by irradiation of the body by a high dose of penetrating radiation in a very short period of time. *(JP 1-02)*

Adequate: An adjective that denotes the quality or quantity of a system, process, procedure, or resource that will achieve the relevant program or incident response objective. See definition for "Effective."

Advanced Readiness Contracting: A type of contracting that ensures contracts are in place before an incident for commonly needed commodities and services such as ice, water, plastic sheeting, temporary power, and debris removal. *(NRF 1/08)* Also called "Contingency Contracts."

Adversary: individual, group, organization, or government that conducts or has the intent to conduct detrimental activities. *(DHS Risk Lexicon 9/08)*

Advisory: A notification category that provides urgent information about an unusual occurrence or threat of an occurrence, but no activation of or response by the notified entity is ordered or expected at that time. The advisory notification may convey actionable information for individual personnel even though the response entity is not being activated or directed to address any specific organizational activity. For example, a weather advisory that includes recommended travel precautions for individuals. (See "update" - "alert" – "activation" for contrast between the other notification categories.)

After Action Report (AAR): The document that describes the incident response and findings related to system response performance (see AAR process).

After Action Report (AAR) process: A focused, post-incident or post-exercise activity to capture objective observations, both positive as well as negative, related to response system performance. Its product is commonly referred to as "lessons learned," but a comprehensive process goes beyond the collection of "lessons learned" to accomplish objective improvements in procedures, assignments, equipment, training, and personnel to attain true organizational learning. This term "AAR process" is used by SEMS to describe the activity related to developing and conducting the After-Action Review, including meetings and documentation review and developing the after action report.

After Action Report / Improvement Plan (AAR/IP): In HSEEP, the main product of the Evaluation and Improvement Planning process is the AAR/IP. The AAR/IP has two components: an AAR, which captures observations of an exercise and makes recommendations for post-exercise improvements; and an IP, which identifies specific corrective actions, assigns them to responsible parties, and establishes targets for their completion. The lead evaluator and the exercise planning team draft the AAR and submit it to conference participants prior to the After Action Conference. The draft AAR is completed first and distributed to conference participants for review no more than 30 days after the exercise concludes. The final AAR/IP is an outcome of the After Action Conference and should be disseminated to participants no more than 60 days after the exercise concludes. Even though the AAR and IP are developed through different processes and perform distinct functions, the final AAR and IP should always be printed and distributed jointly as a single AAR/IP following an exercise. *(HSEEP)*

After Action Report (AAR) Meeting: The gathering of incident or exercise participants and observers in a tightly moderated effort to discuss the incident response and/or recovery for the purpose of obtaining system performance information useful to the AAR process.

After Action Review*:* The process of reviewing an incident or exercise response to assess response performance. This can be considered to be one component of the After Action Report process.

Agency:

- A division of government with a specific function offering a particular kind of assistance. In the Incident Command System, agencies are defined either as jurisdictional (having statutory responsibility for incident management) or as assisting or cooperating (providing resources or other assistance). Governmental organizations are most often in charge of an incident, though in certain circumstances private-sector organizations may be included. Additionally, nongovernmental organizations may be included to provide support. (*NIMS 12/08) See below for common ICS definition of "agency" that includes non-governmental organizations.*
- A division of government with a specific function, or a nongovernmental organization (e.g., private contractor, business, etc.) that offers a particular kind of assistance. In ICS, agencies are defined as jurisdictional (having statutory responsibility for incident

mitigation) or assisting and/or cooperating (providing resources and/or assistance). See Assisting Agency, Cooperating Agency, and Multi-agency. (*FIRESCOPE California)*[4]

Agency Administrator: See "Executive" and "Chief Executive Officer."

Agency representative: A person assigned by a primary, assisting, or cooperating Federal, State, tribal, or local government agency or private organization that has been delegated authority to make decisions affecting that agency's or organization's participation in incident management activities following appropriate consultation with the leadership of that agency. *(NRF 1/08)*

Agency, Assisting:

- An agency directly contributing tactical or service resources to another agency. *(FIRESCOPE/NIIMS 1999)*
- An agency or organization providing personnel, services, or other resources to the agency with direct responsibility for incident management. See "Supporting Agency." (*NIMS 12/08*)

Agency, Cooperating:

- An agency supplying assistance other than direct operational or support functions or resources to the incident management effort. (*NIMS 12/08*)
- An Agency supplying assistance including but not limited to direct tactical or support functions or resources to the incident control effort (e.g. Red Cross, law enforcement agency, telephone company, etc.). *(FIRESCOPE/NIIMS 1999)*

Agency, Jurisdictional: An agency "having statutory responsibility for incident management." *(NIMS 12/08)*

Agency, Supporting:

- An agency that provides support and/or resource assistance to another agency. See Assisting Agency. *(NIMS 12/08)*
- An agency providing suppression or other support and resource assistance to a protecting [fire] agency. *(FIRESCOPE/NIIMS 1999)*

Agency Administrator/Executive: The official responsible for administering policy for an agency or jurisdiction. An Agency Administrator/Executive (or other public official with jurisdictional responsibility for the incident) usually makes the decision to establish an Area Command. *(NIMS 12/08)*

Agency Dispatch: The agency or jurisdictional facility from which resources are sent to incidents. *(NIMS 12/08)*

Agency Executive: See "Agency Administrator/Executive."

[4] FIRESCOPE California: Glossary of Terms ICS-010-1 Incident Command System Publication October 15, 1999, available at: http://www.nimsonline.com/firescope_forms/ICS%20010-1.pdf, accessed November 15, 2005.

Agency Representative: A person assigned by a primary, assisting, or cooperating Federal, State, tribal, or local government agency, or nongovernmental or private organization, that has been delegated authority to make decisions affecting that agency's or organization's participation in incident management activities following appropriate consultation with the leadership of that agency. (*NIMS 12/08)*

Alert: A notification category between "advisory" and "activation" that provides urgent information and indicates that system action may be necessary. An alert can be used for initial notification that incident activation is likely, and for ongoing notification throughout an incident to convey incident information and directed or recommended actions (see "advisory" – "alert" – "activation" for contrast between the other notification categories).

All-hazards:

- A descriptor that denotes a specific strategy for managing activities in an emergency management program in a way that most processes and procedures are applicable to any type of hazard. Throughout the four phases of EM, management structure, processes and procedures are developed so they are applicable in this manner. The remaining hazard specific interventions are layered on top of the basic components as indicated and presented through "incident" annexes in the emergency operations plan (EOP). For example, the procedures for notifying appropriate personnel during EOP activation would use the same process across all hazard types, even though the types of personnel notified and mobilized may vary by hazard.
- Describing an incident, natural or manmade, that warrants action to protect life, property, environment, and public health or safety, and to minimize disruptions of government, social, or economic activities. *(NIMS 12/08)*
- A grouping classification encompassing all conditions, environmental or manmade, that have the potential to cause injury, illness, or death; damage to or loss of equipment, infrastructure services, or property; or alternatively causing functional degradation to social, economic, or environmental aspects. *(NIPP 2009)*

Allocated Resource: Resource dispatched to an incident. *(NIMS 12/08)*

Alternate Care Site: Substitute non-medical physical locations converted to provide healthcare services when existing healthcare facilities are compromised by a hazard impact, or the volume of patients exceeds the capacity and/or capabilities of everyday healthcare facilities. They may be managed by private healthcare or public agencies.

American Red Cross: The American Red Cross is a humanitarian organization, led by volunteers, that provides relief to victims of disasters and helps people prevent, prepare for, and respond to emergencies. It does this through services that are consistent with its Congressional Charter and the Principles of the International Red Cross Movement. *(FEMA State and Local Guide 101, September 1996)*

Analysis: A method of studying the nature of something or of determining its essential features and their relationships *(Adapted from Ansell, J. and F. Wharton)*[5].

Analysis, Exercise Data: in HSEEP, Exercise Data Analysis is consolidated and transformed into narratives that address the course of exercise play, demonstrated strengths, areas for improvement, and performance ratings appropriate for inclusion in the AAR/IP. Because operations-based exercises yield greater amounts of data, operations-based exercises require more thorough and involved data analysis than do discussion-based exercises. *(HSEEP)*

Analysis, Capability Level: In HSEEP, Capability-Level Analysis assesses if the participants, as a whole, achieved the expected capability outcomes. *(HSEEP)*

Analysis, Integrated Timeline: In HSEEP, Integrated Timeline Analysis is the reconstruction of the activities that occurred during the exercise. Participants use the timeline to identify discrepancies between what happened and what was supposed to happen and to develop recommendations to address those gaps. *(HSEEP)*

Analysis, Root-Cause: In HSEEP, Root-Cause Analysis of the integrated timeline focuses on identifying the most basic causal factor for why an expected action did not occur or was not performed as expected. *(HSEEP)*

Analysis, Task-Level: In HSEEP, Task-Level Analysis examines the ability of individual players or functional areas to perform a required task during an exercise. Task-level analysis can help identify the shortcomings or errors preventing demonstration of a capability. Task-level analysis is useful for jurisdictions/organizations to analyze shortcomings and target planning, equipment, and training resources optimally to improve their capabilities. *(HSEEP)*

Analysis, Task-Level Performance: In HSEEP, Task-Level Performance Analysis describes the ability of individual players or teams to perform a required task during an exercise. It answers the question, "Did the individuals or team carry out the task in the way that you expected and in a way that achieved the function goal?" *(HSEEP)*

Analysis, Mission-Level Performance: In HSEEP, Mission-Level Performance Analysis assesses the ability of the intergovernmental community as a whole (i.e., across disciplines and jurisdictions) to achieve the expected outcomes in responding to an incident. It answers the question, "How prepared is the community to prevent or respond to and recover from a terrorist attack or natural disaster?" *(HSEEP)*

Annex: In a standard format Emergency Operations Plan, an "Annex" is a section type that supplements the base plan to provide further guidance, and so extends the level of detail beyond the all-hazards base plan. The standard types of annexes are "Functional Annex," Support Annex, and "Incident" or "Hazard Specific" Annex (the Incident Annexes are sometimes referred to as appendices).

[5] Adapted from - Ansell, J. and F. Wharton. 1992. *Risk: Analysis, Assessment, and Management*. John Wiley & Sons. Chichester. p100.

Annex, Functional: Within an Emergency Operations Plan (EOP), a Functional Annex is a specific section that describes additional detail and guidance for how the organization performs within an ICS section and/or achieves a primary mission during emergency response and recovery. It includes the roles and responsibilities, structure, general strategy, concept of operations and tasks for achieving the general objectives of that function. It refers back to the all-hazards aspects of the base plan where appropriate, and may include specific standard operating procedures for that function, specific operational checklists, forms or other specialized tools.

Annex, Hazard Specific: Within an Emergency Operations Plan (EOP), a Hazard Specific Annex describes the strategies and the elements of the concept of operations that address a specific hazard or situation (such as a specific site). It differentiates or extends guidance from the EOP's all-hazard base plan and functional annexes (strategies and guidance in the base plan and functional annexes should not be repeated in the Hazard Specific or Incident Annexes). It also describes standard operating procedures specific for that hazard or situation, specific operational checklists, maps, forms or other specialized tools. Also referred to as an "Incident Specific Annex." These are sometimes call appendices instead of annexes.

Annex, Incident Specific: See Annex, Hazard Specific.

Annex, Support: Within an Emergency Operations Plan (EOP), a Support Annex describes specific administrative processes and response procedures that apply to all or most of the response functions and are applicable to response and recovery across most hazards. They are designed to be available for each service level plan to maintain consistency across the organization. Common Support Annexes include financial management (retaining and submitting receipts for reimbursement and other issues), personnel accountability (using a Unit or Personal Log as a tool), requesting resources, or addressing general worker safety and health.

Anomaly *(emergency management application)*: A deviation from baseline surveillance statistics or reporting characteristics, sufficient enough to prompt some form of rapid investigation. In medicine and public health, this would be a rapid epidemiological investigation. An anomaly in public health should prompt a rapid epidemiological investigation. See "case of concern" and "index case"

Antiterrorism:

- Defensive measures used to reduce the vulnerability of individuals, forces, and property to terrorist acts. *(US Department of Defense)*[6]
- Actions designed to prevent attacks on citizens, facilities, and other assets. Such programs usually involve structural [and other] mitigation measures, such as redesigning… to make it

[6] Report of the Secretary of Defense to the President and the Congress (2000). US Department of Defense. Reported in the glossary of: State and Local Mitigation Planning How-To Guide: Integrating Manmade Hazards (2003) Version 2.0. Appendix B: B-1 http://www.fema.gov/plan/mitplanning/howto7.shtm (accessed March 15, 2006 - Document subsequently removed).

easy to maintain surveillance and to limit access to areas where terrorists might try to launch armed attacks or leave bombs" (adapted from Waugh)

- Also defined as "passive or defensive measures against terrorism…" (Sauter & Carafano 2005) "…generally used to describe passive or defensive measures against terrorism…" *(Sauter & Carafano 2005)*[7]
- Antiterrorism is distinguished from counterterrorism, which actively seeks to disrupt terrorist activity (see Counterterrorism).

Approach, All-Hazards*:* A strategy (see "All-hazards) that addresses the commonalities of incident identification, assessment, and response to natural, technological, and intentional hazards. It provides a common emergency operations plan for use in response to and recovery from all emergencies and disasters.

Area Command: An organization established to oversee the management of multiple incidents that are each being handled by a separate Incident Command System organization or to oversee the management of a very large or evolving incident that has multiple Incident Management Teams engaged. An Agency Administrator/Executive or other public official with jurisdictional responsibility for the incident usually makes the decision to establish an Area Command. An Area Command is activated only if necessary, depending on the complexity of the incident and incident management span-of-control considerations. (*NIMS 12/08*) Area Command has the responsibility to set overall strategy and priorities, allocate critical resources according to priorities, ensure that incidents are properly managed, and ensure that objectives are met and strategies followed. Area Command becomes Unified Area Command when incidents are multijurisdictional. *(Adapted from NIMS 3/04)*

Area Emergency Manager **(AEM)**: A field representative of the VA's Emergency Management Strategic Healthcare Group (EMSHG) whose functions include oversight and management of the National Disaster Medical System (NDMS) program in selected areas to which they are assigned. In addition, specific AEMs are assigned as VISN (Veterans' Integrated Service Network) liaisons to assist VISN Directors, staffs and medical centers in the development of comprehensive emergency management programs and planning to meet external mission requirements in regard to support of other federal departments and agencies such as the Department of Defense. (*VHA Emergency Management Guidebook 2005*)

Artificiality, Exercise: An assumption, accepted for the sake of the exercise, which allows the scenario and participants' play to evolve so that the exercise objectives can be achieved. For example, a skip forward in time during the exercise, or an unrealistic hazard effects to stress specific components of a response system could be injected as exercise artifacts.

Artifact, Exercise: Artificialities that occur during exercises of all types that affect tasks, processes, outputs and outcomes in either a positive or negative fashion. They should be recognized and addressed by exercise controllers during the exercise event, or by exercise evaluators and after-action report managers during the exercise analysis.

Assessment:

[7] Cited in FEMA Higher Education Project; Sauter & Carafano 2005: 261.

- (*NIMS application*): The process of acquiring, collecting, processing, examining, analyzing, evaluating, monitoring, and interpreting the data, information, evidence, objects, measurements, images, sound, etc., whether tangible or intangible, to provide a basis for decision-making. (*NIMS 12/08)*
- *(Program evaluation application):* One or more processes that identify, collect, and prepare data to evaluate the achievement of program outcomes and program objectives (See 'Evaluation') (adapted from *American Board of Engineering and Technology*).

Assessment, Consequence: See "Consequence Assessment." Assessment***, C***

Assessment, Damage: See "Damage Assessment."

Assessment, Needs: A specific form of evaluation, distinct from performance evaluation that focuses upon "needs" rather than upon system performance. It is conducted with commonly used evaluation methodology: surveys, interviews, meeting reports and others.

Assessment, Preliminary Damage: See "Preliminary Damage Assessment."

Assessment, Probabilistic Risk: See "Probabilistic Risk Assessment."

Assessment, Situation: See "Situation Assessment."

Assessment, Threat: See "Threat Assessment."

Assessment, Vulnerability: See "Vulnerability Assessment."

Asset: Person, structure, facility, information, material, or process that has value *(DHS Risk Lexicon 9/08)*. In the context of the NIPP, people are not considered assets. (*NIPP 2009)*

Assignment: Task given to a resource to perform within a given operational period that is based on operational objectives defined in the Incident Action Plan. *(NRF 1/08)*

Assignment, Mission: The mechanism used to support Federal operations in a Stafford Act major disaster or emergency declaration. It orders immediate, short-term emergency response assistance when an applicable State or local government is overwhelmed by the event and lacks the capability to perform, or contract for, the necessary work. See also "Pre-Scripted Mission Assignment." *(NRF 1/08)*

Assignment, Pre-Scripted Mission: A mechanism used by the Federal Government to facilitate rapid Federal resource response. Pre-scripted mission assignments identify resources or capabilities that Federal departments and agencies, through various Emergency Support Functions (ESFs), are commonly called upon to provide during incident response. Pre-scripted mission assignments allow primary and supporting ESF agencies to organize resources that will be deployed during incident response. *(NRF 1/08)*

Assistant (ICS): Title for subordinates of principal Command Staff positions. The title indicates a level of technical capability, qualifications, and responsibility subordinate to the primary positions. Assistants may also be assigned to Unit Leaders. (*NIMS 12/08)*

Assisting Agency: See "Agency, Assisting."

Assistance, Emergency: (emergency management): provision of resources and/or services upon request during an emergency or disaster. Mutual aid specifically denotes voluntary emergency assistance between like organizations or jurisdictions (see **Mutual Aid**); cooperative assistance is remunerated emergency assistance between like organizations

Assistance, Cooperative: Remunerated emergency assistance between like organizations or jurisdictions; also called compensated mutual aid (see Assistance, Cooperative).

Assistance, Outside: Resources and/or services provided by organizations or jurisdictional agencies outside of a mutual aid or cooperative assistance instrument (i.e., through contractual agreement, as an assisting or supporting agency, or other arrangement).

Assisting Agency: see Agency, Assisting.

Assumptions, Planning:

- Statements of conditions accepted as true and that have influence over the development of a system. In emergency management, assumptions provide context, requirements and situational realities that must be addressed in system planning and development, and/or system operations. When these assumptions are extended to specific operations, they may require re-validation for the specific incident.
- Information accepted by planners as being true in the absence of facts in order to provide a framework or set conditions for variables so that planning can proceed.[8]

Assumptions, Preparedness: Operationally relevant parameters that are expected and used as a context, basis or requirement for the development of response and recovery plans, processes, and procedures. For example, the unannounced arrival of patients to a healthcare facility occurs in many mass casualty incidents. This may be listed as a preparedness assumption in designing initial response procedures. Similarly, listing the assumption that funds will be available to train personnel on a new procedure may be important to note.

Assumptions, Response: Operationally relevant parameters that if not valid for a specific incident's circumstances, the EOP-provided guidance may not be adequate to assure response success. Alternative methods may be needed. For example, if a decontamination capability is based upon the response assumption that the facility is not within the zone of release, this assumption must be verified at the beginning of response.

Attack Method: Manner and means, including the weapon and delivery method, an adversary may use to cause harm on a target. *(DHS Risk Lexicon 9/08)*

[8] FEMA. Comprehensive Planning Guide 101, Interim (August 2008), accessed January 5, 2009 at http://www.fema.gov/pdf/about/divisions/npd/cpg_101_interim.pdf

Attack Mode: See "Attack Method." *(DHS Risk Lexicon 9/08)*

Attack Path: Steps that an adversary takes or may take to plan, prepare for, and execute an attack. *(DHS Risk Lexicon 9/08)*

Available Resources: See "Resources, Available."

Avalanche: Mass of snow and ice falling suddenly down a mountain slope and often taking with it earth, rocks and rubble of every description. *(WMO 1992, 66)*

Authority: The power or right to give orders and/or to make decisions. Authority may be delegated from one entity to another. See "responsibility" to contrast terms.

Awareness Level of Proficiency: See "Proficiency Levels."

Badging:

- The process of providing an identification badge to physically identify personnel who have been privileged to access a specific incident or to access a specific incident location.
- The assignment of physical incident-specific credentials to establish legitimacy and limit access to various incident sites. *(NIMS 12/08)*

Base Plan: In a standard format Emergency Operations Plan, the Base Plan provides an overview of the organization's emergency response (purpose, scope, situation, and assumptions, authorities), describes how the emergency response system is structured (System Description) and how it operates (Concept of Operations) including assignment of responsibilities, direction and control, incident action planning process, information processing, communications, logistics, administration and finance methods. It also provides guidance for the emergency response interface with the organization's outside environment during emergencies and disasters. Appendices to the Base Plan commonly provide additional detail for the situation, authorities, and references.

Benchmark: Similar to a "standard," but more broadly described and, consequently, less specific and objectively measurable. HRSA has used benchmarks to establish metrics for healthcare system performance in its emergency preparedness funding program. *(HHS-HRSA)*[9]

Biosurveillance: the process of active data-gathering with appropriate analysis and interpretation of biosphere data that might relate to disease activity and threats to human or animal health-whether infectious, toxic, metabolic, or otherwise, and regardless of intentional or natural origin-in order to achieve early warning of health threats, early detection of health events and overall situational awareness of disease activity. *(HSPD-21)*

[9] U.S. Department of Health and Human Services, Health Resources and Services Administration. National Bioterrorism Hospital Preparedness Program, FY 2005 (July 1, 2005) Continuation Guidance, available at: ftp://ftp.hrsa.gov/guidance05/spb/hrsa05001.pdf, accessed January 29, 2006.

Blizzard: Violent winter storm, lasting at least 3 hours, which combines below freezing temperatures and very strong wind laden with blowing snow that reduces visibility to less than 1 km. (*WMO 1992, 86*)

Branch (ICS): The organizational level having functional or geographical responsibility for major aspects of incident operations. A branch is organizationally situated between the Section Chief and the Division or Group in the Operations Section, and between the Section and Units in the Logistics Section. Branches are identified by the use of Roman numerals or by functional area. *(NIMS 12/08)*

Business: any organization in any sector (public, private, or not-for-profit) that provides a product or service to a specific customer or group of customers.

Business Area Analysis: An investigation of an organization to identify, assess, and analyze the business' functions and processes, the interdependencies amongst them, and their vulnerability to disruption. The Business Area Analysis (BAA) varies from the Hazard Vulnerability Analysis (HVA) in its orientation: the BAA starts with a focus on the Business itself (people, property, management and operations) itself, while the HVA starts with a focus on hazards and their impact and consequences. The Business Impact Analysis (see below) is more analogous to the HVA.

Business Continuity: The ability of an organization to continue to function before, during, and after a disaster. *(NIPP 2009)*

Business Continuity Program: An ongoing process supported by senior management and funded to ensure that the necessary steps are taken to identify the impact of potential losses, maintain viable recovery strategies and recovery plans, and ensure continuity of services through personnel training, plan testing and maintenance. *(NFPA 1600, 2004)*

Business Impact Analysis:

- A term used in business continuity practice that refers to a process analogous to the Hazard Vulnerability Analysis.
- A management level analysis that identifies the impacts of losing the entity's resources. The analysis measures the effect of resource loss and escalating losses over time in order to provide the entity with reliable data upon which to base decisions concerning hazard mitigation, recovery strategies, and continuity planning. *(NFPA 1600)*

Cache: A predetermined complement of tools, equipment, and/or supplies stored in a designated location, available for incident use. *(NIMS 12/08)*

Calamity: "A massive or extreme catastrophic disaster that extends over time and space." The Black Death of the 14th century as an example. *(Drabek 1996)*[10]

[10] FEMA Higher Education Project; Drabek1996, Session 2, p. 4; citing Russell R. Dynes, E.L. Quarantelli, and Dennis Wenger. 1990.

Camp (ICS definition): A geographical site within the general incident area (separate from the Incident Base) that is equipped and staffed to provide sleeping, food, water, and sanitary services to incident personnel. *(NIMS 12/08)*

Capability: Means to accomplish a mission, function, or objective. *DHS Risk Lexicon 9/08)*

Capability, Surge: The ability to manage patients requiring unusual or very specialized medical evaluation and care. Surge requirements span the range of specialized medical and health services (expertise, information, procedures, equipment, or personnel) that are not normally available at the location where they are needed (e.g., pediatric care provided at non-pediatric facilities or burn care services at a non-burn center). Surge capability also includes patient problems that require special intervention to protect medical providers, other patients, and the integrity of the medical care facility.

Capacity, Surge: The ability to evaluate and care for a markedly increased volume of patients—one that challenges or exceeds normal operating capacity. The surge requirements may extend beyond direct patient care to include such tasks as extensive laboratory studies or epidemiological investigations. See "Surge, Medical".

Capabilities-based planning: capabilities-based planning in described in the National Preparedness Goal[11] as, "planning, under uncertainty, to provide capabilities suitable for a wide range of threats and hazards while working within an economic framework that necessitates prioritization and choice." Capabilities-based planning addresses uncertainty by analyzing a wide range of scenarios to identify required capabilities. This approach seeks to provide a means for the Nation to answer three fundamental questions: "*How prepared do we need to be*?", "*How prepared are we*?", and "*How do we prioritize efforts to close the gap*?" At the heart of this capability-based planning process is the Target Capabilities List (TCL) (version 2.0). The TCL identifies 36 national preparedness capabilities, provides a description of each capability, and presents guidance on the levels of capability that Federal, State, local, and tribal entities will be expected to develop and maintain. *(DHS)*[12]

Case *(HHS media definition)*: A person in the population identified as having a particular disease, health disorder, or condition under investigation *(HHS)*[13]

Case, Clinically compatible: A clinical syndrome generally compatible with the disease, as described in the clinical description.

Case, Confirmed: A case that is classified as confirmed for reporting purposes.

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[11] Quoted from the "National Preparedness Goal" in the Metropolitan Medical Response System Program Requirements; FY2006 Homeland Security Grant Program – see next reference footnote.

[12] U.S. Department of Homeland Security. Metropolitan Medical Response System Program Requirements; FY2006 Homeland Security Grant Program (October 5, 2005), p. 7, available at: http://www.mwcog.org/uploads/committee-documents/tVtYVlk20051031174251.doc, accessed December 17, 2005.

[13] U.S. Department of Health and Human Services Terrorism and Other Public Health Emergencies: A Reference Guide for the Media Glossary, available at: http://www.hhs.gov/emergency/mediaguide/PDF/#appendices, accessed November 21, 2005.

Case, Epidemiologically linked: A case in which a) the patient has had contact with one or more persons who either have/had the disease or have been exposed to a point source of infection (i.e., a single source of infection, such as an event leading to a foodborne-disease outbreak, to which all confirmed case-patients were exposed) and b) transmission of the agent by the usual modes of transmission is plausible. A case may be considered epidemiologically linked to a laboratory-confirmed case if at least one case in the chain of transmission is laboratory confirmed.

Case, Laboratory-confirmed: A case that is confirmed by one or more of the laboratory methods listed in the case definition under Laboratory Criteria for Diagnosis. Although other laboratory methods can be used in clinical diagnosis, only those listed are accepted as laboratory confirmation for national reporting purposes.

Case, Probable: A case that is classified as probable for reporting purposes.

Case, Supportive or Presumptive laboratory: Specified laboratory results that are consistent with the diagnosis, yet do not meet the criteria for laboratory confirmation.

Case, Suspected: A case that is classified as suspected for reporting purposes.[14]

Case Definition: A description of the type of historical, clinical and diagnostic findings (i.e., patient) that public health surveillance or patient care providers are to identify and report as part of an epidemiological investigation. The description may include signs and symptoms, clinical and laboratory findings, travel or exposure history, and other historical or demographic data. Case definitions may be categorized as "suspected", "probable" versus "confirmed" to expedite the early reporting of these "patients of interest" while confirmatory evaluation results are pending.

Case of Concern: A single suspected, probable, or confirmed patient illness or injury that meets the jurisdiction's defined trigger for a rapid epidemiological (and perhaps law enforcement) investigation to determine the etiology of the case. Examples include paralysis from botulism, unexplained radiation illness, unexplained chemical burns.

Case, Sentinel: The first recognized case in a public health outbreak. In traditional public health, this usually means a confirmed case.

Casualty: Any human accessing health or medical services, including mental health services and medical forensics/mortuary care (for fatalities), as a result of a hazard impact.

Catastrophe: **"**An event in which a society incurs, or is threatened to incur, such losses to persons and/or property that the entire society is affected and extraordinary resources and skills

[14] Definition of Terms Used in Case Classification, accessed September 26, 2008 at http://www.cdc.gov/ncphi/disss/nndss/casedef/definition_of_terms.htm

are required, some of which must come from other nations." (*Drabek1996)*[15] Note that NIMS reserves the term "event" for a planned occurrence.

Catastrophic Health Event: Any natural or manmade incident, including terrorism, that results in a number of ill or injured persons sufficient to overwhelm the capabilities of immediate local and regional emergency response and healthcare systems. *(HSPD 21)* Note that NIMS reserves the term "event" for a planned occurrence.

Catastrophic Health Incident: See "Catastrophic health event." The use of the word "incident" is consistent with the NIMS use of "incident" versus "event."

Catastrophic Incident: Any natural or manmade incident, including terrorism, that results in extraordinary levels of mass casualties, damage, or disruption severely affecting the population, infrastructure, environment, economy, national morale, and/or government functions. *(NRF 1/08)*

Categorizing Resources: The process of organizing resources by category, kind, and type, including size, capacity, capability, skill, and other characteristics. This makes the resource ordering and dispatch process within and across organizations and agencies, and between governmental and nongovernmental entities, more efficient, and ensures that the resources received are appropriate to their needs. *(NIMS 12/08)*

Center, Emergency Operations: See "Emergency Operations Center."

Certification: Certification "entails authoritatively attesting that individuals meet professional standards for the training, experience, and performance required for key incident management functions. Credentials may be issued as a result of certification through testing or evaluation.[16] "Certification, in other words, involves measuring an individual's competence through a testing or evaluation process. Personnel are certified by their discipline's relevant certifying authority."[17] In ICS, the term certification may also be applied to equipment and facilities (verifying the appropriateness and adequacy for the intended use).

Certifying Personnel: The process of authoritatively attesting that individuals meet professional standards for the training, experience, and performance required for key incident management functions. *(NIMS 12/08)*

Chain of Command:

- The orderly line of authority within the ranks of the incident management organization. *(NIMS 12/08*)

[15] FEMA Higher Education Project; Drabek1996, Session 2, p. 4; citing Russell R. Dynes, E.L. Quarantelli, and Dennis Wenger. 1990. Individual and Organizational Response to the 1985 Earthquake in Mexico City, Mexico. Newark, Delaware: Disaster Research Center, University of Delaware.

[16] FEMA NIMS Integration Center. *National Emergency Responder Credentialing System(Questions and Answers);* accessed January 31, 2010 at:: http://www.fema.gov/txt/emergency/nims/credent_faq.txt

[17] Credentialing the Nation's Emergency Responders: Working Group Guidelines – Draft Version 1.6 (November 2005), NIMS Integration Center, Federal Emergency Management Agency, Washington D.C.

- A series of command, control, executive, or management positions in hierarchical order of authority. *(NRF 2008)*

Check-In (ICS definition): The process through which resources first report to an incident. All responders, regardless of agency affiliation, must report in to receive an assignment in accordance with the procedures established by the Incident Commander. (*NIMS 12/08*) This is a critical procedure in maintaining resource accountability during an incident.

Checklist: Written (or computerized) enumeration of actions to be taken by an individual or organization, meant to aid memory rather than provide detailed instruction. *(FEMA State and Local Guide 101, September 1996)*

Chief (ICS definition): The Incident Command System title for individuals responsible for management of functional Sections: Operations, Planning, Logistics, Finance/Administration, and Intelligence/Investigations (if established as a separate Section). (*NIMS 12/08*)

Chief Elected Official: A mayor, city manager, or county manager. *(NRF 1/08)*

Chief Executive Officer: A common title for the senior-most decision maker (other than a board of directors or equivalent) in private and non-governmental organizations.

Chief Executive Official: The official of the community who is charged with authority to implement and administer laws, ordinances, and regulations for the community. He or she may be a mayor, city manager, etc. (*FEMA State and Local Guide 101, September 1996*)

Citizen Corps: A community-level program, administered by the Department of Homeland Security, that brings government and private-sector groups together and coordinates the emergency preparedness and response activities of community members. Through its network of community, State, and tribal councils, Citizen Corps increases community preparedness and response capabilities through public education, outreach, training, and volunteer service. *(NRF 1/08)*

Civil Defense (CD): A historical term used to refer to "all activities and measures designed or undertaken for the following reasons: (a) to minimize the effects upon the civilian population caused by, or which would be caused by, an attack upon the United States or by a natural disaster; (b) to deal with the immediate emergency conditions which would be created by any such attack or natural disaster; and (c) to effectuate emergency repairs to, or the emergency restoration of, vital utilities and facilities destroyed or damaged by any such attack or natural disaster." (*FEMA Higher Education Project*)

Civil Defense: The system of measures, usually run by a governmental agency, to protect the civilian population in wartime, to respond to disasters, and to prevent and mitigate the consequences of major emergencies in peacetime. The term "civil defense" is now used increasingly. (*UN 1992, 17*)

Civil Disturbances: Group acts of violence and disorders prejudicial to public law and order within the 50 States, District of Columbia, Commonwealth of Puerto Rico, U.S. possessions and territories, or any political subdivision thereof. As more specifically defined in DoD Directive 3025.12 (Military Support to Civil Authorities), "civil disturbance" includes all domestic conditions requiring the use of Federal Armed Forces. (*Title 32 CFR 185*)[18]

Civil Emergency: Any natural or manmade disaster or emergency that causes or could cause substantial harm to the population or infrastructure. This term can include a "major disaster" or "emergency" as those terms are defined in the Stafford Act, as amended, as well as consequences of an attack or a national security emergency. Under 42 U.S.C. 5121, the terms "major disaster" and "emergency" are defined substantially by action of the President in declaring that extant circumstances and risks justify his implementation of the legal powers provided by those statutes. (*Title 32 CFR 185*)

Coalition, Healthcare: See "Healthcare Coalition."

Coalition Notification Center (CNC): As used in the MSCC Tier 2 handbook, the entity that provides notification services for the Healthcare Coalition. Requirements include 24/7 staffing and appropriate technologies to support the notification activities. The Coalition Notification Center remains operational during incident operations and is folded under the Operations Section. Establishing independent notification center capabilities can be expensive and existing capabilities (usually private sector) are often the best option for adopting this responsibility.

Command (ICS definition): The act of directing, ordering, or controlling by virtue of explicit statutory, regulatory, or delegated authority. (*NIMS 12/09*)

Command Post: An ad hoc location established at or as near as possible to a disaster site, from which the incident commander (IC) functions. It contains the command, control, coordination and communications elements necessary to direct and manage the initial response to the event. (*VHA Emergency Management Guidebook 2005*)

Command Staff: The staff who report directly to the Incident Commander, including the Public Information Officer, Safety Officer, Liaison Officer, and other positions as required. They may have an assistant or assistants, as needed. *(NIMS 12/08*)

Common Operating Picture:

- An overview of an incident by all relevant parties that provides incident information enabling the Incident Commander/Unified Command and any supporting agencies and organizations to make effective, consistent, and timely decisions. The common operating picture also helps ensure consistency at all levels of incident management across jurisdictions, as well as between various governmental jurisdictions and private-sector and nongovernmental entities that are engaged. *(NRF 1/08 & NIMS 12/08)*

[18] Title 32 CFR 185 available at: http://a257.g.akamaitech.net/7/257/2422/14mar20010800/edocket.access.gpo.gov/cfr_2002/julqtr/pdf/32cfr185.2.pdf, accessed April, 24, 2006.

- An optimal response state where all decision-makers have a common understanding of the incident and incident response situation. See "situation assessment."

Common Terminology: Normally used words and phrases—avoiding the use of different words/phrases for same concepts—to ensure consistency and to allow diverse incident management and support organizations to work together across a wide variety of incident management functions and hazard scenarios. *(NIMS 12/08)*

Communications:
- A structured mechanism for transmitting information. "Communications" is a narrow but vital element of Information Management, referring only to the method(s) for conveying information.
- The process of transmission of information through verbal, written, or symbolic means. *(NIMS 12/08)*

Communications/Dispatch Center: Agency or interagency dispatch centers, 911 call centers, emergency control or command dispatch centers, or any naming convention given to the facility and staff that handles emergency calls from the public and communication with emergency management/response personnel. The center can serve as a primary coordination and support element of the Multiagency Coordination System(s) (MACS) for an incident until other elements of the MACS are formally established. (*NIMS 12/08)*

Communications Unit: An organizational unit in the Logistics Section responsible for providing communication services at an incident or an EOC. A Communications Unit may also be a facility (e.g., a trailer or mobile van) used to support an Incident Communications Center. *(NIMS)*

Community: A political entity which has the authority to adopt and enforce laws and ordinances for the area under its jurisdiction. In most cases, the community is an incorporated town, city, township, village, or unincorporated area of a county. However, each State defines its own political subdivisions and forms of government. (*FEMA State and Local Guide 101, September 1996*)

Compact: An agreement or contract between persons, nations, or States.[19]

Competency: A specific knowledge element, skill, and/or ability that is objective and measurable (i.e., demonstrable) on the job. It is required for effective performance within the context of a job's responsibilities, and leads to achieving the objectives of the organization. Competencies are ideally qualified by an accompanying proficiency level. See "Proficiency."

Complex:
- Two or more individual incidents located in the same general area and assigned to a single Incident Commander or to Unified Command. *(NIMS 12/08)*

[19] Adopted from Black's Law Dictionary, Sixth Edition.

- A complex is two or more individual incidents located in the same general proximity assigned to a single Incident Commander or Unified Command to facilitate management. *(The National Interagency Complex Incident Management Organization Study)*[20]

Complex Incident Management (CIM): Management of a complex or the management of a major incident that includes multiple operational periods and usually more than 1000 personnel assigned. CIM may include the establishment of branches on the incident. *(The National Interagency Complex Incident Management Organization Study)*[21]

Complex Medical Incidents: Incidents where the victims have unusual medical needs or require medical care that is not readily available. These medical needs may be very difficult to adequately define or address without specialized expertise, even with only a few casualties.

Comprehensive Emergency Management (***CEM***): The formal title of the founding principles and doctrine of emergency management, presented in two documents by the National Governors' Association in 1978 and 1979.[22] It presents a conceptual framework that encompasses all hazards and all levels of government (including the private, non-profit and volunteer sectors) and group emergency management activities across four phases: mitigation, preparedness, response and recovery.

Comprehensive Preparedness Guide 101: A guide designed to assist jurisdictions with developing operations plans. It promotes a common understanding of the fundamentals of planning and decision making to help emergency planners examine a hazard and produce integrated, coordinated, and synchronized plans. *(NIMS 12/08)*

Concept of Operations: A document that explains how a system and its components function and interact via management principles through the successive stages of emergency response and recovery. The Concept of Operations complements or includes the System Description. See "System Description."

Concept Plan (CONPLAN): A plan that describes the concept of operations for integrating and synchronizing Federal capabilities to accomplish critical tasks, and describes how Federal capabilities will be integrated into and support regional, State, and local plans to meet the objectives described in the Strategic Plan. *NRF 1/08*

Consequence:
- The effect of an event, incident, or occurrence. *(DHS Risk Lexicon 9/08)*
- The effects from a hazard impact. See "hazard."

[20] The National Interagency Complex Incident Management Organization Study (November 1, 2004), available at: http://www.nifc.gov/nimo/backgrnd/nimo_briefing_paper.pdf, accessed January 30, 2006.
[21] The National Interagency Complex Incident Management Organization Study (November 1, 2004), available at: http://www.nifc.gov/nimo/backgrnd/nimo_briefing_paper.pdf, last accessed January 30, 2006.
[22] NGA. Comprehensive Emergency Management: A Governor's Guide (1979). U.S. Government Printing Office, Washington, DC: pp.11-17.

- The outcome of an event or situation expressed qualitatively or quantitatively, being a loss, injury, disadvantage or gain. (*FEMA Higher Education Project*)

Consequence Assessment: process of identifying or evaluating the potential or actual effects of an event, incident, or occurrence. *(DHS Risk Lexicon 9/08)*

Consequence, Economic: effect of an incident, event, or occurrence on the value of property or on the production, trade, distribution, or use of income, wealth, or commodities. *(DHS Risk Lexicon 9/08)*

Consequence, Human: effect of an incident, event, or occurrence that results in injury, illness, or loss of life. *(DHS Risk Lexicon 9/08)*

Consequence Management: "Relative to terrorism incident operations, measures to protect public health and safety, restore essential government services, and provide emergency relief to governments, businesses and individuals affected by the consequences of terrorism." (*FEMA Higher Education Project*)

Consequence, Mission: Effect of an incident, event, operation, or occurrence on the ability of an organization or group to meet a strategic objective or perform a function. *(DHS Risk Lexicon 9/08)*

Consequence, Psychological: effect of an incident, event, or occurrence on the mental or emotional state of individuals or groups resulting in a change in perception and/or behavior. *(DHS Risk Lexicon 9/08)*

Contamination: The undesirable deposition of a chemical, biological, or radiological material on the surface of structures, areas, objects, or people. *(FEMA State and Local Guide 101, September 1996)*

Contingency: A potential occurrence that is likely but not certain to happen. The consequences of the occurrence are such that one must address the likelihood of occurrence and the projected impact if it occurs. *(Adapted from VHA Emergency Management Guidebook 2005*) The term in emergency management generally refers more specifically to potential occurrences during and incident response. See "Contingency Planning."

Contingency Contract: See "Advanced Readiness Contracting.

Contingency Planning: An internal effort within an organization to assure that the competence, capacity and capability exist to continue and/or restore essential business and service functions and processes across a wide range of potential emergencies, including natural, technological, and intentional hazards. Accordingly, an effective Emergency Management program, while addressing the four phases of mitigation, preparedness, response, and recovery, includes continuity planning activities to ensure that mission critical business operations, patient care services, and ancillary and support functions continue with

little or no interruption, or are resumed and recovered according to pre-determined planning guidance. See "Contingency Plan."

Contingency Plan: Proposed strategy and tactics (often documented) to be used when a specific issue arises or event occurs during the course of emergency or disaster operations.

Continuity: An uninterrupted ability to provide services and support, while maintaining organizational viability, before, during, and after an event.[23]

Continuity of Government (COG):

- A coordinated effort within the Federal Government's executive branch to ensure that National Essential Functions continue to be performed during a catastrophic emergency (as defined in National Security Presidential Directive 51/Homeland Security Presidential Directive 20). *(NIMS 12/08)*
- A coordinated effort within each branch of government (e.g., the Federal Government's executive branch) to ensure that National Essential Functions (NEFs) continue to be performed during a catastrophic emergency. Note that this term may also be applied to non-Federal governments. *(FCD 1)*
- All measures that may be taken to ensure the continuity of essential functions of governments in the event of emergency conditions, including line-of-succession for key decision-makers. (*FEMA Higher Education Project*)

Continuity of Operations (COOP):

- An effort within individual organizations to ensure that Primary Mission Essential Functions continue to be performed during a wide range of emergencies. *(NIMS 12/08)*
- An effort within individual agencies to ensure they can continue to perform their Mission Essential Functions (MEFs) and Primary Mission Essential Functions (PMEFs) during a wide range of emergencies, including localized acts of nature, accidents, and technological or attack-related emergencies. *(FCD 1)*

Continuity of Operations (COOP) Program: "The collective activities of individual departments and agencies and their sub-components to ensure that their essential functions are performed." In terms of FPC 65, the term "COOP" refers primarily to continuity of government, and is differentiated here from "continuity planning," which may be more comprehensive.

Continuity Planning: An internal effort within an organization to assure that the capability exists to continue essential business and service functions across a wide range of potential emergencies, including localized acts of nature, accidents, and technological and/or attack/terrorist-related emergencies. Accordingly, an effective Emergency Management program for healthcare systems not only addresses the four phases of mitigation, preparedness, response and recovery, but also includes continuity planning activities to ensure that mission critical business operations, patient care services, and ancillary and

[23] US Department of Homeland Security. Federal Continuity Directive 1 (FCD 1): Federal Executive Branch National Continuity Program and Requirements (February 2008); Annex P: Glossary; available at: www.fema.gov/pdf/about/offices/fcd1.pdf accessed March 15, 2010.

support functions would continue with little or no interruption. *(Adapted from VHA Emergency Management Guidebook 2005*)

Contract: An agreement between two or more persons that creates an obligation to do or not to do a particular thing. The purpose of a contract is to document each party's obligation and to allocate and minimize each party's risks during the performance of the agreement.

Control Objective: Set by the Incident Commander, "the control objectives are not limited to any single operational period but will consider the total incident situation." These objectives "control" the operational period objectives, strategy, tactics and assignments: "Tactics (work assignments) [set by the Operations Chief] must be specific and must be within the boundaries set by the IC's general control objectives (strategies)." (*NIMS Appendix A, The Incident Command System*).

Control Systems: Computer-based systems used within many infrastructure and industries to monitor and control sensitive processes and physical functions. These systems typically collect measurement and operational data from the field, process and display the information, and relay control commands to local or remote equipment or human-machine interfaces (operators). Examples of types of control systems include SCADA systems, Process Control Systems, and Distributed Control Systems. *(NIPP 2009)*

Controller[24]/control staff: Individuals assigned to exercise locations as required to accomplish the responsibilities of the Master Exercise Controller under his/her direction. They provide the scenario injects (MSELS) and facilitate "player" (see below for definition of these terms) information and actions as indicated by the type of exercise and the exercise plan.

Controller, Master Exercise[25]: The individual charged with the responsibility for ensuring that the exercise is conducted according to the exercise plan, objectives, scenario and the Master Sequence of Events List (MSEL).

Controller, Safety: Controller/s designated to perform the safety function during the exercise.

Convergence: The phenomenon of unrequested people and resources spontaneously collecting at a disaster scene or some other area of impact.

Cooperative Assistance: Mutual aid or other assistance during emergencies and disasters that is provided through an arrangement that includes reimbursement of costs to the assisting organization.

Coordinate:

- Exchanging information and coming to broad agreement.

[24] Homeland Security Exercise and Evaluation Program. Volume III: Exercise Program Management and Planning Process. Chapter 4 (July 2004). Washington, D.C.

[25] Adapted from Guide to Emergency Management Exercises. Federal Emergency Management Agency Emergency Management Institute. Emmitsburg, MD. 1997.

- To advance an analysis and exchange of information systematically among principals who have or may have a need to know certain information to carry out specific incident management responsibilities. (*NIMS 12/08*)

Coordination: A process of exchanging information and coming to broad agreement.

Corrective Actions:
- The implementation of procedures that are based on lessons learned from actual incidents or from training and exercises. *(NIMS 12/08)*
- The concrete, actionable steps outlined in Improvement Plan (IPs) that are intended to resolve preparedness gaps and shortcomings experienced in exercises or real-world events. *(HSEEP)*

Countermeasure: action, measure, or device that reduces an identified risk. *(DHS Risk Lexicon 9/08)* This term is more commonly used in relation to homeland security and counterterrorism or law enforcement action than emergency management, where the term is "mitigation action" (See "Mitigation")

Counterterrorism:
- Offensive measures taken to prevent, deter, and respond to terrorism. *(US Department of Defense)*[26]
- Offensive measures taken to prevent, deter, and respond to a terrorist act, or the documented threat of such an act. *(U.S. Intelligence Community)*[27] These include discouraging recruitment, attacking terrorist training bases, locating and confiscating terrorist finances, restricting travel, and apprehending and trying suspected terrorists.

Counterterrorism Security Group (CSG): An interagency body convened on a regular basis to develop terrorism prevention policy and to coordinate threat response and law enforcement investigations associated with terrorism. This group evaluates various policy issues of interagency importance regarding counterterrorism and makes recommendations to senior levels of the policymaking structure for decision. *(NRF 1/08)*

Credentialing:
- The authentication and verification of the certification and identity of designated incident managers and emergency responders. *(NIMS 12/08)*
- According to the NIMS Integration Center: "Credentialing involves providing documentation that can authenticate and verify the certification and identity of designated incident command staff and emergency responders. This system helps ensure that personnel representing various jurisdictional levels and functional disciplines possess a minimum common level of

[26] Report of the Secretary of Defense to the President and the Congress (2000). US Department of Defense. Reported in the glossary of: State and Local Mitigation Planning How-To Guide: Integrating Manmade Hazards (2003) Version 2.0. Appendix B, p. b-1 http://www.fema.gov/plan/mitplanning/howto7.shtm, accessed March 15, 2006. Document subsequently removed.
[27] United States Intelligence Community. Intelligence Terms And Definitions, October 20, 2005, http://www.intelligence.gov/0-glossary.shtml, accessed January 10, 2006.

training, currency, experience, physical and medical fitness, and capability for the incident management or emergency responder position they are tasked to fill."[28]

Crisis *(general definition)*: A crucial point or situation in the course of anything; a turning point; an unstable condition in which an abrupt or decisive change is imminent.

Crisis *(management definition)*: A major event involving business organizations that has potentially negative results for the organization. The event and its aftermath may significantly damage a business and its employees, products, services, financial condition, and reputation. "Crisis" is a term used historically in business management to designate events equivalent to "emergency" in public safety.

Crisis Management: The coordination of efforts to control a crisis event consistent with strategic goals of an organization. Although generally associated with response, recovery and resumption operations during and following a crisis event, crisis management responsibilities extend to pre-event awareness, prevention and preparedness and post event restoration and transition.[29] (*Shaw*)

Critical Infrastructure: Assets, systems, and networks, whether physical or virtual, so vital to the United States that the incapacitation or destruction of such assets, systems, or networks would have a debilitating impact on security, national economic security, national public health or safety, or any combination of those matters. *(NIMS 12/08)* See also "Key Resources."

Critical Infrastructure Information (CII): Information that is not customarily in the public domain and is related to the security of critical infrastructure or protected systems. CII consists of records and information concerning any of the following:

- Actual, potential, or threatened interference with, attack on, compromise of, or incapacitation of critical infrastructure or protected systems by either physical or computer-based attack or other similar conduct (including the misuse of or unauthorized access to all types of communications and data transmission systems) that violates Federal, State, or local law; harms the interstate commerce of the United States; or threatens public health or safety.
- The ability of any critical infrastructure or protected system to resist such interference, compromise, or incapacitation, including any planned or past assessment, projection, or estimate of the vulnerability of critical infrastructure or a protected system, including security testing, risk evaluation thereto, risk management planning, or risk audit.
- Any planned or past operational problem or solution regarding critical infrastructure or protected systems, including repair, recovery, insurance, or continuity, to the extent that it is related to such interference, compromise, or incapacitation. *(NIPP 2009)*

[28] Credentialing the Nation's Emergency Responders: Working Group Guidelines – Draft Version 1.6 (November 2005), NIMS Integration Center, Federal Emergency Management Agency, Washington D.C.
[29] Shaw GL, Harrald JR. Required Competencies for Executive Level Business Crisis and Continuity Managers (January 2004). Journal of Homeland Security and Emergency Management;1:1, 2004.

Critical Systems: Systems are so vital that their incapacitation or destruction would have serious impact upon a medical center's ability to continue to provide patient care or other essential services. (*VHA Emergency Management Guidebook 2005*)

Culture: In relation to cultural sensitivity and cultural competency, "culture" encompasses the integrated elements that shape thinking and behavior of racial, ethnic, religious, or social groups. Cultural elements include geographic and economic influences, historical thoughts and experience, language, and current customs, beliefs, values, and institutions.

Cultural Awareness: developing sensitivity and understanding of another ethnic group. This usually involves internal changes in terms of attitudes and values. Awareness and sensitivity also refer to the qualities of openness and flexibility that people develop in relation to others. Cultural awareness must be supplemented with cultural knowledge.[30]

Cultural Competence: Demonstrating a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations.[31] Operationally defined, cultural competence [referring to health outcomes] is the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of health care; thereby producing better health outcomes.[32]

Cultural Knowledge: Familiarization with selected cultural characteristics, history, values, belief systems, and behaviors of the members of another ethnic group.[33]

Cultural Sensitivity: Knowing that cultural differences as well as similarities exist, without assigning values, i.e., better or worse, right or wrong, to those cultural differences.[34]

Cyber: Usually used in connection with references to automated systems - both in terms of hardware and software. (*VHA Emergency Management Guidebook 2005*)

Cyber System: Any combination of facilities, equipment, personnel, procedures, and communications integrated to provides cyber services. Examples include business systems, control systems, and access control systems. *(NIPP 2009)*

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[30] Adams DL. Diane L. Adams (Ed.). *Health issues for women of color: A cultural diversity perspective (1995)*. SAGE Publications, Thousand Oaks, California.

[31] Adapted from: Cross T, Bazron B, Dennis K, Isaacs M. *Towards a Culturally Competent System of Care(1989). Volume I.* Georgetown University Child Development Center, CASSP Technical Assistance Center, Washington, D.C. Quoted *from How does Cultural Competency differ from Cultural Sensitivity/Awareness?*, Center for Effective Collaboration and Practice, accessed October 27, 2009 at http://cecp.air.org/cultural/Q_howdifferent.htm

[32] Davis K. *Exploring the intersection between cultural competency and managed behavioral health care policy: Implications for state and county mental health agencies* (1997). National Technical Assistance Center for State Mental Health Planning, Alexandria, VA.

[33] Adams DL. Diane L. Adams (Ed.). *Health issues for women of color: A cultural diversity perspective (1995)*. SAGE Publications, Thousand Oaks, California.

[34] National Maternal and Child Health Resource Center on Cultural Competency. *Journey towards cultural competency: Lessons learned* (1997). Texas Department of Health. Maternal and Children's Health Bureau Clearinghouse, Vienna, VA.

Cyber Terrorism: Terrorism that is directed at automated systems directly or that uses automated systems to disrupt other critical infrastructure systems that they support or control. (*VHA Emergency Management Guidebook 2005*)

Cybersecurity: The prevention of damage to, unauthorized use of, or exploitation of, and, if needed, the restoration of electronic information and communications systems and the information contained therein to ensure confidentiality, integrity, and availability. Includes protection and restoration, when needed, of information networks and wireline, wireless, satellite, public safety answering points, and 911 communications systems and control systems. *(NIPP 2009)*

Damage Assessment: An appraisal or determination of the effects of the disaster on human, physical, economic, and natural resources. *(NFPA 1600, 2004)* In general emergency management practice, the Damage Assessment has been replaced by the Needs Assessment except for the purpose of a Federal Disaster Declaration. See "Needs Assessment" and "Preliminary Damage Assessment."

Declaration *(emergency management)*: An act (and resultant document) by the senior executive authority in a local, State, Tribal or Federal jurisdiction that triggers specified powers, including spending authority, based upon an impending or actual impact per enabling legislation.

Declaration, Disaster *(emergency management)*: A declaration (see "Declaration"), based upon legislation, that triggers the greatest availability of spending and resource assignment authority at the relevant government level.

Declaration, Emergency *(emergency management)*: A declaration (see "Declaration"), based upon legislation, that is generally more limited in scope and resource amount compared to as disaster declaration. See "Declaration, Disaster."

Declaration, Emergency *(Federal)*: A declaration by the President of the United States based upon criteria and authority described in the Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended. [35] This declaration is more limited in scope and without the long-term Federal recovery programs of a major disaster declaration. Generally, Federal assistance and funding are provided to meet a specific emergency need or to help prevent a major disaster from occurring.

Declaration, Major Disaster *(Federal)*: A declaration by the President of the United States based upon criteria and authority described in the Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended.[36] The Presidential declaration of a major disaster is

[35] Details regarding Federal involvement under the Stafford Act are available at the NRF Resource Center, http://www/fema.gov/NRF. Additional information about the Stafford Act's disaster process and disaster aid programs is available at http://www.fema.gov/hazard/dproc.shtm.

[36] Details regarding Federal involvement under the Stafford Act are available at the NRF Resource Center, http://www/fema.gov/NRF. Additional information about the Stafford Act's disaster process and disaster aid programs is available at http://www.fema.gov/hazard/dproc.shtm.

warranted when a hazard impact "causes damage of sufficient severity and magnitude to warrant Federal disaster assistance to supplement the efforts and available resources of States, local governments, and the disaster relief organizations in alleviating the damage, loss, hardship, or suffering." Funding comes from the President's Disaster Relief Fund, which is managed by FEMA, and the disaster aid programs of other participating Federal departments and agencies. A Presidential major disaster declaration triggers long-term Federal recovery programs, some of which are matched by State programs, and designed to help disaster victims, businesses, and public entities. *(Adapted from the NRF 1/0808, pages 40-41)*

Decontamination: The reduction or removal of a chemical, biological, or radiological material from the surface of a structure, area, object, or person. *(FEMA State and Local Guide 101, September 1996)*

Delegation of Authority: A statement provided to the Incident Commander by the Agency Executive delegating authority and assigning responsibility. The delegation of authority can include objectives, priorities, expectations, constraints, and other considerations or guidelines, as needed. Many agencies require written delegation of authority to be given to the Incident Commander prior to assuming command on larger incidents. (Also known as Letter of Expectation.) *(NIMS 12/08)*

Debriefing, Exercise: A forum for planners, facilitators, controllers, and evaluators to review and provide feedback after the exercise is held. It should be a facilitated discussion that allows each person an opportunity to provide an overview of the functional area they observed and document both strengths and areas for improvement. Debriefs should be facilitated by the exercise planning team leader or the exercise program manager; results should be captured for inclusion in the AAR/IP. A debriefing is different from a hot wash, in that a hot wash is intended for players to provide feedback. *(HSEEP)*

Defense Coordinating Officer (DCO): Individual who serves as the Department of Defense (DOD)'s single point of contact at the Joint Field Office (JFO) for requesting assistance from DOD. With few exceptions, requests for Defense Support of Civil Authorities originating at the JFO are coordinated with and processed through the DCO. The DCO may have a Defense Coordinating Element consisting of a staff and military liaison officers to facilitate coordination and support to activated Emergency Support Functions. *(NRF 1/08)*

Defense Support of Civil Authorities (DSCA): Support provided by U.S. military forces (Regular, Reserve, and National Guard), Department of Defense (DOD) civilians, DOD contract personnel, and DOD agency and component assets, in response to requests for assistance from civilian Federal, State, local, and tribal authorities for domestic emergencies, designated law enforcement support, and other domestic activities. *(NRF 1/08)*

Demands, Agent Generated: The term presented by Dynes et al to describe "the issues created by the disaster itself such as property damage, death, etc." *(Dynes et al, 1981)*[37]

[37] Dynes RR, Quarentelli EL, Kreps GA. A Perspective on Disaster Planning, 3rd Edition (1981). Newark, DE: University of Delaware Disaster Research Center.

Demands, Hazard Generated: Needs generated by the hazard impact itself and perceived as a responsibility of the incident response system. For example, the need to provide care of patients from an evacuated nursing home would constitute a hazard-generated demand for a jurisdiction. This term is an adaptation of "agent generated demand" (using the emergency management term "hazard" instead of "agent"). See "demands, agent generated."

Demands, Response Generated: The needs created by the attempt to organize responders. *(Adapted from Dynes et al, 1981)*[38] For example, the need to disseminate information across the multiple response organizations is a response generated demand that requires methodology that differs from day-to-day operations.

Demobilization:

- The emergency response stage that addresses transition of resources, and eventually the IMT itself, from incident activities back to normal operations or to a baseline standby state as operational objectives are attained and the resources are relieved of incident responsibilities.
- The orderly, safe, and efficient return of an incident resource to its original location and status. (*NIMS 12/08*)

Department Operations Center (DOC): An Emergency Operations Center (EOC) specific to a single department or agency. The focus of a DOC is on internal agency incident management and response. DOCs are often linked to and, in most cases, are physically represented in a combined agency EOC by authorized agent(s) for the department or agency. (*NIMS 12/08*)

Dependency: The one-directional reliance of an asset, system, network, or collection thereof, within or across sectors, on input, interaction, or other requirement from other sources in order to function properly. *(NIPP 2009)*

Deputy (ICS definition): A fully qualified individual who, in the absence of a superior, can be delegated the authority to manage a functional operation or perform a specific task. In some cases, a deputy can act as relief for a superior and, therefore, must be fully qualified in the position. Deputies can be assigned to the Incident Commander, General Staff, and Branch Directors. (*NIMS*)

Deterrent: Measure that discourages an action or prevents an occurrence by instilling fear, doubt, or anxiety. *(DHS Risk Lexicon 9/08)*

Devolution: The capability to transfer statutory authority and responsibility for essential functions from an agency's primary operating staff and facilities to other agency employees and facilities, and to sustain that operational capability for an extended period.[39]

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[38] Ibid

[39] US Department of Homeland Security. Federal Continuity Directive 1 (FCD 1): Federal Executive Branch National Continuity Program and Requirements (February 2008); Annex P: Glossary; available at: www.fema.gov/pdf/about/offices/fcd1.pdf accessed March 15, 2010.

Director (ICS definition): The Incident Command System title for individuals responsible for supervision of a Branch. *(NIMS 12/08)*

Disaster: Disaster as a term is not defined in the NIMS Glossary. "Major Disaster" is defined in relation to Stafford Act assistance (see "Disaster, Major" below).

- ***Disaster*** *(Emergency management application)*: A hazard impact causing adverse physical, social, psychological, economic or political effects that challenges the ability to rapidly & effectively respond. Despite a stepped up capacity and capability (call-back procedures, mutual aid, etc.) and change from routine management methods to an incident command/management process, **the outcome is lower than expected** compared to a smaller scale or lower magnitude impact (See "emergency" for important contrast between the two terms).
- ***Disaster*** *(Social science application)*: Accidental or uncontrollable events, actual or threatened, that are concentrated in time and space, in which a society undergoes severe danger and incurs such losses to its members and physical appurtenances that the social structure is disrupted and the fulfillment of all or some of the essential functions of the society is prevented. *(Original author unknown)*
- ***Disaster*** *(Healthcare organization application)*: Any **internal** or **external** emergency incident generated by a force, or an event occurring on or off campus, that endangers the well-being and safety of medical center patients, visitors, staff, property or records. (*VA Emergency Management Guidebook 2005*)

Disaster Declaration: See "Declaration, Disaster."

Disaster Recovery Center (DRC): A facility established in a centralized location within or near the disaster area at which disaster victims (individuals, families, or businesses) apply for disaster aid. *(NRF 1/08)*

Disaster Risk Reduction: "The systematic development and application of policies, strategies and practices to minimize vulnerabilities and disaster risks throughout a society, to avoid (prevention) or to limit (mitigation and preparedness) adverse impact of hazards, within the broad context of sustainable development." (*Cited in FEMA Higher Education Project U.N. ISDR 2002, 25*)

Disaster Worker: See "Worker, Disaster."

Disaster, Ecological: Hazard impacts "that are caused principally by human beings and that initially affect, in a major way, the earth, its atmosphere, and its flora and fauna." (*Cited in FEMA Higher Education Project: Drabek and Hoetmer 1991, xxi*)

Disaster, Major: Any natural catastrophe (including any hurricane, tornado, storm, high water, wind-driven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm, or drought) or, regardless of cause, any fire, flood, or explosion, in any part of the United States, which, in the determination of the President, causes damage of sufficient severity and magnitude to warrant major disaster assistance under the Stafford Act to supplement the efforts and available resources of States, local governments, and disaster relief organizations in

alleviating the damage, loss, hardship, or suffering caused thereby. (*Robert T. Stafford Act 102; 44 CFR 206.2 and 206.36*)

Dispatch: The ordered movement of a resource or resources to an assigned operational mission, or an administrative move from one location to another. *(NIMS 12/08)*

Dispatch Center: See "Communications/Dispatch Center."

Division:

- The partition of an incident into geographical areas of operation. Divisions are established when the number of resources exceeds the manageable span of control of the Operations Chief. A division is located within the ICS organization between the branch and resources in the Operations Section. (*NIMS 3/04*)
- The organizational level having responsibility for operations within a defined geographic area. Divisions are established when the number of resources exceeds the manageable span of control of the Section Chief. See "Group." *(NIMS 12/08)*

Domain Awareness: "…obtaining effective knowledge of activities, events, and persons in the dimensions of air, land, sea, and cyber-space." (*Sauter M., and Carafano JJ*)[40]

Domestic Readiness Group (DRG): An interagency body convened on a regular basis to develop and coordinate preparedness, response, and incident management policy. This group evaluates various policy issues of interagency importance regarding domestic preparedness and incident management and makes recommendations to senior levels of the policymaking structure for decision. During an incident, the DRG may be convened by the Department of Homeland Security to evaluate relevant interagency policy issues regarding response and develop recommendations as may be required. *(NRF 1/08)*

Drill: A training application that develops a combination or series of skills (for example – a drill for mobilizing the decontamination area). It can also be referred to as an "instructional drill" for clarity. A drill conducted primarily for evaluation rather than training should be referred to as an "evaluative drill."

Drought: (1) Prolonged absence or marked deficiency of precipitation. (2) period of abnormally dry weather sufficiently prolonged for the lack of precipitation to cause a serious hydrological imbalance. (*WMO 1992, 198*)

Education: Education is instruction, structured to achieve specific competency-based objectives, that imparts primarily **knowledge**. This may be general knowledge or it may be job specific but extend to "higher order" knowledge (for example, understanding the "big picture," or working under stress) not specifically included in one's job description but of great value during emergency management activities. Educational material should be competency-based and specify a level of proficiency that relates to the competencies ("awareness, operations, or expert").

[40] Cited by FEMA Higher Education Project: Sauter, Mark A., and James Jay Carafano. Homeland Security: A Complete Guide to Understanding, Preventing, and Surviving Terrorism. New York: McGraw-Hill, 2005.

Effective: achieving the established organization-wide and/or unit-level strategic and tactical objectives (related to "adequate").

Efficient: achieving objectives with a minimum of resources compared to past or standard methods. Resources include time, effort, personnel, equipment, supplies, facilities, and expense.

El Niño: An anomalous warming of ocean water resulting from the oscillation of a current in the South Pacific, usually accompanied by heavy rain fall in the coastal region of Peru and Chile, and reduction of rainfall in equatorial Africa and Australia. (*U.N. 1992, 26*)

Emergence: A phenomenon noted by disaster sociology research, emergence is the spontaneous organizing that occurs during a disaster, often in response to one or several perceived unmet needs.

Emergency

- ***Emergency*** *(emergency management application)*: A hazard impact causing adverse physical, social, psychological, economic or political effects that challenges the ability to rapidly & effectively respond. It requires a stepped up capacity and capability (call-back procedures, mutual aid, etc.) to meet the expected outcome, and commonly requires change from routine management methods to an incident command process in order to achieve the expected outcome (See "disaster" for important contrast between the two terms).
- ***Emergency*** *(NIMS definition)*: Any incident, whether natural or manmade, that requires responsive action to protect life or property. Under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, an emergency means any occasion or instance for which, in the determination of the President, Federal assistance is needed to supplement State and local efforts and capabilities to save lives and to protect property and public health and safety, or to lessen or avert the threat of a catastrophe in any part of the United States. (*NIMS 12/08*)

Emergency Assistance: Assistance which may be made available under an emergency declaration. In general, Federal support to State and local efforts to save lives, protect property and public health and safety, and lessen or avert the threat of a catastrophe. Federal emergency assistance may take the form of coordinating all disaster relief assistance (including voluntary assistance) provided by Federal agencies, private organizations, and State and local governments. Or , the Federal government may provide technical and advisory assistance to affected State and local governments for: the performance of essential community services; issuance of warnings of risks or hazards; public health and safety information, including dissemination of such information; provision of health and safety measures; management, control, and reduction of immediate threats to public health and safety; debris removal; temporary housing; and distribution of medicine, food, and other consumable supplies. (*Stafford Act*)

Emergency Declaration: See "Declaration, Emergency."

Emergency Management:

- ***Emergency Management (management-oriented definition)***: The science of managing complex systems and multidisciplinary personnel to address emergencies and disasters, across all hazards, and through the phases of mitigation, preparedness, response, and recovery.
- ***Emergency Management (FEMA definition)***: Organized analysis, planning, decision making, and assignment of available resources to mitigate (lessen the effect of or prevent) prepare for, respond to, and recover from the effects of all hazards. The goal of emergency management is to save lives, prevent injuries, and protect property and the environment if an emergency occurs. (*FEMA 1995, I-6*).[41]

Emergency Management Assistance Compact (EMAC): A congressionally ratified organization that provides form and structure to interstate mutual aid. Through EMAC, a disaster-affected State can request and receive assistance from other member States quickly and efficiently, resolving two key issues up front: liability and reimbursement. *(NIMS 12/08)*

Emergency Management Committee (EMC): A committee established by an organization that has the responsibility for EMP oversight within the organization. As such, the committee would normally have the responsibility to ensure the overall preparation, implementation, evaluation and currency of the EMP. (*Adapted from the VHA Emergency Management Guidebook 2005*)

Emergency Management Operations: A term used to denote the activities that occur through the Emergency Operations Center (EOC) or other Multiagency Coordination Center (MACC) during the response phase of an emergency incident. They are managed and directed by an Emergency Management Team that is commonly directed by the emergency manager or designee. Emergency Management Operations include management of the MACC/EOC and activities administered by the Emergency Support Functions or other sub-divisions in the MACC/EOC Management Team. Emergency Management Operations are intended to support the incident management team and the incident response, address organization or jurisdiction-wide incident-related issues that are outside the scope of the incident management team, support the coordination with other organizations, jurisdictions and levels of government, and assist with keeping political authorities adequately informed.

Emergency Management Program: A program that implements and sustains the mission, vision, and strategic emergency management goals and objectives of the organization. It provides the management framework for the EM program and defines EM's role within the larger organization. The EM program promotes a balanced comprehensive approach that incorporates mitigation, preparedness, response and recovery into a fully integrated set of activities. The "program" applies to all departments and functional units within the organization that have roles in responding to a potential or actual emergency.

Emergency Management/Response Personnel: Includes Federal, State, territorial, tribal, substate regional, and local governments, NGOs, private sector-organizations, critical infrastructure owners and operators, and all other organizations and individuals who assume

[41] FEMA. Introduction to Emergency Management (1995). Emergency Management Institute, Emmitsburg, MD.

an emergency management role. (Also known as emergency responder.) *(NIMS 12/08) See also* "Emergency Worker."

Emergency Management Team: A term that can be used to describe the management unit that operates at the EOC, and is responsible for all Emergency Management Operations during an incident (this is distinct from an "incident management team" that is operating at the "incident command post" and directly manages activities at the incident). These responsibilities encompass:

1. Directly supporting the Incident Management Team (IMT)
2. Directly managing emergency issues (or delegating the management) related to the incident but outside the defined scope of the Incident Management Team's activities.

Emergency Manager: The person who has the day-to-day responsibility for emergency management programs and activities. The role is one of coordinating all aspects of a jurisdiction's mitigation, preparedness, response, and recovery capabilities. The local emergency management position is referred to with different titles across the country, such as civil defense coordinator or director, civil preparedness coordinator or director, disaster services director, and emergency services director. Because of federal policy under the Bush administration, it is now commonly referred to as homeland security director. Within organizations, this person may be the safety director or the emergency program coordinator (VA Medical Centers) or another title. (*Adapted from FEMA Higher Education Project*)

Emergency Operations Center (EOC):

- The physical location at which the coordination of information and resources to support incident management (on-scene operations) activities normally takes place. An EOC may be a temporary facility or may be located in a more central or permanently established facility, perhaps at a higher level of organization within a jurisdiction. EOCs may be organized by major functional disciplines (e.g., fire, law enforcement, medical services), by jurisdiction (e.g., Federal, State, regional, tribal, city, county), or by some combination thereof. (*NIMS 12/08*)
- An emergency operations center (EOC) is a location from which centralized emergency management can be performed during response and recovery. The use of EOCs is a standard practice in emergency management, and is one type of multiagency coordinating entity. Local governments should have designated EOCs. The physical size, staffing, and equipping of a local government EOC will depend on the size and complexity of the local government and the emergency operations it can expect to manage. The level of EOC staffing will also vary with the specific emergency situation. A local government's EOC facility should be capable of serving as the central point for:
    - Coordination of all the jurisdiction's emergency operations.
    - Information gathering and dissemination.
    - Coordination with other local governments and the operational area. *(SEMS)*[42]

Emergency Operations Plan (EOP):

[42] Standardized Emergency Management System, Section C. Local Government Level, available at:http://www.oes.ca.gov/Operational/OESHome.nsf/0/B4943535210895448825 6C2A0071E038?OpenDocument, accessed November 21, 2005.

- The description of organizational authorities, relationships, functions, processes, and procedures that are used to manage response to, and recovery from, actual or potential incidents that may exceed the 'everyday' response capability of the jurisdiction or individual organization. It includes a standardized format that provides useful guidance and tools for promoting effective, coordinated response. Called "Emergency Plan" in the NRF glossary.
- The "response plan" that an entity (organization, jurisdiction, State, etc.) maintains that describes intended response to any emergency situation. It provides action guidance for management and emergency response personnel during the response phase of Comprehensive Emergency Management.
- An all-hazards document that specifies actions to be taken in the event of an emergency or disaster; identifies authorities, relationships, and the actions to be taken by whom, what, when, and where, based on predetermined assumptions, objectives, and existing capabilities. (adapted f*rom the FEMA Higher Education Project*)
- An ongoing plan for responding to a wide variety of potential hazards. (*NIMS 12/08*)

Emergency Plan: See "Emergency Operations Plan."

Emergency Preparedness:
- See "Preparedness."
- Activities and measures designed or undertaken to prepare for or minimize the effects of a hazard upon the civilian population, to deal with the immediate emergency conditions which would be created by the hazard, and to effectuate emergency repairs to, or the emergency restoration of, vital utilities and facilities destroyed or damaged by the hazard. (*Stafford Act*)

Emergency Program Coordinator (EPC): The individual who has been specifically charged with the development and coordination of EMP within the VAMC. The EPC is a member of, and works closely with, the Emergency Management Committee to ensure that an effective EMP and process is in effect for the institution. *(VHA Emergency Management Guidebook 2005)*

Emergency Program Manager (EPM)*:* The individual primarily responsible for developing, implementing and maintaining a healthcare organization's emergency management program. See "emergency manager."

Emergency Public Information: Information that is disseminated primarily in anticipation of an emergency or during an emergency. In addition to providing situational information to the public, it also frequently provides directive actions required to be taken by the general public. *(NIMS 12/08)*

Emergency /Response Personnel: See "Emergency Management/Response Personnel."

Emergency Response Provider: Includes Federal, State, local, and tribal emergency public safety, law enforcement, emergency response, emergency medical (including hospital emergency facilities), and related personnel, agencies, and authorities. See Section 2 (6), Homeland Security Act of 2002, Pub. L. 107-296, 116 Stat. 2135 (2002). Also known as Emergency Responder.

Emergency Safety Procedures (ESP) for building occupants: An annex to the EOP that describes the initial evacuation, shelter in place, and other reactive measures during the life-safety stages of an emergency that directly affects the facility. Also referred to as a ***Facility Emergency Plan (FEP)***, and by GSA as the **Occupant Emergency Plan (or Program)**.

Emergency Services: The preparation for and the carrying out of functions, other than those for which military forces are primarily responsible, to prevent, minimize and repair injury and damage resulting from disasters, together with all other activities necessary or incidental to the preparation for and carrying out of the foregoing functions. These functions include, by way of illustration and not limitation, fire fighting services, police services, medical and health services, rescue, engineering, warning services, communications, radiological, chemical and other special weapons defense, evacuation of persons from stricken areas, emergency welfare services, emergency transportation, emergency resource management, existing or properly assigned functions of plant protections, temporary restoration of public utility services, emergency sheltering, and other functions related to civilian protection. These functions also include the administration of approved regional, state and federal disaster recovery and assistance programs. (*Arlington County, Virginia, EOP and CEMP*)[43]

Emergency Support Function (ESF):

- A grouping of government and certain private-sector capabilities into an organizational structure to provide support, resources, and services. *(NRP[44])*
- Used by the Federal Government and many State governments as the primary mechanism at the operational level to organize and provide assistance. ESFs align categories of resources and provide strategic objectives for their use. ESFs utilize standardized resource management concepts such as typing, inventorying, and tracking to facilitate the dispatch, deployment, and recovery of resources before, during, and after an incident. *(NRF 1/08)*

Emergency Support Function (ESF) Annexes: Present the missions, policies, structures, and responsibilities of Federal agencies for coordinating resource and programmatic support to States, tribes, and other Federal agencies or other jurisdictions and entities when activated to provide coordinated Federal support during an incident. *(NRF 1/08)*

Emergency Worker: A term used to encompass all personnel involved with incident response, addressing either hazard generated demands or response generated demands. This term includes first and second responders, incident management personnel, and support personnel outside the direct incident, such as organizational personnel, emergency operations center managers and staff, and others significantly involved in incident activities.

Engineered Degradation: See "Engineered Failure."

Engineered Failure: In a system under extreme stress, the identification and selection of priority activities that should be preserved, while allowing less critical functions to degrade.

[43] Emergency Operations Plan and Comprehensive Emergency Management Program, Arlington, VA, May 2005, available at: http://www.arlingtonva.us/Departments/EmergencyManagement/pdf/EOP.pdf, accessed April 24, 2006.
[44] National Response Plan (NRP), p. 10., available at www.dhs.gov.

This management strategy is designed to avoid catastrophic or random failure of emergency response systems when system capacity or capability is exceeded. The guiding principle is the preservation of the functions most important to achieving organizational goals. It may also be referred to as "engineered system failure" or "managed degradation of system functions."

Entity: A governmental agency or jurisdiction, private or public company, partnership, nonprofit organization, or other organization that has disaster/emergency management and continuity of operations responsibilities. *(NFPA 1600, 2005)*

Epidemiology *(public health application)*: The study of the distribution and determinants of disease & other adverse health factors in human populations by time, place and person.[45]

Epidemiologic Investigation, Rapid: An investigation that follows anomaly detection or an alert from a surveillance system, with the goal of rapidly determining the validity of the alert, and the parameters of the "outbreak" as the index case is being confirmed.

Epidemiological Surveillance: the process of actively gathering and analyzing data related to human health and disease in a population in order to obtain early warning of human health events, rapid characterization of human disease events, and overall situational awareness of disease activity in the human population. *(HSPD-21)*

Essential Functions: Functions that are required to be performed by statute, Executive Order, or otherwise deemed essential by the heads of principal organizational elements to meet mission requirements. (Adapted from *VHA Emergency Management Guidebook 2005*)

Evacuation: The organized, phased, and supervised withdrawal, dispersal, or removal of civilians from dangerous or potentially dangerous areas, and their reception and care in safe areas. (*NIMS 12/08*)

Evacuation, Spontaneous: Residents or citizens in the threatened areas observe a hazard threat or impact or receive unofficial word of an actual or perceived threat and without receiving instructions to do so, elect to evacuate the area. Their movement, means, and direction of travel may be unorganized and unsupervised. *(Adapted from FEMA State and Local Guide 101: Guide for All-Hazard Emergency Operations Planning, September 1996)*

Evacuation, Voluntary: The withdrawal, dispersal, or removal of civilians from dangerous or potentially dangerous areas, and their reception and care in safe areas, precipitated by the target population's decision after warning and explanation by relevant authorities.

Evacuation, Mandatory: The withdrawal, dispersal, or removal of civilians from dangerous or potentially dangerous areas, and their reception and care in safe areas, precipitated by orders, direction and warning to the target population by relevant authorities.

[45] Macmahon, B. & Trichopoulos, D. Epidemiology: Principles & Methods 2nd ed. 1996; Lilienfeld, D.E. & Stolley, P.D. Foundations of Epidemiology 3rd ed. Oxford University Press 1994. New York, N.Y.

Evacuees: All persons removed or moving from areas threatened or struck by a hazard. *(Adapted from FEMA State and Local Guide 101: Guide for All-Hazard Emergency Operations Planning, September 1996)*

Evaluation

- *(Emergency management application)*: A systematic assessment process that leads to judgments and decisions about plans, programs or policies *(adapted from Schalock, 2001)*.[46] "Informal" evaluation is also recognized as an ongoing and important activity of an emergency management program. It can be "formalized" by objective documentation of the assessment activity and its findings.
- *(Program evaluation application)*: One or more processes for interpreting the data and evidence accumulated through assessment practices. Evaluation determines the extent to which program outcomes or program objectives are being achieved, and results in decisions and actions to improve the program. "Evaluation" is distinguished from "assessment" in this application (see "Assessment") (adapted from *American Board of Engineering and Technology*).
- *(DHS Risk Lexicon)*: Process of examining, measuring and/or judging how well an entity, procedure, or action has met or is meeting stated objectives. *(DHS Risk Lexicon 9/08)* Evaluation is the step in the risk management cycle that measures the effectiveness of an implemented risk management option. *(DHS Risk Lexicon 9/08)*

Evaluation, Formative: A process designed to further shape the direction, strategy and tactics of the entity being evaluated, and provide feedback that will result in positive system change rather than focus upon shortcomings as failure: "evaluations are intended – by the evaluator – as a basis for improvement" (Scriven, 1996).[47]

Evaluation, Summative: A process designed to provide a composite judgment of all evaluated aspects of the entity, hence the term "summative." The primary purpose for this type of evaluation is to provide a definitive statement, essentially a "grade" that stands as the judgment of merit for the evaluated entity (adapted from Scriven, 1980).[48]

Evaluator: Personnel assigned to make objective observations, using supplied exercise evaluation guidance that will provide a uniform basis for system evaluation from the exercise experience

Event*:* this term has multiple definitions depending upon the context in which it is used:

- A scheduled nonemergency activity (e.g., sporting event, concert, parade, etc.).ICS can be used as the management system for a wide range of events, e.g., parades, concerts, or sporting events. (adapted from *NIMS3/04 and NIMS 12/08)*
- A future activity that will include the activation of an ICS organization *(ICS 300, Unit 4)*

[46] Schalock, R. L. (2001). Outcome-based Evaluation. New York, Kluwer Academic/Plenum Publishers. p.6.
[47] Scriven, Michael. "Beyond Formative and Summative Evaluation." In M.W. McLaughlin and ED.C. Phillips, eds., Evaluation and Education: A Quarter Century. Chicago: University of Chicago Press, 1991: p. 169. Reported in Patton, Michael Quinn, Utilization-Focused Evaluation: The New Century Text. Edition 3. Thousand Oaks, CA: Sage, 1997: p. 69.
[48] Ibid.

- An event can be used to differentiate "any unusual activity" from an "incident," where an EOP and its response system are activated and ICS is implemented.

Event, Catastrophic Health: See "Catastrophic Health Event."

Event, Extreme: A term used commonly in the field of risk management to collectively describe emergencies and disasters: "low probability-high consequence events." *(Kunreuther H, Meyer R, Van den Bulte)*[49]

Exceptional: Refers to unusual numbers or types of victims, impacted medical care systems, or other very adverse conditions.

Executive: The Executive is the administrator, chief executive officer, or designee of the agency or political subdivision that has responsibility for the incident. The title may also be applied to "executives" from the private and non-governmental sectors (see "chief executive officer"). Executive and "agency administrator" are commonly considered to be synonymous terms. *(Adapted from ICS for Executives)*[50]

Exercise: A scripted, scenario-based activity designed to evaluate the system's capabilities and capacity to achieve overall and individual functional objectives, and to demonstrate the competencies for relevant response and recovery positions. The purpose of exercise evaluation is to determine a valid indication of future system performance under similar conditions, and to identify potential system improvements.

Exercise, Tabletop: A scenario-driven interaction that permits evaluation of the EOP and/or Recovery Plan, or elements thereof, through orally provided action descriptions and application of plan guidance. This is accomplished using minimal or no physical activity, hence the descriptor "table-top." It is used to have individuals and teams describe their roles and responsibilities through a presented scenario, and to evaluate the performance of these roles and responsibilities in a relatively low stress environment. Through the use of simulation techniques, emphasis is placed on information processing, collaboration and cooperation, decision-making and team building in the context of a specified scenario. This format allows a significant amount of comment and coaching from the facilitator/s.

Exercise, Discussion-Baaed: a starting point in the building-block approach to the cycle, mix, and range of exercises. Discussion-based exercises include seminars, workshops, tabletop exercises, and games. These types of exercises typically highlight existing plans, policies, mutual aid agreements (MAAs), and procedures, and are exceptional tools to familiarize agencies and personnel with current or expected jurisdictional capabilities. Discussion-based

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[49] Kunreuther H, Meyer R, Van den Bulte C. Risk Analysis for Extreme Events: Economic Incentives for Reducing Future Losses National Institute of Standards and Technology (October 2004), http://www.bfrl.nist.gov/oae/publications/gcrs/04871.pdf, accessed January 30, 2006.

[50] National Wildfire Coordinating Group. Incident Command System, National Training Curriculum Module 17*:* ICS for Executives Instructor Guide, October 1994: pp.17-5 to 17-7. Available at: http://www.nwcg.gov/pms/forms/ics_cours/ics_courses.htm#I-402, accessed January 20, 2006.

exercises typically focus on strategic, policy-oriented issues, whereas operations-based exercises tend to focus more on tactical, response-related issues. Facilitators and/or presenters usually lead the discussion and keep participants on track to meet exercise objectives. *(HSEEP)*

Exercise, Functional: The scenario-based execution of specific tasks and/or more complex activity within a functional area of the EOP. This is typically conducted under increased levels of stress and genuine constraints that provide increased realism, and so is less reliant upon orally presented simulation. Collaboration and cooperation and interactive decision-making are more focused within the exercised function and accomplished in real-time. Interaction with other functions and "outside" personnel are simulated, commonly through the play of exercise controllers.

Exercise, Full-Scale: A scenario-based extension of a functional exercise to include all or most of the functions and complex activities of the EOP. It is typically conducted under high levels of stress and very real-time constraints of an actual incident. Interaction across all functions by the players decreases the artificial (oral) injects by controllers, and make the overall scenario much more realistic. Because of this, the full-scale exercise is a more comprehensive evaluation/validation of the EOP, its policies and procedures, in the context of emergency conditions.

Exercise Artifact: artificialities that occur during exercises of all types that affect tasks, processes, outputs and outcomes in either positive or negative fashion. They should be recognized and addressed by exercise controllers during the exercise or by exercise evaluators and after-action review managers during the exercise analysis.

Exercise Director (also referred to as the "Lead Exercise Planner" or "Exercise Planning Team Leader"): this individual is charged with the responsibility for and authority to properly plan an exercise.

Exercise Evaluation Guide (EEG): HSEEP documents that support the exercise evaluation process by providing evaluators with consistent standards for observation, analysis, and AAR development. Each EEG is linked to a target capability and provides standard activities, performance measures, and tasks to be evaluated based on the exercise objectives. Additionally, an EEG contains a Capability Narrative section, in which evaluators provide a general chronological narrative of exercise events associated with the capability; and an Evaluator Observations section in which evaluators provide specific strengths and areas of improvement linked to the capability. The consistent guidelines provided in EEGs facilitate creation of AAR/IPs resulting in an actionable IPs that target specific personnel, planning, organization, equipment, and training needs within capabilities. *(HSEEP)*

Exercise Observers: "Outsiders" invited to observe all or selected portions of the exercise. Observers do not participate in exercise play or in exercise control functions.

Exercise Objectives: See "Objectives, Exercise." *(HSEEP)*

Exercise Planning Team: This is the group that is: "responsible for designing, developing, conducting and evaluating all aspects of an exercise. The planning team determines exercise design objectives, tailors the scenario to jurisdictional needs, and develops documents used in exercise evaluation, control, and simulation."[51] The Exercise Planning Team performs its responsibilities under the leadership of the "Exercise Director."

Exercise Program Management: Consists of the functions required for a jurisdiction or entity to sustain a variety of exercises targeted toward preparedness priorities, on an ongoing basis. It includes project management, budgeting, grant management, staff hiring, funding allocation, and expenditure tracking. Program management functions cyclically. First, a Multi-Year Training and Exercise Plan is developed in consideration of a jurisdiction's preparedness priorities. Next, specific exercises are carried out according to the multi-year plan's timelines and milestones. Finally, IP corrective actions identified in the exercises are taken into account when developing priorities for the next multi-year plan. Responsibilities for these tasks are complementary and require that all relevant parties collaborate to successfully administer exercises. *(HSEEP)*

Experience: adequate participation in prior response, signified by "satisfactory performance evaluations from previous deployments in the position or function being considered." *(FEMA IST training manual)*[52]

Expert: An individual who meets some defined level of knowledge, skills and abilities (i.e., competencies) that usually have been demonstrated by the expert's past experiences.

Expert Judgment: "information and data given by qualified individuals in response to technical questions… Expert judgment is generally used when test/observational data are difficult or expensive to obtain and when other sources of information are sparse, poorly understood, open to differing interpretations, or requiring synthesis… expert judgment is an integral part of most problem solving and analysis" *(Los Alamos National Laboratories).*[53] In performance-based evaluation, expert judgment is essentially the determination made by a qualified individual comparing performance measures, often approximated, to the individual's understanding of an optimal yet realistic metric.

Expert Level of Proficiency: See "Proficiency Levels."

Exposure *(risk & emergency management application)*: The condition of being subjected to a hazard or source of risk.

Exposure (Radiological): The quantitative measure of ionizing radiation received by an individual or object.

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[51] Homeland Security Exercise and Evaluation Program. Volume III: Exercise Program Management and Planning Process. Chapter 4 (July 2004). Washington, D.C..

[52] FEMA IST training manual, available at: http://www.fema.gov/pdf/emergency/usr/mod1_u4.pdf, accessed January 6, 2006.

[53] Los Alamos National Laboratories. Eliciting and Analyzing Expert Judgment, available at: http://www.stat.lanl.gov/research/exjudge.shtml, accessed December 14, 2005.

Exposure Rate (Radiological): The amount of ionizing radiation reaching an individual or object per unit of time.

External Affairs: Organizational element that provides accurate, coordinated, and timely information to affected audiences, including governments, media, the private sector, and the local populace. *(NRF 1/08)*

Extreme Event: A collective term referring to emergencies and disasters. See "emergency" and "disaster."

Facility: Physical, constructed locations used for designated emergency response and recovery purposes. It is a resource category under NIMS (see "Resources").

Facilities, Alternate: Locations, other than the primary facility, used to carry out essential functions, particularly in a continuity [incident]. "Alternate facilities" refers to not only other locations, but also nontraditional options such as working at home ("teleworking"), telecommuting, and mobile-office concepts.[54]

Facility Emergency Plan (FEP): A term used by the Veterans Health Administration (VHA) referring to a support annex to the EOP that describes the initial evacuation, shelter in place, and other reactive measures during the life-safety stages of an emergency that directly affects the facility. Also referred to by VHA as **Emergency Safety Procedures for Building Occupant**, and by GSA as the **Occupant Emergency Plan**.

Federal: Of or pertaining to the Federal Government of the United States of America. *(NIMS 12/08)*

Federal Coordinating Center (FCC): The VAMC or military hospital that has oversight of the National Disaster Medical System (NDMS) within a specific metropolitan area. This includes responsibility for execution of Memoranda of Understanding with local private sector hospitals participating in the system, development of patient reception and management plans, and the reporting of available NDMS bed capacity within the area to [the medical regulating center]. *(VHA Emergency Management Guidebook 2005)*

Federal Coordinating Officer (FCO): The official appointed by the President to execute Stafford Act authorities, including the commitment of Federal Emergency Management Agency (FEMA) resources and mission assignment of other Federal departments or agencies. In all cases, the FCO represents the FEMA Administrator in the field to discharge all FEMA responsibilities for the response and recovery efforts underway. For Stafford Act events, the FCO is the primary Federal representative with whom the State Coordinating Officer and other State, tribal, and local response officials interface to determine the most

[54] US Department of Homeland Security. Federal Continuity Directive 1 (FCD 1): Federal Executive Branch National Continuity Program and Requirements (February 2008); Annex P: Glossary; available at: www.fema.gov/pdf/about/offices/fcd1.pdf accessed March 15, 2010.

urgent needs and set objectives for an effective response in collaboration with the Unified Coordination Group. *(NRF 1/08)*

Federal Disaster Area: An area of a state (oftentimes defined by counties) that is declared eligible for federal disaster relief under the Stafford Act. These declarations are made by the President usually as a result of a request made by the governor of the affected state. *(VHA Emergency Management Guidebook 2005)*

Federal Resource Coordinator (FRC): Official who may be designated by the Department of Homeland Security in non-Stafford Act situations when a Federal department or agency acting under its own authority has requested the assistance of the Secretary of Homeland Security to obtain support from other Federal departments and agencies. In these situations, the FRC coordinates support through interagency agreements and memorandums of understanding. The FRC is responsible for coordinating timely delivery of resources to the requesting agency. *(NRF 1/08)*

Federal Response Plan (FRP): A national level plan developed by the Federal Emergency Management Agency (FEMA) in coordination with 26 federal departments and agencies plus the American Red Cross. This plan was developed in 1992 and updated in 1999 to implement the Stafford Act in the provision of federal disaster to states and local communities in a Presidential-declared disaster. It was superseded by the National Response Plan in March 2004, which was then superseded by the National Response Framework.

Field Operations: Field Operations are all activities within the defined scope of the "incident" (the incident scope is delineated by the incident commander through incident control and operational objectives). The Incident Management Team manages field operations, which are the for direct incident-scene actions for management of the emergency situation. The Incident Commander is the leader of Field Operations.

Field Operations Guide:

- Field operations guides (FOGs) are handbooks (durable pocket or desk guides) that contain essential information required to perform specific assignments or functions. FOGs give people assigned to specific teams, branches, or functions information only about the procedures they are likely to perform or portions of an SOP appropriate for the missions they are likely to complete. The FOG is a short form version of the SOP and serves as a resource document. *(CPG 101 3/09)* (See Standard Operating Procedure - SOP)
- Durable pocket or desk guides that contain essential information required to perform specific assignments or functions. *(NIMS 12/08)*

Finance/Administration Section *(IMT)*:

- The Incident Command System (ICS) or functional area (section) that addresses the financial, administrative, and legal/regulatory issues for the Incident Management Team. It monitors costs related to the incident, and provides accounting, procurement, time recording, cost analyses, and overall fiscal guidance.
- The Incident Command System (ICS) section responsible for all administrative and financial considerations surrounding an incident. *(NRF 1/08, NIMS 12/08)*

Finance/Administration Section *(ICS)*:

- The Multiagency Coordination Center (MACC/EOC) functional area (section) that addresses the financial, administrative, and legal/regulatory issues for the MACC. It monitors costs related to the incident, and provides accounting, procurement, time recording, cost analyses, and overall fiscal guidance for the MACC itself (support assistance directly to the IMT is provided by the MACC Operations Section).
- The Joint Field Office (JFO) section responsible for the financial management, monitoring, and tracking of all Federal costs relating to the incident and the functioning of the JFO while adhering to all Federal laws and regulations. *(NRF 1/08)*

First Receivers: Employees at a hospital engaged in decontamination and treatment of victims who have been contaminated by a hazardous substance(s) during an emergency incident. The incident occurs at a site other than the hospital. These employees are a subset of first responders. *(OSHA)*[55] Because the personnel are located remote from the hazardous materials event site and are receiving live victims, their HAZMAT exposure may be less than that of HAZMAT first responders at the incident site.

First Responder: See "responder, first."

Flood: A general and temporary condition of partial or complete inundation of normally dry land areas from overflow of inland or tidal waters, unusual or rapid accumulation or runoff of surface waters, or mudslides/mudflows caused by accumulation of water. *(Adapted from FEMA State and Local Guide 101: Guide for All-Hazard Emergency Operations Planning, September 1996)*

Flash Flood: A flood that crests in a short period of time and is often characterized by high velocity flow—often the result of heavy rainfall in a localized area. *(NOAA)*[56]

Floodplain: Low lands adjoining the channel of a river, stream, or watercourse, or ocean, lake or other body of water, which have been or may be inundated by floodwater, and those other areas subject to flooding. (*FEMA Higher Education Project*)

Floodplain Management: Floodplain management means the operation of an overall program of corrective and preventive measures for reducing flood damage, including but not limited to emergency preparedness plans, flood control works and floodplain management regulations. (*CFR 2004*)

FOG: See Field Operations Guide

[55] OSHA. Best Practices for Hospital Based First Receivers (2004), Appendix B: Acronyms and Definitions, page B-2, available at: http://www.osha.gov/dts/osta/bestpractices/firstreceivers_hospital.html, accessed February 28, 2006.
[56] National Oceanic and Atmospheric Administration Coastal Services Center Glossary, available at: http://www.csc.noaa.gov/vata/glossary.html , accessed March 1, 2006.

Forecast: Statement or statistical estimate of the occurrence of a future event. This term is used with different meanings in different disciplines, as well as "prediction". (*U.N. 1992, 4*)

Four Phases: The time and function-based divisions within Comprehensive Emergency Management: Mitigation, Preparedness, Response and Recovery.

Function:

- One of the five major activities in the Incident Command System: Command, Operations, Planning, Logistics, and Finance/Administration. A sixth function, Intelligence/Investigations, may be established, if required, to meet incident management needs. The term function is also used when describing the activity involved (e.g., the planning function). (*NIMS 12/08*)
- In systems engineering, the term "function" describes a group of activities that together support one aspect of furthering the mission of the enterprise. Functions can be grouped into functional areas that refer to major areas of activity.[57]
- Service, process, capability, or operation performed by an asset, system, network, or organization. *(DHS Risk Lexicon 9/08)*

Functional Area: A major grouping of the similar tasks or activities that agencies perform in carrying out incident management activities. These are usually all or part of one of five ICS sections (command, operations, logistics, plans, finance/administration).

Functional Decomposition: the breakdown of the activities of an enterprise into progressively increasing detail. Functions decompose into sub-functions, and then into processes, which are low-level activities that have a definable beginning, end, and output.[58]

Fusion Center: Facility that brings together into one central location law enforcement, intelligence, emergency management, public health, and other agencies, as well as private-sector and nongovernmental organizations when appropriate, and that has the capabilities to evaluate and act appropriately on all available information. *(NRF 1/08*)

Gale: Wind with a speed between 34 and 40 knots. (*U.N. 1992*)

General Staff: A group of incident management personnel organized according to function and reporting to the Incident Commander. The General Staff normally consists of the Operations Section Chief, Planning Section Chief, Logistics Section Chief, and Finance/Administration Section Chief. An Intelligence/Investigations Chief may be established, if required, to meet incident management needs. (*NIMS 12/08*)

Geographic Information System (GIS): A computerized database for the capture, storage, analysis and display of locationally defined information. Commonly, a GIS portrays a portion of the earth's surface in the form of a map on which this information is overlaid. (*EM Australia 1995*)

[57] Martin J. *Information Engineering, Planning and Analysis*. Prentice Hall, Englewood Cliff, NJ (1990).
[58] Martin J. *Information Engineering, Planning and Analysis*. Prentice Hall, Englewood Cliff, NJ (1990).

Global Patient Movements Requirements Center (GPMRC): A component of the United States Transportation Command (USTRANSCOM) that has the responsibility for the management of DoD, VA and NDMS beds, regulating of military and NDMS domestic casualties to those beds, and arranging for the transportation of the casualties to the facilities in which the beds are located. (*VHA Emergency Management Guidebook 2005*)

Goal *(emergency management application)*: A description of the end state – where the organization wants to be at the end of the activity, program, or other entity for which the goal was defined. The goals taken together can be equated to the organizational mission. Goals can be set for any component of a program (e.g. goals for overall EM program, or goals for a specific preparedness activity).

Governor's Authorized Representative: An individual empowered by a Governor to: (1) execute all necessary documents for disaster assistance on behalf of the State, including certification of applications for public assistance; (2) represent the Governor of the impacted State in the Unified Coordination Group, when required; (3) coordinate and supervise the State disaster assistance program to include serving as its grant administrator; and (4) identify, in coordination with the State Coordinating Officer, the State's critical information needs for incorporation into a list of Essential Elements of Information. *(NRF 1/08)*

Group (ICS definition): An organizational subdivision established to divide the incident management structure into functional areas of operation. Groups are composed of resources assembled to perform a special function not necessarily within a single geographic division. See "Division." (*NIMS 12/08*)

Hazard:

- A potential or actual force, physical condition, or agent with the ability to cause human injury, illness and/or death, and significant damage to property, the environment, critical infrastructure, agriculture and business operations, and other types of harm or loss.
- Something that is potentially dangerous or harmful, often the root cause of an unwanted outcome. (*NIMS 12/08*)
- Natural or man-made source or cause of harm or difficulty. *(DHS Risk Lexicon 9/08)*

Hazard Analysis: Involves identifying all of the hazards that potentially threaten a jurisdiction [and/or the organization that is performing the hazard analysis] and analyzing them in the context of the jurisdiction to determine the degree of threat that is posed by each. (*FEMA 1997*)

Hazard Identification: The process of recognizing that a hazard exists and defining its characteristics (*Standards 1995*).

Hazard Identification and Risk Assessment (HIRA): A process to identify hazards and associated risk to persons, property, and structures and to improve protection from natural and human-caused hazards. HIRA serves as a foundation for planning, resource management, capability development, public education, and training and exercises. *(NRF 1/08)* This term is a homeland security industry application. In professional emergency management, the common term for this important activity is Hazard Vulnerability Analysis.

Hazard Mitigation:

- Any action taken to reduce or eliminate the long-term risk to human life and property from hazards. The term is sometimes used in a stricter sense to mean cost-effective measures to reduce the potential for damage to a facility or facilities from a disaster event. *(FEMA State and Local Guide 101: Guide for All-Hazard Emergency Operations Planning, September 1996)*
- Measures taken in advance of a disaster aimed at decreasing or eliminating its impact on society and environment (*U.N. 1992, 41*).

Hazard Probability: The estimated likelihood that a hazard will occur in a particular area.

Hazard Risk: A quantitative product of the probability of a hazard occurring and the projected consequence of the impact.

Hazard Types:

- ***Natural Hazard***: Any hazard produced primarily by forces of nature that result in human or property impact of sufficient severity to be deemed an emergency (see definition of an emergency). Natural hazards include hurricane, tornado, storm, flood, high water, wind-driven water, tidal wave, earthquake, drought, fire, infectious disease epidemic, or others.
  - Source of harm or difficulty created by a meteorological, environmental, or geological phenomenon or combination of phenomena. *(DHS Risk Lexicon 9/08)*

- ***Technological Hazard***: A hazard created primarily by manmade technology or unplanned and non-malicious actions, which result in human or property impact of sufficient severity to be deemed an emergency. Technological hazards include industrial, nuclear or transportation accidents, unintentional natural gas and other explosions, conflagration, building collapse from primary structural failure (insufficient supports during construction or renovation, corrosion or other predictable materials deterioration, overload of structural elements, etc.), power failure, financial and resource shortage, oil and other hazardous materials spills and other injury-threatening environmental contamination. Note interface between technological, natural and intentional origins: a structural collapse secondary to an earthquake is a natural hazard emergency; one secondary to a deliberate methane explosion is an intentional hazard emergency; one secondary to construction error is a technological hazard emergency.

- ***Intentional Hazard***:
  - A hazard produced primarily by threatened or executed intentional actions, threatening or resulting in human or property impact of sufficient severity to be deemed an emergency. Intentional hazards cover a very wide range of forces (chemical, biological, radiations, incendiary and explosive, cyber, disruption of services or products, and others). The intent may be sabotage, criminal actions, conflict and civil disobedience or disturbance, or acts of terrorism.
  - Source of harm, duress, or difficulty created by a deliberate action or a planned course of action. *(DHS Risk Lexicon 9/08)*

Hazard Vulnerability Analysis (HVA): A systematic approach to identifying all hazards that may affect an organization and/or its community, assessing the risk (probability of hazard occurrence and the consequence for the organization) associated with each hazard and analyzing the findings to create a prioritized comparison of hazard vulnerabilities. The consequence, or "vulnerability," is related to both the impact on organizational function and the likely service demands created by the hazard impact.

Hazard, Accidental: source of harm or difficulty created by negligence, error, or unintended failure. *(DHS Risk Lexicon 9/08)*

Hazard, Conflict: A subset of intentional hazards, including war, acts of terrorism, civil unrest, riots, and revolutions. Intentional Hazards from criminal intent would not be included in this term.

Hazardous Material (HAZMAT):

- Any material which is explosive, flammable, poisonous, corrosive, reactive, or radioactive (or any combination), and requires special care in handling because of the hazards posed to public health, safety, and/or the environment. (*Firescope 1994)*.
- Any substance or material that when released in sufficient quantities, poses a risk to people's health, safety, and/or property. These substances and materials include explosives, radioactive materials, flammable liquids or solids, combustible liquids or solids, poisons, oxidizers, toxins, and corrosive materials. *(Adapted from FEMA State and Local Guide 101: Guide for All-Hazard Emergency Operations Planning, September 1996)*

HAZMAT: The common acronym for "hazardous materials."

HAZMAT Team: Term used to describe a team of highly skilled professionals who specialize in dealing with hazardous material incidents.

Health, Public: See "Public Health."

Healthcare Coalition: A group of healthcare organizations in a specified geographic area that agree to work together to enhance their response to emergencies or disasters. The coalition has both a preparedness element and a response organization that possess appropriate structures, processes, and procedures. During response, the goals of the coalition are to facilitate situational awareness, resource support, and coordination of incident response strategies among the participating organizations. The benefits of a healthcare coalition include a more efficient interface with responsible jurisdictional authorities. See "Tier 2 (MSCC)." *(MSCC 2007)*

Healthcare Facility: Any asset where point-of-service medical care is regularly provided or provided during an incident. It includes hospitals, integrated healthcare systems, private physician offices, outpatient clinics, long-term care facilities and other medical care configurations. During an incident response, alternative medical care facilities and sites where definitive medical care is provided by EMS and other field personnel would be included in this definition.

Health Insurance Portability and Accountability Act (HIPAA): Public Law 104-191 (August 21, 1996) addresses many aspects of healthcare practice and medical records. This federal act most notably addresses the privacy of personal health information, and directs the development of specific parameters as to how personal health information may be shared.

Healthcare system: A system that may include one or several healthcare facilities that provides patient evaluation and medical interventions (for illness and injury) and/or preventive medicine/health services (see healthcare facility, see "system").

Heat Wave: Marked warming of the air, or the invasion of very warm air, over a large area; it usually lasts from a few days to a few weeks. (*WMO 1992, 294*)

High-Hazard Areas: Geographic locations that for planning purposes have been determined through historical experience and vulnerability analysis to be likely to experience the effects of a specific hazard (e.g., hurricane, earthquake, hazardous materials accident, etc.) resulting in vast property damage and loss of life. *(FEMA State and Local Guide 101: Guide for All-Hazard Emergency Operations Planning, September 1996)*

Homeland Security: "…a concerted national effort to prevent terrorist attacks *within* the United States, reduce America's vulnerability to terrorism, and minimize the damage and recover from attacks that do occur." (*Office of Homeland Security*[59] - No superseding definition has been published by the Federal government.)

Homeland Security Exercise and Evaluation Program (HSEEP):

- Doctrine and policy provided by the US Department of Homeland Security for exercise design, development, conduct and evaluation. The terminology and descriptions related to exercise in this document is a homeland security industry application of emergency management concepts and principles.
- A capabilities and performance-based exercise program that provides a standardized methodology and terminology for exercise design, development, conduct, evaluation, and improvement planning. *NRF 1/08)*

Homeland Security Information Network (HSIN): The primary reporting method (common national network) for the Department of Homeland Security to reach departments, agencies, and operations centers at the Federal, State, local, and private-sector levels. HSIN is a collection of systems and communities of interest designed to facilitate information sharing, collaboration, and warnings. *(NRF 1/08)*

Homeland Security Presidential Directive-5 (HSPD-5): A Presidential directive issued February 28, 2003 on the subject of "Management of Domestic Incidents." The purpose is to

[59] National Strategy for Homeland Security, Office of Homeland Security (July 2002); Accessed January 25, 2006 at: http://www.dhs.gov/interweb/assetlibrary/nat_strat_hls.pdf.

"enhance the ability of the United States to manage domestic incidents by establishing a single, comprehensive national incident management system."[60]

Homeland Security Presidential Directive-8 (HSPD-8): A Presidential directive issued December 17, 2003 on the subject of "National Preparedness." The purpose is to establish "policies to strengthen the preparedness of the United States to prevent and respond to threatened or actual domestic terrorist attacks, major disasters, and other emergencies by requiring a national domestic all-hazards preparedness goal, establishing mechanisms for improved delivery of Federal preparedness assistance to State and local governments, and outlining actions to strengthen preparedness capabilities of Federal, State, and local entities." *(White House web site)*[61]

Horizontal Evacuation: Partial evacuation of personnel and/or patients from one area of the health care facility to another – typically on the same floor, using fire doors as barriers from the hazard impact.

Hotwash: A systems performance review that is generally less formal and detailed than the After-Action Report (AAR) meeting, and occurs in close proximity to the end of the incident or exercise. Preparation for a hot wash is commonly less extensive than for an AAR meeting, and the primary participants are the exercise players (see "Debriefing, Exercise"). The results of the hot wash may serve as a starting point for a later, more formal AAR meeting. It should never be considered the endpoint to an after-action report process for an incident or exercise, or replace formal AAR meetings.

Humanitarian Assistance: Actions conducted to relieve or reduce the impact of natural or manmade disasters or endemic conditions such as human pain, disease, hunger, or privation that might present a serious threat to life or that can result in great damage to or loss of property. It is a term that is more commonly used in international arena, often in situations with failed or illegitimate governance and associated with extreme poverty.

Hurricane: A tropical cyclone, formed in the atmosphere over warm ocean areas, in which wind speeds reach 74 miles per hour or more and blow in a large spiral around a relatively calm center or "eye". Circulation is counter-clockwise in the Northern Hemisphere and clockwise in the Southern Hemisphere. *(FEMA State and Local Guide 101: Guide for All-Hazard Emergency Operations Planning, September 1996)*

Ice Storm: Intense formation of ice on objects by the freezing, on impact, of rain or drizzle. (*WMO 1992, 314*)

Implementation: Act of putting a procedure or course of action into effect to support goals or achieve objectives. *(DHS Risk Lexicon 9/08)* Implementation is one of the stages of the risk

[60] Available at: http://www.whitehouse.gov/news/releases/2003/12/20031217-6.html, accessed February 16, 2006.
[61] Available at: http://www.whitehouse.gov/news/releases/2003/12/20031217-6.html, accessed February 16, 2006.

management cycle and involves the act of executing a risk management strategy. *(DHS Risk Lexicon 9/08)*

Improvement Plan (IP): An element of the After Action Report Process, the IP lists the corrective actions that will be taken, the responsible party or agency, and the expected completion date. The IP is included at the end of the AAR. *(Adapted from HSEEP)* See "After Action Report/Improvement Plan." *(HSEEP)*

Incident: Multiple definitions:

- Any unexpected situation that prompts an organization to activate its emergency operations plan and commence emergency response operations.
- An unexpected occurrence that requires immediate response actions through an ICS organization (See "Incident, Emergency"). (FEMA *ICS 300, Unit 4*)
- Activity resulting from an actual or impending hazard impact, that requires action by emergency personnel to prevent or minimize loss of life or damage to property and/or natural resources. For organizations other than public safety agencies, this action is generally beyond the normal everyday actions of the organization. The emergency action is managed using the Incident Command System through the organization's Emergency Operations Plan.
- An occurrence, natural or manmade, that requires a response to protect life or property. Incidents can, for example, include major disasters, emergencies, terrorist attacks, terrorist threats, civil unrest, wildland and urban fires, floods, hazardous materials spills, nuclear accidents, aircraft accidents, earthquakes, hurricanes, tornadoes, tropical storms, tsunamis, war-related disasters, public health and medical emergencies, and other occurrences requiring an emergency response. (*NIMS 12/08*) In contrast to an "event" as defined in NIMS, an "incident" is an unplanned occurrence.
- **"**Under the ICS concept, an incident is an occurrence, either human-caused or by natural phenomena, that requires action by emergency service personnel to prevent or minimize loss of life or damage to property and/or natural resources." [62]
- Occurrence, caused by either human action or natural phenomena, that may cause harm and that may require action. *(DHS Risk Lexicon 9/08)*

Incident Action Plan (IAP):

- An oral or written plan containing general objectives reflecting the overall strategy for managing an incident. It may include the identification of operational resources and assignments. It may also include attachments that provide direction and important information for management of the incident during one or more operational periods. (*NIMS 12/08*) See also "Action Plan."
- The document in ICS that guides the response for that operational period. It contains the overall incident objectives and strategy, the operational period objectives and strategy, resource assignments, general tactical actions and supporting information to enable successful completion of objectives. The IAP may be oral or written. When written, the IAP may have a number of supportive plans and information as attachments (e.g., traffic plan, safety plan, communications plan, and maps). There is only one "incident action plan" at an

[62] FEMA Disaster Dictionary 2001, 62-63, citing National Wildfire Coordinating Group, Incident Command System, National Training Curriculum, ICS Glossary (PMS 202, NFES #2432), October 1994.

incident; all other "action plans" are subsets of the IAP and their titles should be qualified accordingly (for example, the "Hospital X action plan" or the "urban search and rescue operations plan").

Incident Action Planning: See "Planning, Incident Action."

Incident Annex: See "Annex, Incident."

Incident Base: The location at which primary Logistics functions for an incident are coordinated and administered. There is only one Base per incident. (Incident name or other designator will be added to the term Base.) The Incident Command Post may be co-located with the Incident Base. *(NIMS 12/08)*

Incident Command: The Incident Command System organizational element responsible for overall management of the incident and consisting of the Incident Commander (either single or unified command structure) and any assigned supporting staff. *(NIMS 12/08)*

Incident Command Post:

- The field location where the primary functions are performed. The ICP may be co-located with the Incident Base or other incident facilities. *(NIMS 12/08)*
- A facility established close to the incident scene (or elsewhere for a diffuse incident or one with multiple scenes), which serves as a base location for managing "field operations" – all activities within the defined scope of the "incident." Located within the ICP are designated representatives of the major response agencies for that incident, filling designated positions in the Incident Management Team. The ICP location is designated by the Incident Commander. If the ICP and EOC are co-located in the same building, their personnel and procedures should remain physically separated and functionally distinct.

Incident Command System (***ICS***):

- A standardized on-scene emergency management construct specifically designed to provide an integrated organizational structure that reflects the complexity and demands of single or multiple incidents, without being hindered by jurisdictional boundaries. ICS is the combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure, designed to aid in the management of resources during incidents. It is used for all kinds of emergencies and is applicable to small as well as large and complex incidents. ICS is used by various jurisdictions and functional agencies, both public and private, to organize field-level incident management operations. (*NIMS 12/08*)
- A standardized on-scene emergency management concept specifically designed to allow its users to adopt an integrated organizational structure equal to the complexity and demands of single or multiple incidents, without being hindered by jurisdictional boundaries. (*NWCG 1994*)

Incident Commander (***IC***): The individual responsible for all incident activities, including the development of strategies and tactics and the ordering and release of resources. The IC has overall authority and responsibility for conducting incident operations and is responsible for the management of all incident operations at the incident site. (*NIMS 12/08*)

Incident, Emergency: An unexpected hazard occurrence, for an organization and/or a political jurisdiction, in which emergency response actions are needed to adequately address the hazard threat or impact. Emergency response actions are generally managed through activation, partial to full, of an Emergency Operations Plan.

Incident Management: The broad spectrum of activities and organizations providing effective and efficient operations, coordination, and support applied at all levels of government, utilizing both governmental and nongovernmental resources to plan for, respond to, and recover from an incident, regardless of cause, size, or complexity. *(NIMS 12/08)*

Incident Management System (IMS):

- See "Incident Command System." This term is preferred over "Incident Command System" (ICS) by many disciplines involved in emergency response.
- In disaster/emergency management applications, the combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure with responsibility for the management of assigned resources to effectively accomplish stated objectives pertaining to an incident. (*NFPA 1600, 2004)*

Incident Management Assistance Team (IMAT): An interagency national- or regional-based team composed of subject-matter experts and incident management professionals from multiple Federal departments and agencies. *(NRF 1/08)* This is a U.S. Department of Homeland Security application.

Incident Management Team (IMT):

- An Incident Commander and the appropriate Command and General Staff personnel assigned to an incident. The level of training and experience of the IMT members, coupled with the identified formal response requirements and responsibilities of the IMT, are factors in determining "type," or level, of IMT. (*NIMS 12/08*)
- The management unit that directly manages the incident response, and defines the scope of the "incident." The IMT provides guidance to responders by establishing Incident-specific goals, strategy and objectives, and oversees the development of incident tactics and tactical strategy by the incident operations chief.

Incident Objectives: Statements of guidance and direction needed to select appropriate strategy(s) and the tactical direction of resources. Incident objectives are based on realistic expectations of what can be accomplished when all allocated resources have been effectively deployed. Incident objectives must be achievable and measurable, yet flexible enough to allow strategic and tactical alternatives. (*NIMS 12/08*)

Incident Operations: The "stage" of emergency response and recovery that addresses the incident objectives or that supports the incident management team addressing the incident objectives. "Incident operations" encompass all actions after "activation" except for actions that address mobilization and demobilization, until the recovery phase commences (See "Incident Stages").

Incident Recognition: The first stage of response. It is the time interval and process in which an organization determines if it should activate its Emergency Operations Plan (EOP) and manage actions through EOP mechanisms. The incident recognition process identifies an "anomaly" (independently or through communication from others), develops a rapid situational assessment of the anomaly, and determines whether an "incident response" by the organization may be indicated. "Incident response" is then conducted through processes and guidance presented in the organization's EOP. (See "Incident Response").

Incident Response: The term used to indicate the management and operational actions conducted to address an impending hazard threat and/or actual hazard impact. It connotes a condition that is larger or more complex than the usual organizational actions, and that is usually accomplished by activating the organization's Emergency Operations Plan. Incident response requires a management system (usually the Incident Command System under NIMS) that is commonly different than everyday management and everyday response, even in an everyday "emergency" organization such as fire or police.

Incident Review (IR): A brief review of the incident conducted with the relevant section leaders and other response personnel (as appropriate). This is conducted as soon as possible after the incident, with a primary goal of presenting incident details along a timeline, potentially resolving misunderstandings and providing relevant parties with a more complete picture of "what happened and why." This "IR" is distinct from any After-Action Report meetings intended to capture valuable information for EOP improvement.

Incident Stages: A breakdown of the of the emergency response phase in Comprehensive Emergency Management that groups actions according to their primary intent, allowing a cogent presentation of tasks and procedures when delineating a Concept of Operations.

Indian Tribes: The United States recognizes Indian tribes as domestic dependent nations under its protection and recognizes the right of Indian tribes to self-government. As such, tribes are responsible for coordinating tribal resources to address actual or potential incidents. When their resources are exhausted, tribal leaders seek assistance from States or even the Federal Government. *(NRF 1/08)*

Indicator: An evaluation metric that is more a narrowly described requirement than a standard or benchmark. It is commonly used in summative evaluation in an attempt to present objective criteria that can be associated with overall, more subjective quality in the evaluated entity. The indicator may therefore focus upon criteria that are only an indirect assessment of the quality of a program or service. Because of its narrow and indirect nature, an indicator that becomes used as a formative guide may be applied out of context and therefore become disassociated from indicating any actual level of performance during response and recovery. This "corruptibility of indicators" must be acknowledged and carefully addressed when developing and applying indicators.

Industry application: Refers to variations in terminology or concepts from foundational management principles and definitions when the principles and terminology are applied and accepted by a particular occupation or profession. These variations may be appropriate for

the discipline that has developed them, but should not be considered "controlling" for other disciplines. In Emergency Management, many variations on foundational principles and term definitions have been promulgated in recent years.

Information (or Cyber) Security: Actions taken for the purpose of reducing information system risk, specifically, reducing the probability that a threat will succeed in exploiting critical Automated Information System infrastructure vulnerabilities using electronic, radio frequency (RF) or computer-based means.

Information Management:

- The processes that collect, analyze, format and transmit data and information during an incident.
- The collection, organization, and control over the structure, processing, and delivery of information from one or more sources and distribution to one or more audiences who have a stake in that information. *(NIMS 12/08)*

Information Security Office: Individual within the organization, designated by the Medical Center Director, who has responsibility for the security of medical center information systems. (*VHA Emergency Management Guidebook 2005*)

Infrastructure: The framework of interdependent networks and systems comprising identifiable industries, institutions (including people and procedures), and distribution capabilities that provide a reliable flow of products and services essential to the defense and economic security of the United States, the smooth functioning of government at all levels, and society as a whole. Consistent with the definition in the Homeland Security Act, infrastructure includes physical, cyber, and/or human elements. *(NIPP 2009)*

Infrastructure Liaison: Individual assigned by the Department of Homeland Security Office of Infrastructure Protection who advises the Unified Coordination Group on regionally or nationally significant infrastructure and key resources issues. *(NRF 1/08)*

Initial Action: The actions taken by those responders first to arrive at an incident site. (*NIMS*)

Initial Response: Resources initially committed to an incident.

Integrated Planning System: A system designed to provide common processes for developing and integrating plans for the Federal Government to establish a comprehensive approach to national planning in accordance with the Homeland Security Management System as outlined in the National Strategy for Homeland Security. *(NIMS 12/08)*

Intelligence/Investigations: An organizational subset within ICS. Intelligence gathered within the Intelligence/Investigations function is information that either leads to the detection, prevention, apprehension, and prosecution of criminal activities—or the individual(s) involved—including terrorist incidents or information that leads to determination of the cause of a given incident (regardless of the source) such as public health events or fires with

unknown origins. This is different from the normal operational and situational intelligence gathered and reported by the Planning Section. *(NIMS 12/08)*

Intelligence Officer: The intelligence officer is responsible for managing internal information, intelligence, and operational security requirements supporting incident management activities. These may include information security and operational security activities, as well as the complex task of ensuring that sensitive information of all types (e.g., classified information, law enforcement sensitive information, proprietary information, or export-controlled information) is handled in a way that not only safeguards the information, but also ensures that it gets to those who need access to it to perform their missions effectively and safely. (*NIMS 3/04*)

Interdependency: Mutually reliant relationship between entities (objects, individuals, or groups). The degree of interdependency does not need to be equal in both directions. *(NIPP 2009)*

Interoperability: Ability of systems, personnel, and equipment to provide and receive functionality, data, information and/or services to and from other systems, personnel, and equipment, between both public and private agencies, departments, and other organizations, in a manner enabling them to operate effectively together. Allows emergency management/response personnel and their affiliated organizations to communicate within and across agencies and jurisdictions via voice, data, or video-on-demand, in real time, when needed, and when authorized. *(NIMS 12/08)*

Installation Support Center (ISC): A VAMC that has support responsibility, under the VA/DoD Contingency Plan, for a local military installation in a military contingency or national emergency. (*VHA Emergency Management Guidebook 2005*)

Instruction: Those activities designed to impart knowledge, skills, and in some instances abilities to personnel within an organization. These activities typically consist of education, training, and instructional drills.

Integrated Emergency Management System (IEMS): The Integrated Emergency Management System (IEMS) was developed by FEMA to help states implement CEM. IEMS is:

- A philosophy of inclusiveness – the groups that will respond to disasters are brought into the planning process.
- A process of program development steps tied to the four phases of CEM: mitigation, preparedness, response and recovery.
- Plans focused on functions generic to all disasters, not on specific hazards, agencies or people.
- A formal emergency management strategy promulgated by FEMA in the early 1980s. Its goal was to “develop and maintain a credible emergency management capability

nationwide by integrating activities along functional lines at all levels of the government and, to the fullest extent possible, across all hazards."[63]

Integrated Risk Management: Incorporation and coordination of strategy, capability, and governance to enable risk-informed decision making. *(DHS Risk Lexicon 9/08)*

Intelligence/Investigations: Different from operational and situational intelligence gathered and reported by the Planning Section. Intelligence/investigations gathered within the Intelligence/Investigations function is information that either leads to the detection, prevention, apprehension, and prosecution of criminal activities (or the individual(s) involved), including terrorist incidents, or information that leads to determination of the cause of a given incident (regardless of the source) such as public health events or fires with unknown origins. *(NRF 1/08)*

Intensity: "…refers to the damage-generating attributes of a hazard. For example, water depth and velocity are commonly used measures of the intensity of a flood. For hurricanes, intensity typically is characterized with the Saffir/Simpson scale, which is based on wind velocity and storm surge depths…The absolute size of an earthquake is given by its Richter magnitude (and other similar magnitude scales), but its effects in specific locations are described by the Modified Mercalli Intensity (MMI) Scale…Earthquake intensity is also ascertained by physical measures such as peak ground acceleration (expressed as a decimal fraction of the force of gravity, e.g., 0.4 g), peak velocity, or spectral response, which characterizes the frequency of the energy content of the seismic wave." ***(****Deyle, French, Olshansky, and Paterson 1998, 124.*)

Intent: Determination to achieve an objective. *(DHS Risk Lexicon 9/08)*

Intentional Hazard: See "Hazard Types."

Interoperability: The ability of emergency management/response personnel to interact and work well together. In the context of technology, interoperability also refers to having an emergency communications system that is the same or is linked to the same system that a jurisdiction uses for nonemergency procedures, and that effectively interfaces with national standards as they are developed. The system should allow the sharing of data with other jurisdictions and levels of government during planning and deployment. *(NRF 1/08)*

Isolation: The separation and confinement of individuals known or suspected (via signs, symptoms, or laboratory criteria) to be infected with a contagious disease to prevent them from transmitting disease to others. Isolation may be further qualified as respiratory, contact, bodily secretions, in contrast to "full" isolation.

Job Aid:

- Checklist or other visual aid intended to ensure that specific steps of completing a task or assignment are accomplished. *(NIMS 12/08)*

[63] FEMA. The Integrated Emergency Management System: Process Overview (1983), pp. CPG 1-100. Federal Emergency Management Agency, Washington D.C.

- Job aids are checklists or other materials that help users perform a task. Examples of job aids include telephone rosters, report templates, software or machine operating instructions, and task lists. *(CPG 101 3/09)*

Joint Field Office (JFO): The primary Federal incident management field structure. The JFO is a temporary Federal facility that provides a central location for the coordination of Federal, State, tribal, and local governments and private-sector and nongovernmental organizations with primary responsibility for response and recovery. The JFO structure is organized, staffed, and managed in a manner consistent with National Incident Management System principles. Although the JFO uses an Incident Command System structure, the JFO does not manage on-scene operations. Instead, the JFO focuses on providing support to on-scene efforts and conducting broader support operations that may extend beyond the incident site. *(NIMS 12/08)*

Joint Information Center (JIC): A facility established to coordinate all incident-related public information activities. It is the central point of contact for all news media. Public information officials from all participating agencies should co-locate at the JIC. (*NIMS 12/08*)

Joint Information System (JIS): A structure that integrates incident information and public affairs into a cohesive organization designed to provide consistent, coordinated, accurate, accessible, timely, and complete information during crisis or incident operations. The mission of the JIS is to provide a structure and system for developing and delivering coordinated interagency messages; developing, recommending, and executing public information plans and strategies on behalf of the Incident Commander (IC); advising the IC concerning public affairs issues that could affect a response effort; and controlling rumors and inaccurate information that could undermine public confidence in the emergency response effort. (*NIMS 12/08*)

Joint Operations Center (JOC): An interagency command post established by the Federal Bureau of Investigation to manage terrorist threats or incidents and investigative and intelligence activities. The JOC coordinates the necessary local, State, and Federal assets required to support the investigation, and to prepare for, respond to, and resolve the threat or incident. *(NRF 1/08)*

Joint Task Force (JTF): Based on the complexity and type of incident, and the anticipated level of Department of Defense (DOD) resource involvement, DOD may elect to designate a JTF to command Federal (Title 10) military activities in support of the incident objectives. If a JTF is established, consistent with operational requirements, its command and control element will be co-located with the senior on-scene leadership at the Joint Field Office (JFO) to ensure coordination and unity of effort. The co-location of the JTF command and control element does not replace the requirement for a Defense Coordinating Officer (DCO)/Defense Coordinating Element as part of the JFO Unified Coordination Staff. The DCO remains the DOD single point of contact in the JFO for requesting assistance from DOD. *(NRF 1/08)*

Jurisdiction: multiple definitions are used. Each is context dependent:

- A range or sphere of authority. Public agencies have jurisdiction at an incident related to their legal responsibilities and authority. Jurisdictional authority at an incident can be political or geographical (e.g., Federal, State, tribal, local boundary lines) or functional (e.g., law enforcement, public health). (*NIMS 12/08*)
- A political subdivision (federal, state, county, parish, and/or municipality) with the responsibility for ensuring public safety, health and welfare within its legal authorities and geographic boundaries.

Jurisdictional Agency: See "Agency, Jurisdictional."

Key Resource: Any publicly or privately controlled resource essential to the minimal operations of the economy and government. *(NIMS 12/08)* See "Critical Infrastructure."

Learning Objective: A precise statement describing what the student is to be capable of demonstrating, under the specified conditions, upon successful complete of the instruction. In competency-based instruction, learning objectives should clearly and concisely describe the relevant competencies a student should be capable of performing after successful completion of the instructional experience.

Learning Organization: An organization that conducts continuous evaluation of its experience and transforms that experience into lasting improvements in performance. This is accomplished through change to objectives, structure, process, personnel qualifications (including competencies, which describe knowledge/skills/abilities), facilities, equipment, supplies and other parameters. This "learning process" is accessible to the whole organization and relevant to its core mission and objectives.

Letter of Expectation: See" Delegation of Authority."

Liaison *(Verb)*: A form of communication for establishing and maintaining mutual understanding and cooperation. (*NIMS 12/08*)

Liaison *(Noun)*: In ICS, it is a position(s) assigned to establish and maintain direct coordination and information exchange with agencies and organizations outside of the specific incident's ICS/IMS structure. (*NIMS 3/04*)

Liaison Officer: A member of the Command Staff responsible for coordinating with representatives from cooperating and assisting agencies or organizations. (*NIMS 12/08*)

Licensure: Licensure is conferred on individuals by governmental bodies. It is usually a state-level function, with an individual requiring a license to legally practice a licensed occupation in that state. Licensure is generally intended to ensure a minimal degree of competency (knowledge, skills and abilities) to adequately protect the public health, safety and welfare. Licenses commonly have both eligibility requirements and ongoing requirements such as continuing education, renewal of licenses, and statements of unimpaired abilities.

Life-safety: In emergency response, this indicates safety issues that are important in preventing injury or death for exposed responders or victims during an incident.

Lightning: Luminous manifestation accompanying a sudden electrical discharge which takes place from or inside a cloud or, less often, from high structures on the ground or from mountains. (*WMO 1992, 358*)

Likelihood: Estimate of the potential of an incident or event's occurrence. *(DHS Risk Lexicon 9/08)* Qualitative and semi-quantitative risk assessments can use qualitative estimates of likelihood such as high, medium, or low, which may be represented numerically but not mathematically. Quantitative assessments use mathematically derived values to represent likelihood. *(DHS Risk Lexicon 9/08)*

Local Government: Public entities responsible for the security and welfare of a designated area as established by law. A county, municipality, city, town, township, local public authority, school district, special district, intrastate district, council of governments (regardless of whether the council of governments is incorporated as a nonprofit corporation under State law), regional or interstate government entity, or agency or instrumentality of a local government; an Indian tribe or authorized tribal entity, or in Alaska a Native Village or Alaska Regional Native Corporation; a rural community, unincorporated town or village, or other public entity. See Section 2 (10), Homeland Security Act of 2002, Pub. L. 107-296, 116 Stat. 2135 (2002). *(NIMS 12/08)*

Logistics: The process and procedure for providing resources and other services to support incident management. (*NIMS 12/08*)

Logistics Section *(IMT)*:
- The Incident Command System Section responsible for providing facilities, services, and material support for the incident. *(NRF 1/08, NIMS 12/08*)

Logistics Section *(MACS)*:
- The Joint Field Office (JFO) section that coordinates logistics support to include control of and accountability for Federal supplies and equipment; resource ordering; delivery of equipment, supplies, and services to the JFO and other field locations; facility location, setup, space management, building services, and general facility operations; transportation coordination and fleet management services; information and technology systems services; administrative services such as mail management and reproduction; and customer assistance. *(NRF 1/08)*
- In Multiagency Coordination Centers (including the EOC), the section responsible for coordinates logistics support to include control of and accountability for MACC supplies and equipment; resource ordering for the MACC (resource ordering in support of the IMT is done by the Operations Section); delivery of equipment, supplies, and services (including food services) to the MACC; MACC facility location, setup, space management, building services, and general facility operations; transportation coordination and fleet management services for MACC activities; information and technology systems services; and administrative services such as mail management and document reproduction. Logistical support

assistance directly to the IMT is provided by the MACC Operations Section. *(Adapted from NRF 1/08)*

Major Disaster: As defined under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5122), a major disaster is any natural catastrophe (including any hurricane, tornado, storm, high water, wind-driven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm, or drought), or, regardless of cause, any fire, flood, or explosion, in any part of the United States, which in the determination of the President causes damage of sufficient severity and magnitude to warrant major disaster assistance under this Act to supplement the efforts and available resources of States, tribes, local governments, and disaster relief organizations in alleviating the damage, loss, hardship, or suffering caused thereby. (*NIMS 3/04*)

Managed degradation: See "engineered failure."

Management *(general)*: Management consists of decision-making activities undertaken by one or more individuals to direct and coordinate the activities of other people in order to achieve results that could not be accomplished by individuals acting alone. Effective management focuses on group effort, various forms of coordination, and the manner of making decisions. Management is required whenever two or more persons combine their efforts and resources to accomplish a goal that cannot be accomplished by acting alone. Coordination is necessary when the actions of group participants constitute parts of a total task. If one person acts alone to accomplish a task, no coordination may be required; but when that person delegates a part of the task to others, the individual efforts must be coordinated. [64]

Management *(ICS definition)*: The ICS function related to directing and coordinating resources while establishing overall response objectives. Typically objectives are defined in a manner so that they are measurable and achievable within a defined period of time.

Management *(ICS definition)*: Decision making and decision-implementation that directs and coordinates activities to achieve a common goal. In ICS, this is accomplished by the Command function by establishing objectives, assigning resources to the objectives and delineating the parameters within which the resources are to achieve the objectives. See "management by objective" and "incident objectives" for NIMS definitions (the term "management" is not explicitly defined in NIMS).

Management by Objective:

- A management approach that involves a five-step process for achieving the incident goal. The Management by Objectives approach includes the following: establishing overarching incident objectives; developing strategies based on overarching incident objectives; developing and issuing assignments, plans, procedures, and protocols; establishing specific, measurable tactics or tasks for various incident-management functional activities and directing efforts to attain them, in support of defined strategies; and documenting results to measure performance and facilitate corrective action. (*NIMS 12/08*)

[64] Adapted from Glossary, NOAA Coastal Services Center, accessed February 19, 2007 at http://www.csc.noaa.gov/vata/glossary.html

- The proactive management strategy in ICS that the Incident Management Team (IMT) uses to direct and coordinate resources across the incident by:
    1. Setting overall incident objectives for the incident (see "Incident Objectives") and objectives for each specific operational period (see "Operational Period Objectives").
    2. Developing strategies that will accomplish the incident and, more immediately, the operational period objectives.
    3. Assigning resources according to the defined strategies to either achieve those objectives (within the Operations Section) or to provide support (through the Logistics, Planning, or Finance/Administration Sections), and developing and issuing the incident plans, procedures and protocols to establish parameters within which assigned resources operate
    4. Delineate and directing the specific, measurable tactics or tasks for the assigned resources and for their supervisory personnel within the IMT.
    5. Documenting and measuring progress towards achieving the incident and operational period objectives, then reassessing and revising the operational period objectives and revising assignments, plans, procedures and protocols as indicated (i.e., corrective actions) to achieve the incident objectives.

    This Management by Objective strategy is accomplished through the Incident Action Planning process. See "Planning, Incident Action."

Management Meeting: In the incident action planning process described by some versions of ICS, this meeting establishes or revises the incident objectives and the operational periods and their objectives. It may also set or revise the specific Incident Management Team response structure and staffing of Command and general Staff positions for the incident. NIMS/ICS 2007 now specifically separates this meeting from the Planning Meeting, consistent with earlier versions of ICS. See "Planning Meeting"

Management Meeting, Transitional: The initial meeting (preferably in person) in which the IC/IM is determined (if not already clear) and/or unified command is established. Staff that participated in the initial reactive activities briefs the selected IC/IM on incident parameters as they are known. Initial organizational decisions are made and initial response objectives are established.

Manager (ICS definition): Individual within an Incident Command System organizational unit who is assigned specific managerial responsibilities (e.g., Staging Area Manager or Camp Manager). *(NIMS 12/08)*

Mass Care: The actions that are taken to protect evacuees and other disaster victims from the effects of the disaster. Activities include providing temporary shelter, food, medical care, clothing, and other essential life support needs to those people that have been displaced from their homes because of a disaster or threatened disaster. *(Adapted from FEMA State and Local Guide 101: Guide for All-Hazard Emergency Operations Planning, September 1996)*

Mass Casualty Incident (MCI): A casualty-creating hazard impact in which the available organizational and medical resources (both "first" and "second response"), or their

management systems, are severely challenged or become insufficient to adequately meet the medical needs of the affected population. Insufficient management, resources, or support can result in increased morbidity and mortality among the impacted population. "Mass casualty" equates to a "disaster," whereas "multiple casualty incident" equates to an "emergency."

Mass Effect Incident: A hazard occurrence that primarily affects the ability of the organization to continue its usual operations (in contrast to a mass casualty incident). For healthcare systems, the usual medical care capability and capacity can be compromised.

Master Sequence of Events List (MSEL):

- The list of scenario injects that drive play and the scenario progression through time and incident evolution.
- A chronological timeline of expected actions and scripted events to be injected into exercise play by controllers to generate or prompt player activity. It ensures necessary events happen so that all objectives are met. Larger, more complex exercises may also employ a Procedural Flow (ProFlow), which differs from the MSEL in that it only contains expected player actions or events. The MSEL links simulation to action, enhances exercise experience for players, and reflects an incident or activity meant to prompt players to action. Each MSEL record contains a designated scenario time, an event synopsis, the name of the controller responsible for delivering the inject; and, if applicable, special delivery instructions, the task and objective to be demonstrated, the expected action, the intended player, and a note-taking section. *(HSEEP)*

Measures, Input: Input evaluation measures the quality as well as the quantity of resources applied to the system (i.e., "inputs"). An input is effort, funding, personnel and materiel resources.

Measures, Outcome: An outcome is the actual final result of the system performance under the circumstances in which the system is being used. The outcomes may be goods and/or services but are commonly some defined endpoint or result. Outcome metrics in an emergency management program are defined by the overall system's goals and objectives, and the outcome measures can be assessed against these objective and measurable endpoints.

Measures, Output: An output is the product of an intermediate step that is measurable. Output evaluation often compares measurements against the objectives for a system component or intermediate processes and procedures (rather than the overall system itself), or against criteria established by outside organizations where it is in the interest of the organization to comply.

Measures, Performance: The specific data sets, objective observations, or other findings captured during the performance-based evaluation process. Performance measures may address the adequacy of resources applied to the program (inputs), the type, level, and quality of program activities conducted (process), the direct products and services delivered

by the program (outputs), or the results of those products and services (outcomes).[65] See "metrics, performance."

Measures, Process: A process is a defined activity, related to planning and/or implementation, carried out to achieve the objectives of the program. It is therefore also referred to as an "implementation" measure. Process evaluation focuses on these activities as critical components of the system and/or program.

Measures of Effectiveness*:* Defined criteria for determining whether satisfactory progress is being accomplished toward achieving:

- Program objectives when evaluating the effectiveness of elements of the Emergency Management Program across the four phases.
- Incident objectives during emergency response and recovery.

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Medical: The science and practice of maintenance of health and prevention, diagnosis, treatment, and alleviation of disease or injury and the provision of those services to individuals. *(HSPD-21)*

Medical Surge: See "Surge, Medical."

Meeting (ICS application): An activity during incident response that addresses planning issues including situational awareness and/or decision-making.

Meeting, Management: See "Management Meeting."

Meeting, Planning (ICS definition): See "Planning Meeting."

Metrics, Performance: Specific evaluation criteria that objectively describes the desired performance state, and against which the "performance measures" may be compared (see "measures, performance"). They should be clearly stated, measurable, and realistically attainable under reasonable circumstances.

Military Support to Civil Authorities (MSCA): Those activities and measures taken by Department of Defense components to foster mutual assistance and support between DoD and any civil government agency in planning or preparedness for, or in the application of resources for response to, the consequences of civil emergencies or attacks, including national security emergencies. MSCA is described in DoD Directive 3025.1. The Secretary of the Army is designated as the DoD executive agent for MSCA. (*Title 32 CFR 185*)

Mission: In emergency management, an organization's primary goal and expected control objectives.

Mission Consequence: See "Consequence, Mission." *(DHS Risk Lexicon 9/08)*

[65] Adapted from: General Accountability Office, Performance Measurement and Evaluation (May 2005), GAO-05-739SP, accessed January 11, 2010 at: http://www.gao.gov/new.items/d05739sp.pdf

Mission critical systems: The combination of personnel, facilities, equipment, supplies and operating systems that is vital to for an organization to accomplish its mission.

Mitigation:

- The phase of Comprehensive Emergency Management that encompasses all activities outside of the response phase that reduce or eliminate the probability of a hazard occurrence, or reduce or eliminate the impact from the hazard if it should occur. In comprehensive emergency management, mitigation activities are generally undertaken during the time period prior to an imminent or actual hazard impact. Once an imminent or actual hazard impact is recognized, subsequent actions are considered response actions and are not called "mitigation" – this avoids the confusion that occurs with the HAZMAT discipline's use of mitigation, which applies to response actions that reduce the impact of a hazardous materials spill.
- Activities taken to eliminate or reduce the probability of the event, or reduce its severity or consequences, either prior to or following a disaster/emergency. *(NFPA 1600, 2004)*
- Activities providing a critical foundation in the effort to reduce the loss of life and property from natural and/or manmade disasters by avoiding or lessening the impact of a disaster and providing value to the public by creating safer communities. Mitigation seeks to fix the cycle of disaster damage, reconstruction, and repeated damage. These activities or actions, in most cases, will have a long-term sustained effect. (*NIMS 12/08*)

Mobile Emergency Response Support (MERS): Response capability whose primary function is to provide mobile telecommunications capabilities and life, logistics, operational and power generation support required for the on-site management of disaster response activities. MERS support falls into three broad categories: (1) operational support elements; (2) communications equipment and operators; and (3) logistics support. *(NRF 1/08)*

Mobilization:

- Activities and procedures carried out that ready an asset to perform incident operations according to the Emergency Operations Plan. During the response phase of Comprehensive Emergency Management, it is the *stage that transitions functional elements from a state of inactivity or normal operations to their designated response status.* This activity may occur well into the response phase, as additional assets are brought on line or as surge processes are instituted to meet demands.
- The process and procedures used by all organizations—Federal, State, tribal, and local—for activating, assembling, and transporting all resources that have been requested to respond to or support an incident. *(NIMS 12/08)*

Mobilization Guide: Reference document used by organizations outlining agreements, processes, and procedures used by all participating agencies/organizations for activating, assembling, and transporting resources. *(NIMS 12/08)*

Model: Approximation, representation, or idealization of selected aspects of the structure, behavior, operation, or other characteristics of a real-world process, concept, or system. See "Simulation." *(DHS Risk Lexicon 9/08)*

Moulage: Cosmetic makeup and other effects to simulate appropriate injury and illness in victim "actors" during exercises and training.

Multiagency Coordination Entity: A multiagency coordination entity functions within a broader multiagency coordination system. It may establish the priorities among incidents and associated resource allocations, deconflict agency policies, and provide strategic guidance and direction to support incident management activities. (*NIMS 3/04*) See "Multiagency Coordination Group."

Multiagency Coordinating Group (MAC Group):

- A group of administrators or executives, or their appointed representatives, who are typically authorized to commit agency resources and funds. A MAC Group can provide coordinated decisionmaking and resource allocation among cooperating agencies, and may establish the priorities among incidents, harmonize agency policies, and provide strategic guidance and direction to support incident management activities. MAC Groups may also be known as multiagency committees, emergency management committees, or as otherwise defined by the Multiagency Coordination System. *(NIMS 12/08)*
- Typically formed by senior level executives, administrators or their designees representing the various organizations participating in the MAC System and that commit resources and funds. Based upon their decision-making authority for their respective organizations, these representatives can collectively de-conflict priorities amongst the representative agencies and make policy level decisions relevant to the response that affects multiple organizations. Formerly called "MAC Entity" in NIMS 2004.

Multiagency Coordination Systems (MACS): A system that provides the architecture to support coordination for incident prioritization, critical resource allocation, communications systems integration, and information coordination. MACS assist agencies and organizations responding to an incident. The elements of a MACS include facilities, equipment, personnel, procedures, and communications. Two of the most commonly used elements are Emergency Operations Centers and MAC Groups. (*NIMS 12/08*)

Multijurisdictional Incident: An incident requiring action from multiple agencies that each have jurisdiction to manage certain aspects of an incident. In the Incident Command System, these incidents will be managed under a Unified Command. (*NIMS 12/08*)

Multiple Casualty Incident: A hazard impact with casualties in which the available organizational and medical resources, or their management systems, are severely challenged. A stepped up capacity and capability beyond the normal "first response," usually involving the use of ICS for expanded management, is required to adequately meet the medical needs of the affected population. "Multiple casualty incident" equate to an "emergency," whereas "Mass casualty" equates to a human casualties "disaster."

Mutual Aid: Voluntary aid and assistance through the provision of services and resources between like organizations, including but not limited to: fire, police, medical and health, communications, transportation, and utilities. Mutual aid is intended to provide adequate resources, facilities, and other support to jurisdictions whenever their own resources prove to

be inadequate to cope with a given situation. *(adapted from SEMS)*[66] Some authorities differentiate "mutual aid" from "cooperative assistance," where the assisting resources are compensated for their response costs. Other authorities designate this as "compensated mutual aid."

Mutual Aid Agreement:

- Written or oral agreement between and among agencies/organizations and/or jurisdictions that provides a mechanism to quickly obtain emergency assistance in the form of personnel, equipment, materials, and other associated services. The primary objective is to facilitate rapid, short-term deployment of emergency support prior to, during, and/or after an incident. (*NIMS 12/08*)
- A pre-arranged agreement developed between two or more entities to render assistance to the parties of the agreement. *(NFPA 1600, 2004)*

Mutual Assistance Agreement: See "Mutual Aid Agreement."

National: Of a nationwide character, including the Federal, State, tribal, and local aspects of governance and policy. *(NIMS 12/08)*

National Disaster Medical System (NDMS):

- A cooperative, asset-sharing partnership between the Department of Health and Human Services, the Department of Veterans Affairs, the Department of Homeland Security, and the Department of Defense. NDMS provides resources for meeting the continuity of care and mental health services requirements of the Emergency Support Function 8 in the Federal Response Plan. (*NIMS 3/04*)
- A federally coordinated initiative to augment the nation's emergency medical response capability by providing medical assets to be used during major disasters or emergencies. NDMS has three major components: Disaster Medical Assistance Teams and Clearing-Staging Units to provide triage, patient stabilization, and austere medical services at a disaster site; an evacuation capability for movement of patients from a disaster area to locations where definitive medical care can be provided; and a voluntary hospital network to provide definitive medical care. NDMS is administered by the Department of Health and Human Services/U.S. Public Health Service, in cooperation with the Department of Defense, the Department of Veterans Affairs, FEMA, State and local governments, and the private sector. (*Facts on the NDMS*)

National Essential Functions: A subset of government functions that are necessary to lead and sustain the Nation during a catastrophic emergency and that, therefore, must be supported through continuity of operations and continuity of government capabilities. *(NIMS 12/08)*

National Incident Management System (NIMS):

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[66] Standardized Emergency Management System (SEMS) Guidelines, Part I, System Description (Draft 12/23/94), p. 7, available at: http://www.oes.ca.gov/Operational/OESHome.nsf/a0f8bd0ee918bc3588256bd400532608/b49435352108954488256c2a0071e038?OpenDocument, accessed April 24, 2006. The draft document became a part of California regulation, and so has remained marked as "draft" even though it has full regulatory effect.

- A system mandated by HSPD-5 that provides a consistent nationwide approach for Federal, State, local, and tribal governments; the private-sector, and nongovernmental organizations to work effectively and efficiently together to prepare for, respond to, and recover from domestic incidents, regardless of cause, size, or complexity. To provide for interoperability and compatibility among Federal, State, local, and tribal capabilities, the NIMS includes a core set of concepts, principles, and terminology. HSPD-5 identifies these as the ICS; multiagency coordination systems; training; identification and management of resources (including systems for classifying types of resources); qualification and certification; and the collection, tracking, and reporting of incident information and incident resources. National Response (*NIMS 3/04*)
- A set of principles that provides a systematic, proactive approach guiding government agencies at all levels, nongovernmental organizations, and the private sector to work seamlessly to prevent, protect against, respond to, recover from, and mitigate the effects of incidents, regardless of cause, size, location, or complexity, in order to reduce the loss of life or property and harm to the environment. *(NIMS 12/08)*

National Response Framework: A guide to how the Nation conducts all-hazards response. *(NIMS 12/08)*

National Response Plan (NRP): The National Response Plan establishes a comprehensive all-hazards approach to enhance the ability of the United States to manage domestic incidents. The plan incorporates best practices and procedures from incident management disciplines—homeland security, emergency management, law enforcement, firefighting, public works, public health, responder and recovery worker health and safety, emergency medical services, and the private sector—and integrates them into a unified structure. It forms the basis of how the federal government coordinates with state, local, and tribal governments and the private sector during incidents.[67] This Plan was superseded by the National Response Framework.

National Voluntary Organizations Active in Disasters (NVOAD): An umbrella organization of established and experienced voluntary organizations that serve disaster-affected communities. (*FEMA 1995*)

Natural Hazard: See "Hazard Types."

Needs assessment: A specific form of evaluation, distinct from performance evaluation, which focuses upon "needs" rather than upon system performance. It is performed with commonly used evaluation methodology: surveys, interviews, meeting reports and others. These may take place both for programmatic as well as response and recovery purposes. Needs assessments are commonly performed during the conceptualization phase of program development or radical revision ("identifying the specific needs that a program should address") or during response and recovery, when it is unclear what the incident needs may be. For example, the "modified cluster sampling" done after Hurricane Andrew to assess

[67] U.S. Department of Homeland Security. National Response Plan, (web introduction), available at: http://www.dhs.gov/dhspublic/interapp/editorial/editorial_0566.xml, accessed January 25, 2006.

Floridians' needs was a complex, formal response needs assessment.[68] Conversely, a "suggestion box" is a very simple example of a programmatic needs assessment.

Network: Group of components that share information or interact with each other in order to perform a function. *(DHS Risk Lexicon 9/08)*

Nongovernmental Organization (NGO): An entity with an association that is based on interests of its members, individuals, or institutions. It is not created by a government, but it may work cooperatively with government. Such organizations serve a public purpose, not a private benefit. Examples of NGOs include faith-based charity organizations and the American Red Cross. NGOs, including voluntary and faith-based groups, provide relief services to sustain life, reduce physical and emotional distress, and promote the recovery of disaster victims. Often these groups provide specialized services that help individuals with disabilities. NGOs and voluntary organizations play a major role in assisting emergency managers before, during, and after an emergency. (*NIMS 12/08*)

Normalize: In the context of the NIPP, the process of trans-forming risk-related data into comparable units. *(NIPP 2009)*

Notification: Information distributed to relevant personnel that contains important information regarding an actual or potential hazard impact and the response status of the organization. Four generally used categories of notification in emergency management are: **update, alert, advisory, and activation**. The National Weather Service uses **watch** and **warning**.

Objective: The interim steps to achieving a goal. See "Incident Objectives."

Objectives, Control: These are broad organizational objectives (goals or desired end states related to the organizations mission) that change little during the response. "The control objectives are not limited to any single operational period but will consider the total incident situation" *(NIMS 3/04, Appendix A: The Incident Command System)*. Note that these are referred to as "Incident Objectives" in NIMS 12/08.

Objectives, Exercise: Established for every exercise. Well-defined objectives provide a framework for scenario development, guide individual organizations' objective development, and inform exercise evaluation criteria. Jurisdictions should frame exercise objectives with the aim of attaining capabilities established as priorities at the Federal, State, and local level, as captured in the jurisdiction's Multi-Year Training and Exercise Plan and schedule. Objectives should reflect specific capabilities that the exercising jurisdiction establishes as priorities, and the tasks associated with those capabilities. Objectives should be simple, measurable, achievable, realistic, and task-oriented (SMART). Planners should limit the number of exercise objectives to enable timely execution and to facilitate design of a realistic scenario. *(HSEEP)*

[68] Hlady WG, Quenemoen LE, Armenia-Cope RR, Hurt KJ, Malilay J, Noji EK, Wurm G. Use of a modified cluster sampling method to perform rapid needs assessment after Hurricane Andrew. Annals of Emergency Medicine (April 1994); 23(4):pp. 719-25.

Objectives, Incident:

- Statements of guidance and direction needed to select appropriate strategy(s) and the tactical direction of resources. Incident objectives are based on realistic expectations of what can be accomplished when all allocated resources have been effectively deployed. Incident objectives must be achievable and measurable, yet flexible enough to allow strategic and tactical alternatives. (*NIMS 12/08*) NIMS 12/08 also states that "The incident objectives are not limited to any single operational period but will consider the total incident situation." *(NIMS 12/08 Appendix B, page 125)*
- The broadly described desired end states for the organization's emergency response role(s) that are not limited to any single operational period and change little during the response. They may be stratified for priority attention and resources. For example, protection of responders is typically considered a higher priority than protection of property.

Objective, Learning: A precise statement that describes what the student is to be capable of demonstrating, under the specified conditions, after successfully completing the instructional activity. In competency-based instruction, learning objectives should clearly and concisely describe the relevant competencies a student should be capable of performing after successful completion of the instructional experience.

Objective, Operational Period: A statement that describes a specific, measurable progress or achievement for the organization to accomplish during a specific time interval (which may be one or several operational periods) with the available resources, and that contributes towards achieving the incident objectives. The Operational Period Objectives, once delineated, guide the development of appropriate strategies and tactics and assignment of resources to achieve the stated objective.

Occupant Emergency Plan: The General Services Administration term for an annex to the EOP that describes the initial evacuation, shelter in place, and other reactive measures during the life-safety stages of an emergency that directly affects the facility. Also referred to by VHA as **Emergency Safety Procedures for Building Occupant**. Planning outputs may be called **Occupant Emergency Procedures** (see "Occupant Emergency Procedures").

Occupant Emergency Procedures: Pre-planned steps to be followed to protect facility occupants when hazard impact presents an immediate life-safety threat. Organizational activities typically focus on evacuation or sheltering in place and accounting for personnel. They should include both initial reactive steps as well as more pro-active processes.

Occupational Health:

- A professional discipline that focuses on the promotion and maintenance of physical and mental health in the work environment.
- The science of designing, implementing and evaluating comprehensive health and safety programs that maintain and enhance employee health, improve safety and increase productivity in the workplace.[69]

[69] Definition from: Federal Occupational Health, U.S. Department of Health and Human Services, available at: http://www.foh.dhhs.gov/Public/WhatWeDo/OHDefinition.asp, accessed May 16, 2006.

Occupational Safety and Health Agency (OSHA): A federal agency charted with the responsibility to ensure workplace safety.

Officer (ICS definition): The Incident Command System title for a person responsible for one of the Command Staff positions of Safety, Liaison, and Public Information. *(NIMS 12/08)*

Operating Status Checklist and Reports (OSCAR): As used in this guidebook OSCAR refers to the Operating Status Checklist and Reports, which are internal VA Medical Center reports. (*HCFA uses this acronym for the Online Survey Certification and Retrieval System*).

Operating Unit: Discrete organizational entities that provide patient care, ancillary services, or administrative and other support. Together these entities are integrated into a health care delivery system whose objective is to meet the overall organizational mission. *(Adapted from the VHA Emergency Management Guidebook 2005)*

Operational Period:

- A designated time interval during incident operations where organizational strategies and tactics are guided by response objectives (operational period objectives) that are specific for that time period.
- A designated time period in which tactical objectives are to be accomplished and re-evaluated. *(ICS 300, Unit 4)*
- The time scheduled for executing a given set of operation actions, as specified in the Incident Action Plan. Operational periods can be of various lengths, although usually they last 12 to 24 hours. (*NIMS*)

Operations (ICS definition): The ICS function that develops and directly implements tactics to achieve the objectives established by Management. See "Operations Section."

Operations Level of Proficiency: See "Proficiency Levels."

Operations Section *(IMT)*:

- The Incident Command System (ICS) section responsible for all tactical incident operations and implementation of the Incident Action Plan. In ICS, the Operations Section normally includes subordinate Branches, Divisions, and/or Groups. (NRF 1/08, *NIMS 12/08*)
- The ICS functional area responsible for all resources and activities that directly address the incident objectives. It develops all tactical operations at the incident, and may include subordinate Branches, Divisions and/or Groups, Task Forces, Strike Teams, Single Resources, and Staging Areas.

Operations Section *(MACS)*:

- The Joint Field Office (JFO) section that coordinates operational support with on-scene incident management efforts. Branches, divisions, and groups may be added or deleted as required, depending on the nature of the incident. The Operations Section is also responsible for coordinating with other Federal facilities that may be established to support incident management activities. *(NRF 1/08)*

- In Multiagency Coordination Centers (including the EOC), the section responsible for coordinating operational support with on-scene incident management efforts. Branches, divisions, and groups may be added or deleted as required, depending on the nature of the incident. The Operations Section is also responsible for coordinating with other entities that may be established to support incident management activities. *(Adapted from NRF 1/08)*

Organization:
- Any association or group of persons with like objectives. Examples include, but are not limited to, governmental departments and agencies, nongovernmental organizations, and the private sector. *(NIMS 12/08)*
- Two or more people with established structure and processes to accomplish an overall, common goal or set of objectives.

Organization, Preparedness: See "Preparedness Organization."

Organization, Response: See "Response Organization."

Organizational Learning: A systems-based process for assessing proposed changes to the system, and incorporating accepted proposals to effect lasting change in system performance. This is accomplished through alteration to system structure, process, competencies, facilities, equipment, supplies and other parameters. This process is accessible to the whole organization, and relevant to the organization's core mission and objectives.

Outsourcing: The act of contracting out functions and activities.

Owner/Operator: Those entities responsible for day-to-day operation and investment in a particular asset or system. *(NIPP 2009)*

Performance Measure: See "measures, performance."

Performance Metrics: See "metrics, performance."

Perimeter Management: The task that fully addresses planning and plan implementation for securing the borders of the incident scene and/or operational site. This includes defining the appropriate borders, erecting fencing or other materials to prevent unauthorized ingress, staffing perimeter control points, implementing credentialing and accountability, and other measures that control access without impeding incident operations.

Personal Responsibility: The obligation to be accountable for one's actions. *(NIMS 12/08)*

Personnel Accountability: The ability to account for the location and welfare of incident personnel. It is accomplished when supervisors ensure that Incident Command System principles and processes are functional and that personnel are working within established incident management guidelines. *(NIMS 12/08)*

Personnel, Emergency Management/Response: See "Emergency Management/Response Personnel."

Personnel Accountability: The ability to account for the location and welfare of incident personnel. It is accomplished when supervisors ensure that ICS principles and processes are functional and that personnel are working within established incident management guidelines. (*NIMS*)

Physical Security: As applied to cyber terrorism this term encompasses those actions taken for the purpose of restricting and limiting unauthorized access, specifically, reducing the probability that a threat will succeed in exploiting critical information management systems' software and hardware. (*VHA Emergency Management Guidebook 2005*)

Plain Language: Communication that can be understood by the intended audience and meets the purpose of the communicator. For the purpose of the National Incident Management System, plain language is designed to eliminate or limit the use of codes and acronyms, as appropriate, during incident response involving more than a single agency. *(NIMS 12/08)*

Plan: A proposed or intended method of getting from one set of circumstances to another. A plan provides guidelines and/or directives on moving from the present situation towards the achievement of one or more objectives or goals.

Plan, Emergency Management: An emergency management plan using 'management by objective' explains an organizational structure and defines how the participants in the organization operate to achieve the end goal and interim objectives. A 'plan' may be guidance that is triggered by a defined set of circumstances (such as an Emergency Operations Plan) or may be guidance for actions over a defined time interval (such as an annual Preparedness Work Plan). This contrasts with an Emergency Management Program.

Plan, Emergency Operations: See Emergency Operations Plan.

Plan, Improvement: See "Improvement Plan."

Planned Event: See "Event**."**

Plans: The term "Plans" in emergency management generally refers to documents that describe a predetermined set of actions related to an element of the Emergency Management Program; and has multiple connotations:

- ***Component plans***: Planning document that describe predetermined actions for elements of the overall emergency management program (EMP). In comprehensive emergency management, these are the Mitigation Plan, Preparedness Plan, Emergency Operations Plan (i.e., Response Plan), and Recovery Plan. They may include narrower scope plans such as a training plan or exercise plan.
- ***Contingency plans***: See "Contingency Plan."
- ***Incident plans****:* plans developed during incident response (often customized from pre-plans) that guide the response actions and achieve "management by objective,*"* with the

aggregate of these referred to as the "Incident Action Plan." See "Incident Action Planning."

- ***Plans section**:* See "Planning Section" (below).
- ***Pre-plans***: Guidelines that describe processes and procedures to be followed, plus other response considerations, for specific hazards, incident types and/or specific geographic locations (stadiums, government facilities, special security events, etc.). These build upon the guidance in the EOP base plan and functional annexes, and are included in the hazard-specific annexes of the EOP. Most of the guidance and accompanying considerations in the pre-plan can be accomplished within the usual EOP construct. Many organizations refers to these detailed pre-plans for complex events as "Standard Operating Procedures" ("SOPs") based upon FEMA Comprehensive Planning Guidance 101 (formerly FEMA State and Local Guidance 101, September 1996).
- ***Preparedness plans***: plans that address the preparedness of organizations for emergency response and recovery; these include a training plan, exercise plan, and others. Developing, documenting and revising/refining response and recovery plans and all their components.
- ***Response plans***: The guidance that an entity (organization, jurisdiction, State, etc.) maintains that describes intended response to any emergency situation. It provides action guidance for management and emergency response personnel during the response phase of Comprehensive Emergency Management. A fully developed response plan is commonly referred to as an Emergency Operations Plan (See Emergency Operations Plan).
- ***Sub-plans***: Function-specific guidance and tools for use during emergency response and recovery. For example, the mobilization of the decontamination area may be a sub-plan to the Patient Decontamination Plan, which is a function-specific plan that guides hospital personnel in receiving and managing contaminated casualties.
- ***Supporting Plans***: Supplemental sections of the incident action plan that provide additional information related to action planning. These generally are documents that address the response-generated demands during an incident. Standard supporting plans include the Safety Plan, Medical Plan, Communications Plan, and Transportation Plan.

Planning, Capabilities-based: See "Capabilities-based planning."

Planning, Incident Action: Activities that support the incident management process, including developing the incident action plan and support plans and accomplishing incident information processing. This is in contrast to preparedness planning, which is designed to ready a system for response. Incident action planning is accomplished using a series of ICS forms to process planning information and through a sequential series of planning actions and meetings (management and/or objectives meetings, tactics or pre-planning meetings, planning meeting, and an operations briefing). See "Incident Action Plan."

Planning, Incident Response: Another term for Incident Action Planning. See "Planning, Incident Action."

Planning Meeting: A meeting [in the Incident Action Planning Cycle] held as needed before and throughout the duration of an incident to select specific strategies and tactics for incident control operations and for service and support planning. For larger incidents, the Planning

Meeting is a major element in the development of the Incident Action Plan. *(NIMS 12/08)* In the incident management process, the planning meeting establishes strategy and priorities based upon the incident and operational period objectives developed in the management meeting. Remaining decisions for the incident action plan are achieved during this meeting. In some widely used ICS, it is preceded by a management meeting and possibly also by a "tactics" or a "pre-planning" meeting. See "Management Meeting."

Planning Section *(IMT)*:

- The Incident Management Team (IMT) section that supervises and coordinates support activities for incident action planning, for contingency, long-range and demobilization planning, for accessing expert information to support command and other section, and for coordinating information processing activities across the IMT.
- The Incident Command System (ICS) section responsible for the collection, evaluation, and dissemination of operational information related to the incident, and for the preparation and documentation of the Incident Action Plan. This Section also maintains information on the current and forecasted situation and on the status of resources assigned to the incident. *(NRF 1/08, NIMS 12/08*)

Planning Section *(MACS)*:

- The Multiagency Coordination Center (MACC/EOC) section that supervises and coordinates planning support activities for MACC emergency operations. Planning support includes MACC action, contingency, long-range and demobilization planning, MACC access to expert information, and coordination of information processing activities across the MACC. Any planning assistance directly to the IMT is provided by the MACC Operations Section.
- The Joint Field Office (JFO) section that collects, evaluates, disseminates, and uses information regarding the threat or incident and the status of Federal resources. The Planning Section prepares and documents Federal support actions and develops unified action, contingency, long-term, and other plans. *(NRF 1/08)*

Player: Personnel who are participating in the exercise in the roles they would take during an actual emergency.

Plume: Identifiable stream of air with a temperature or composition different from that of its environment. Examples are a smoke plume from a chimney and a buoyant plume rising by convection from heated ground. *(WMO 1992, 456*)

Portability: An approach that facilitates the interaction of systems that are normally distinct. Portability of radio technologies, protocols, and frequencies among emergency management/response personnel will allow for the successful and efficient integration, transport, and deployment of communications systems when necessary. Portability includes the standardized assignment of radio channels across jurisdictions, which allows responders to participate in an incident outside their jurisdiction and still use familiar equipment. *(NIMS 12/08)*

Position Description: Position description is a written summary of the critical features of an emergency response or recovery job, including the nature of the work performed and the

specific duties and responsibilities. It is intended to help assigned personnel understand their specific role and to clarify relationships between positions. The position description is augmented by position qualifications or competencies.

Position Qualifications: See "qualification."

Pre-plan: See "Plans."

Pre-Positioned Resource: See "Resource, Pre-Positioned."

Preliminary Damage Assessment: A mechanism used to determine the impact and magnitude of damage and the resulting unmet needs of individuals, businesses, the public sector, and the community as a whole. Information collected is used by the State as a basis for the Governor's request for a Presidential declaration, and by FEMA to document the recommendation made to the President in response to the Governor's request. *(FEMA State and Local Guide 101: Guide for All-Hazard Emergency Operations Planning, September 1996)*

Preparedness:

- The phase of Comprehensive Emergency Management that encompasses actions designed to build organizational resiliency and/or organizational capacity and capabilities for response to and recovery from disasters and emergencies.
- Activities, programs, and systems developed and implemented prior to a disaster/emergency that are used to support and enhance mitigation of, response to, and recovery from disasters/emergencies. *(NFPA 1600, 2004)*
- A continuous cycle of planning, organizing, training, equipping, exercising, evaluating, and taking corrective action in an effort to ensure effective coordination during incident response. Within the National Incident Management System, preparedness focuses on the following elements: planning; procedures and protocols; training and exercises; personnel qualification and certification; and equipment certification. (*NIMS 12/08*)

Preparedness Organization: An organization that provides coordination for emergency management and incident response activities before a potential incident. These organizations range from groups of individuals to small committees to large standing organizations that represent a wide variety of committees, planning groups, and other organizations (e.g., Citizen Corps, Local Emergency Planning Committees, Critical Infrastructure Sector Coordinating Councils). (*NIMS 12/08*) This entity contrasts with a "response organization" (see "Response Organization") or an ICS organization.

Prevention:

- Actions to avoid an incident or to intervene to stop an incident from occurring. Prevention involves actions to protect lives and property. It involves applying intelligence and other information to a range of activities that may include such countermeasures as deterrence operations; heightened inspections; improved surveillance and security operations; investigations to determine the full nature and source of the threat; public health and agricultural surveillance and testing processes; immunizations, isolation, or quarantine; and,

as appropriate, specific law enforcement operations aimed at deterring, preempting, interdicting, or disrupting illegal activity and apprehending potential perpetrators and bringing them to justice. *(NRF 1/08, NIMS 12/08*) The term "prevention" in DHS documents is a homeland security industry application that generally describes law enforcement, intelligence and counterterrorism activities, based upon HSPD-8, to proactively lesson the terrorism risk (see next bullet). This is homeland security, not emergency management , and should be distinguished from the "prevention" activities within the Mitigation phase of Comprehensive Emergency Management.

- The term 'prevention' refers to activities undertaken by the first responder community during the early stages of an incident to reduce the likelihood or consequences of threatened or actual terrorist attacks. (*HSPD-8, December 2003*)

Primary Mission Essential Functions: Government functions that must be performed in order to support or implement the performance of National Essential Functions before, during, and in the aftermath of an emergency. *(NIMS 12/08)*

Primary Receiving Center (PRC): VA Medical Center designated under the VA/DoD Contingency Plan for the direct receipt of military casualties in the event of a war or national emergency. (*VA*)

Principal Federal Official (PFO): May be appointed to serve as the Secretary of Homeland Security's primary representative to ensure consistency of Federal support as well as the overall effectiveness of the Federal incident management for catastrophic or unusually complex incidents that require extraordinary coordination. *(NRF 1/08)*

Principle: A fundamental concept that is a basis for developing doctrine, for guiding reasoning, and for shaping conduct.

Prioritization: In the context of the NIPP, prioritization is the process of using risk assessment results to identify where risk-reduction or -mitigation efforts are most needed and subsequently determine which protective actions should be instituted in order to have the greatest effect. *(NIPP 2009)*

Private Sector: Organizations and individuals that are not part of any governmental structure. The private sector includes for-profit and not-for-profit organizations, formal and informal structures, commerce, and industry. (*NIMS 12/08*) Non-governmental organizations (NGO) and private voluntary organizations (PVO) are private sector organizations commonly involved in healthcare emergency management.

Privileging, Healthcare: The process where appropriately credentialed personnel (see credentialing) are granted permission to provide specified services within the healthcare organization.

Privileging, Incident: The process where appropriately credentialed personnel are accepted into an incident (or by an incident resource such as a hospital) to participate as an assigned resource in the response. This process may include both confirmation of a responder's

credentials and a determination that an incident need exists that the responder is qualified to address. Privileging is associated with a separate process, badging (see "badging"), which indicates that a person has been privileged to access a specific incident or to access a specific location.

Probability:

- The likelihood of a specific outcome, measured by the ratio of specific outcomes to the total number of possible outcomes. Probability is expressed as a number between 0 and 1, with 0 indicating an impossible outcome and 1 indicating an outcome is certain. (*Standards 1995*)
- *(Mathematical):* A specific type of likelihood that is expressed as a number between 0 and 1, where 0 indicates that the occurrence is impossible and 1 indicates definite knowledge that the occurrence has happened or will happen, where the ratios between numbers reflect and maintain quantitative relationships *(DHS Risk Lexicon 9/08*)
- *(Colloquial)*: A synonym for likelihood *(DHS Risk Lexicon 9/08*)

Probabilistic Risk Assessment: Type of quantitative risk assessment that considers possible combinations of occurrences with associated consequences, each with an associated probability or probability distribution. *(DHS Risk Lexicon 9/08)*

Procedure: A series of specific activities, tasks, steps, decisions, calculations and other processes, that when undertaken in the prescribed sequence produces the described result, product or outcome. "Following" a procedure should produce repeatable results for the same input conditions. *In the context of emergency management, procedures are much more tightly defined and specific to a distinct organization than the "process" that the procedure or series of procedures accomplishes*.

Process:

- A process is a defined activity, related to planning and/or implementation, carried out to achieve the objectives of the program. A process commonly encompasses multiple procedures that are linked or coordinated to accomplish the process objectives (see procedure). See "Processes."
- Functions decompose into sub-functions, and then into processes, which are low-level activities that have a definable beginning, end, and output. Processes may be grouped together to form sub-functions, which in turn may be linked and form a function (see "Function").[70]

Processes: Systems of operations that incorporate standardized procedures, methodologies, and functions necessary to provide resources effectively and efficiently. These include resource typing, resource ordering and tracking, and coordination. (*NIMS*)

Proficiency: In emergency management, this term indicates the level of mastery of knowledge, skills and abilities (i.e., competencies) that are demonstrable on the job and lead to the organization achieving its objectives. **Levels of proficiency** may be used to describe the level of mastery that is the objective of training and education.

[70] Adapted from Martin J. *Information Engineering, Planning and Analysis*. Prentice Hall, Englewood Cliff, NJ (1990).

Proficiency Levels: Proficiency levels are related to competencies and delineate "The degree of understanding of the subject matter and its practical application through training and performance…."[71] The following proficiency levels were defined for the Emergency Management Competency Taxonomy in Emergency Management Principles and Practices for Healthcare Systems[72]:

- **Awareness Level**: Represents an understanding of the knowledge/skills/abilities encompassed by the competency, but not to a level of capability to adequately perform the competency actions within the organization's system.
- **Operations Level**: Represents the knowledge/skills/abilities to safely and effectively perform the assigned tasks and activities within the organization's system in the projected context (e.g., emergency response), including use of equipment as necessary.
- **Expert Level**: Represents operations-level proficiency plus the additional knowledge/skills/abilities to apply expert judgment to solve problems and make complex decisions.

See "Competency."

Program, Emergency Management: An ongoing collection of projects, activities and/or execution of individual plans, organized in an established framework that directs them toward a common goal. The term "program" implies that regular, ongoing activities are continuous. This contrasts with the term "emergency operations plan" (formerly called "emergency management plan" by the Joint Commission) which may be a set of guidelines that are dormant until "activated."

Program evaluation: A systematic assessment process that leads to judgments and decisions about plans, programs, or policies.[73] An activity that focuses on carefully collecting information about a program or some aspect of a program in order to make necessary decisions about the program.[74]

Protection: Actions or measures taken to cover or shield from exposure, injury, or destruction. In the context of the NIPP, protection includes actions to deter the threat, mitigate the vulnerabilities, or minimize the consequences associated with a terrorist attack or other incident. Protection can include a wide range of activities, such as hardening facilities, building resiliency and redundancy, incorporating hazard resistance into initial facility design, initiating active or passive countermeasures, installing security systems, promoting workforce surety, training and exercises, and implementing cybersecurity measures, among various others. *(NIPP 2009)*

Protocol: A set of established guidelines for actions (which may be designated by individuals, teams, functions, or capabilities) under various specified conditions. *(NIMS 12/08)*

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[71] FEMA. Urban Search & Rescue Incident Support Team Training: Student Manual. Module 1, Unit 4, p. 6: Planning Process Overview. n/a:40. April 16, 2004). Available at: http://www.fema.gov/pdf/usr/mod1_u4.pdf, accessed March 23, 2005.

[72] Barbera JA et al. Emergency Management Principles and Practices for Healthcare Systems (2009), available at: http://www1.va.gov/emshg/page.cfm?pg=122

[73] Adapted from Schalock, R. L. *Outcome-based Evaluation* (2001). New York, Kluwer Academic/Plenum Publishers, p. 6.

[74] McNamara C. *Basic Guide to Program Evaluation* (Feb 16, 1998); accessed April 4, 2010 at: http://www.managementhelp.org/evaluatn/fnl_eval.htm

Proxy: Something which acts on behalf of something else.

Proxy events: Actual experiences that, while not true emergencies or disasters, have characteristics that provide valid insight into the adequacy of response system components. They may therefore provide some predictive value for system performance in future incidents. For example, the ability to minimize traffic disruption from a motor vehicle crash, water main break or other event at a key metropolitan intersection may be considered a proxy event for a mass evacuation emergency, providing indicators for how traffic controllers may perform to avoid back-ups in that type of incident.

Public Assistance (PA): Supplementary Federal assistance provided pursuant to a Presidential Declaration of emergency or major disaster under the Stafford Act to State and local governments or certain private, not-for-profit organizations other than assistance for the direct benefit of individuals and families. (*FEMA/EMI 1996*)

Public Health (PH):

- The art and science that addresses the protection & improvement of community health by organized community effort, including preventive medicine and sanitary & social science, or, simply put: "what we, as a society, do collectively to assure the conditions in which people can be healthy" (*Institute of Medicine: The Future of Public Health – 1988*).
- The science and practice of protecting and improving the overall health of the community through disease prevention and early diagnosis, control of communicable diseases, health education, injury prevention, sanitation, and protection from environmental hazards. *(HSPD-21)*

Public Health and Medical Preparedness: Means the existence of plans, procedures, policies, training, and equipment necessary to maximize the ability to prevent, respond to, and recover from major events, including efforts that result in the capability to render an appropriate public health and medical response that will mitigate the effects of illness and injury, limit morbidity and mortality to the maximum extent possible, and sustain societal, economic, and political infrastructure. *(HSPD-21)*

Public Health Emergency: An occurrence or imminent threat of an illness or health condition that (1) is believed to be caused by any of the following:

- Bioterrorism
- Appearance of a novel or previously controlled or eradicated infectious agent or biological toxin
- Natural disaster
- Chemical attack or accidental release
- Nuclear attack or accident**; and**

(2) poses a high probability of any of the following harms occurring in a large number of the affected population:

- Death
- Serious or long-term disability

- Widespread exposure to infectious or toxic agent posing significant risk of substantial future harm

(*the center for Law and the Public's Health at Georgetown and Johns Hopkins Universities*)

Public Information: Processes, procedures, and systems for communicating timely, accurate, and accessible information on an incident's cause, size, and current situation; resources committed; and other matters of general interest to the public, responders, and additional stakeholders (both directly affected and indirectly affected). *(NIMS 12/08)*

Public Information Officer *(ICS definition):* A member of the Command Staff responsible for interfacing with the public and media and/or with other agencies with incident-related information requirements. (*NIMS 12/08*)

Public Sector: The parts of the economy that are not controlled by individuals, voluntary organizations or private companies. It is the organizations and entities that are part of any governmental structure.

Public Trust: The "community" confidence in its government and governmental agencies.

Publications Management: Subsystem that manages the development, publication control, publication supply, and distribution of National Incident Management System materials. (*NIMS 12/08*)

Qualification:

- A term indicating that an individual has met all the requirements of training plus the requirements for physical and medical fitness, psychological fitness, strength/agility, **experience** or other necessary requirements/standards for a position. "Qualification" therefore indicates that the individual possesses all the competencies required for the response position. In some job categories, qualification is demonstrated by obtaining a professional license.[75, 76, 77]
- A term that refers to competencies, certifications, experience, physical abilities and other requirements for an individual to successfully perform in a specific job position. Also called "position qualifications."

Qualification and Certification: This subsystem provides recommended qualification and certification standards for emergency responder and incident management personnel. It also allows the development of minimum standards for resources expected to have an interstate application. Standards typically include training, currency, experience, and physical and medical fitness. (*NIMS*)

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[75] National Society of Professional Engineers. Licensure and Qualification for Practice, available at: http://www.nspe.org/govrel/gr2-ps1737.asp, accessed January 11, 2006.

[76] American Society for Clinical Laboratory Science (ASCLS). Personnel Licensure, available at: http://www.ascls.org/jobs/grads/personnel_licensure.asp, accessed January 11, 2005.

[77] Federation of State Medical Boards. About State Medical Boards, available at: http://www.fsmb.org/smb_overview.html, accessed January 11, 2005.

Qualitative Risk Assessment Methodology: Set of methods, principles, or rules for assessing risk based on non-numerical categories or levels. *(DHS Risk Lexicon 9/08)*

Quantitative Risk Assessment Methodology: Set of methods, principles, or rules for assessing risks based on the use of numbers where the meanings and proportionality of values are maintained inside and outside the context of the assessment. *(DHS Risk Lexicon 9/08)*

Quarantine: The compulsory physical separation, including restriction of movement, of populations or groups of healthy people who have been exposed to a contagious disease. This may include efforts to segregate these persons within specified geographic areas.[78]

Quick-Ship Program: A recovery strategy where, through prior arrangements and contracting, resumption equipment and other resources are rapidly shipped to a recovery location in order to resume business functions. (*VHA Emergency Management Guidebook 2005*)

Radiation: Emission or transfer of energy in the form of electromagnetic waves or particles. (*WMO 1992, 492*)

Radiological Emergency: A radiological incident that poses an actual, potential, or perceived hazard to public health or safety or loss of property. (*FRERP, Appendix B*)

Readiness *(emergency management)*: The state of an organization or individual being adequately prepared to respond to all high priority hazard incidents identified in its Hazard Vulnerability Analysis.

Reception Area: This refers to a location separate from staging areas, where resources report in for processing and out-processing. Reception Areas provide accountability, security, situational awareness briefings, safety awareness, distribution of IAPs, supplies and equipment, feeding, and bed down. (*NIMS 3/04*)

Recovery:

- The phase of Comprehensive Emergency Management that encompasses activities and programs implemented during and after response that are designed to return the entity to its usual state or to a "new normal." For response organizations, this includes return-to-readiness activities.
- Activities and programs designed to return conditions to a level that is acceptable to the entity. *(NFPA 1600, 2004)*
- The development, coordination, and execution of service- and site-restoration plans; the reconstitution of government operations and services; individual, private-sector, nongovernmental, and public assistance programs to provide housing and to promote restoration; long-term care and treatment of affected persons; additional measures for social, political, environmental, and economic restoration; evaluation of the incident to identify

[78] Adapted from: Barbera JA, Macintyre AG, Gostin L, Inglesby T, O'Toole T, DeAtley C, Tonat K, Layton M. Large-scale quarantine following biological terrorism in the United States: scientific examination, logistic and legal limits, and possible consequences. JAMA 2001;286:2711-2717.

lessons learned; postincident reporting; and development of initiatives to mitigate the effects of future incidents. (*NIMS 12/08*)

Recovery Plan: A plan developed to restore an affected area or community. (*NIMS 12/08*)

Recovery, Long-Term: A process of recovery that may continue for a number of months or years, depending on the severity and extent of the damage sustained. For example, long-term recovery may include the complete redevelopment of damaged areas. *(NRF 1/08)*

Recovery, Short-Term: A process of recovery that is immediate and overlaps with response. It includes such actions as providing essential public health and safety services, restoring interrupted utility and other essential services, reestablishing transportation routes, and providing food and shelter for those displaced by a disaster. Although called "short term," some of these activities may last for weeks. *(NRF 1/08)*

Redundancy: Additional or alternative systems, sub-systems, assets, or processes that maintain a degree of overall functionality in case of loss or failure of another system, subsystem, asset, or process. *(DHS Risk Lexicon 9/08)*

Regional Resource Coordination Center (RRCC): coordinates regional response efforts, establishes Federal priorities, and implements local Federal program support until a JFO [Joint Field Office] is established *(NRP, page 16)*.

Rehabilitation ("rehab"): Response terminology for rest, rehydration, feeding and other activities so that responders may resume safe and effective operations.

Reimbursement: A mechanism to recoup funds expended for incident-specific activities. *(NIMS 12/08)*

Reliability: A term indicating that different evaluators would reach similar conclusions (i.e., reproducibility) on the basis of the evaluation methods used.[79]

Residual Risk: See "Risk, Residual."

Resilience:

- The capacity to recover successfully from loss and damage. The central features of resilience appear to be access to resources (particularly finance), access to information and services, the capacity to manage one's own affairs and the capacity to deal with the stress and emotions generated by the disaster.[80] (*Buckle 1995, 13*)
- Ability to resist, absorb, recover from or successfully adapt to adversity or a change in conditions. Ability of systems, infrastructures, government, business, and citizenry to resist,

[79] Adopted from: Measurement and Data Collection in Evaluation. Preparing for Terrorism: Tools for Evaluating the Metropolitan Medical Response System Program (2002). F. J. Manning and L. Goldfrank. Washington, D.C., National Academy Press: pp. 75 - 76.

[80] Buckle, Philip. A Framework for Assessing Vulnerability. The Australian Journal of Emergency Management (1995) 10, no. 1 (Autumn).

absorb, recover from, or adapt to an adverse occurrence that may cause harm, destruction, or loss of national significance. Capacity of an organization to recognize threats and hazards and make adjustments that will improve future protection efforts and risk reduction measures. *(DHS Risk Lexicon 9/08)*

Resiliency: The ability of an individual human or an organization to quickly recover from change or misfortune. It is commonly thought of as "buoyancy" and an ability to "bounce back." [81] The Department of Homeland Security Risk Lexicon document published in September 2008 provides a level of granularity to this definition by defining resilience as the "ability to resist, absorb, recover from or successfully adapt to adversity or a change in conditions."[82]

Resiliency, Healthcare System: The ability to maintain operational continuity, or the ability to maintain mission critical business operations and regular healthcare services despite the effects of a hazard impact.

Resource: See "Resources" for NIMS definition.

Resource, Allocated: See "Allocated Resource."

Resource, Assigned: Resource checked in and assigned work tasks on an incident. *(NIMS 12/08)*

Resource, Available: Resources assigned to an incident, checked in, and available for a mission assignment, normally located in a Staging Area. (*NIMS 12/08*)

Resource, Key: See "Key Resource."

Resource, Pre-Positioned: A resource moved to an area near the expected incident site in response to anticipated resource needs. *(NIMS 12/08)*

Resource, Single: An individual, a piece of equipment and its personnel complement, or a crew/team of individuals with an identified work supervisor that can be used on an incident.

Resource Management: A system for identifying available resources at all jurisdictional levels to enable timely, efficient, and unimpeded access to resources needed to prepare for, respond to, or recover from an incident. Resource management under the National Incident Management System includes mutual aid agreements and assistance agreements; the use of special Federal, State, tribal, and local teams; and resource mobilization protocols. (*NIMS 12/08*)

Resource management involves four primary tasks:

[81] Adapted from Conner, Daryl R. Managing at the Speed of Change: How Resilient Managers Succeed and Prosper Where Others Fail. New York: Villard Books, 1995.
[82] United States Department of Homeland Security. DHS Risk Lexicon. (2008). Washington, DC; accessed December 21, 2009 at: http://www.dhs.gov/xlibrary/assets/dhs_risk_lexicon.pdf

- establishing systems for describing, inventorying, requesting, and tracking resources;
- activating these systems prior to and during an incident;
- dispatching resources prior to and during an incident; and
- deactivating or recalling resources during or after incidents. (*NIMS 3/04*)

Resource Tracking: A standardized, integrated process conducted prior to, during, and after an incident by all emergency management/response personnel and their associated organizations. *(NIMS 12/08)*

Resource Typing: A classification of resources whether human or otherwise. In ICS, "type" refers to a designated resource's capability. Type 1 is generally considered to be more capable than Types 2, 3, or 4, respectively, because of size; power; capacity; or, in the case of incident management teams, experience and qualifications. Resource typing also involves categorizing the resource by its kind (e.g., what the resource is, snow plow, strike team, etc.). Therefore, resource typing involves designations of "kind" and "type." See "Categorizing Resources."

Resource Unit: Functional unit within the Planning Section responsible for recording the status of resources committed to the incident. This unit also evaluates resources currently committed to the incident, the effects additional responding resources will have on the incident, and anticipated resource needs. (*NIMS*)

Resources: Personnel and major items of equipment, supplies, and facilities available or potentially available for assignment to incident operations and for which status is maintained. Resources are described by kind and type and may be used in operational support or supervisory capacities at an incident or at an Emergency Operations Center. *(NIMS 12/08)*

Responder, First: Refers to individuals who in the early stages of an incident are responsible for the protection and preservation of life, property, evidence, and the environment, including emergency response providers as defined in Section 2 of the Homeland Security Act of 2002 (6 U.S.C. 101). It includes emergency management, public health, clinical care, public works, and other skilled support personnel (e.g., equipment operators) who provide immediate support services during prevention, response, and recovery operations.

Responder, Second: Personnel intended to arrive later during incident response, to augment or relieve first responders, or to provide additional, specialized expertise that is less common in first response.

Response:

- The phase of Comprehensive Emergency Management that addresses the immediate and short-term effects of the disaster or emergency. *(Adapted from the VHA Emergency Management Guidebook 2005)* It includes activities immediately before (for an impending threat), during, and after a hazard impact to address the immediate and short-term effects of the disaster or emergency.
- In disaster/emergency management applications, activities designed to address the immediate and short-term effects of the disaster/emergency. *(NFPA 1600, 2004)*

- Activities that address the short-term, direct effects of an incident. Response includes immediate actions to save lives, protect property, and meet basic human needs. Response also includes the execution of emergency operations plans and of mitigation activities designed to limit the loss of life, personal injury, property damage, and other unfavorable outcomes. As indicated by the situation, response activities include applying intelligence and other information to lessen the effects or consequences of an incident; increased security operations; continuing investigations into nature and source of the threat; ongoing public health and agricultural surveillance and testing processes; immunizations, isolation, or quarantine; and specific law enforcement operations aimed at preempting, interdicting, or disrupting illegal activity, and apprehending actual perpetrators and bringing them to justice. (*NIMS 12/08*)

Response Organization: In contrast to a "Preparedness Organization" as defined by NIMS, a response organization provides management of emergency decision-making, decision implementation and overarching coordination of resources in the emergency context. Response organizations can include entities that conduct response management for a larger organization (private and for-profit or not-for profit), an agency or department, a government jurisdiction, or a collection of like organizations such as a healthcare coalition or a regional response center. Most response organizations are organized under NIMS as an Incident Management Team (IMT) or as a Multiagency Coordination System (MACS). See Preparedness Organizations, Incident Management Team, and Multiagency Coordination System.

Responsibility: Obligation or duty to perform in a specific manner or achieve a defined result. While responsibility may be extended to another entity (along with delegated authority), the ultimate responsibility lies with the entity of highest authority within that authority domain. See "authority."

Retrograde: To return resources back to their original location. *(NIMS 12/08)*

Return on Investment (Risk): See "Risk Return on Investment."

Risk:

- The expectation of loss from hazards and their impact. Risk is a function of probability (likelihood) of a hazard occurrence and the impact (consequences) of a hazard[83] on the target of the risk assessment. It connotes a relationship between the hazard and the target's vulnerability to the hazard. Risk can be addressed by managing probability (through mitigation) and/or managing impact (through mitigation, preparedness, response and recovery).
- Potential for an unwanted outcome resulting from an incident, event, or occurrence, as determined by its likelihood and the associated consequences. *(DHS Risk Lexicon 9/08)*

Risk, Acceptable: See "Acceptable Risk."

[83] Adapted from - Ansell, J. and F. Wharton. 1992. *Risk: Analysis, Assessment, and Management*. John Wiley & Sons. Chichester. p. 100.

Risk Acceptance: Explicit or implicit decision not to take an action that would affect all or part of a particular risk. *(DHS Risk Lexicon 9/08)*

Risk Analysis:

- A detailed examination performed to understand the nature of unwanted, negative consequences to human life, health, property, or the environment; an analytical process to provide information regarding undesirable events; the process of quantification of the probabilities and expected consequences for identified risks. ***(****Gratt 1987, 244*) See "Hazard Vulnerability Analysis."
- Systematic examination of the components and characteristics of risk. In practice, risk analysis is generally conducted to produce a risk assessment. Risk analysis can also involve aggregation of the results of risk assessments to produce a valuation of risks for the purpose of informing decisions. In addition, risk analysis can be done on proposed alternative risk management strategies to determine the likely impact of the strategies on the overall risk. *(DHS Risk Lexicon 9/08)*

Risk Assessment:

- The process, including both risk analysis and risk management alternatives, of establishing information regarding an acceptable level of that risk for an individual, group, society, or the environment. (*Gratt 1987, 244*)
- Product or process which collects information and assigns values to risks for the purpose of informing priorities, developing or comparing courses of action, and informing decision making. A risk assessment can be the resulting product created through analysis of the component parts of risk. *(DHS Risk Lexicon 9/08)*

Risk Assessment Methodology: Set of methods, principles, or rules used to identify and assess risks and to form priorities, develop courses of action, and inform decision-making. *(DHS Risk Lexicon 9/08)*

Risk Assessment, Probabilistic: See "Probabilistic Risk Assessment."

Risk Assessment Tool: Activity, item, or program that contributes to determining and evaluating risks. Tools can include computer software and hardware or standard forms or checklists for recording and displaying risk assessment data. *(DHS Risk Lexicon 9/08)*

Risk Avoidance: Strategies or measures taken that effectively remove exposure to a risk. Avoidance is one of a set of four commonly used risk management strategies, along with risk control, risk acceptance, and risk transfer. *(DHS Risk Lexicon 9/08)*

Risk Communication:

- The process of providing concise, comprehensible, credible information, as needed to make effective decisions regarding risks. In emergency management/incident response, risk communication is generally considered to be providing a service to those outside of the incident command system, with the goal of influencing behavior.[84]

[84] Adapted from: Baruch Fischhoff. Risk Perception and Risk Communication. prepared for D. Kamien (ed) The McGraw-Hill Handbook of Terrorism, August 11, 2004.

- Exchange of information with the goal of improving risk understanding, affecting risk perception and/or equipping people or groups to act appropriately in response to an identified risk. Risk communication is practiced for both non-hazardous conditions and during incidents. During an incident, risk communication is intended to provide information that fosters trust and credibility in government and empowers partners, stakeholders, and the public to make the best possible decisions under extremely difficult time constraints and circumstances. *(DHS Risk Lexicon 9/08)*

Risk Control: Deliberate action taken to reduce the potential for harm or maintain it at an acceptable level*. (DHS Risk Lexicon 9/08)*

Risk Identification: Process of finding, recognizing, and describing potential risks*. (DHS Risk Lexicon 9/08)*

Risk Management:

- A management science that employs the findings of the Hazards Vulnerability Analysis process to make strategic and tactical decisions on how risks will be treated – whether deferred, reduced (through mitigation and preparedness activities), transferred (insurance and others), or avoided.[85] Risk management provides the option of accepting certain levels of risk, at least temporarily, that are considered too low for resource allocation. Conversely, it provides the decision option to commit major resources that eliminate or avoid risks that are of such high probability and/or high consequence that they threaten the very existence of an organization. Risk management, which may be considered a subsection of overall emergency management, focuses upon mitigation preparedness activities that prevent and or reduce hazard impacts, and is considered by many to be its own discipline.[86]
- Process of identifying, analyzing, assessing, and communicating risk and accepting, avoiding, transferring or controlling it to an acceptable level at an acceptable cost. The primary goal of risk management is to reduce or eliminate risk through mitigation measures (avoiding the risk or reducing the negative effect of the risk), but also includes the concepts of acceptance and/or transfer of responsibility for the risk as appropriate. Risk management principles acknowledge that, while risk often cannot be eliminated, actions can usually be taken to reduce risk. *(DHS Risk Lexicon 9/08)*

Risk Management Alternatives Development: Process of systematically examining risks to develop a range of options and their anticipated effects for decision makers. The risk management alternatives development step of the risk management process generates options for decision-makers to consider before deciding on which option to implement. *(DHS Risk Lexicon 9/08)*

Risk Management Cycle: Sequence of steps that are systematically taken and revisited to manage risk. . *(DHS Risk Lexicon 9/08)*

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[85] Adapted from Shaw, G, Harrald J. The Identification of the Core Competencies Required of Executive Level Business Crisis and Continuity Managers. *The Electronic Journal of Homeland Security and Emergency Management. Berkeley Electronic Press,.* January 2004.

[86] Carnegie Mellon Software Engineering Institute – Risk Management Web Site, available at: http://www.sei.cmu.edu/risk/main.html, accessed August 10, 2005.

Risk Management Framework: A planning methodology that outlines the process for setting goals and objectives; identifying assets, systems, and networks; assessing risks; prioritizing and implementing protection programs and resiliency strategies; measuring performance; and taking corrective action. Public and private sector entities often include risk management frameworks in their business continuity plans. *(NIPP 2009))*

Risk Management Methodology: Set of methods, principles, or rules used to identify, analyze, assess, and communicate risk, and mitigate, accept, or control it to an acceptable level at an acceptable cost. *(DHS Risk Lexicon 9/08)*

Risk Management Plan: Document that identifies risks and specifies the actions that have been chosen to manage those risks. *(DHS Risk Lexicon 9/08)*

Risk Management Strategy: Course of action or actions to be taken in order to manage risks. A proactive approach to reduce the usually negative impacts of various risks by choosing within a range of options that include complete avoidance of any risk that would cause harm or injury, accepting the risk, controlling the risk by employing risk mitigation options to reduce impacts, or transferring some or all of the risk to another entity based on a set of stated priorities. *(DHS Risk Lexicon 9/08)*

Risk Matrix: Tool for ranking and displaying components of risk in an array. A risk matrix is typically displayed in a graphical format to show the relationship between risk components. *(DHS Risk Lexicon 9/08)*

Risk Mitigation: Application of measure or measures to reduce the likelihood of an unwanted occurrence and/or its consequences. Measures may be implemented prior to, during, or after an incident, event, or occurrence. *(DHS Risk Lexicon 9/08)*

Risk Mitigation Option: Measure, device, policy, or course of action taken with the intent of reducing risk. *(DHS Risk Lexicon 9/08)*

Risk Perception: Subjective judgment about the characteristics and/or severity of risk. Risk perception may be driven by sense, emotion, or personal experience. *(DHS Risk Lexicon 9/08)*

Risk Profile: Description and/or depiction of risks to an asset, system, network, geographic area or other entity. A risk profile can be derived from a risk assessment; it is often used as a presentation tool to show how risks vary across comparable entities. *(DHS Risk Lexicon 9/08)*

Risk Reduction:

- Long-term measures to reduce the scale and/or the duration eventual adverse effects of unavoidable or unpreventable disaster hazards on a society which is at risk, by reducing the vulnerability of its people, structures, services, and economic activities to the impact of known disaster hazards. Typical risk reduction measures include improved building standards, flood plain zoning and land-use planning, crop diversification, and planting windbreaks. The measures are frequently subdivided into “structural” and “non-structural”, “active” and “passive”

measures. N.B. A number of sources have used "disaster mitigation" in this context, while others have used "disaster prevention." (*Simeon Institute 1992*)

- Decrease in risk through risk avoidance, risk control or risk transfer. Risk reduction may be estimated both during the decision and evaluation phases of the risk management cycle. *(DHS Risk Lexicon 9/08)*

Risk, Residual: Risk that remains after risk management measures have been implemented. *(DHS Risk Lexicon 9/08)*

Risk Return on Investment: Calculation of the value of risk reduction measures in the context of the cost of developing and implementing those measures. *(DHS Risk Lexicon 9/08)*

Risk Scenario: Hypothetical situation comprised of a hazard, an entity impacted by that hazard, and associated conditions including consequences when appropriate. A scenario can be created and used for the purposes of training, exercise, analysis, or modeling as well as for other purposes. A scenario that has occurred or is occurring is an incident. *(DHS Risk Lexicon 9/08)*

Risk Score: Numerical result of a semi-quantitative risk assessment methodology. The application of risk management alternatives may result in a change of risk score. *(DHS Risk Lexicon 9/08)*

Risk Tolerance: Degree to which an entity is willing to accept risk. (DHS Risk Lexicon 9/08)

Risk Transfer: Action taken to manage risk that shifts some or all of the risk to another entity, asset, system, network, or geographic area. Risk transfer may refer to transferring the risk from asset to asset, asset to system, or some other combination, or shifting the responsibility for managing the risk from one authority to another (for example, responsibility for economic loss could be transferred from a homeowner to an insurance company). *(DHS Risk Lexicon 9/08)*

Risk-Based Decision Making: Determination of a course of action predicated primarily on the assessment of risk and the expected impact of that course of action on that risk. Risk-based decision making uses the assessment of risk as the primary decision driver, while risk-informed decision making may account for multiple sources of information not included in the assessment of risk as significant inputs to the decision process in addition to risk information. Risk-based decision making has often been used interchangeably with risk-informed decision making. *(DHS Risk Lexicon 9/08)*

Risk-Informed Decision Making: determination of a course of action predicated on the assessment of risk, the expected impact of that course of action on that risk, as well as other relevant factors. Risk-informed decision making may take into account multiple sources of information not included specifically in the assessment of risk as inputs to the decision process in addition to risk information, while risk-based decision making uses the assessment of risk as the primary decision driver. *(DHS Risk Lexicon 9/08)*

Safety: Safety, in the traditional sense, refers to monitoring and eliminating the work-place risk of personnel casualties (injuries and deaths) or reducing it to some acceptable level.

Safety Officer (SO) (ICS definition): A member of the Command Staff responsible for monitoring incident operations and advising the Incident Commander on all matters relating to operational safety, including the health and safety of emergency responder personnel. *(NIMS 12/08)*

Scenario, Risk: See "Risk Scenario."

Scenario-Based Planning: Planning approach that uses a Hazard Vulnerability Assessment to assess impact on the organization based upon various threats that the organization could encounter. These threats (such as a hurricane, terrorist attack and so on) became the basis of the scenario. (*VHA Emergency Management Guidebook 2005*)

Secondary Support Center: A VAMC that has been designated under the VA/DoD Contingency Plan to provide support to a VAMC Primary Receiving Center. This support could include the provision of staff and other resources, the acceptance of patient transfers from the PRC, and/or the assumption of other workload from the PRC. Under the plan the primary function of the SSC is to increase capacity within the PRC to be able to accept active duty military casualties in wartime. (*VHA Emergency Management Guidebook 2005*)

Section (ICS definition): The Incident Command System organizational level having responsibility for a major functional area of incident management (e.g., Operations, Planning, Logistics, Finance/Administration, and Intelligence/Investigations (if established)). The Section is organizationally situated between the Branch and the Incident Command. *(NIMS 12/08)*

Section, Finance/Administration: See "Finance/ Administration Section."

Section, Logistics: See "Logistics Section."

Section, Operations: See "Operations Section."

Section, Planning: See "Planning Section."

Sector: A logical collection of assets, systems, or networks that provide a common function to the economy, government, or society. The NIPP addresses 18 CIKR sectors, identified by the criteria set forth in HSPD-7. *(NIPP 2009)*

Sector Coordinating Council: The private sector counterpart to the GCC; these councils are self-organized, self-run, and self-governed organizations that are representative of a spectrum of key stakeholders within a sector. SCCs serve as the government's principal point of entry into each sector for developing and coordinating a wide range of CIKR protection activities and issues. *(NIPP 2009)*

Sector Partnership Model: The framework used to promote and facilitate sector and cross-sector planning, coordination, collaboration, and information sharing for CIKR protection involving all levels of government and private sector entities. *(NIPP 2009)*

Sector Specialists: DHS Sector Specialists provide coordination and integration capability across the CIKR sectors to provide senior DHS decision makers with strategic (national-level) situational awareness and assessments of CIKR impacts both on a steady-state basis and during incidents. *(NIPP 2009)*

Sector-Specific Agency: Federal departments and agencies identified in HSPD-7 as responsible for CIKR protection activities in specified CIKR sectors. *(NIPP 2009)*

Sector-Specific Plan: Augmenting plans that complement and extend the NIPP Base Plan and detail the application of the NIPP framework specific to each CIKR sector. SSPs are developed by the SSAs in close collaboration with other sector partners. *(NIPP 2009)*

Security: Security in the traditional sense refers to monitoring and reducing the risk of human induced events that adversely affect people or property (intrusion of unauthorized personnel, theft, sabotage, assault, etc.), to some acceptable level.

Semi-Quantitative Risk Assessment Methodology: Set of methods, principles, or rules to assess risk that uses bins, scales, or representative numbers whose values and meanings are not maintained in other contexts. While numbers may be used in a semi-quantitative methodology, the values are not applicable outside of the methodology, and numerical results from one methodology cannot be compared with those from other methodologies. *(DHS Risk Lexicon 9/08)*

Senior Policy Group: In a Multiagency Coordination System (MACS), this is a common term for a Multiagency Coordination Group. See "Multiagency Coordination Group".

Sensitivity Analysis: Process to determine how outputs of a methodology differ in response to variation of the inputs or conditions. When a factor considered in a risk assessment has uncertainty, sensitivity analysis examines the effect that the uncertainty has on the results. A sensitivity analysis can be used to examine how individual variables can affect the outputs of risk assessment methodologies. Alternatively, sensitivity analysis can show decision makers or evaluators the impact or predicted impact of risk management alternatives. *(DHS Risk Lexicon 9/08)*

Severe Weather: Any atmospheric condition potentially destructive or hazardous form human beings. It is often associated with extreme convective weather (tropical cyclones, tornadoes, severe thunderstorms, squalls, etc.) and with storms of freezing precipitation or blizzard conditions. (*WMO 1992, 544*)

Simulation: Model that behaves or operates like a given process, concept, or system when provided a set of controlled inputs. See also "Model." *(DHS Risk Lexicon 9/08)*

Simulation, Exercise: The imitative representation of a hazard impact and/or response action for exercise participants, providing an exercise or drill effect that allows the scenario to evolve without having to actually have the impact or response action occur.

Simulation Cell (SimCell): An exercise area where controllers generate and deliver injects, and receive player responses to non-participating organizations, agencies, and individuals who would likely participate actively in an actual incident. Physically, the SimCell is a working location for a number of qualified professionals who portray representatives of non-participating organizations, agencies, and individuals who would likely participate during an actual incident.

Simulators: Simulators create (through a Simulator Cell) an artificial reality through the delivery of pre-scripted and spontaneous messages to exercise players. In this role they portray the role of the entire external environment and as such should be familiar with the agencies/entities/individuals they are representing in the context of the exercise.

Single Resource: See "Resource, Single."

Situation Analysis: The process of evaluating the severity and consequences of an incident and communicating the results. *(NFPA 1600, 2004)*

Situation Assessment: The process during emergency response and recovery that combines incident geography/topography, weather, hazard, hazard impact, and resource data to provide a balanced knowledge base for decision-making. Adequate situation assessment, with the dissemination of a comprehensive situation assessment (through situation reports and other means) creates situation awareness and the "common operating picture" (see "Common Operating Picture") and supports accurate incident projection.

Situation Awareness:

- "The perception of the elements in the environment within a volume of time and space, the comprehension of their meaning and the projection of their status in the near future." *(Endsley, 1988)*[87] Endsley's model has three "levels": 1) Perception of elements in current Situation, 2) Comprehension of current situation, and 3) Projection of future status
- A person's state of knowledge or mental model of the situation around the individual and/or his/her operating unit, including an understanding of the evolving state of the environment.
- Situation awareness was originally an aviation term used to describe awareness of tactical situations during aerial warfare. It has now been adopted throughout aviation, and increasingly in other dynamic, complex, situations requiring human control. *(The Free Online Dictionary)*

[87] Endsley MR. Design and evaluation for situation awareness enhancement (1988). In Proceedings of the Human Factors Society 32nd Annual Meeting (pp. 97-101). Santa Monica, CA: Human Factors Society. Quoted in: Groner NE. Achieving Situation Awareness is the Primary Challenge to Optimizing Building Movement Strategies, available at: http://fire.nist.gov/bfrlpubs/fire05/PDF/f05005.pdf, accessed January 31, 2006.

Situational Awareness: Used to denote the intermittent nature of situation awareness during a highly dynamic set of circumstances. It infers that the situation is understood only intermittently, when actions specifically capture the current perception of the elements at a designated time. See "Situation Awareness."

Situation Report (SITREP):

- A document that is developed and distributed during response as a means for disseminating a current situation assessment.
- Document that contains confirmed or verified information and explicit details (who, what, where, and how) relating to an incident. *(NRF 1/08)*
- Confirmed or verified information regarding the specific details relating to an incident. *(NIMS 12/08)*

SOP: see Standard Operating Procedures.

Span of Control: The number of resources for which a supervisor is responsible, usually expressed as the ratio of supervisors to individuals. Under the National Incident Management System, an appropriate span of control is between 1:3 and 1:7, with optimal being 1:5, or between 1:8 and 1:10 for many large-scale law enforcement operations. (*NIMS 12/08*)

Special Needs Population: A population whose members may have additional needs before, during, and after an incident in functional areas, including but not limited to: maintaining independence, communication, transportation, supervision, and medical care. Individuals in need of additional response assistance may include those who have disabilities; who live in institutionalized settings; who are elderly; who are children; who are from diverse cultures, who have limited English proficiency, or who are non-English-speaking; or who are transportation disadvantaged. *(NIMS 12/08)*

Staff, General: See "General Staff."

Stafford Act: 1) The Robert T. Stafford Disaster Relief and Emergency Assistance Act, Public Law 93-288, as amended. 2) The Stafford Act provides an orderly and continuing means of assistance by the Federal Government to State and local governments in carrying out their responsibilities to alleviate the suffering and damage which result from disaster. The President, in response to a State Governor's request, may declare an "emergency" or "major disaster" in order to provide Federal assistance under the Act. The President, in Executive Order 12148, delegated all functions, except those in Sections 301, 401, and 409, to the Director, of FEMA. The Act provides for the appointment of a Federal Coordinating Officer who will operate in the designated area with a State Coordinating Officer for the purpose of coordinating state and local disaster assistance efforts with those of the Federal Government. (*44 CFR 206.2*)

Staging Area: Temporary location for available resources. A Staging Area can be any location in which personnel, supplies, and equipment can be temporarily housed or parked while awaiting operational assignment. (*NIMS 12/08*)

Stakeholder: Key people, groups of people, or institutions that may significantly influence the success of the process, plan, program or project.

Standard Operating Guidelines: A set of instructions having the force of a directive, covering those features of operations which lend themselves to a definite or standardized procedure without loss of effectiveness. *(NIMS 12/08)*

Standard Operating Procedure:

- Standard operating procedures (SOPs) or operating manuals are complete reference documents that detail the procedures for performing a single function or a number of interdependent functions. Collectively, practitioners refer to both documents as SOPs. SOPs often describe processes that evolved institutionally over the years or document common practices so that institutional experience is not lost to the organization as a result of staff turnover. Sometimes they are task specific (e.g., how to activate a siren system or issue an Emergency Alert System [EAS] message).[88]
- A complete reference document or an operations manual that provides the purpose, authorities, duration, and details for the preferred method of performing a single function or a number of interrelated functions in a uniform manner.

Standard, Performance: A statement which establishes the criteria for how well a task or learning objective must be performed. The standard should specify how well, completely, or accurately a process must be performed or product produced. The term "standard" is most commonly used in summative evaluations in place of the term "metric." In formative system evaluation, other terms more applicable to systems process and evaluation science may be used (metrics competencies, objectives, metrics). Standards may have specific applications:

- A system or process standard is generally defined by design requirements (inputs) or by required outputs.
- The task standard reflects task performance requirements (process and output) on the job.
- The learning objective standard reflects the demonstrated knowledge, skills and abilities (outputs) that must be achieved from the learning.

Standardized Emergency Management Systems (SEMS): As defined in Section 2401 of Title 19 of the California Code of Regulations – A system for managing response to multi-agency and multi-jurisdiction emergencies in California. SEMS consists of five organizational levels that are activated as necessary: Field Response, Local Government, Operational Area, Region, and State:

- Field Response Level: The level where emergency response personnel and resources carry out tactical decisions and activities in direct response to an incident or threat.
- Local Government Level: Cities, counties and special districts; local governments manage and coordinate the overall emergency response and recovery in their jurisdictions.

[88] FEMA. Comprehensive Planning Guide 101, Interim version (August 2008), page 5-3; accessed January 5, 2009 at http://www.fema.gov/pdf/about/divisions/npd/cpg_101_interim.pdf

- Operational Area Level: A county and all political subdivisions within the county area.
- Regional Level: An area defined by state OES for the purpose of efficiently administering disaster services, includes multiple operational areas.
- State Level: The state level manages state resources in response to needs of other levels; coordinates the mutual aid program; and serves as coordination and communication link with the federal disaster response system.[89]

State: When capitalized, refers to any State of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, and any possession of the United States. See Section 2 (14), Homeland Security Act of 2002, Pub. L. 107-296, 116 Stat. 2135 (2002). (*NIMS 12/08*)

State Coordinating Officer (SCO): The individual appointed by the Governor to coordinate State disaster assistance efforts with those of the Federal Government. The SCO plays a critical role in managing the State response and recovery operations following Stafford Act declarations. The Governor of the affected State appoints the SCO, and lines of authority flow from the Governor to the SCO, following the State's policies and laws. *(NRF 1/08)*

State Emergency Management Agency Director: The official responsible for ensuring that the State is prepared to deal with large-scale emergencies and for coordinating the State response in any incident. This includes supporting local governments as needed or requested and coordinating assistance with other States and/or the Federal Government. *(NRF 1/08)*

State Homeland Security Advisor: Person who serves as counsel to the Governor on homeland security issues and may serve as a liaison between the Governor's office, the State homeland security structure, the Department of Homeland Security, and other organizations both inside and outside of the State. *(NRF 1/08)*

Status Report: Information specifically related to the status of resources (e.g., the availability or assignment of resources). *(NIMS 12/08)*

Steady-State: In the context of the NIPP, steady-state is the posture for routine, normal, day-to-day operations as contrasted with temporary periods of heightened alert or real-time response to threats or incidents. *(NIPP 2009)*

Storm Surge: The difference between the actual water level under influence of a meteorological disturbance (storm tide) and the level which would have been attained in the absence of the meteorological disturbance (i.e. astronomical tide). (*WMO 1992, 584*)

Strategic *(emergency management)*:

[89] Standardized Emergency Management System (SEMS) Guidelines; Part I. System Description Section A (Draft 12/23/94): 5; available at: http://www.oes.ca.gov/Operational/OESHome.nsf/a0f8bd0ee918bc3588256bd400532608/b49435352108954488256c2a0071e038?OpenDocument, accessed April24, 2006. The draft document became a part of California regulation, and so has remained marked as "draft" even though it has full regulatory effect.

- High-level planning by senior personnel in the organization, or designees staffing senior positions in the organization's Emergency Management Program or Incident Management Team, that address long-range or end objectives, major values and priorities, general policy and fiscal guidance, overarching performance expectations and organization improvement process.
- Strategic elements of incident management are characterized by continuous long-term, high-level planning by organizations headed by elected or other senior officials. These elements involve the adoption of long-range goals and objectives, the setting of priorities; the establishment of budgets and other fiscal decisions, policy development, and the application of measures of performance or effectiveness. (*NIMS 3/04*)

Strategy:
- The general plan or direction selected to accomplish incident objectives. (*NIMS 12/08*)
- The approach to how the goals and objectives are to be achieved.

Strike Team: A set number of resources of the same kind and type that have an established minimum number of personnel, common communications, and a leader. *(NIMS 12/08)*

Subject Matter Expert: See" Expert, Subject Matter."

Substate Region: A grouping of jurisdictions, counties, and/or localities within a State brought together for specified purposes (e.g., homeland security, education, public health), usually containing a governance structure. *(NIMS 12/08)*

Supervisor (ICS definition): The Incident Command System title for an individual responsible for a Division or Group. *(NIMS 12/08)*

Supporting Agency: See "Agency, Supporting."

Supporting Technology: See "Technology, Supporting."

Surge *(emergency management)*: The ability of an organization or a system to meet the relevant needs in an emergency or disaster situation.

Surge capability: See "capability, surge."

Surge capacity: See "capacity, surge."

Surge, Medical: The ability to provide adequate medical evaluation and care in situations that severely challenge or exceed the normal medical infrastructure of an affected community (through numbers *and/or* types of patients). See "capacity, surge" and "capability, surge."

Surveillance, Case: The term "case surveillance" applies to surveillance using "case definitions" for the surveillance system, which identifies and reports the cases to public health authorities. The National Notifiable Disease Surveillance System, which identifies reportable disease, is a national example.

Surveillance, Epidemiologic: See "Epidemiologic Surveillance."

Surveillance, Public Health: Public health surveillance is the ongoing, systematic collection, analysis, interpretation, and dissemination of data about a health-related event for use in public health action to reduce morbidity and mortality and to improve health.[90]

Surveillance, Syndromic: The term "syndromic surveillance" applies to surveillance using health-related data that precede diagnosis and signal a sufficient probability of a case or an outbreak to warrant further public health response.[91]

Sustainable Communities: A term used by hazard managers (for example, floodplain managers) and development experts that encompasses a strategy of considering resource limitations and minimizing hazard risk when developing human living areas.

Sustainable Development: "In its broader sense, sustainability is defined as development that meets the needs of the present without compromising the ability of future generations to meet their own needs. In the context of emergency management, this meaning remains and it is linked to creating places that are less vulnerable to natural and technological hazards and that are resilient to those events. Sustainable hazard management has five components: environmental quality; quality of life; disaster resilience; economic vitality; and inter- and intra-generational equity. Reducing the risk from hazards, reducing losses from disasters and working toward sustainable communities go hand-in-hand" (*Britton 1998*).

System:

- A clearly described functional structure, with defined processes that coordinate disparate elements to accomplish a common goal.
- Any combination of facilities, equipment, personnel, processes, procedures, and communications integrated for a specific purpose. (*NIMS 12/08, DHS risk Lexicon 9/08*)

System Concept of Operations: "Concept of Operations" or CON OPS is a description of how the system components, presented in the System Description, operate in a coordinated manner through successive stages of a response and recovery.

System Description: A presentation of an overall system architecture and it components, including how they are organized, how they relate to each other via management principles, and what they do. The system description precedes and complements the Concept of Operations, which explains how the system and its components function through the successive stages of emergency response and recovery. See "Concept of Operations."

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[90] Bueher JW, Hopkins RS, et al. Framework for Evaluating Public Health Surveillance Systems for Early Detection of Outbreaks. MMWR May 7, 2004 / 53(RR05);1-11, accessed December 4, 2007 at: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5305a1.htm

[91] Definition from the Centers for Disease Control, Atlanta Georgia, accessed December 4, 2007 at: http://www.cdc.gov/EPO/dphsi/syndromic/index.htm

Systems Approach: A management strategy that recognizes that disparate elements must be viewed as inter-related components of a single system, and so employs specific methods to achieve and maintain an overarching integration of these elements. Systems approach methods include the use of standardized structure and processes and foundational knowledge and concepts in the conduct of all related activities. This approach may also be called "systems-based methods."

Systems-based Methods: See "Systems Approach."

Tactics:

- Tactics in incident management are specific actions, sequence of actions, procedures, tasks, assignments and schedules used to fulfill strategy and achieve objectives.
- The deployment and directing of resources on an incident to accomplish the objectives designated by strategy. *(NIMS 12/08)*

Tactical element: Specific organizational resources in ICS that execute the tactics (see tactics) set by a management function.

Target: Asset, network, system or geographic area chosen by an adversary to be impacted by an attack. *(DHS Risk Lexicon 9/08)*

Target Capabilities List (TCL): The TCL is a list of capabilities that provides guidance on the specific capabilities that Federal, State, tribal, and local entities are expected to develop and maintain to prevent, protect against, respond to, and recover from incidents of national significance, including terrorism or natural disasters, in order to maintain the level of preparedness set forth in the National Preparedness Goal*. (HSEEP)*

Task: A clearly defined and measurable activity accomplished by organizations or some subset thereof (sections, functions, teams, individuals and others). It is the lowest behavioral level in a job or unit that is performed for its own sake.

Task Force: Any combination of resources assembled to support a specific mission or operational need. All resource elements within a Task Force must have common communications and a designated leader. (*NIMS 12/08*)

Team *(emergency management)*: A nonspecific term for a group of personnel who work as a unit (with some incorporated leadership structure) to accomplish assigned tasks within incident management. The term may also be used as a shortened meaning for "strike team" (see "strike team")

Technical Assistance: Support provided to State, local, and tribal jurisdictions when they have the resources but lack the complete knowledge and skills needed to perform a required activity (such as mobile-home park design and hazardous material assessments). (*NIMS*)

Technical Specialist: Person with special skills that can be used anywhere within the Incident Command System organization. No minimum qualifications are prescribed, as technical

specialists normally perform the same duties during an incident that they perform in their everyday jobs, and they are typically certified in their fields or professions. *(NIMS 12/08)*

Technological Hazard: See "Hazard Types."

Technology Standards: Conditions, guidelines, or characteristics that may be required to facilitate the interoperability and compatibility of major systems across jurisdictional, geographic, and functional lines. *(NIMS 12/08)*

Technology Support: Assistance that facilitates incident operations and sustains the research and development programs that underpin the long-term investment in the Nation's future incident management capabilities. *(NIMS 12/08)*

Technology, Supporting: Any technology that may be used to support the National Incident Management System, such as orthophoto mapping, remote automatic weather stations, infrared technology, or communications. *(NIMS 12/08)*

Terrorism:

- As defined in the Homeland Security Act of 2002, activity that involves an act that is dangerous to human life or potentially destructive of critical infrastructure or key resources; is a violation of the criminal laws of the United States or of any State or other subdivision of the United States; and appears to be intended to intimidate or coerce a civilian population, to influence the policy of a government by intimidation or coercion, or to affect the conduct of a government by mass destruction, assassination, or kidnapping. (*NIMS 12/08*)[92]
- "The unlawful use of force or violence against persons or property to intimidate or coerce a government, the civilian population, or any segment thereof, in furtherance of political or social objectives (FBI). **Domestic** terrorism involves groups or individuals who are based and operate entirely within the United States and U.S. territories without foreign direction and whose acts are directed at elements of the U.S. government or population." (*FEMA 2001)*[93]

Threat:

- Natural or manmade occurrence, individual, entity, or action that has or indicates the potential to harm life, information, operations, the environment, and/or property. *(NIMS 12/08*) Threat as defined refers to an individual, entity, action, or occurrence; however, for the purpose of calculating risk, the threat of an intentional hazard is generally estimated as the likelihood of an attack (that accounts for both the intent and capability of the adversary) being attempted by an adversary; for other hazards, threat is generally estimated as the likelihood that a hazard will manifest. *(DHS Risk Lexicon 9/08)*
- The possibility of a hazard occurrence; something that has the potential to cause harm.

[92] Homeland Security Act of 2002, Section 2 (15), Pub. L. 107-296, 116 Stat. 2135 (2002).
[93] FEMA. Guide for All-Hazard Emergency Operations Emergency Operations (1996), addendum Managing the Emergency Consequences of Terrorist Incidents (2001): 6-G-F-3; available at: http://www.fema.gov/pdf/plan/managingemerconseq.pdf, accessed April 23, 2006.

Threat Assessment: Process of identifying or evaluating entities, actions, or occurrences, whether natural or man-made, that have or indicate the potential to harm life, information, operations and/or property. *(DHS Risk Lexicon 9/08)*

Tools: Those instruments and capabilities that allow for the professional performance of tasks, such as information systems, agreements, doctrine, capabilities, and legislative authorities. *(NIMS 12/08)*

Thunderstorm: Sudden electrical discharges manifested by a flash of light (lightning) and a sharp or rumbling sound (thunder). Thunderstorms are associated with convective clouds (Cumulonimbus) and are, more often, accompanied by precipitation in the form of rain showers or hail, or occasionally snow, snow pellets, or ice pellets. (*WMO 1992, 622*)

***Tier** (MSCC)*: A layer within the six-tier Medical Surge Capacity and Capabilities (MSCC) construct that depicts the levels of public health and medical asset management during response to mass casualty and/or mass effect incidents. The tiers range from the individual healthcare organization or other healthcare assets and their integration into a local healthcare coalition, to the coordination of Federal assistance. Each tier must be effectively managed internally in order to coordinate and integrate externally with other tiers *(MSCC 2007)*

***Tier 1** (Infrastructure protection)*: Tier 1 facilities and systems are those that if successfully destroyed or disrupted through terrorist attack would cause major national or regional impacts similar to those experienced with Hurricane Katrina or the September 11, 2001, attacks. *(NIPP 2009)*

Tier 2: *(Infrastructure protection)*: Tier 2 facilities and systems are those that meet predefined, sector-specific criteria and that are not Tier 1 facilities or systems. *(NIPP 2009)*

***Tier 1** (MSCC)*: Hospitals, integrated healthcare systems, skilled nursing and long-term care facilities, outpatient clinics and private physician offices, dialysis and other specialty outpatient treatment centers, alternative treatment facilities and other resources where "point of service" medical care is provided. Emergency Medical Services (EMS) may be included in Tier 1 if called on to provide definitive field-based medical care in an emergency. The goal of Tier 1 is to maximize medical surge capacity and capabilities within each healthcare asset while ensuring the safety of personnel and other patients, and the integrity of the asset's usual operations. *(MSCC 2007)*

***Tier 2** (MSCC)*: The "healthcare coalition", which organizes individual healthcare assets (Tier 1 of MSCC) into a single functional unit. Its goal is to maximize medical surge capacity and capabilities across the coalition through cooperative planning, information sharing, and management coordination. The coalition ensures that public health and medical assets have the information and data they need at a level of detail that will enable them to optimally provide MSCC. *(MSCC 2007)* See "Healthcare Coalition."

***Tier 3** (MSCC)*: The local jurisdictional authority and its agency resources that directly integrates the healthcare coalition with other response disciplines (e.g., public safety, emergency

management) during emergencies and disasters. The focus of Tier 3 is to effectively coordinate and manage diverse disciplines in support of medical system resiliency and medical surge demands. This requires healthcare assets to be recognized as integral members of the responder community and to participate in management, operations, and support activities.

Tier 4 *(MSCC)*: The State-level actions that support jurisdiction incident management (Tier 3), promote coordination among multiple affected jurisdictions, or assume a primary incident command role related to medical surge capacity and capabilities. The State management function also serves as the primary interface for requesting Federal assistance. During preparedness planning, relevant State agencies may facilitate arrangements between jurisdictions to coordinate response assets. The use of strategic mutual aid and/or cooperative agreements may standardize the implementation of tactical mutual aid between jurisdictions and promote a cohesive response strategy during a widespread incident. *(MSCC 2007)*

Tier 5 *(MSCC)*: The State-level actions that maximize interstate coordination to support medical surge capacity and capabilities. In the past, interstate coordination generally depended on ad hoc arrangements, goodwill at the time of an incident, and other less-than-predictable mechanisms. This tier focuses on incident management coordination, information sharing and using EMAC and other authorities for mutual aid and cooperative assistance to meet the medical and public health needs of the affected population during emergencies and disasters. *(MSCC 2007)*

Tier 6 *(MSCC)*: The Federal Government actions that deliver health and medical resources to support State, Tribal, and jurisdictional authorities and Tier 1 assets during a mass casualty and/or mass effect incident. The goal of Tier 6 is to maximize medical surge capacity and capabilities through the optimal integration and management of Federal public health and medical assets, and non-federal assets obtained through Federal mechanisms. *(MSCC 2007)*

Tornado: A violently rotating storm of small diameter; the most violent weather phenomenon. It is produced in a very severe thunderstorm and appears as a funnel cloud extending from the base of a Cumulonimbus to the ground. (*WMO 1992, 626*)

Torture: As defined by Title 18, US Code, Section 2340, it is any act committed by a person acting under color of law specifically intended to inflict severe physical or mental pain or suffering (other than pain or suffering incidental to lawful sanctions) upon another person within his custody or physical control. “Severe mental pain or suffering” means the prolonged mental harm caused by or resulting from: (a) the intentional infliction or threatened infliction of severe physical pain or suffering; (b) the administration or application, or threatened administration or application, of mind-altering substances or other procedures calculated to disrupt profoundly the senses or personality; (c) the threat of imminent death; or (d) the threat that another person will imminently be subjected to death, severe physical pain or suffering, or the administration or application of mind-altering substances or other procedures calculated to disrupt profoundly the senses or personality. *(JP 1-02)*

TRAC^{2}ES **(United States Transportation Command [USTRANSCOM] Command and Control Evacuation System)**: Automated system used by DoD to regulate patients to health

care facilities that have the capacity to treat the patient. The system also integrates the regulating of those patients with available transport assets and provides the ability to track the patient from point of origin to final destination. This system is used by VA Primary Receiving Centers to report available beds under the VA/DoD Contingency Plan and by VA Federal Coordinating Centers for reporting of private hospital sector NDMS beds.

Training: Training is instruction that imparts and/or maintains the skills (and abilities such as strength and endurance) necessary for individuals and teams to perform their assigned system responsibilities. Training objectives should be competency-based and specify a level of proficiency that relates to the relevant competencies ("awareness, operations, or expert"). As much as possible, training should address skills function under the conditions likely when the skill must be conducted.

Triage: An organized process that matches needs with available resources according to a priority scheme designed to achieve the end objective (i.e., goal) of the specific triage system. In healthcare emergency management, 'triage' usually refers to sorting of patients based upon matching their healthcare needs with available healthcare resources, with priority assigned using specific criteria called a triage algorithm. The algorithm is designed to achieve an objective, such as transporting the most critical casualties first, "doing the greatest good for the greatest number" or other objective.

Tribal: Referring to any Indian tribe, band, nation, or other organized group or community, including any Alaskan Native Village as defined in or established pursuant to the Alaskan Native Claims Settlement Act (85 Stat. 688) [43 U.S.C.A. and 1601 et seq.], that is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians. (*NIMS 12/08*)

Trust Position: A response position in which the assigned personnel are performing high-consequence activities, especially if performed in a relatively independent fashion. Examples include a surgeon who is operating without direct supervision, or a public health advisor who shapes response policies or procedures.

Type (ICS definition): An Incident Command System resource classification that refers to capability. Type 1 is generally considered to be more capable than Types 2, 3, or 4, respectively, because of size, power, capacity, or (in the case of Incident Management Teams) experience and qualifications. *(NIMS 12/08)*

Typhoon: Name given to a tropical cyclone with maximum sustained winds of 64 knots or more near the centre in the western North Pacific. (*WMO 1992, 644*)

Uncertainty: Degree to which a calculated, estimated, or observed value may deviate from the true value. Uncertainty may stem from many causes, including the lack of information. The concept of uncertainty is useful in understanding that likelihoods and consequences can oftentimes not be predicted with a high degree of precision or accuracy. *(DHS Risk Lexicon 9/08)*

Unified Approach: The integration of resource management, communications and information management, and command and management in order to form an effective system. *(NIMS 12/08)*

Unified Area Command: Version of command established when incidents under an Area Command are multijurisdictional. See "Area Command." (*NIMS 12/08*)

Unified Command (UC):

- An Incident Command System application used when more than one agency has incident jurisdiction or when incidents cross political jurisdictions. Agencies work together through the designated members of the UC, often the senior persons from agencies and/or disciplines participating in the UC, to establish a common set of objectives and strategies and a single Incident Action Plan. (*NIMS 12/08*)
- A management structure under the Incident Command System (ICS) that brings together the lead authority of all major organizations involved in the incident, to coordinate an effective response while allowing each commander to carry out his/her own jurisdictional or discipline responsibilities. UC links the organizations responding to the incident at the leadership level, and it provides a forum for these entities to make consensus decisions. Under UC, the various jurisdictions and/or agencies and non-government responders may blend together throughout the organization to create an integrated response team. UC may be used whenever multiple jurisdictions or response agencies are involved in a response effort. UC may be established to overcome divisions from:
  - Geographic boundaries;
  - Government levels;
  - Functional and/or statutory responsibilities; or
  - Some combination of the above. (*Adapted from the U.S. Coast Guard*)[94]

Unified Coordination Group: Provides leadership within the Joint Field Office. The Unified Coordination Group is comprised of specified senior leaders representing State and Federal interests, and in certain circumstances tribal governments, local jurisdictions, the private sector, or nongovernmental organizations. The Unified Coordination Group typically consists of the Principal Federal Official (if designated), Federal Coordinating Officer, State Coordinating Officer, and senior officials from other entities with primary statutory or jurisdictional responsibility and significant operational responsibility for an aspect of an incident (e.g., the Senior Health Official, Department of Defense representative, or Senior Federal Law Enforcement Official if assigned). Within the Unified Coordination Group, the Federal Coordinating Officer is the primary Federal official responsible for coordinating, integrating, and synchronizing Federal response activities. *(NRF 1/08)*

Unit (ICS definition): The organizational element with functional responsibility for a specific incident planning, logistics, or finance/administration activity. *(NIMS 12/08)*

[94] U.S. Coast Guard Incident Management Handbook; U.S. Coast Guard COMDTPUB P3120.17, April 11, 2001; pp. 8-12, available at: http://www.uscg.mil/hq/nsfweb/download/IMH/IMH-2001.pdf, accessed November 13, 2005.

Unit Leader (ICS definition): The individual in charge of managing Units within an Incident Command System (ICS) functional Section. The Unit can be staffed by a number of support personnel providing a wide range of services. Some of the support positions are preestablished within ICS (e.g., Base/Camp Manager), but many others will be assigned as technical specialists. *(NIMS 12/08)*

Unity of Command: An Incident Command System principle stating that each individual involved in incident operations will be assigned to only one supervisor. (*NIMS 12/08*)

Update: A notification category that provides non-urgent emergency management information during all four phases of emergency management (see "advisory" – "alert" – "activation" for contrast between the other notification categories).

Valid Predictor: An assessment metric used to provide an indirect but reliable indication that an organization, system, process or other entity will adequately perform in some future activity other than that which the assessment is directly measuring.

Validity: A term indicating that 1) independent evaluators can agree on the relevance and appropriateness of criteria for judging value and on evidence that reflects those criteria and 2) that safeguards are in place to control potential bias in measurement, data collection, analysis, and development of conclusions.[95]

Validity, Predictive: An attribute of a selected metric that indicates the likelihood of an organization, system, process or other entity adequately performing in some future activity other than that which the metric is directly measuring (see "Valid Predictor").

Value Proposition: A statement that outlines the national and homeland security interest in protecting the Nation's CIKR and articulates the benefits gained by all CIKR partners through the risk management framework and public-private partnership described in the NIPP. *(NIPP 2009)*

Vertical Evacuation: The evacuation of persons from an entire area, floor, or wing of a hospital or other building to another floor (either higher or lower based upon the threat/event). (adapted from *VHA Emergency Management Guidebook 2005*)

Vital Records: The essential agency records that are needed to meet operational responsibilities under national security emergencies or other emergency or disaster conditions (emergency operating records), or to protect the legal and financial rights of the government and those affected by government activities (legal and financial rights records). *(NIMS 12/08)*

Volcanic Dust: Dust of particles emitted by a volcano during an eruption. They may remain suspended in the atmosphere for long periods and be carried by the winds to different regions of the Earth. (*WMO 1992, 662*)

[95] Adopted from: Measurement and Data Collection in Evaluation. Preparing for Terrorism: Tools for Evaluating the Metropolitan Medical Response System Program (2002). Manning F. J., Goldfrank L.. Washington, D.C., National Academy Press: pp. 75 - 76.

***Volunteer**:* Multiple definitions are used, with the issue of payment for services being the factor that is important to differentiate:

- A person agreeing to provide service outside the scope of his/her employer and/or employed position, without additional or specific compensation for this voluntary commitment. This differentiates the "volunteer" from personnel who provide service as part of their job position in an assigned resource. An individual offering or providing this service is a "volunteer" even if the volunteer's time is compensated through his/her usual employer and employment rate.
- In some contexts such as ESAR-VHP, a volunteer is defined as providing service "without pay or remuneration." (*DHHS/HRSA/ESAR-VHP*)[96]
- For purposes of the National Incident Management System, any individual accepted to perform services by the lead agency (which has authority to accept volunteer services) when the individual performs services without promise, expectation, or receipt of compensation for services performed. See 16 U.S.C. 742f(c) and 29 CFR 553.101. (*NIMS 12/08*)

Volunteer Types:

- ***Accepted volunteer**:* Volunteers who have been fully registered and credentialed, rostered into the volunteer management system, **and** assigned to an incident task.
- ***Affiliated volunteer**:* Volunteers who possess a pre-disaster association with an agency or organization that is incorporated in the disaster response, but their pre-event training, registration information, and skills verification may vary. Rostering of affiliated volunteers by the volunteer management system during an incident may be expedited by transfer of the information for each affiliated volunteer from their volunteer organization.
- ***Non-pre-registered volunteer**:* Volunteers who have not received prescreening, rostering, or briefing.
- ***Pre-registered volunteer***: Volunteers who have received pre-screening, maintain up-to-date personal and credential information, and have a current understanding of the orientation briefing material to the satisfaction of the appropriate volunteer management system personnel, and therefore satisfy the criteria for rostering.
- ***Recruited volunteer***: Volunteers with skills that could address unique or short-supply needs of the disaster response, and are individually requested by the response system (by name or by technical ability) to assist in the effort. They may be affiliated or unaffiliated volunteers.
- ***Rostered volunteer**:* A volunteer who has completed the registration process, having credentials verified, and has been entered into the volunteer management system database for potential assignment.
- ***Spontaneous volunteer**:* Volunteer presenting to help at the disaster scene that was neither recruited nor affiliated with a response or volunteer organization. Also referred to as "unsolicited volunteers."

[96] Healthcare Resources and Service Administration (HRSA/DHHS). Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), available at: http://www.hrsa.gov/bioterrorism/esarvhp/guidelines/, accessed January 29, 2006.

- ***Support volunteer****:* Volunteer without identified, verified technical skills, but may be valuable for performing unskilled support and other activities where professional skills are not indicated.
- ***Unaffiliated volunteer****:* Volunteers with no prior association with the volunteer management system or association with a recognized volunteer organization or traditional disaster response agency.

Vulnerability:

- A physical feature or operational attribute that renders an entity open to exploitation or susceptible to organizational disruption from a given hazard. *(Adapted from NIPP 2009)*
- Characteristic of design, location, security posture, operation, or any combination thereof, that renders an asset, system, network, or entity susceptible to disruption, destruction, or exploitation. In calculating risk of an intentional hazard, the common measurement of vulnerability is the likelihood that an attack is successful, given that it is attempted. *(DHS Risk Lexicon 9/08)*

Vulnerability Analysis: The process of estimating the vulnerability to potential disaster hazards of specified elements at risk. For engineering purposes, vulnerability analysis involves the analysis of theoretical and empirical data concerning the effects of particular phenomena on particular types of structures. For more general socio-economic purposes, it involves consideration of all significant elements in society, including physical, social and economic considerations (both short and long-term), and the extent to which essential services (and traditional and local coping mechanisms) are able to continue functioning. (*Simeon Institute 1998*)[97]

Vulnerability Assessment:

- A vulnerability assessment presents "the extent of injury and damage that may result from a hazard event of a given intensity in a given area. The vulnerability assessment should address impacts of hazard events on the existing and future built environment." (*FEMA 2001 (August), 7*)
- Process for identifying physical features or operational attributes that render an entity, asset, system, network, or geographic area susceptible or exposed to hazards. Vulnerability assessments can produce comparable estimates of vulnerabilities across a variety of hazards or assets, systems, or networks. *(DHS Risk Lexicon 9/08)*

Warning: Dissemination of notification message signaling imminent hazard which may include advice on protective measures. See also "alert." *(Adapted from U.N. 1992, 5*). For example, a warning is issued by the National Weather Service to let people know that a severe weather event is already occurring or is imminent, and usually provides direction on protective actions. A "warning" notification for individuals is equivalent to an "activation" notification for response systems.

[97] Cited in FEMA Higher Education Project; Simeon Institute. Penultimate Glossary of Emergency Management Terms (1998). Claremont, CA, http://www.cyberg8t.com/simeon/glossary.html.

Watch: A watch is a notification issued by the National Weather Service to let people know that conditions are right for a potential disaster to occur. It does not mean that an event will necessarily occur. People should listen to their radio or TV to keep informed about changing weather conditions. A watch is issued for specific geographic areas, such as counties, for phenomena such as hurricanes, tornadoes, floods, flash floods, severe thunderstorms, and winter storms. (*adapted from Simeon Institute 1992*).[98] As such, a "watch" notification for individuals is equivalent to an "alert" notification for response systems.

Weapons of Mass Destruction (WMD):

- Generally refers to chemical, nuclear, biological agents or explosive devices that could be deployed against civilian populations (differentiates from military use).
- Weapon capable of a high order of destruction and/or of being used in such a manner as to destroy large numbers of people or an amount of property. *(NIPP 2009)*

White Paper: A "white paper" is a writing that outlines an issue and develops a strategic approach to addressing the identified issue. It may state an organization's position or philosophy about a social, political, or other subject, or provide a not-too-detailed technical explanation of an architecture, framework, or product technology. Typically, a white paper explains proposed policy and/or proposed actions for a design and development effort. White papers are commonly used to enhance a decision-making process.

Worker, Disaster: A term that collectively describes all personnel involved with an incident. It is considered a more inclusive term than "responder."

[98] Cited in FEMA Higher Education Project; Simeon Institute. Penultimate Glossary of Emergency Management Terms (1998). Claremont, CA: http://www.cyberg8t.com/simeon/glossary.html.

Recurrent Reference Citations:

- CPG 101: Federal Emergency Management Agency (FEMA) Comprehensive Preparedness Guide (CPG) 101: Developing and Maintaining State, Territorial, Tribal and Local Government Emergency Plans, March 2009: http://www.fema.gov/about/divisions/cpg.shtm

- DHS Risk Lexicon 9/08: U.S. Department of Homeland Security Risk Lexicon, September 2008 at: http://www.dhs.gov/xlibrary/assets/dhs_risk_lexicon.pdf

- Department of Veterans Affairs. Emergency Management Program Guidebook. 2005: http://www1.va.gov/emshg/page.cfm?pg=114

- FCD 1: Federal Continuity Directive 1, Federal Executive Branch National Continuity Program and Requirements, February 2008 at: http://www.fema.gov/pdf/about/offices/fcd1.pdf

- Federal Emergency Management Agency (FEMA) Higher Education Project (Appendix: Select Emergency Management-Related Terms and Definitions, accessed February 19, 2007 at http://training.fema.gov/EMIWeb/edu/highref.asp

- HSEEP: Homeland Security Exercise and Evaluation Program at: https://hseep.dhs.gov/pages/1001_HSEEP7.aspx

- HSPD-21: Homeland Security Presidential Directive 21 at: http://www.dhs.gov/xabout/laws/gc_1219263961449.shtm

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- MSCC 2007: Barbera JA, Macintyre AG,.(Knebel A, Trabert E, eds). Medical Surge Capacity and Capability: A management system for integrating medical and health resources during large-scale emergencies, Second edition (September 2007). The CNA Corporation. Published under Contract Number 233-03-0028 for DHHS, December 2007.

- NFPA 1600, Standard on Disaster/Emergency Management and Business Continuity Programs 2004 Edition: http://www.nfpa.org/assets/files/pdf/nfpa1600.pdf

- NIMS 12/08: National Incident Management System), version December, 2008: www.dhs.gov

- NIPP 2009: National Infrastructure Protection Plan 2009 at: http://www.dhs.gov/xlibrary/assets/NIPP_Plan.pdf

- NRF 1/08: National Response Framework (January 2008) at: http://www.fema.gov/emergency/nrf/

- SLG 101: Federal Emergency Management Agency (FEMA) State and Local Guide (SLG) 101: Guide for All-Hazard Emergency Operations Planning (September 1996): http://www.fema.gov/plan/gaheop.shtm

- WMO: World Meteorological Organization. A United Nations Specialized Agency: http://www.wmo.ch/index-en.html

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Appendix B

Emergency Management Acronyms

June 30, 2010

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AAR	After Action Report
AAR/IP	After Action Report / Improvement Plan
ACEP	American College of Emergency Physicians
ADDIE	Analysis, Design, Development, Implementation, Evaluation
AP	All Personnel
AP	Action Plan
AP-P	All Personnel – Program Competencies
AP-R	All Personnel – Response & Recovery Competencies
AEM	Area Emergency Manager
ALS	Advanced Life Support
APTR	Association for Prevention Teaching and Research
ARS	Acute Radiation Syndrome
ASPR	Assistant Secretary for Preparedness and Response (DHHS)
ASTM	American Society of Testing and Materials (now known as "ASTM International")
BAA	Business Area Analysis
BCO	Business Continuity Office
BCP	Business Continuity Program
BIA	Business Impact Analysis
CAP	Corrective Action Process
CD	Civil Defense
CDC	Centers for Disease Control and Prevention
CEM	Comprehensive Emergency Management
CEMP	Comprehensive Emergency Management Program
CEO	Chief Executive Officer
CFO	Chief Financial Officer
CFR	Code of Federal Regulations
CI/KR	Critical Infrastructure and Key Resource
CIM	Complex Incident Management
COBRA	Consolidated Omnibus Budget Reconciliation Act (1985)
CON OPS	Concept of Operations
COO	Chief Operating Officer
COOP	Continuity of Operations Planning
CP	Command Post
CPG	Comprehensive Planning Guide
CRNA	Certified Registered Nurse Anesthetist
CSS	Clinical Support Services
DECON	Decontamination
DFO	Disaster Field Office
DHHS	Department of Health and Human Services
DHS	Department of Homeland Security
DMAT	Disaster Medical Assistance Team
DMORT	Disaster Mortuary Operational Response Team
DOC	Department Operations Center
DoD	US Department of Defense
DRC	Disaster Recovery Center

ED	Emergency Department
EEG	Exercise Evaluator Guidance
EM	Emergency Management
EMAC	Emergency Management Assistance Compact
EMAP	Emergency Management Accreditation Program
EMC	Emergency Management Committee
EMI	Emergency Management Institute
EMP	Emergency Management Program
EMS	Emergency Medical Services
EMSHG	Area Emergency Manager
EMT	Emergency Medical Technician
EMTALA	Emergency Medical Treatment for Active Labor Act
EPG	Emergency Policy Group
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
EPC	Emergency Program Coordinator
EPM	Emergency Program Manager
ERT	Emergency Response Team
ERT-A	Emergency Response Team- Advanced
ESAR-VHP	Emergency System for Advance Registration of Volunteer Health Professional
ESF	Emergency Support Function
FBI	Federal Bureau Investigation
FCC	Federal Coordinating Center
FCD	Federal Continuity Directive
FCO	Federal Coordinating Officer
FES	Facilities and Engineering Services
FEMA	Federal Emergency Management Agency
FEP	Facility Emergency Plan
FIRST	Federal Incident Response Support Team
FPC	Federal Preparedness Circular
FRERP	Federal Radiological Emergency Response Plan
FRP	Federal Response plan
GCC	Government Coordinating Council
GPMRC	Global Patient Movements Requirements Center
GRRA	Government Performance and Results Act of 1993
GSA	General Services Administration
GWU	George Washington University
HAZMAT	Hazardous Materials
HCF	Healthcare Facility
HCFA	Health Care Financing Administration
HCO	Healthcare Organization
HEICS	Hospital Emergency Incident Command System
HICS	Hospital Incident Command System
HIPAA	Health Insurance Portability and Accountability Act
HPP	Hospital Preparedness Program (DHHS/ASPR)

HPT	Human Performance Technology
HSEEP	Homeland Security Exercise and Evaluation Program
HSL	Healthcare System Leaders
HSPD	Homeland Security Presidential Directive
HSSA	Health Resources and Services Administration
HVA	Hazard Vulnerability Analysis
HVAC	Heating Ventilation Air Conditioning
IAP	Incident Action Plan
IC	Incident Commander
ICDRM	Institute for Crisis Disaster & Risk Management (GWU)
ICP	Incident Command Post
ICS	Incident Command System
IC/UC	Incident Command or Unified Command
IEMS	Integrated Emergency Management System
IMAT	Incident Management Assistance Team
IMP	Incident Management Post [
IMS	Incident Management System
IMSI	Incident Management Systems Integration
IMT	Incident Management Team
INCMCE	International Nursing Coalition for Mass Casualty Education
IP	Improvement Plan
IPS	Integrated Planning System
IR	Incident Review
ISC	Installation Support Center
ISD	Instructional System Development
IT	Information Technology
JCAHO	Joint Commission on Accreditation of Healthcare Organizations (now The Joint Commission or TJC)
JFO	Joint Field Office
JIC	Joint Information Center
JIS	Joint Information System
JIC	Joint Information Center
JOC	Joint Operations Center
JTF	Joint Task Force
JTTF	Joint Terrorism Task Force
KSA	Knowledge Skills and Abilities
LEPC	Local Emergency Planning Committee
LNO	Liaison Officer
LO	Learning Objective
MAA	Mutual Aid Agreement
MAC	Multiagency Coordination System
MACC	Multiagency Coordination Center
MACE	Multiagency Coordination Entity
MACG	Multiagency Coordination Group
MACS	Multiagency Coordination System
MaHIM	Medical and Health Incident Management

MCI	Mass Casualty Incident
MCS	Mission Critical Systems
ME	Medical Examiner
MEF	Mission Essential Function
MERS	Mobile Emergency Response Support
MMI	Modified Mercalli Intensity
MMRS	Metropolitan Medical Response System
MOU	Memoranda of Understanding
MRC	Medical Reserve Corps
MSCA	Military Support to Civil Authorities
MSCC	Medical Surge Capacity and Capability
MSEL	Master Sequence of Events List
NAICS	North American Industry Classification System
N/A	Not Applicable
NCR	National Capital Region
NDMS	National Disaster Medical System
NEF	National Essential Function
NEMA	National Emergency Management Agency
NFES	National Fire Equipment System
NFPA	National Fire Protection Association
NGO	Nongovernmental Organization
NIC	National Integration Center
NICC	National Infrastructure Coordinating Center
NIMS	National Incident Management System
NIIMS	National Interagency Incident Management System
NIPP	National Infrastructure Protection Plan
NJTTF	National Joint Terrorism Task Force
NOAA	National Oceanic and Atmospheric Administration
NOC	National Operations Center
NRCC	National Response Coordination Center
NRF	National Response Framework
NRP	National Response Plan
NSC	National Security Council
NSPD	National Security Presidential Directive
NVOAD	National Voluntary Organizations Active in Disasters
NWCG	National Wildfire Coordinating Group
OEP	Occupant Emergency Plan
OES	Office of Emergency Services
OSCAR	Operating Status Checklist and Reports
OSHA	Occupational Safety and Health Agency
PA	Public Assistance
PAHPA	Pandemic and All-Hazards Preparedness Act
PCP	Patient Care Providers
PFO	Principal Federal Official
PIO	Public Information Officer
PM	Program Manager

PMEF	Primary Mission Essential Function
PNP	Private Non-Profit
POLREP	Pollution Report
PPE	Personal Protective Equipment
PQ	Position Qualification
PRC	Primary Receiving Center
ProFlow	Procedural Flow
PSS	Police and Security Services
PVO	Private Voluntary Organizations
R&D	Research & Development
RESTAT	Resources Status
RF	Radio Frequency
RNP	Registered Nurse Practitioner
ROSS	Resource Ordering and Status System
RRCC	Regional Response Coordination Center
SARS	Severe Acute Respiratory Syndrome
SCO	State Coordinating Officer
SDO	Standards Development Organizations
SEMS	Standardized Emergency Management System
SFLEO	Senior Federal Law Enforcement Official
SIMCELL	Simulation Cell
SIOC	Strategic Information and Operations Center
SITREP	Situation Report
SO	Safety Officer
SOG	Standard Operating Guideline
SOP	Standard Operating Procedure
SPG	Senior Policy Group
SSC	Supply Service Center
SSP	Sector-Specific Plan
START	Simple Triage and Rapid Treatment
TCL	Target Capabilities List
TJC	The Joint Commission
TOPOFF	Top Officials' [Exercise]
UC	Unified Command
UM	Unified Management
UN	United Nations
US&R	Urban Search and Rescue
USC	United States Code
USCA	United States Code Annotated
USCG	United States Coast Guard
USPHS	United States Public Health Services
UTL	Universal Task List
VA	United States Department of Veterans Affairs
VAMC	Veterans Affairs Medical Center
VHA	Veterans Health Administration
VISN	Veterans' Integrated Service Network

VOAD	Voluntary Organizations Active in Disasters
WMD	Weapons of Mass Destruction
WMO	World Meteorological Organization
Y2K	Year 2000

Appendix C

Healthcare Emergency Management Competencies: Competency Framework Final Report

October 11, 2007

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Healthcare Emergency Management Competencies: Competency Framework Final Report [99]

Joseph A. Barbera, MD, Anthony G. Macintyre, MD, Greg Shaw, DSc,
Valerie Seefried, MPH, Lissa Westerman, RN, Sergio de Cosmo, MS
Institute for Crisis, Disaster, and Risk Management
The George Washington University
October 11, 2007

Introduction

In December 2004, the Veterans Health Administration (VHA) Emergency Management Strategic Healthcare Group awarded the Institute for Crisis Disaster & Risk Management (ICDRM) a contract to participate in establishing innovative training and personal development curricula for the VHA Emergency Management Academy (VHA-EMA). The objective of the project was to develop a nationally peer-reviewed, National Incident Management System (NIMS) compliant, competency-based instructional outline and curriculum content upon which to base education and training courses. The curriculum is intended to educate VHA personnel for response and recovery in healthcare emergencies and disasters, to provide a resource for future VHA training programs, and to be placed in the public domain for use by other healthcare personnel.

The initial phase of the EMA project consisted of developing a competency framework (competency definition, structure and format, and critical elements) followed by development of peer-reviewed emergency response and recovery competencies for VHA-selected healthcare system job groups. The competencies describe knowledge, skills, and abilities essential for adequate job performance during the emergency response and recovery phases of an incident. Peer review was accomplished through a web-based survey of the proposed competencies, which was distributed to a select, nationwide sampling of emergency management personnel who were identified as having extensive experience or advanced expertise in healthcare emergency response. The survey process was designed to obtain a balanced expert opinion as to whether the project team's written competencies were valid, and to assess the appropriate level of proficiency for each primary competency (i.e., awareness, operations, or expert). The competencies developed during this initial phase were then used to guide the development of learning objectives for the instructional curriculum.

An extensive research effort was conducted to understand the historical use of competencies, and to establish objective criteria for competency development.

[99] This report was supported by Department of Veterans Affairs, Veterans Health Administration contract "Emergency Management Academy Development," CCN20350A. The report is the work of the authors and does not represent the views of the Department of Veterans Affairs or any of its employees.

Historical development of competencies

Competency modeling originated in business management research, and has evolved extensively over the past 25 years as other disciplines began adopting the practice.[100] The original intent of competency development was to enhance the then common "job analysis" *by relating a position's requisite knowledge, skills and abilities to the overall objectives of the organization* in which the position existed. This approach aligns the objectives (i.e., desired outputs) of individual jobs with the overall objectives of the organization, such that organizational objectives are achieved through effective individual job performance. While this was the original intent of competencies, their definition varied widely as time progressed. Competency definitions range from emphasizing *underlying characteristics* of an employee (e.g., a motive, trait, skill, aspects of one's self-image, social role, or a body of knowledge) that produce effective and/or superior performance [101] to *performance characteristics* (i.e., how an employee conducted their job in relation to the organization's objectives). [102]

The application of competencies across the many organizations that use them has also varied widely. The private sector has commonly employed competencies to define "superior performers"[103] and therefore, as a selection tool for hiring, promotion, and/or salary enhancement. In other organizations, competencies have been used for job-specific performance feedback and improvement. Still others have used competencies to guide future program training and development. Because of this variation in definition and application, it becomes critically important to address these vagaries at the outset of any competency development project. This concept was well-described by one competency research team:

> "The first step in the implementation of any competency-based management framework must be the organizational consensus on how to define 'competency.' This agreed upon definition will drive the methodology used to identify and assess the competencies within the organization." [104]

The GWU-ICDRM project team strongly agreed with this concept, and started the project by defining how the competencies within this initiative would be applied:

> *The project competencies are intended to serve as formative tools to guide healthcare system personnel in developing knowledge, skills and abilities for effective performance during emergency response and recovery. These competencies are also intended to serve as a guide for developing preparedness*

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[100] Newsome, Shaun, Victor M Catano, and Arla L. Day. *Leader Competencies: Proposing a Research Framework*. 2003. available at http://www.cleleadership.ca/paper/leader_competencies-proposing_a_research_framework.pdf

[101] Boyatzis, Richard. *The Competent Manager: A Model for Effective Performance* New York: Wiley, 1982.

[102] US Office of Personnel Management. *Executive Core Qualifications (ECQ's),* accessed at http://www.opm.gov/ses/ecq.asp

[103] Klein AL. *Validity and Reliability for Competency-based Systems: Reducing Litigation Risks.* Compensation Benefits and Review, 28, 31-37, 1996. cited in "Newsome, Shaun, Victor M Catano, and Arla L. Day. Leader Competencies: Proposing a Research Framework. 2003.

[104] Newsome, Shaun, Victor M Catano, and Arla L. Day. *Leader Competencies: Proposing a Research* Framework. 2003. available at http://www.cleleadership.ca/paper/leader_competencies-proposing_a_research_framework.pdf

education and training, and therefore, to serve as a basis for the healthcare emergency management curriculum. Finally, the competencies may be employed as a tool for assessing the performance of individual healthcare personnel performance during emergency response and recovery operations.

Defining a competency framework

Despite an extensive search of published articles related to competencies, the GWU-ICDRM project team determined that no single authoritative source presented a consistent competency definition and competency framework to adequately support the VHA-EMA project needs. A framework was therefore developed, analyzed through pilot competency development, refined and completed before establishing the individual emergency response and recovery competencies for this project. The competency framework was therefore used to impose a strict methodological consistency when developing and defining all competencies developed in this program. Central to this framework is the critical importance of competencies being objective and measurable, internally and externally consistent, and tightly described within the context of the organization's specific objectives.

Within this framework, the project team defined a "competency" as *a specific knowledge element, skill, and/or ability that is objective and measurable (i.e., demonstrable) on the job. It is required for effective performance within the context of a job's responsibilities, and leads to achieving the objectives of the organization. Competencies are ideally qualified by an accompanying proficiency level.* [105]

The GWU-ICDRM project team recognized the need to adapt the methods for competency development, since the usual business approach to establishing competencies is problematic for emergency management. Business management models establish competencies by observing performance and relating it to individual and organizational outputs. Because emergencies are rare events, and therefore emergency response and recovery outputs occur very infrequently, the related competency framework and definitions for this project are based less upon observed outputs. Instead, the basis is a healthcare system's emergency response and recovery objectives, together with the NIMS-consistent incident command system[106] structure and processes mandated for use by all emergency response organizations in the U.S.[107,108]

Response competencies in systems using the Incident Command System (ICS), therefore, should be based upon the general incident objectives an organization has during incident response, and upon the organizational structures, processes, and relationships with other

[105] GWU Institute for Crisis, Disaster and Risk Management. Emergency Management Glossary of Terms (October 2007) available at www.gwu.edu/~icdrm/
[106] Fedral Emergency Management Agency. *National Incident Management System (NIMS)* (March 1, 2004), available at: http://www.fema.gov/emergency/nims/index.shtm.
[107] Bush GW. *Homeland Security Presidential Directive (HSPD) -5: Management of Domestic Incidents* (February 28, 2003) accessed at http://www.whitehouse.gov/news/releases/2003/02/20030228-9.html
[108] Barbera JA, Macintyre AG, et al. Emergency Management Principles and Practices for Healthcare Systems, Unit 3, Lesson 3.1.1, accessed at http://www1.va.gov/emshg/page.cfm?pg=122

organizations that are *used during response* rather than those used during everyday experience. Emergency competencies are commonly developed without this relationship to a defined response system,[109] making it difficult to define how scientific or medical knowledge is to be implemented in an emergency response. In contrast, the GWU-ICDRM project team specifically incorporated the NIMS mandate to use ICS by including reference to the NIMS/Incident Command System structure and processes throughout the project's emergency response and recovery project competencies.

Because of the anticipated large number of competencies, the project team also established a "primary versus supporting competency" hierarchy to categorize the individual competencies as they were developed. Designating "primary" and "supporting" competencies helps to maintain a priority in the framework when listing a large number of individual competencies. Supporting competencies are also a means to more fully define and clarify the primary competencies.

Preparedness versus response and recovery competencies

Published articles describing emergency management competencies commonly do not differentiate between preparedness and response competencies, and list them in an intermixed fashion. [110,111] The GWU-ICDRM project team sought to maintain a separation between these categories.

Preparedness competencies are commonly based upon everyday organizational objectives, structure, processes, and relationships to other organizations. Preparedness is unquestionably important, but for it to be accurate, comprehensive and successful in establishing an effective emergency response capability, a thorough understanding of the response system must be established first, and preparedness guided by this. It was therefore reasoned by the project team that specific competencies for emergency response should be established and validated first, and then used as the "end state" to guide the development of valid preparedness competencies.

Because of these considerations, the initial project focus was response and recovery competencies. Emergency management program competencies related to mitigation and preparedness were developed later for the two job groups that are the initial focus of the certification project.

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[109] ATPM (Association of Teachers of Preventive Medicine) in collaboration with Center for Health policy, Columbia University School of Nursing. *Emergency Response Clinician Competencies in Initial Assessment and Management, 2003,* accessed at http://www.atpm.org/education/Clinical_Compt.html

[110] INCMCE (International Nursing Coalition for Mass Casualty Education). *Educational Competencies for Registered Nurses Responding to Mass Casualty Incidents*, 2003. Available at: http://www.nursing.hs.columbia.edu/institutes-centers/chphsr/hospcomps.pdf

[111] ACEP (American College of Emergency Physicians) and the U.S Department of Health & Human Services, Office of Emergency Preparedness. *Developing Objectives, Content, and Competencies for the Training of Emergency Medical Technicians, Emergency Physicians, and Emergency Nurses to Care for Casualties Resulting From Nuclear, Biological, or Chemical (NBC) Incident*s, Final Report April 23, 2001. American College of Emergency Physicians, Irving, Texas.

Establishing appropriate levels of proficiency

Concurring with other authors that "competency" is not an all-or-none phenomenon, the GWU-ICDRM project team established "proficiency levels" to address this issue in a graduated fashion. Proficiency levels delineate the "The degree of understanding of the subject matter and its practical application through training and performance…" [112] In emergency management, proficiency indicates the level of mastery of knowledge, skills and abilities (i.e., competencies) that are demonstrable on the job and lead to the organization achieving its objectives. Levels of proficiency may therefore also be used to describe the level of mastery that is the objective of and specific training or education program. The final proficiency levels defined for this project are presented in Table 1.

Table 1. Definition of the Levels of Proficiency

Awareness	Represents an understanding of the knowledge/skills/abilities encompassed by the competency, but not to a level of capability to adequately perform the competency actions within the organization's system.
Operations	Represents the knowledge/skills/abilities to safely and effectively perform the assigned tasks and activities, including equipment use as necessary
Expert	Represents operations-level proficiency plus the additional knowledge/skills/abilities to apply expert judgment to solve problems and make complex decisions.

As core and job group competencies were developed, the project team qualified each primary competency with an indicated level of proficiency (awareness, operations, expert).

Developing emergency response and recovery competencies

Using the competency framework established in this project, response and recovery "core" competencies were developed for all personnel within a healthcare system that may have a role in the emergency response, regardless of their specific emergency response and recovery function. Additional competencies were then established for three functionally based job groups within a healthcare. The original designation for these job groups were (1) healthcare facility leaders, (2) patient care providers, and (3) emergency management program

[112] EMA. *Urban Search & Rescue Incident Support Team Training: Student Manual*. Module 1, Unit 4, Page 6: Planning Process Overview. *n/a*:40. 4/16/2004, accessed at: http://www.fema.gov/emergency/usr/usrist2.shtm

managers. The titles and definitions evolved with outside input as the project tasks were accomplished (see Table 2 for final titles and descriptions).
Initial competency identification and development was accomplished through an analysis of ICS as presented in NIMS, an extensive literature review, and an evaluation of the VHA system and processes for emergency response. [113] Additionally, the GWU-ICDRM project team relied upon their extensive emergency management and disaster response experience, and upon related previous research efforts. [114,115,116]

The emergency response and recovery competencies for the initially designated three job groups were then fully developed, studied through a web-based survey, revised based upon input and completed. [117]

Identification of additional job groups and their associated competencies

Early in the competency development process, it became apparent that there were additional important healthcare emergency management job groups beyond the three that were initially described. These groups have distinct response and recovery responsibilities (and therefore associated competencies) for the healthcare organization's resiliency and medical surge. After extensive research during the latest phase of the project, the additional groups were identified as: Facilities and Engineering Services (FES), Police and Security Services (PSS), and Clinical Support Services (CSS). Their descriptions are presented in Table 2. Using the previously defined methodology (including web-based peer review), the follow-on project allowed for the development of emergency response and recovery competencies for these remaining job groups.

Development of preparedness and mitigation (program) competencies for Emergency Management Program Managers and Healthcare System Leaders

The methodology utilized in this project focused first on the development and validation of response and recovery competencies as an "end state" for healthcare system personnel in their emergency management activities. The second phase of the project allowed for the development of program competencies for Emergency Program Managers and Healthcare System Leaders, which focused upon preparedness and mitigation activities necessary to

[113] Veterans Health Administration. *VHA Emergency Management Program Guidebook*, 2005, accessed at: http://www1.va.gov/emshg/page.cfm?pg=114
[114] Barbera, Joseph A and Anthony G. Macintyre. *Medical and Health Incident Management System: A Comprehensive Functional Description for Mass Casualty Medical and Health Incident Management.* Institute for Crisis, Disaster & Risk Management. The George Washington University, Washington DC, October 2002, accessed at www.gwu.edu/~icdrm/
[115] Barbera, Joseph A and Anthony G. Macintyre. *Mass Casualty Handbook: Hospital Emergency Preparedness and Response, First Edition*. Jane's Information Group, 2003.
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reach this "end state." These two job groups maintain primary responsibility for the emergency management *program* within a healthcare system, and thus have extensive primary competencies that relate to program development and maintenance required for successful response to emergencies and disasters.

The program competencies were developed using the earlier methods, with identical criteria that the competencies be objective and measurable, maintain internal and external consistency, and be described within the context of an organization's specific emergency management program objectives. Program competencies may more closely align with business management models during day-to-to day operations. Hence, organizational and individual outputs for these groups can be expected to be more frequent. This concept was included in the development of the program competencies.

While no formal survey was conducted following the development of these program competencies, peer review was accomplished by providing draft competencies to experts for comment. Only minor changes resulted.

The final job group titles and their descriptions are listed below. The competencies follow.

Table 2. Healthcare System Job Group Definitions

All Personnel (AP)	All personnel are defined as any healthcare system administrator, employee, professional staff, licensed independent practitioners or others with a specified role in the healthcare systems emergency operations plan (EOP).
Patient Care Providers (PCP)	Physicians, physician assistants, registered nurses, licensed practical nurses, nurses working within expanded roles (CRNA, RNP, and others), emergency medical technicians, paramedics, and respiratory therapists and others who provide direct clinical patient care. Not included are clinical support staff that provide patient care services under the direct supervision of patient care providers: e.g., nurse's aides, procedure technicians, orderlies, and others.

Healthcare System Leaders (HSL)	Hospital and/or healthcare system-wide senior executives (CEO, COO, CFO), hospital-wide managers, department heads, nursing executives, chief of the medical staff, and/or senior managers in large departments or key operating units. It is assumed that members of this job group, due to their everyday organizational positions, would be assigned to serve in the command and general staff positions of an ICS structure during a healthcare system's emergency response.
Emergency Management Program Managers (EPM)	Personnel primarily responsible for developing, implementing and maintaining healthcare facility and system-wide emergency management (EM) programs that include the Emergency Operations Plan (EOP). System level emergency program managers, above the level of individual facilities, (such as VHA Area Emergency Managers or program managers at the level of the VA Emergency Management Strategic Healthcare Group) are also included in this job group. It is assumed that the individuals in this job group will be assigned to a command & general staff ICS position (usually planning section chief) during response, and so are expected to possess the response and recovery competencies listed under Healthcare System Leaders as well. In some healthcare systems, an EM Program Manager may oversee a more limited position (e.g. program coordinator) with a narrower range of competencies.
Clinical Support Services (CSS)	Personnel that perform tasks related to the medical care of patients without direct patient interface (e.g. pharmacists, lab technicians, etc.) or provide patient services that aren't primarily medical care (social services, physical and occupational therapy, pastoral care, patient educators, and others) or provide patient care services under the direct supervision of patient care providers (such as nurse's aides, procedure technicians, orderlies, transporters).
Police & Security Services (PSS)	Personnel whose day to day job in the healthcare system involves security and the full range of law enforcement activities. Day-to-day duties may or may not put these individuals into direct contact with patients.

Facilities and Engineering Services (FES)	Personnel whose day to day job involves maintaining the physical plant and its various systems. Included in this group are facilities and physical plant personnel, engineers, grounds personnel, biomedical engineers, food services, communications and IT personnel. It also usually includes administrative safety positions below the level of the healthcare system leaders. Day to day duties rarely put these personnel in direct patient contact.

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Appendix D

Healthcare System
Emergency Response and Recovery
Competencies
All Personnel (Core) and Major Job Groups

Revised June 30, 2010

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All Personnel (AP)

All personnel are defined as any healthcare system administrator, employee, professional staff, licensed independent practitioners or others with a specified role in the healthcare systems emergency operations plan (EOP).

- **AP-R1: Utilize general Incident Command System (ICS) principles during incident response and recovery.**

Proficiency level for Primary Competency: operations level

Knowledge
- o AP-R1.1: Describe ICS as an emergency response and recovery operating system and its application to healthcare system incident response and recovery, management structure, concept of operations, and planning cycle.
- o AP-R1.2: Describe your potential role(s) and responsibilities within the healthcare system response and recovery in terms of ICS principles.
- o AP-R1.3: Describe the ICS-delineated expectations of individual responders in relation to the healthcare system response and recovery to include: attendance at briefings, reporting requirements, and use of role-related documents such as Operational Checklists (Job Action Sheets).

Skills
- o AP-R1.4: Demonstrate an operations level of proficiency in ICS principles by utilizing appropriate forms, attending indicated meetings, and adhering to appropriate reporting requirements.

- **AP-R2: Recognize situations that suggest indications for full or partial activation of the healthcare system's Emergency Operations Plan (EOP), and report them appropriately and promptly.**

Recommended proficiency for Primary Competency: operations level

Knowledge
- o AP-R2.1: Describe the general characteristics of emergency situations that may indicate the need for full or partial EOP activation.
- o AP-R2.2: Describe the reporting requirements and methodology for situations that may require full or partial EOP activation.

Skills
- o AP-R2.3: Identify situations within your areas of regular duty that should be reported for consideration for full or partial activation of the healthcare system's EOP.
- o AP-R2.4: Report situations within your areas of regular duty by following EOP notification procedures and contacting the appropriate person as indicated by your specific role and by the situation at hand (e.g., page operator, supervisor, etc.).

- **AP-R3: Participate in healthcare system mobilization to rapidly transition from day-to-day operations to incident response organization and processes**

Proficiency level for Primary Competency: operations level

Knowledge
- o AP-R3.1: Describe the procedures necessary to receive notification of EOP activation and to prepare your work area, as indicated, for EOP response and recovery.
- o AP-R3.2: Describe the initial reporting requirements for your expected role or position.
- o AP-R3.3: Describe the location and format of the system EOP.

Skills
- o AP-R3.4: Follow your functional areas mobilization plan as outlined in the EOP to prepare your work area for EOP response and recovery.
- o AP-R3.5: Confirm notification receipt and report to the appropriate EOP position your initial situation, resource status, and any special problems encountered for your specific role or functional area.
- o AP-R3.6: Locate the facility EOP and access portions applicable to your role and responsibilities.

- **AP-R4: Apply the healthcare system's core mission statement to your actions during emergency response and recovery.**

Recommended proficiency for Primary Competency: operations level

Knowledge
- o AP-R4.1: Describe how your emergency operations role and responsibilities support the healthcare system mission during emergency response and recovery.

Skills
- o AP-R4.2: Demonstrate your understanding of the healthcare system's mission during emergency response and recovery by ensuring your actions continually contribute to 1) protection and security, including the safety of patients, families, and staff, 2) continuity of operations, both business and healthcare services 3) health and medical surge, and 4) the healthcare system support to the community and external requirements.

- **AP-R5: Apply the healthcare system code of ethics to your actions during emergency operations.**

Proficiency level for Primary Competency: operations level

Knowledge

- AP-R5.1: Describe how the healthcare system's and other codes of ethics (such as Federal codes of ethics for Federal facilities), as applicable, apply to your role and responsibilities during emergency response and recovery, particularly in scarce resource situations.

Skills

- AP-R5.2: Demonstrate your understanding of the healthcare system's and Federal codes (as applicable) of ethics by applying them to your individual response actions during emergency response and recovery.

- **AP-R6: Execute your personal/family preparedness plans to maximize your availability to participate in the healthcare system's emergency response and recovery.**

Proficiency level for Primary Competency: expert level

Knowledge

- AP-R6.1: Describe the importance of both a personal and a family preparedness plan to allow you to perform your healthcare system emergency response and recovery role.
- AP-R6.2: Describe your responsibility as an employee to maintain a personal and family preparedness plan.
- AP-R6.3: Describe your responsibility as a supervisor (if applicable) to promote employee maintenance of a personal and family preparedness plan.
- AP-R6.4: Identify the personal/family specific requirements and details that must be addressed in your personal/family preparedness plan, per your healthcare organization's guidance, that allow you to perform your healthcare system response role in a potentially changed work schedule and environment.

Skills

- AP-R6.5: Demonstrate your availability to work in your assigned role during healthcare system response and recovery by executing your personal/family preparedness plan.
- AP-R6.6: Demonstrate an expert level of proficiency in personal and family preparedness planning by executing your personal/family preparedness plan and meeting your personal and family needs across any circumstances.

- **AP-R7: Respond with your previously prepared and maintained personal "go-kit" to maximize your ability to perform your assigned role during healthcare system response and recovery.**

Proficiency level for Primary Competency: expert level

Knowledge

- AP-R7.1: Describe the importance of your personal "go kit" for self-protection and to allow you to perform your healthcare system response and recovery role and responsibilities (A "go kit" contains personal supplies that an employee would

need to work their emergency response and recovery role beyond a usual work shift, potentially not returning home for 72 hours).
- o AP-R7.2: Describe your responsibility as an employee to maintain a personal "go-kit."
- o AP-R7.3: Describe your responsibility (if applicable) as a supervisor to promote employee maintenance of a personal "go kit."
- o AP-R7.4: Describe how the EOP components and related policies and procedures, (evacuation, shelter in place, lock down, etc.) of the healthcare system Emergency Operations Plans impact your decisions on what should be included in your personal "go kit."
- o AP-R7.5: Identify your personal situation (physical ability/constraints, medical needs, personal/family preparedness plan, etc.) and how it impacts on your decisions on what should be included in your personal "go kit."

Skills
- o AP-7.6: Demonstrate your ability to work in your assigned role and operational periods during response and recovery through the use of your personal "go kit."

- **AP-R8: Follow the general response procedures for all personnel in the Occupant Emergency Procedures (OEP) and assist others (healthcare system personnel, patients, and visitors) as necessary to accomplish the OEP directives. [Footnote: More specific response procedures are addressed under respective job groups.]**

Proficiency level for Primary Competency: operations level

Knowledge
- o AP-R8.1: Describe the component parts of the OEP and your responsibilities and actions under each.
- o AP-R8.2: Describe circumstances that could lead to OEP activation and your responsibilities during OEP activation.
- o AP-R8.3: Describe the reporting procedures for your job position that would activate the OEP.

Skills
- o AP-R8.4: Execute your roles and responsibilities for the facility OEP by conducting the OEP directives for your job position in evacuation, shelter in place, or other actions during emergency operations.

- **AP-R9: Perform your specific roles and responsibilities as assigned in the healthcare system's Emergency Operations Plan (EOP) and the appropriate Incident Action Plan (IAP) in order to support the system's objectives.**

Proficiency level for Primary Competency: operations level

Knowledge
- o AP-R9.1: Describe the ICS framework as applied specifically to the healthcare system emergency response and recovery.

- AP-R9.2: Describe your role and responsibility as assigned in the healthcare system's EOP.
- AP-R9.3: Describe how potential changes in event parameters may necessitate changes in the facility IAP objectives and strategies, and hence changes in your job area's tactics and assignments (Management by objectives).
- AE-R9.4: Describe the urgent issues that could potentially require a change in your job or job area's response strategies and tactics.
- AP-R9.5: Describe your personal accountability requirements during emergency response and recovery.
- AP-R9.6: Describe the equipment and technologies for your specific role and responsibilities within the healthcare facility EOP.
- AP-R9.7: [Deleted to address redundancy]

Skills

- AP-R9.8: Demonstrate appropriate EOP-designated reactive actions in response to potential/actual events that have activated the EOP.
- AP-R9.9: Demonstrate your specific role and responsibilities as assigned in the healthcare facility's EOP by following your operational checklist (job action sheet), completing assignments, filling out appropriate forms, and fulfilling reporting requirements.
- AP-R9.10: Ensure organizational objectives are met by formulating and/or implementing specific tactics consistent with the objectives and strategies delineated in the controlling IAP for the current operational period.
- AP-R9.11: Report data to supervisors, as indicated, to contribute to measuring effectiveness of your EOP functional area and its contributions to achieving the organization's designated incident objectives.
- AP-R9.12: Operate all equipment and technologies for your specific role and responsibilities within the healthcare system's EOP.

- **AP-R10: Follow the Communication Plan and reporting requirements as outlined in the healthcare system's EOP and the specific Incident Action Plan for an emergency event.**

Proficiency level for Primary Competency: operations level

Knowledge

- AP-R10.1: Describe the policy and methods for communication and reporting during emergency response and recovery.
- AP-R10.2: Describe the process for rapidly communicating urgent issues that could require a change in response strategies or tactics for your job area, and the appropriate party to receive your communication.
- AP-R10.3: Describe the process for reporting significant hazard or response impacts that you or your job area encounter to the appropriate party as indicated by the EOP.
- AP-R10.4: Describe the general content of the communication plan component of the Incident Action Plan as it relates to your emergency response and recovery role.

- o AP-R10.5: Describe the facility policy and procedures applicable to your role for interaction with the media.

Skills

- o AP-R10.6: Demonstrate the reporting requirements within your functional area as delineated in the healthcare system EOP.
- o AP-R10.7: Maintain communications with appropriate parties for your role/functional area despite changing requirements and event parameters.
- o AP-R10.8: Demonstrate an understanding of media interactions for your role by referring requests to appropriate personnel (as applicable), and when interacting with the media, follow designated interview procedures and protocols.
- o AP-R10.9: Demonstrate effective use of the emergency response communication devices and relevant protocols per the healthcare organization's EOP

- **AP-R11: Follow and enforce healthcare system's safety rules, regulations, and policies during emergency response and recovery.**

Proficiency level for Primary Competency: operations level

Knowledge

- o AP-R11.1: Describe the healthcare system's safety rules, regulations, and policies during emergency response and recovery that maintain personal safety and a safe work environment.
- o AP-R11.2: Describe how to apply the Safety Plan component of the facility Incident Action Plan.
- o AP-R11.3: Describe the safety specific actions and procedures to be followed when unsafe situations/events are encountered.
- o AP-R11.4: Describe incident parameters that may serve as stressors for response personnel, how stress may be manifested, and appropriate interventions for your specific role.

Skills

- o AP-R11.5: Demonstrate your adherence to and enforcement of healthcare system safety rules, regulations, and policies during emergency response and recovery by wearing appropriate PPE, following pre-defined safety procedures, identifying and addressing unsafe practices, and following the IAP Safety Plan as briefed by your immediate supervisor.
- o AP-R11.6: Recognize and address incident stress for yourself and others in your functional area by identifying manifestations of stress and, in a fashion appropriate to your specific role, decreasing the stressors, limiting the negative impact of the stressors, or ensuring appropriate assistance in recovering from negative stressors.

- **AP-R12: Follow and enforce police and security measures consistent with the nature of the incident that has prompted the EOP activation.**

Proficiency level for Primary Competency: operations level

Knowledge
- o AP-R12.1: Describe healthcare system security rules, regulations, and policies that apply to your assigned role and responsibilities in the EOP.
- o AP-R12.2: Describe the security specific actions and procedures to be followed when a suspicious event or security breach is detected.

Skills
- o AP-R12.3: Demonstrate your adherence to and enforcement of security measures during emergency response and recovery by following security briefings, instruction from individual security personnel, and badge procedures.

- **AP-R13: Utilize or request (as appropriate) and integrate equipment, supplies, and personnel for your specific role or functional area during emergency response and recovery.**

Proficiency level for Primary Competency: operations level

Knowledge
- o AP-R13.1: Describe procedures for requesting equipment, supplies, and personnel for your functional area and the integration of these resources during emergency response and recovery.

Skills
- o AP-R13.2: Demonstrate your ability to request and integrate additional resources by following EOP procedures outlined for these activities.
- o AP-R13.3: Demonstrate the ability to assess the adequacy of equipment, supplies and personnel to carry out your job assignments during each operational period.

- **AP-R14: Follow demobilization procedures that facilitate rapid and efficient incident disengagement and out-processing of individual resources and/or the overall healthcare organization.**

Proficiency level for Primary Competency: operations level

Knowledge
- o AP-R14.1: Describe demobilization policies and procedures for your work area, including procedures to “catch up” on regular staffing and other activities that were suspended or revised during emergency operations.
- o AP-R14.2: Describe the policy and procedures for out-processing of personnel during demobilization.
- o AP-R14.3: Describe the policy and procedures for conducting an initial Incident Review (commonly known as a "hot wash") for your work area.
- o AP-R14.4: Describe the policy and procedures for documenting and reporting incident-related issues for inclusion in After Action Report process, analysis, and corrective measures.

Skills

- o AP-R14.5: Demonstrate demobilization procedures for the incident by following the demobilization plan specific to your functional area.
- o AP-R14.6: Prioritize, initiate or participate in delayed activities (relevant to your position) that were suspended or revised during emergency response according to the healthcare system's procedures.
- o AP-R14.7: Participate in out-processing, to include a performance evaluation and any indicated physical exam.
- o AP-R14.8: Provide input into the Incident Review as appropriate for your position during emergency response.

- **AP-R15: Follow recovery procedures that ensure facility return to baseline activity.**

Proficiency level for Primary Competency: operations level

Knowledge

- o AP-R15.1: Describe policies and procedures for rehabilitation of personnel.
- o AP-R15.2: Describe policies and procedures for rehabilitation of equipment (including recertification for use), reordering of supplies specific to your functional area, and rehabilitating your workspace.
- o AP-R15.3: Describe policies and procedures specific to your role and responsibilities for rehabilitation of the facility.
- o AP-R15.4: Describe the policies and procedures for a formal After-Action Report.

Skills

- o AP-R15.5: Demonstrate an understanding of the importance of personnel rehabilitation activities by participating in personnel rehabilitation as instructed.
- o AP-R15.6: Demonstrate an understanding of facility and equipment rehabilitation by participating in these procedures to ensure your functional area readiness for day-to-day activities and future EOP activations.
- o AP-R15.7: Demonstrate an understanding of After Action-Reports by submitting items in the required format.

Emergency Management Program Manager (EPM)

Personnel primarily responsible for developing, implementing and maintaining healthcare facility and system-wide emergency management (EM) programs that include the Emergency Operations Plan (EOP) and other EM Program activities. System level emergency program managers, above the level of individual facilities, (such as VHA Area Emergency Managers or program managers at the level of the VA Emergency Management Strategic Healthcare Group) are also included in this job group. ***It is assumed that the individuals in this job group will be assigned to a command & general staff ICS position (usually planning section chief) during response, and so are expected to possess the response and recovery competencies listed under Healthcare System Leaders as well***.[118]

- **EPM-R1: Recognize circumstances and/or actions, across the program manager's jurisdiction if appropriate, that indicate a potential incident and report the situation to facility leadership and appropriate authorities.**

Proficiency level for Primary Competency: expert level

Knowledge
- o EPM-R1.1: Describe the conditions across representative hazard types that indicate a potential incident requiring healthcare system response and recovery capabilities.
- o EPM-R1.2: List the healthcare system leadership positions that should be notified in the event of a potential incident and describe the formal notification process.
- o EPM-R1.3: List the outside authorities and resources that can be queried to rapidly obtain information about an evolving event, and describe the communication methods for this purpose.

Skills
- o EPM-R1.4: Identify and obtain information from all non-healthcare system sources that could indicate the occurrence of an incident and need for healthcare system response.
- o EPM-R1.5: Report the circumstances of the potential incident to the relevant facility leader(s) and notify outside authorities as appropriate.

- **EPM-R2: Provide assistance and guidance to healthcare system Incident Managers, and other authorities as requested, on the decision to fully or partially activate Emergency Operations Plans (EOP).**

Proficiency level for Primary Competency: expert level

Knowledge
- o EPM-R2.1: Describe the criteria that indicate the need for a partial or full healthcare system EOP activation.

[118] In some healthcare systems, an EM Program Manager may oversee a more limited position (e.g. program coordinator) with a narrower range of competencies.

- o EPM-R2.2: Describe the impact of EOP activation (full or partial) upon day-to-day facility operations.
- o EPM-R2.3: Describe the process for healthcare system EOP activation.

Skills

- o EPM-R2.4: Assist facility leaders with the decision to activate emergency medical response plans and procedures by communicating relevant information about the nature and consequences of an incident and by explaining the benefits of activating the EOP.
- o EPM-R2.5: Provide Incident Managers with a list of all facility personnel positions with the authority to activate the EOP, as requested, and outline the methods for activation.

- **EPM-R3: Assist in the rapid mobilization of activated healthcare systems to transition from day-to-day activities to response and recovery operations.**

Proficiency level for Primary Competency: operations level

Knowledge

- o EPM-R3.1: Describe processes and procedures used to mobilize the healthcare system and/or its individual facilities for emergency response and recovery.
- o EPM-R3.2: List all the external agencies relevant to your position that should be notified of the healthcare system's EOP activation and determine their level of response.
- o EPM-R3.3: List all the internal healthcare system resources and facilities (ICP/EOC and others) that must be mobilized as the EOP is activated.

Skills

- o EPM-R3.4: As requested by facility or healthcare system leadership, assist in facility mobilization by ensuring appropriate external liaisons are established and ensuring the facility management structure for response is clearly communicated externally.
- o EPM-R3.5: Provide the Healthcare System Incident Manager with briefings on the mobilization status of healthcare system facilities and/or internal resources (such as the EOC or the Decontamination Area) as indicated by the type and scope of the incident activation.

- **EPM-R4: Ensure full and proper execution of the appropriate emergency operations plan (EOP) for your healthcare system or designated healthcare system facilities during emergency response and recovery.**

Proficiency level for Primary Competency: expert level

Knowledge

- o EPM-R4.1: Describe the facility-specific as well as the larger, overarching healthcare system incident management organizational structure and response roles of all functional areas and key positions and how the incident management

team (IMT) functions in parallel with continued enterprise management and operations.
- o EPM-R4.2: Describe the healthcare enterprise's organizational requirements as well as the relevant laws, regulations, policies and precedents that affect emergency operations and principles of emergency management.

Skills
- o EPM-R4.3: Provide the healthcare system Incident Command Post with an initial projection of the supplies and resources needed for response and recovery as requested and as appropriate.
- o EPM-R4.4: At the outset of the incident, provide a briefing to the healthcare system incident manager on the response actions undertaken by external incident response agencies, or assure this is accomplished by the healthcare system senior liaison.
- o EPM-R4.5: Verify that the healthcare system's personnel have adopted incident management roles and responsibilities according to the response structure and functional roles delineated in the relevant EOP.
- o EPM-R4.6: Verify compliance of EOP response actions with applicable rules and regulations, and advise the facility Incident Commander as indicated.
- o EPM-R4.7: Provide assistance by monitoring the emergency response system assessing the adequacy and effectiveness of the incident management system in place at activated facilities within the healthcare system, as appropriate for the Program Manager's authority and jurisdiction.
- o EPM-R4.8: Address any apparent deficiencies noted in the incident management system during response and recovery by notifying the Incident Commander of the facility within the healthcare system and recommending solutions.

- **EPM-R5: Demonstrate the ability to function as a healthcare system's Planning Section Chief within the ICS structure as indicated by the Emergency Operations Plan (EOP).**

Proficiency level for Primary Competency: expert level

Knowledge
- o EPM-R5.1: Describe the healthcare system response roles and responsibilities ascribed to the chief of the Planning Section in the EOP.
- o EPM-R5.2: Describe the facility Incident Planning Cycle and the key components for which the Planning Section Chief is responsible.
- o EPM-R5.3: Describe the methods for functional area reporting and for the collation, processing, and dissemination of this information.
- o EPM-R5.4: Describe methods for monitoring response and recovery actions in order to assist the Incident Commander in determining progress towards achieving the incident objectives.

Skills
- o EPM-R5.5: Establish an effective Incident Planning Cycle by defining operational periods (approved by the system Incident Commander), coordinating the Planning Cycle timing with external or non-healthcare system response

agencies, and disseminating the schedule for essential planning activities (management and planning meetings, operational briefings, and others).

- EPM-R5.6: Ensure adequate functional area reporting by establishing the time schedule for reporting and verifying reports are received, to include situation, resource status, specific tactics utilized, progress accomplished, and unusual problems encountered; include patient tracking as necessary.
- EPM-R5.7: Include information originating internal and external to the system in the planning process by monitoring internal and external sources for information, including the level of response by external organizations, and considering the information in the planning process.
- EPM-R5.8: Ensure awareness of event parameters within the healthcare system by providing continual updates to the leader of functional areas and external agencies as appropriate.
- EPM-R5.9: Provide rapid contingency response by monitoring for sudden changes in event parameters that necessitate revision of response strategies and tactics, and disseminate appropriate notification to relevant internal and external parties.
- EPM-R5.10: Manage orderly and concise planning activities (management and planning meetings, operational briefings) by limiting distractions, providing agendas, and ensuring documentation of all relevant information discussed in the meetings.

- **EPM-R6: Perform or assist with the senior healthcare system liaison function and ensure that relevant response and recovery information is exchanged with senior healthcare system management levels beyond the immediate agency executive, if indicated.**

Proficiency level for Primary Competency: operations level

Knowledge

- EPM-R6.1: Describe the purpose and structure of the enterprise's overarching healthcare system administrative hierarchy (such as the Veterans Integrated Service Network and Headquarters for the VHA) and its potential role during facility emergency response and recovery.
- EPM-R6.2: Describe essential components of facility planning that should be disseminated to senior healthcare system management levels.
- EPM-R6.3: Describe any assigned healthcare enterprise responsibilities to the community, State, or Federal governments or other entities established through contracts, statutes or other authorities (for example, the VHA-DoD Contingency Plan) where the healthcare organization should establish a formal liaison function.

Skills

- EPM-R6.4: If part of a larger healthcare system (such as a VA Medical Center within a Veterans Integrated Service Network (VISN)), fulfill the region-wide emergency operations (response) plan and liaison function if it is activated.

- EPM-R6.5: Ensure that senior healthcare system officials are receiving accurate information from the facility (usually through the facility's agency executive) by providing the current facility IAP and/or situation reports in formats that are understandable to them.
- EPM-R6.6: Ensure that the facility Agency Executive and Incident Manager receive appropriate communications from senior healthcare system officials above the level of the incident management structure.
- EPM-R6.7: Assure that established responsibilities to the community, State, or Federal governments or other entities addressed and required actions communicated to appropriate Agency Executives and Incident Management Teams.

- **EPM-R7: If Program Manager of an activated healthcare system (such as a VA Medical Center within a Veterans Integrated Service Network), establish senior liaison with appropriate external healthcare organizations within your area, conduct information exchange, and coordinate incident response strategies and tactics.**

Proficiency level for Primary Competency: operations level

Knowledge

- EPM-R7.1: List relevant external healthcare organizations that exist within the emergency response network in your area and methods for contacting them.
- EPM-R7.2: Describe how the emergency response and recovery actions of healthcare facilities within your network and in your area impact one another.
- EPM-R7.3: Describe how healthcare facilities within your network and external agencies in the same impact area may support one another during emergency response and recovery.

Skills

- EPM-R7.4: Ensure the IMT contact information for activated IMTs in your network is disseminated to appropriate external emergency response agencies.
- EPM-R7.5: Facilitate the process for healthcare facilities within your network to gain access to appropriate external emergency response agencies by establishing liaison or providing contact methods (as indicated).
- EPM-R7.6: Facilitate coordination of response strategies and tactics by ensuring regular exchange of Incident Action Plans (or summaries contained in Situation Reports) between IMTs in your network and the appropriate external emergency response agencies.

  EPM-R7.7: Facilitate the use of mutual aid agreements between facilities within your network, and with external organizations when indicated.

- **EPM-R8: Participate in demobilization processes within the activated healthcare organization (such as a VHA Medical Center and/or within its overarching Veterans Integrated Service Network) to disengage resources from incident response and allow return to normal operations or back to stand-by status.**

Proficiency level for Primary Competency: operations level

Knowledge

- EPM-R8.1: Describe both the general objectives of the demobilization process and the specific management issues associated with demobilization, rehabilitation of response elements, and preparation to return to routine professional roles.

Skills

- EPM-R8.2: Assist in the demobilization of the healthcare organization and its resources by verifying that operational objectives have been met (or are reassigned to continuing units) and that appropriate internal and external notification is made regarding demobilization.
- EPM-R8.3: Participate in any initial incident review (commonly known as a "hot wash") and assist organizational leadership with ensuring appropriate procedures are followed for maintaining/preserving information for the After Action Report process.
- EPM-R8.4: Assist with the debriefing and performance assessments of response personnel under your supervision, and others as requested by the organization's incident manager.

- **EPM-R9: Assist, as indicated by assigned position in recovery management, with healthcare organization recovery to full pre-incident function, including return to routine facility management and medical care activities.**

Proficiency level for Primary Competency: operations level

Knowledge

- EPM-R9.1: Describe the incident planning and management processes for transitioning from response to recovery.
- EPM-R9.2: Describe the procedures and priorities for returning response resources and the overall organization to pre-incident operations and management.
- EPM-R9.3: Describe the process required to re-evaluate the healthcare organization’s patient population and post-incident patient care activities, which includes addressing the backlog of regular work.

Skills

- EPM-R9.4: Assist, as requested, with personnel rehabilitation by providing advice on procedures for addressing physical or psychological concerns.
- EPM-R9.5: Assist, as requested, with facility and equipment rehabilitation by establishing priority of recovery activities and identifying additional resources that may be required.
- EPM-R9.6: Assist, as requested, with addressing backlogs of regular work by providing advice to facility leaders on surge capacity methods and the prioritization of backlogged services.

- **EPM-R10: Fulfill emergency management program requirements for a formal incident After-Action Report (AAR) process that captures and processes recommended changes to achieve organizational learning.**

Proficiency level for Primary Competency: expert level

Knowledge

- EPM-R10.1: Describe the policies and procedures as well as other considerations for completing the formal After Action Report on healthcare system response.
- EPM-R10.2: Describe procedures for capturing information, analysis and acceptance or recommendations, and implementation of changes to a healthcare system EOP and overarching emergency management program.

Skills

- EPM-R10.3: Demonstrate an efficient process for completing the after action report process and improvement plan ensuring that reporting is completed in the required format (i.e., issue, background, recommended action, responsible party and recommended timeframe).
- EPM-R10.4: Ensure organizational learning by conducting appropriate analysis of recommendations, obtaining formal administration approval of accepted recommendations, and incorporating the recommended changes into the healthcare system EOP and other components of the emergency management program.

Healthcare System Leaders (HSL)

Hospital and/or healthcare system-wide senior executives (CEO, COO, CFO), hospital-wide managers, department heads, nursing executives, chief of the medical staff, and/or senior managers in large departments or key operating units. It is assumed that members of this job group, due to their everyday organizational positions, would be assigned to serve in the command and general staff positions of an ICS structure during a healthcare system's emergency response.

- **HSL-R1: Identify specific criteria of potential events that require the full or partial activation of the system's Emergency Operations Plan (EOP).**

Proficiency level for Primary Competency: expert level

Knowledge
- o HSL-R1.1: Describe the specific characteristics of potential situations that would require EOP full or partial activation.
- o HSL-R1.2: Describe the impact of EOP activation (full or partial) upon day-to-day facility operations.
- o HSL-R1.3: Describe potential sources of information that may assist with incident recognition.

Skills
- o HSL-R1.4: Demonstrate understanding of criteria for EOP full or partial activation by initiating appropriate levels of EOP activation rapidly during a specific incident.
- o HSL-R1.5: Ensure appropriate decisions are made about EOP activation by considering the impact of EOP activation (full or partial) upon day-to-day facility operations including the provision of essential services to existing patient populations.
- o HSL-R1.6: Ensure appropriate information is included in the decision to activate the EOP (as necessary) by coordinating with facility personnel who have relevant information or who have expertise relevant to the incident type.
- o HSL-R1.7: Ensure appropriate information from external sources is considered in the decision to activate the EOP by coordinating with external agencies that may provide incident-related information.

- **HSL-R2: Activate or support activation of the Emergency Operations Plan (EOP) to manage emergency response.**

Proficiency level for Primary Competency: operations level

Knowledge
- o HSL-R2.1: Describe the EOP activation and notification process.
- o HSL-R2.2: List the types of notification for the facility and specific functional areas.

- HSL-R2.3: List relevant external agencies that should be notified of the system's EOP activation (full or partial); e.g. VHA/VISN administrators, local public health, local public safety, etc.
- HSL-R2.4: Describe the initial reporting process from the notified functional areas in order to determine receipt of the notification message and initial resource availability.

Skills

- HSL-R2.5: Ensure appropriate EOP activation by identifying personnel with authority to activate the EOP and using the established methods for activation.
- HSL-R2.6: Ensure awareness of EOP activation by determining and conducting the appropriate level of notification (update, alert, advisory, activation) for the system, specific functional areas, and external agencies as applicable.
- HSL-R2.7: Confirm the activation of functional areas (management, operations, logistics, plans/information, finance/administration) by receiving and processing confirmation of notifications.

- **HSL-R3: Ensure rapid system mobilization that transitions response personnel and resources from day-to-day activities to their designated incident response status.**

Proficiency level for Primary Competency: operations level

Knowledge

- HSL-R3.1: Describe the management positions responsible for assuring mobilization of all key resources and personnel in the healthcare system's EOP, and the reporting process for determining mobilization status.
- HSL-R3.2: Describe the layout, location of supplies, and set-up of the facility Incident Command Post (ICP) or alternatively (according to the organization's EOP), the healthcare facility's Emergency Operations Center (EOC) with a smaller ICP at the site of primary response activity.

Skills

- HSL-R3.3: Confirm the mobilization of functional areas (management, operations, logistics, plans/information, finance/administration) by receiving and processing confirmation of mobilization and full readiness for response.
- HSL-R3.4: Ensure adequate resources and facilities are available for the healthcare system including assisting with or supervising (as indicated by leader position) establishment of the Emergency Operations Center (EOC) and Incident Command Post (ICP) for the organization.
- HSL-R3.5: Review the mobilized command and general staff area of the ICP or EOC to confirm that those positions can fully operate in their positions.

- **HSL-R4: Ensure appropriate execution of the healthcare system Occupant Emergency Procedures (OEP) by assuring appropriate protective actions for patients, staff and visitors, and for the integrity of the healthcare system.**

Proficiency level for Primary Competency: operations level

Knowledge
- HSL-R4.1: Describe the decision process for activating the OEP and how the OEP functions within the Emergency Operations Plan (EOP) for the organization.
- HSL-R4.2: Describe the accountability processes for staff, patients, visitors, vital records, and critical equipment and how the overall and final accountability is confirmed.
- HSL-R4.3: List critical external resources required to support OEP activation.

Skills
- HSL-R4.4: Make decisions during OEP implementation that reflect the prioritized system objectives of life safety, incident stabilization, and protection of mission critical property and operating systems.
- HSL-R4.5: Demonstrate oversight of accountability for staff, patients, visitors and mission critical systems.

- **HSL-R5: Ensure that the system's incident management is effective, utilizes Emergency Operations Plan (EOP) procedures and processes, and uses a pro-active 'management by objective' approach.**

Proficiency level for Primary Competency: expert level

Knowledge
- HSL-R5.1: Describe the functional organization of the healthcare system's incident management during emergency response and recovery and how the activated incident management team (IMT) interacts through the agency executive with the enterprise's ongoing management and operating systems.
- HSL-R5.2: Describe the initial reactive phase of the healthcare system's incident response and the important transition to pro-active "management by objectives."
- HSL-R5.3: Describe the healthcare system's code of ethics and how it is considered/applied during incident planning and management decision-making procedures during emergency response and recovery.

Skills
- HSL-R5.4: Ensure the healthcare system's incident management structure is well delineated by formally assigning facility incident management positions and providing the organizational structure with assignments (System ICS diagram) to relevant parties both internal and external to the system.
- HSL-R5.5: Provide pro-active incident management by developing, analyzing, and revising, as necessary, facility response objectives during management meetings in the Planning Cycle (management by objectives).
- HSL-R5.6: Ensure that healthcare system response objectives are efficiently and adequately met by performing continual monitoring of the system's incident response system and outcomes.
- HSL-R5.7: Ensure the healthcare system's code of ethics is applied, as appropriate, by considering it during response planning and decision-making.

- HSL-R5.8: Address limitations of the healthcare system's EOP capacity and capability by identifying limitations and developing response-appropriate options to address unmet needs.

- **HSL-R6: Manage continuous incident action planning through iterative planning cycle procedures that provide strategic and general tactical guidance to healthcare system personnel in order to achieve surge capacity, surge capability, and organizational resiliency.**

Proficiency level for Primary Competency: expert level

Knowledge

- HSL-R6.1: Describe the purpose of management meetings, planning meetings, and operations briefings for emergency response and recovery.
- HSL-R6.2: Describe the key components of the healthcare system's response Incident Action Plan and methods of dissemination, both internally and externally.
- HSL-R6.3: Describe the purpose and the components of long term, alternative, contingency, and demobilization planning.

Skills

- HSL-R6.4: Ensure the clear delineation of the healthcare system's operations cycle by establishing and disseminating the timing of planning meetings and operational periods.
- HSL-R6.5: Ensure facility objectives are met by supervising the development, analysis, and revision of facility response strategies and general tactics.
- HSL-R6.6: Ensure healthcare system personnel safety by identifying, minimizing, or preventing threats/hazards, and by responding to all real or potential safety issues for healthcare system response (Safety Plan) throughout the emergency response and recovery.
- HSL-R6.7: Ensure efficient incident planning, as indicated by your incident management position, by participating in or conducting structured planning and management meetings, and operations briefings.
- HSL-R6.8: Ensure appropriate dissemination of incident planning decisions by documenting and disseminating the healthcare system's Incident Action Plans to relevant persons internal and external to the facility.
- HSL-R6.9: Demonstrate comprehensive incident planning by performing or assigning analysis of long term, alternative, contingency, and demobilization plans during response and recovery.
- HSL-R6.10: Manage efficient exchange of information by participating in shift change briefings.

- **HSL-R7: Manage efficient information processing regarding response activities**

Proficiency level for Primary Competency: operations level

Knowledge

- HSL-R7.1: Describe the components and timing of functional area reporting and how the results can be processed and analyzed to identify progress or problems in meeting the facility's incident objectives.
- HSL-R7.2: Describe critical sources of incident information external to the healthcare system.
- HSL-R7.3: Describe procedures for reporting back to functional areas, including dissemination of the healthcare system's Incident Action Plan.
- HSL-R7.4: Describe types of incident parameters that would require sudden changes in response strategies or tactics.

Skills

- HSL-R7.5: Ensure adequate functional area reporting by establishing the timing of the reporting and verifying that reports include a situation description, resource status, specific tactics utilized, progress accomplished, and unusual problems encountered (include patient tracking as necessary).
- HSL-R7.6: Include information originating external to the healthcare system in the planning process by monitoring external sources for information (including the level of response by external organizations) and considering them in the planning process.
- HSL-R7.7: Ensure awareness of incident parameters within the healthcare system by providing continual updates to the leaders of functional areas and to external agencies as appropriate.
- HSL-R7.8: Provide early response to contingencies by monitoring sudden changes in incident parameters that necessitate immediate revision of response strategies and tactics and by disseminating appropriate notification to relevant parties (internal and external).

- **HSL-R8: Provide information on the facility's emergency response and recovery activities to patients, patients' families, facility personnel's families, the media, and the general public, as appropriate.**

Proficiency level for Primary Competency: operations level

Knowledge

- HSL-R8.1: Describe the methods of delivering information to the media and the important components of the message.
- HSL-R8.2: Describe procedures used to ensure patients, patients' families, and facility personnel's families are kept apprised of response operations.
- HSL-R8.3: Describe coordination techniques that ensure the facility's media message is consistent with other organizations' messages to the public.
- HSL-R8.4: Describe HIPAA and its application to emergency response and recovery as well as other patient confidentiality measures.

Skills

- HSL-R8.5: Ensure the continuous update of relevant parties by providing, or assigning the task of providing, incident updates and the timing of subsequent update reports.

- HSL-R8.6: Ensure media messages are appropriate and consistent with that of other organizations by coordinating with the external community incident managers and public information personnel.
- HSL-R8.7: Identify public perceptions of the facility's response and false information relating to the facility's response by performing monitoring of media reports (address falsehoods as indicated).
- HSL-R8.8: Ensure confidentiality of patient information by monitoring response and recovery actions for adherence to these standards where applicable.

- **HSL-R9: Monitor the response and recovery needs of the facility's functional areas, and, if needed, provide support with additional facilities, equipment, communications, personnel or other assistance.**

Proficiency level for Primary Competency: operations level

Knowledge

- HSL-R9.1: Describe resource-tracking processes for the facility.
- HSL-R9.2: Describe the resource request processes for functional areas in the facility to request both internal and external resources.
- HSL-R9.3: List the critical elements of a Communications Plan.
- HSL-R9.4: List potential sources of technical assistance.
- HSL-R9.5: Describe procedures for ensuring the health and well-being of facility personnel.
- HSL-R9.6: Describe integration methods of outside donated resources (personnel, equipment, supplies).

Skills

- HSL-R9.7: Demonstrate the ability to anticipate functional area requests by conducting an adequate incident action planning process.
- HSL-R9.8: Provide logistical support to functional areas, first by identifying functional area needs and then appropriate resources to meet those needs.
- HSL-R9.9: Provide communication support to functional areas by assisting with the development and approval of the facility Communications Plan, which should document and disseminate contact methods for relevant parties internal and external to the facility.
- HSL-R9.10: Provide technical assistance to functional areas, as indicated, by identifying outside subject matter experts or other appropriate information resources.
- HSL-R9.11: Ensure the health and well-being of facility personnel by participating in/approving the Medical Plan for the IAP (as indicated by your management position).
- HSL-R9.12: Assist with the integration of external assistance and supplies, solicited and unsolicited, by managing them until they are assigned to specific functional areas.

- **HSL-R10: Establish appropriate measures to document, track, or reimburse financial costs associated with facility response and recovery.**

Proficiency level for Primary Competency: operations level

Knowledge

- HSL-R10.1: Describe processes for tracking personnel and resources utilized during response.
- HSL-R10.2: Describe processes for compensating personnel utilized during response and for claims made by these personnel.
- HSL-R10.3: Describe processes for reimbursement of external assistance provided during response.
- HSL-R10.4: Describe processes for tracking other costs of response (e.g. delayed elective procedures, equipment and supplies consumed, etc).

Skills

- HSL-R10.5: Provide for personnel compensation by maintaining lists of personnel utilized during response and time worked.
- HSL-R10.6: Provide for incident expense claims by ensuring appropriate documentation is completed and submitted within the required time periods.
- HSL-R10.7: Provide for equipment and supply reimbursement by tracking lists of supplies and equipment utilized during response and recovery.
- HSL-R10.8: Provide for compensation of external assistance (contract or cooperative assistance) by tracking utilization of these resources and ensuring prompt payment as indicated.
- HSL-R10.9: Provide a summary of response and recovery impact on facility finances by documenting and analyzing the direct and indirect costs of EOP activation, including lost revenue.

- **HSL-R11: Manage facility response so that it adheres to appropriate regulations and standards or seek relief as required.**

Proficiency level for Primary Competency: operations level

Knowledge

- HSL-R11.1: Describe strategies for modifying the delivery of healthcare services under scarce resource situations where usual practices under normal facility conditions will not meet critical medical surge needs, including the processes for seeking temporary suspension or relaxation of regulations during emergencies.
- HSL-R11.2: Describe, in general, the applicable licensing, public health regulations and accreditation standards and their impact on the facility's emergency response and recovery.
- HSL-R11.3: Describe the process for verifying the credentials of healthcare and other professionals, from resources external to the facility, who offer assistance to the healthcare facility.
- HSL-R11.4: Describe potential liability exposures that could occur for the facility and its patient care staff during emergency response and recovery.

Skills

- HSL-R11.5: Address appropriate healthcare licensure and regulatory issues during response and recovery by monitoring response activities for regulatory compliance and correcting deviations or appropriately justifying and explaining them.
- HSL-R11.6: Request and obtain appropriate licensing and regulatory relief by contacting appropriate authorities and providing explanations of, and justifications for, the requests.
- HSL-R11.7: Ensure appropriate credentialing and privileging of response personnel (from internal or external sources) to perform healthcare tasks, within the facility's operations, by monitoring personnel activities for conformance to their specific expertise.
- HSL-R11.8: Provide facility and personnel liability protection by documenting incident details surrounding occurrences with potential legal liability.

- **HSL-R12: Ensure that the Business Continuity considerations are incorporated into the facility's Incident Action Planning (IAP) process.**

Proficiency level for Primary Competency: operations level

Knowledge

- HSL-R12.1: Describe the purpose and importance of a Business Continuity Program that is fully integrated into the facility EOP.
- HSL-R12.2: Describe the elements and supporting functions of a Business Continuity Program as outlined in the NFPA 1600 Standard on Disaster/Emergency Management and Business Continuity Programs, 2010 Edition.
- HSL-R12.3: Describe how the Business Continuity Program aligns with overall Incident Command System (ICS) organization and procedures.

Skills

- HSL-R12.4: Include business continuity specific objectives in the Incident Action Planning process in order to address the recovery, resumption, and restoration of facility-specific services.
- HSL-R12.5: Use (as appropriate) the Business Continuity or equivalent support annex forms and guidance during emergency response and recovery.

- **HSL-R13: Assure that incident-specific safety guidance, in the form of an Incident Safety Plan and/or IAP safety message, is developed by the Safety Officer position through action planning and appropriately disseminated to responders.**

Proficiency level for Primary Competency: operations level

Knowledge

- HSL-R13.1: Describe the importance of empowering the safety officer position to stop or alter incident operations that present immediate safety risks to responders, staff, patients, visitors or the integrity of the healthcare system.

Skills

- HSL-R13.2: Provide technical advice and other input into the safety plan and safety message development as indicated by technical background and the assigned position in Command and General Staff of the Incident Management Team (IMT).

- **HSL-R14: Ensure rapid and effective demobilization of the healthcare organization's response resources, and eventually the emergency response itself, as the organization transitions to recovery operations.**

Proficiency level for Primary Competency: operations level

Knowledge
- HSL-R14.1: Describe the management of demobilization and the important processes that must occur during the demobilization process.
- HSL-R14.2: Describe methods used to formally announce full or partial demobilization.
- HSL-R14.3: Describe procedures for out-processing of personnel.
- HSL-R14.4: Describe the procedures for conducting an initial incident review.

Skills
- HSL-R14.5: Guide the orderly demobilization of functional areas by ensuring that demobilization occurs as soon as the facility and/or resources are no longer needed for response (i.e. their specific response objectives have been met or otherwise resolved).
- HSL-R14.6: Provide clear explanation and notification of demobilization to relevant parties (internal and external), usually by demonstrating that response objectives have been met.
- HSL-R14.7: Provide adequate out-processing of response personnel by ensuring adequate debriefings and assessments of performance as appropriate.
- HSL-R14.8: Provide for an orderly initial incident review process by utilizing response procedures to conduct the meeting.

- **HSL-R15: Ensure recovery is accomplished to restore the healthcare organization to baseline operations and to capture important lessons for organizational improvement.**

Proficiency level for Primary Competency: operations level

Knowledge
- HSL-R15.1: Describe the overall process for managing the return of the organization to baseline operations and all activities to regular management oversight, including addressing the backlog of regular workload that accumulated during emergency operations.
- HSL-R15.2: List critical equipment, priorities for rehabilitation, and the methods for re-certifying the equipment for future use.
- HSL-R15.3: Describe the process for facility re-certification (if applicable).
- HSL-R15.4: Describe the personnel rehabilitation process.

- HSL-R15.5: Describe the After-Action Report process and methods utilized to keep the process orderly and constructive.

Skills

- HSL-R15.6: Manage the initial recovery operations by employing the same incident management structure and processes as used for the emergency response phase, with new objectives, personnel, and departmental assignments as needed; transition the management of residual recovery operations to everyday administrative functions as recovery management is terminated.
- HSL-R15.7: Manage rehabilitation and re-certification for use of equipment and incident facilities by prioritizing areas for initial attention.
- HSL-R15.8: Provide for personnel rehabilitation by disseminating the methods for response personnel to address psychological and/or physical concerns.
- HSL-R15.9: Oversee the After-Action Report process by using facility procedures and processes that capture response deficiencies and best practices, and delineate an Improvement Plan that incorporates accepted changes into EOP and emergency management program revisions (i.e., organizational learning).

Patient Care Provider (PCP)

Physicians, physician assistants, registered nurses, licensed practical nurses, nurses working within expanded roles (CRNA, RNP, and others), emergency medical technicians, paramedics, and respiratory therapists and others who provide direct clinical patient care. Not included is clinical support staff that provides patient care services under the direct supervision of patient care providers: e.g., nurse's aides, procedure technicians, orderlies, and others.

- **PCP-R1: Recognize situations related to patient care that indicate the need for full or partial activation of the healthcare system's Emergency Operations Plan (EOP), and report them appropriately and promptly.**

Proficiency level for Primary Competency: operations level

Knowledge

- PCP-R1.1: Describe patient presentation criteria (unusual signs and symptoms indicative of deliberate illness/injury, indications of potentially epidemic illness/injury, unexpected rapid patient deterioration, difficult patient interventions such as decontamination, etc.) that indicate the possible need for EOP activation.
- PCP-R1.2: Describe patient population profiles and other situation-based criteria (unusual numbers, very unusual contagiousness and other indications of increased risk to response personnel or current patients, etc.) that indicate the possible need for EOP activation.
- PCP-R1.3 Describe resources available to Patient Care Providers in obtaining additional patient or situational information related to determining the need for activating the EOP.
- PCP-R1.4: Describe the reporting requirements and the contact methods when events are recognized that may indicate the need for possible EOP activation (full or partial).

Skills

- PCP-R1.5: Identify situations within the regular clinical care area that should be reported for consideration of full or partial activation of the healthcare facility's EOP.
- PCP-R1.6: Report situations within the regular clinical care area by following EOP notification procedures and contacting the appropriate person (e.g., page operator, supervisor, etc.) as indicated by your specific role and by the situation at hand.
- PCP-R1.7: Assist decision-makers with incident recognition by responding rapidly and adequately to their inquiries and requests for additional pertinent clinical and patient population information.

- **PCP-R2: Participate in the mobilization of your clinical area to transition from day-to day operations to the incident response organization and process.**

Proficiency level for Primary Competency: operations level

Knowledge
- PCP-R2.1: Describe the procedures necessary to prepare your clinical area, as indicated, for EOP response and recovery.

Skills
- PCP-R2.2: Ensure maximum patient surge capacity and capability and organizational resiliency by assisting in the mobilization of your clinical care area as described in the EOP.
- PCP-R2.3: Establish and implement triage criteria based on actual and anticipated patient needs, disease parameters, and anticipated resources.
- PCP-R2.4: Establish appropriate incident specific functional patient care areas (decontamination area and others) that are inactive during baseline operations, as indicated and per your individual assignment.
- PCP-R2.5: Provide surge bed capacity for incident victims by accomplishing rapid disposition of existing patients in the emergency department, outpatient procedures area, and inpatient units as indicated by the EOP.
- PCP-R2.6: Conduct actions as described in the EOP that are indicated for the specific incident parameters, including resource management and situation reporting.
- PCP-R2.7: Ensure that external notifications (as relevant to your position) are coordinated through command and general staff

- **PCP-R3: Follow the healthcare Occupant Emergency Procedures (OEP) for your specific clinical care areas by assuring protective actions for patients and staff and by assisting others as necessary to accomplish the OEP directives.**

Proficiency level for Primary Competency: operations level

Knowledge
- PCP-R3.1: Describe the component parts of the OEP and your responsibilities to protect patients and, as indicated by your position, maintain accountability for patients, patient care information (charts, etc.) and staff.
- PCP-R3.2: Describe the methods to be used to maintain patient care during OEP activity, including during shelter-in-place, evacuation, or continuity and surge actions in the clinical unit.

Skills
- PCP-R3.3: Execute your roles and responsibilities in the facility OEP for protecting patients, patient information and others (as indicated) by assisting with evacuating patients, establishing shelter-in-place, or other actions during OEP operations.
- PCP-R3.4: Ensure continuous patient care by prioritizing and performing essential clinical interventions during OEP operations.

- **PCP-R4: Provide Surge Capacity by managing/treating increased numbers of patients (compared with day-to-day activities), regardless of etiology.**

Proficiency level for Primary Competency: operations level

Knowledge
- o PCP-R4.1: Describe strategies and tactics appropriate to your clinical area that provide surge capacity for a significantly increased number of patients.
- o PCP-R4.2: Describe the triage processes necessary to match need with available resources in your clinical area.

Skills
- o PCP-R4.3: Provide patient surge capacity by instituting and adhering to the EOP measures designated for your clinical area.
- o PCP-R4.4: Maximize the ability of patients to help themselves (when appropriate) by providing clear instructions and by enhancing their ability to help themselves (e.g., by controlling pain or other interventions).
- o PCP-R4.6: Manage or participate in degradation of overall services by prioritizing critical tasks and activities over less critical ones.
- o PCP-R4.7: Perform ongoing triage (matching resources to needs) to manage patient load by assigning priorities for services including diagnostic testing, pharmaceutical administration, operative intervention, blood infusion, and others as relative to your position.
- o PCP-R4.8: Provide continuous input into management decision-making by projecting resource needs for your clinical area as appropriate.

- **PCP-R5: Provide Surge Capability by managing/treating all incoming patients with specialty needs that vary significantly from day-to-day healthcare system activities.**

Proficiency level for Primary Competency: operations level

Knowledge
- o PCP-R5.1: Describe special etiologies that may tax the facility response, even with limited numbers of patients.
- o PCP-R5.2: Describe the pathophysiology of injuries and illnesses associated with mass casualties and the indicated interventions for your clinical discipline.
- o PCP-R5.3: Describe threats or hazards posed by these types of patients.
- o PCP-R5.4: Describe methods for hazard/threat containment for these types of patients (as applicable).
- o PCP-R5.5: List resources where technical information may be found that may assist with caring for patients with these needs.

Skills
- o PCP-R5.6: Demonstrate understanding of injury and illness associated with these specialty-needs patients by providing the appropriate interventions to minimize further injury/illness and to maximize patient recovery.
- o PCP-R5.7: Provide evidence-based care for these patients by accessing technical expertise as appropriate.
- o PCP-R5.8: Perform special situation procedures per the EOP annexes and as indicated by incident circumstances (e.g., decontamination, isolation, etc.)

- PCP-R5.9: Contain hazards/threats posed by patients (as applicable) by removing the hazards from the patients, the use of PPE, appropriately locating patients or other measures in the EOP.
- PCP-R5.10: Adhere to appropriate chain of custody procedures as applicable to the particular situation at hand.

- **PCP-R6: Provide for efficient information processing for your clinical area through both reporting and receiving information according to established time schedules.**

Proficiency level for Primary Competency: operations level

Knowledge
- PCP-R6.1: Describe the types of relevant information that are required for reporting from your clinical area.
- PCP-R6.2: Describe the format and timing of reporting information from your clinical area.
- PCP-R6.3: Describe the methods in which your clinical area should receive incident information during emergency response and recovery.

Skills
- PCP-R6.4: Provide input into the healthcare system's incident planning through updates (as requested) on situation (patient care, continued or recovered function of patient care systems, etc.), resources (pharmaceuticals, equipment and medical supplies, etc.), special problems encountered, and tasks completed in your clinical area.
- PCP-R6.5: Ensure tracking of incident patients by providing updates (as requested) on numbers, types, and locations of patients as well as interventions required.
- PCP-R6.6: Ensure appropriate designations are used for patient tracking ('meets case definition for incident', 'suspicious for case definition,' etc.) as applicable.
- PCP-R6.7: Provide prompt notification when patient care activities reveal information that dictates major or sudden changes in response strategies.
- PCP-R6.8: Deliver or participate in briefings conducted for your clinical area.

- **PCP-R7: Manage the psychological impact on victims, victims' families, and staff through both preventative and therapeutic measures.**

Proficiency level for Primary Competency: operations level

Knowledge
- PCP-R7.1: Describe the potential psychological effects on incident victims and their families and the indicated interventions for your clinical discipline.
- PCP-R7.2: List the potential psychological effects on responding personnel and the indicated interventions for your work area.
- PCP-R7.3: Describe preventative methods that may lessen the psychological impact on victims, victims' families, and staff.

Skills
- o PCP-R7.4: Provide psychological and emotional support to patients and their families as indicated by your clinical discipline.
- o PCP-R7.5: Provide information on the incident, its etiology, and facility interventions to patients and family members in your clinical area (written if possible).
- o PCP-R7.6: Provide frequent updates on expected interventions for individual victims to the family members in your clinical area.
- o PCP-R7.7: Assist with the identification of specific stressors for staff in your work area and report them to your supervisor.
- o PCP-R7.8: Assist with assigned measures designed to reduce staff stress during response and recovery (e.g., facilitating information dissemination amongst staff).

- **PCP-R8: Incorporate relevant safety and security practices and procedures in all incident operations for your clinical area.**

Proficiency level for Primary Competency: operations level

Knowledge
- o PCP-R8.1: Describe categories of hazards that may pose a risk to clinical staff during emergency response and recovery.
- o PCP-R8.2: Describe interventions for clinical staff and others to reduce the potential risk created by incident parameters.

Skills
- o PCP-R8.3: Participate in or conduct safety briefings (based upon the incident Safety Plan) during each work cycle.
- o PCP-R8.4: Adhere to universal precautions and infection control procedures (whether day-to-day or specific to the incident) as indicated.
- o PCP-R8.5: Adhere to appropriate work cycles for your clinical area.
- o PCP-R8.6: Select and use appropriate PPE when applicable.
- o PCP-R8.7: Provide for safe use of PPE by monitoring those individuals utilizing PPE as indicated by your position.
- o PCP-R8.8: Minimize security-safety risk to clinical personnel by coordinating with facility security personnel.

- **PCP-R9: Integrate outside resources into your clinical area as required to meet response objectives.**

Recommended proficiency for Primary Competency: operations level

Knowledge
- o PCP-R9.1: Describe procedures for requesting, receiving, briefing, assigning and supervising clinical personnel from other clinical units or from other facilities.
- o PCP-R9.2: Describe procedures for requesting, receiving, rapid in-servicing and using equipment and supplies (especially items that aren't normally used in your clinical area).

Skills
- o PCP-R9.3: Initiate requests for outside resources by delineating specific needs in the required format.
- o PCP-R9.4: Assist in the integration of personnel from outside your work area by ensuring they participate in briefings on operations in your area and monitoring their response actions
- o PCP-R9.5: Integrate equipment and supplies from outside your clinical area by ensuring familiarity with their use and by tracking their use.
- o PCP-R9.6: Provide appropriate utilization of technical expertise by assessing the source and incorporating applicable recommendations.

- **PCP-R10: Follow recovery procedures for your clinical area that promote rapid return of the facility to baseline activity.**

Proficiency level for Primary Competency: operations level

Knowledge
- o PCP-R10.1: Describe policies and procedures for rehabilitation of patient care and clinical support personnel.
- o PCP-R10.2: Describe procedures for reassessing your clinical area's patient population and planning for resolving surge needs.
- o PCP-R10.3: Describe the responsibilities, specific to your role, for rehabilitation of your clinical area.
- o PCP-R10.4: Describe the policies and procedures for formal After Action Report of patient care in your clinical area.

Skills
- o PCP-R10.5: Demonstrate an understanding of the importance of personnel rehabilitation activities by participating in personnel rehabilitation as instructed.
- o PCP-R10.6: Demonstrate an understanding of facility and equipment rehabilitation by participating in these procedures to ensure functional area readiness for day-to-day activities and future EOP activations.
- o PCP-R10.7: Demonstrate an understanding of the After Action Report process by submitting items in the required format.

Clinical Support Services (CSS)

Personnel that perform tasks related to the medical care of patients without direct patient interface (e.g. pharmacists, lab technicians, etc.) or provide patient services that aren't primarily medical care (social services, physical and occupational therapy, pastoral care, patient educators, and others) or provide patient care services under the direct supervision of patient care providers (such as nurse's aides, procedure technicians, orderlies, transporters).

- **CSS-R1: Recognize situations related to the support of patient care that indicate the need for full or partial activation of the healthcare system's Emergency Operations Plan (EOP), and report them appropriately and promptly.**

Proficiency level for Primary Competency: operations level

Knowledge

- CSS-R1.1: Describe patient presentation data (unusual, signs and symptoms indicative of deliberate illness/injury, unexpected rapid patient deterioration, difficult patient interventions such as decontamination, etc.) that indicate the possible need for EOP activation.
- CSS-R1.2: Describe patient test results and other diagnostic data (positive blood culture or other infectious disease tests) relevant to your position that indicate the possible need for EOP activation.
- CSS-R1.3 Describe resources available to Clinical Support Services Personnel in obtaining additional patient or situational information related to determining the need for activating the EOP.
- CSS-R1.4: Describe the reporting requirements and the contact methods when factors are recognized that may indicate the need for possible EOP activation (full or partial).

Skills

- CSS-R1.5: Identify situations within the Clinical Support Services areas that should be reported for consideration of full or partial activation of the healthcare facility's EOP.
- CSS-R1.6: Report situations within the Clinical Support Services areas by following EOP notification procedures and contacting the appropriate person (e.g., page operator, supervisor, etc.) as indicated by your specific role and by the situation at hand.
- CSS-R1.7: Assist decision-makers with incident recognition by responding rapidly and adequately to their inquiries and requests for additional pertinent information (related to patient(s) or otherwise).

- **CSS-R2: Participate in the mobilization of your work area to transition from day-to day operations to incident response organization and process.**

Proficiency level for Primary Competency: operations level

Knowledge
- o CSS-R2.1: Describe the procedures necessary to ready your work area, as indicated, for EOP response and recovery.

Skills
- o CSS-R2.2: Ensure maximum patient surge capacity and capability and organizational resiliency by assisting in the mobilization of your work care area as described in the EOP.
- o CSS-R2.3: Assist with the establishment of triage of patients or the triage of diagnostic services as indicated by actual or anticipated patient needs, disease parameters, and expected resource status.
- o CSS-R2.4: Assist with the establishment of functions that are inactive during baseline operations (e.g. command center, alternative treatment sites) as relevant to your position in the EOP.
- o CSS-R2.5: Assist with surge and organizational resiliency by supporting rapid disposition of existing patients within the healthcare system as indicated by the EOP.
- o CSS-R2.6: Conduct actions as described in the EOP that are indicated for the specific incident parameters, including resource management and situation reporting.
- o CSS-R2.7: Ensure that external notifications (as relevant to your position) are coordinated through command and general staff

- **CSS-R3: Follow the healthcare Occupant Emergency Procedures (OEP) for your specific Clinical Support Service work area by assuring protective actions for patients and staff and by assisting others as necessary to accomplish the OEP directives.**

Recommended proficiency for Primary Competency: operations level

Knowledge
- o CSS-R3.1: Describe the component parts of the OEP and your responsibilities to protect patients and, as indicated by your position, maintain accountability for patients, patient care information (charts, etc.) and staff.
- o CSS-R3.2: Describe the methods to be used to maintain patient care during OEP activity, including during shelter-in-place, evacuation, or emergency incidents as relevant to your work area.

Skills
- o CSS-R3.3: Execute your roles and responsibilities in the facility OEP for protecting patients, patient information and others (as indicated) by assisting with evacuating patients and staff, establishing shelter-in-place, or other continuity and protective actions during OEP operations.
- o CSS-R3.4: Ensure continuous patient care by performing or supporting essential clinical and non-clinical interventions during OEP operations.

- **CSS-R4: Provide Surge Capacity by participating in the diagnosis of, treatment of, or recovery of increased numbers of patients (compared with day-to-day activities), regardless of etiology.**

Proficiency level for Primary Competency: operations level

Knowledge
- o CSS-R4.1: Describe strategies and tactics appropriate to your work area that provide surge capacity for a significantly increased number of patients.
- o CSS-R4.2: Describe the supporting processes necessary to maximize available resources in meeting healthcare needs in your work area.

Skills
- o CSS-R4.3: Provide patient surge capacity support by instituting and adhering to the EOP measures designated for your work area.
- o CSS-R4.4: Participate in process and procedural change that allows degradation of overall services by prioritizing critical tasks and activities over less critical ones (as indicated for your position).
- o CSS-R4.5:As indicated by your position, perform ongoing triage (matching resources to needs) to manage patient load by assigning priorities for services including diagnostic testing, pharmaceutical administration, operative intervention, blood infusion, and others.
- o CSS-R4.6: Provide continuous input into management decision-making by projecting resource needs for your work area as appropriate.

- **CSS-R5: Provide Surge Capability by participating in the diagnosis of, treatment of, or recovery of all incoming patients with specialty needs that vary significantly from day-to-day healthcare system activities.**

Proficiency level for Primary Competency: operations level

Knowledge
- o CSS-R5.1: Describe special etiologies that may tax the facility response, even with limited numbers of patients.
- o CSS-R5.2: Describe threats or hazards posed by these types of patients.
- o CSS-R5.3: Describe methods for hazard/threat containment for these types of patients (as applicable).
- o CSS-R5.4: List resources where technical information may be found that may assist with caring for patients with these needs.

Skills
- o CSS-R5.5: Demonstrate understanding of injury and illness associated with these specialty-needs patients by assisting with the appropriate interventions to minimize further injury/illness and to maximize patient recovery.
- o CSS-R5.6: Perform or support special situation procedures per the EOP annexes and as indicated by incident circumstances (e.g., decontamination, isolation, etc.)

- o CSS-R5.7: Contain hazards/threats posed by patients (as applicable) by removing the hazards from the patients, the use of PPE, appropriately locating patients or other measures.
- o CSS-R5.8: Adhere to appropriate chain of custody procedures as applicable to the particular situation at hand.

- **CSS-R6: Provide for efficient information processing for your work area through both reporting and receiving information according to established time schedules.**

Proficiency level for Primary Competency: operations level

Knowledge

- o CSS-R6.1: Describe the types of relevant information that are required for reporting from your work area.
- o CSS-R6.2: Describe the format and timing of reporting information from your work area.
- o CSS-R6.3: Describe the methods in which your work area should receive incident information during emergency response and recovery.

Skills

- o CSS-R6.4: Provide input into the healthcare system's incident action planning by assisting with updates (as requested) on situation (patient care, continued or recovered function of patient care systems, etc.), resources (pharmaceuticals, equipment and medical supplies, etc.), special problems encountered, and tasks completed in your work area.
- o CSS-R6.5: Assist with tracking of incident patients (as directed) and clinical resources by providing updates (as requested) on numbers, types, and locations of patients as well as resources and interventions required.
- o CSP-R6.6: Provide prompt, appropriate notification when work activities reveal information that dictates major or sudden changes in response strategies.
- o CSP-R6.7: Participate in briefings conducted for your work area.

- **CSS-R7: Assist in the management of the psychological impact on victims (as appropriate), victim families (as appropriate), and staff through both preventative and therapeutic measures.**

Proficiency level for Primary Competency: operations level

Knowledge

- o CSS-R7.1: Describe the potential psychological effects on incident victims and their families and the indicated interventions for your discipline (as appropriate).
- o CSS-R7.2: List the potential psychological effects on responding personnel and the indicated interventions for your work area.
- o CSS-R7.3: Describe preventative methods that may lessen the psychological impact on victims and their families (as appropriate) and on staff.

Skills

- o CSS-R7.4: Provide psychological and emotional support to patients and their families as indicated by your position and assigned by your supervisor.
- o CSS-R7.5: Provide information on the incident, its etiology, and healthcare system interventions to patients and family members in your work area, as assigned by your supervisor.
- o CSS-R7.6: Assist with the identification of specific stressors for staff in your work area and report them to your supervisor.
- o CSS-R7.7: Assist with assigned measures designed to reduce staff stress during response and recovery (e.g. facilitating information dissemination amongst staff).

- **CSS-R8: Incorporate relevant safety practices and procedures in all of your activities as relevant to your work area.**

Recommended proficiency for Primary Competency: operations level

Knowledge

- o CSS-R8.1: Describe categories of hazards that may pose a risk to staff during emergency response and recovery.
- o CSS-R8.2: Describe interventions for Clinical Support Staff and others to reduce the potential risk created by incident parameters.

Skills

- o CSS-R8.3: Participate in or conduct safety briefings (based upon the incident Safety Plan) during each work cycle.
- o CSS-R8.4: Adhere to universal precautions and infection control procedures (whether day-to-day or specific to the incident) as well as other relevant workplace safety practices as indicated.
- o CSS-R8.5: Adhere to appropriate work cycles for your clinical services support area.
- o CSS-R8.6: Select and use appropriate PPE when applicable.
- o CSS-R8.7: Promote safe use of PPE by monitoring co-workers utilizing PPE.
- o CSS-R8.8: Minimize security-safety risk to clinical services support personnel by coordinating with healthcare system police and security personnel.

- **CSS-R9: Assist in the integration of outside resources into your work area as required to meet response objectives.**

Proficiency level for Primary Competency: operations level

Knowledge

- o CSS-R9.1: Describe general procedures for requesting, receiving, briefing, assigning and supervising personnel from other departments or from other healthcare systems assigned to your work area.
- o CSS-R9.2: Describe procedures for requesting, receiving, rapid in-servicing and using equipment and supplies (especially items that aren't normally used in your work area).

Skills

- o CSS-R9.3: Initiate or assist in the process of requesting outside resources by delineating specific needs in the required format.
- o CSS-R9.4: Assist in the integration of personnel from outside your work area by ensuring they participate in briefings on operations in your area and monitoring their response actions
- o CSS-R9.5: Integrate equipment and supplies from outside your work area by ensuring familiarity with their use and by tracking their use.

- **CSS-R10: Follow recovery procedures for your clinical area that promote rapid return of the healthcare system to baseline activity.**

Proficiency level for Primary Competency: operations level

Knowledge

- o CSS-R10.1: Describe policies and procedures for rehabilitation of clinical services support personnel.
- o CSS-R10.2: Describe procedures for reassessing your work area's patient population and planning for resolving surge needs (as appropriate).
- o CSS-R10.3: Describe the responsibilities, specific to your role, for rehabilitation of your work area.
- o CSS-R10.4: Describe the policies and procedures for participating in the formal After Action Report process relevant to your work area.

Skills

- o CSS-R10.5: Participate in personnel rehabilitation as appropriate and as instructed.
- o CSS-R10.6: Participate in healthcare system, facility, and equipment rehabilitation as relevant to your work area to ensure functional area preparation for day-to-day activities and future EOP activations.
- o CSS-R10.7: Participate in the After Action Report process by submitting items in the required format and participating in indicated meetings.

Police & Security Services (PSS)

These are personnel whose day-to-day job in the healthcare system involves security and the full range of law enforcement activities. Day-to-day duties may or may not put these individuals into direct contact with patients.

- **PSS-R1: Recognize situations related to the security of the healthcare system that indicate the need for full or partial activation of the healthcare system's Emergency Operations Plan (EOP), and report them appropriately and promptly.**

Proficiency level for Primary Competency: operations level

Knowledge

- PSS-R1.1: Describe patient, visitor, or staff actions or characteristics that indicate the possible need for EOP activation.
- PSC-R1.2: Describe types of information received from external agencies or entities relevant to Police and Security Services that indicate the possible need for EOP activation.
- PSS-R1.3: Describe resources available to Police and Security Services Personnel in obtaining additional situational information related to determining the need for activating the EOP.
- PSS-R1.4: Describe the reporting requirements and the contact methods when factors are recognized that may indicate the need for possible EOP activation (full or partial).

Skills

- PSS-R1.5: Identify Police and Security situations that should be reported for consideration of full or partial activation of the healthcare facility's EOP.
- PSS-R1.6: Report Police and Security situations within your work area by following EOP notification procedures and contacting the appropriate person (e.g., page operator, supervisor, etc.) as indicated by your specific role and by the situation at hand.
- PSS-R1.7: Assist decision-makers with incident recognition by responding rapidly and adequately to their inquiries and requests for additional pertinent information (related to patient(s) or otherwise).

- **PSS-R2: Participate in the mobilization of the healthcare system Police and Security Services to transition from day-to day operations to incident response organization and process.**

Proficiency level for Primary Competency: operations level

Knowledge

- PSS-R2.1: Describe the procedures necessary to prepare the healthcare system for EOP response and recovery as related to Police and Security Services.

Skills

- PSS-R2.2: Ensure maximum patient surge capacity and capability and organizational resiliency by assisting in the mobilization of the healthcare system as described in the appropriate functional or incident specific annex to the EOP.
- PSS-R2.3: Participate in the mobilization of resources to secure the facility from internal or external threats.
- PSS-R2.4: Assist with the establishment of functions that are inactive during baseline operations (e.g. command center, perimeter management, alternative treatment sites) as relevant to your position in the EOP.
- PSC-R2.5: Conduct actions as described in the EOP that are indicated for the specific incident parameters, including police and security resource management and situation reporting.
- PSS-R2.6: Ensure that external notifications (as relevant to your position) are coordinated through command and general staff

- **PSS-R3: Follow the healthcare Occupant Emergency Procedures (OEP) for Police and Security Services by assuring protective actions for patients and staff and by assisting others as necessary to accomplish the OEP directives.**

Proficiency level for Primary Competency: operations level

Knowledge
- PSS-R3.1: Describe the component parts of the OEP and your responsibilities to protect patients, visitors, and staff through direct control of hazards and by shielding and/or directing staff, patients and visitors to safety.
- PSS-R3.2: Describe the methods to be used to maintain patient, visitor, and staff safety and accountability during OEP activity, including during shelter-in-place, evacuation, or other emergency situations.

Skills
- PSS-R3.3: Execute your roles and responsibilities in the facility OEP for protecting patients, visitors, and staff by assisting with evacuation, establishing or securing shelter-in-place, or other actions during OEP operations.

- **PSS-R4: Manage or participate in the restriction or facilitation of movement of personnel, visitors, patients, vehicles, and specific resources relative to actual or impending hazards.**

Recommended proficiency for Primary Competency: operations level

Knowledge
- PSS-R4.1: Describe strategies and tactics used to restrict or facilitate the movement of patients, visitors, staff, vehicles, or specific resources as appropriate to specific hazards.
- PSS-R4.2: Describe structural and other physical barriers that can be utilized in your specific healthcare system to restrict or facilitate the movement of patients, visitors, staff, vehicles, or specific resources.

- PSS-R4.3: Describe methodologies for diminishing psychological impacts and addressing behavioral reactions of individuals encountered while fulfilling your Police and Security duties.

Skills

- PSS-R4.4: Participate in the healthcare system security operations by instituting and adhering to the EOP activities for your work area.
- PSS-R4.5: Utilize physical and structural systems appropriate for your specific healthcare system to restrict or facilitate the movement of patients, visitors, staff, vehicles, or specific resources.
- PSS-R4.6: Utilize specific interpersonal methods to address the psychological impact on staff, patients and visitors that PSS interacts with while fulfilling EOP duties.

- **PSS-R5: Manage or participate in investigative, preventive, protective, and apprehension activities related to EOP activation for the healthcare system.**

Proficiency level for Primary Competency: operations level

Knowledge

- PSS-R5.1: Describe special hazards that may warrant investigative activities as related to organization's Police and Security Services.
- PSS-R5.2: Describe investigative procedures to be utilized during EOP activation as related to threats posed.
- PSS-R5.3: Describe methods for hazard/threat containment for these types of situations (as applicable).
- PSS-R5.4: List resources where technical information may be found that may assist with containing these hazards/threats.

Skills

- PSS-R5.5: Initiate and participate in investigation, protection, prevention, apprehension, and chain of custody procedures used for any special hazards that pose a threat to healthcare system operations.
- PSS-R5.6: Perform special situation procedures per the EOP annexes and as indicated by incident circumstances (e.g., screening incoming emergency vehicles after an intentional explosive is detonated).
- PSS-R5.7: Contain hazards/threats through removal, protection, isolation, or neutralization (as appropriate).

- **PSS-R6: Provide for efficient information processing for Police and Security Services through both reporting and receiving information according to established time schedules.**

Proficiency level for Primary Competency: operations level

Knowledge

- PSS-R6.1: Describe the types of relevant information that are required for reporting from Police and Security Services.

- PSS-R6.2: Describe the format and timing of reporting information from your work area.
- PSS-R6.3: Describe the methods in which your work area should receive incident information during emergency response and recovery.

Skills

- PSS-R6.4: Provide input into the healthcare system's incident action planning by assisting with updates (as requested) on the situation (security, crowds, police actions and investigations), PSS resources, special problems encountered, and tasks completed in your work area.
- PSS-R6.5: Assist with tracking of incident patients (as appropriate) and resources by providing updates (as requested).
- PSS-R6.6: Provide prompt, appropriate notification when work activities reveal information that dictates major or sudden changes in response strategies.
- PSS-R6.7: Participate in briefings conducted for your work area.

- **PSS-R7: Incorporate relevant safety practices and procedures in all of your activities as relevant to your work area.**

Proficiency level for Primary Competency: operations level

Knowledge

- PSS-R7.1: Describe categories of hazards that may pose a risk to Police and Security Services staff during emergency response and recovery.
- PSS-R7.2: Describe interventions for Police and Security staff and others to reduce the potential risk created by incident parameters.

Skills

- PSS-R7.3: Participate in or conduct safety briefings (based upon the incident Safety Plan) during each work cycle.
- PSS-R7.4: Adhere to universal precautions and infection control procedures (whether day-to-day or specific to the incident) as well as other relevant workplace safety practices as indicated.
- PSS-R7.5: Adhere to appropriate work cycles for your work area.
- PSS-R7.6: Select and use appropriate PPE when applicable.
- PSS-R7.7: Promote safe use of PPE by monitoring co-workers utilizing PPE.

- **PSS-8: Assist in the integration of outside resources into Police and Security Service work areas as required to meet response objectives.**

Proficiency level for Primary Competency: operations level

Knowledge

- PSS-R8.1: Describe general procedures for requesting, receiving, briefing, assigning and supervising personnel from other departments or from other external agencies assigned to Police and Security, including how police powers are addressed for assisting police personnel.

- PSS-R8.2: Describe procedures for requesting, receiving, rapid in-servicing and using equipment and supplies, especially items that aren't normally used in Police and Security Services.

Skills

- PSS-R8.3: Initiate or assist in the process of requesting outside resources by delineating specific needs in the required format.
- PSS-R8.4: Assist in the integration of personnel from outside your work area by ensuring they participate in briefings on operations in your area and monitoring their response actions.
- PSS-R8.5: Integrate relevant equipment and supplies from outside your work area by ensuring familiarity with their use and by tracking their use.

- **PSS-R9: Follow recovery procedures for Police and Security Services that promote rapid return of the healthcare system to baseline activity.**

Proficiency level for Primary Competency: operations level

Knowledge

- PSS-R9.1: Describe policies and procedures for rehabilitation of Police and Security personnel. .
- PSS-R9.2: Describe the responsibilities, specific to your role, for rehabilitation of your work area.
- PSS-R9.3: Describe the policies and procedures for participating in the formal After Action Report process relevant to police and security services.

Skills

- PSS-R9.4: Participate in personnel rehabilitation as appropriate and as instructed.
- PSS-R9.5: Participate in healthcare system, facility, and equipment rehabilitation as relevant to your work area to ensure functional area preparation for day-to-day activities and future EOP activations.
- PSS-R9.6: Participate in the After Action Report process by submitting items in the required format and participating in indicated meetings.

Facilities and Engineering Services (FES)

These are personnel whose day-to-day job involves maintaining the physical plant and its various systems. Included in this group are facilities and physical plant personnel, engineers, grounds personnel, biomedical engineers, food services, communications and IT personnel. It also usually includes administrative safety positions below the level of the healthcare system leaders. Day-to-day duties rarely put these personnel in direct patient contact.

- **FES-R1: Recognize situations related to the physical plant or engineering infrastructure of the healthcare system that indicate the need for full or partial activation of the healthcare system's Emergency Operations Plan (EOP), and report them appropriately and promptly.**

Proficiency level for Primary Competency: operations level

Knowledge

- FES-R1.1: Describe the physical plant or engineering infrastructure characteristics relevant to your position that indicate the possible need for EOP activation.
- FES-R1.2: Describe types of information received from external agencies or entities relevant to Facilities and Engineering Services that indicate the possible need for EOP activation.
- FES-R1.3: Describe resources available to Facility and Engineering Services Personnel in obtaining additional situational information related to determining the need for activating the EOP.
- FES-R1.4: Describe the reporting requirements and the contact methods when factors are recognized that may indicate the need for possible EOP activation (full or partial).

Skills

- FES-R1.5: Identify Facilities and Engineering situations within your regular day-to-day role that should be reported for consideration of full or partial activation of the healthcare facility's EOP.
- FES-R1.6: Report Facilities and Engineering situations within your work area by following EOP notification procedures and contacting the appropriate position (e.g., page operator, supervisor, etc.) as indicated by your specific role and by the situation at hand.
- FES-R1.7: Assist decision-makers with incident recognition by responding rapidly and adequately to their inquiries and requests for additional pertinent information (related to the facility or otherwise).

- **FES-R2: Participate in the mobilization of the healthcare system Facility and Engineering Services to transition from day-to day operations to incident response organization and process.**

Proficiency level for Primary Competency: operations level

Knowledge
- o FES-R2.1: Describe the procedures necessary to prepare the healthcare system for EOP response and recovery as related to Facility and Engineering Services.

Skills
- o FES-R2.2: Ensure maximum patient surge capacity and capability and organizational resiliency by assisting in the mobilization of the healthcare system as described in the appropriate functional or incident specific annex to the EOP.
- o FES-R2.3: Participate in the mobilization of resources to secure the facility from internal or external threats.
- o FES-R2.4: Assist with the establishment of functions that are inactive during baseline operations (e.g. command center, alternative treatment sites) as relevant to your position in the EOP.
- o FES-R2.5: Conduct actions as described in the EOP that are indicated for the specific incident parameters, including resource management and situation reporting.
- o FES-R2.6: Ensure that external notifications (as relevant to your position) are coordinated through command and general staff

- **FES-R3: Follow the healthcare Occupant Emergency Procedures (OEP) by assuring engineering and infrastructure controls are appropriately activated or de-activated and by assisting others as necessary to accomplish the OEP directives.**

Proficiency level for Primary Competency: operations level

Knowledge
- o FES-R3.1: Describe the component parts of the OEP and your responsibilities to activate or de-activate engineering and infrastructure controls.
- o FES-R3.2: Describe the methods to be used to maintain patient, visitor, and staff safety and accountability during OEP activity, including during shelter-in-place, evacuation, or emergency events.

Skills
- o FES-R3.3: Execute your roles and responsibilities in the facility OEP for activating or de-activating engineering and infrastructure controls to assist with evacuation, establishing shelter-in-place, or other actions during OEP operations.

- **FES-R4: Manage or participate in the implementation of facility and engineering back-up systems and the repair of active systems relevant to actual or impending hazard impact.**

Proficiency level for Primary Competency: operations level

Knowledge
- o FES-R4.1: List critical facility and engineering systems within your service area for your specific healthcare system and describe the potential impacts that partial

or complete failure of those systems may have on other systems and service delivery
- FES-R4.2: Describe processes and procedures to implement and maintain back up systems for your specific healthcare system.
- FES-R4.3: Describe processes and procedures to expedite repairs to mission critical systems for your healthcare system.

Skills
- FES-R4.3: Utilize EOP processes and procedures to implement facility and engineering back up systems for your healthcare system.
- FES-R4.4: Prioritize and expedite the repair of mission critical facility and engineering systems for your healthcare system.

- **FES-R5: Manage or participate in hazard containment (as appropriate) for your healthcare system.**

Proficiency level for Primary Competency: operations level

Knowledge
- FES-R5.1: Describe special hazards that may warrant containment activities as related to hospital Facilities and Engineering Services.
- FES-R5.2: Describe methods for hazard/threat containment for these types of situations (as applicable).
- FES-R5.3: List resources where technical information may be found that may assist with containing these hazards/threats.

Skills
- FES-R5.4: Initiate and participate in containment procedures used for any special hazards that pose a threat to healthcare system operations, if this can be accomplished safely.
- FES-R5.5: Perform special situation procedures per the EOP annexes and as indicated by incident circumstances (e.g., isolation of specific facility areas, etc.)
- FES-R5.6: Contain hazards/threats through removal, protection, isolation, or neutralization (as appropriate).

- **FES-R6: Provide for efficient information processing for Facilities and Engineering Services through both reporting and receiving information according to established time schedules.**

Proficiency level for Primary Competency: operations level

Knowledge
- FES-R6.1: Describe the types of relevant information that are required for reporting from Facilities and Engineering Services.
- FES-R6.2: Describe the format and timing of reporting information from your work area.
- FES-R6.3: Describe the methods in which your work area should receive incident information during emergency response and recovery.

Skills
- o FES-R6.4: Provide input into the healthcare system's incident action planning by assisting with updates (as requested) on situation (facilities impact resolution, functionality of mission critical operating systems, etc.), resources, special problems encountered, and tasks completed in your work area.
- o FES-R6.5: Assist with tracking of resources by providing updates (as requested).
- o FES-R6.6: Provide prompt, appropriate notification when work activities reveal information that dictates major or sudden changes in response strategies.
- o FES-R6.7: Participate in briefings conducted for your work area.

- **FES-R7: Incorporate relevant safety practices and procedures in all of your activities as relevant to your work area.**

Proficiency level for Primary Competency: operations level

Knowledge
- o FES-R7.1: Describe categories of hazards that may pose a risk to facilities and engineering staff during emergency response and recovery.
- o FES-R7.2: Describe interventions for facilities and engineering staff and others to reduce the potential risk created by incident parameters.

Skills
- o FES-R7.3: Participate in or conduct safety briefings (based upon the Incident Safety Plan) during each work cycle.
- o FES-R7.4: Adhere to universal precautions and infection control procedures (whether day-to-day or specific to the incident) as well as other relevant workplace safety practices as indicated.
- o FES-R7.5: Adhere to appropriate work cycles for your work area.
- o FES-R7.6: Select and use appropriate PPE when applicable.
- o FES-R7.7: Provide for safe use of PPE by monitoring co-workers utilizing PPE.

- **FES-R8: Assist in the integration of outside resources into Facilities and Engineering work areas as required to meet response objectives.**

Proficiency level for Primary Competency: operations level

Knowledge
- o FES-R8.1: Describe general procedures for requesting, receiving, briefing, assigning and supervising personnel from other departments or from other external agencies assigned to Facilities and Engineering.
- o FES-R8.2: Describe procedures for requesting, receiving, rapid in-servicing and using equipment and supplies, especially items that aren't normally used in Facilities and Engineering Services.

Skills
- o FES-R8.3: Initiate or assist in the process of requesting outside resources by delineating specific needs in the required format.

- FES-R8.4: Assist in the integration of personnel from outside your work area by ensuring they participate in briefings on operations in your area and monitoring their response actions
- FES-R8.5: Integrate equipment and supplies from outside your work area by ensuring familiarity with their use and by tracking their use.

- **FES-R9: Follow recovery procedures for Facilities and Engineering that promote rapid return of the healthcare system to baseline activity.**

Proficiency level for Primary Competency: operations level

Knowledge

- FES-R9.1: Describe policies and procedures for rehabilitation of Facility and Engineering personnel. .
- FES-R9.2: Describe the responsibilities, specific to your role, for rehabilitation of the physical plant and mission critical systems relevant to Facility and Engineering Services.
- FES-R9.3: Describe the policies and procedures for participating in the formal After Action Report process relevant to Facilities and Engineering.

Skills

- FES-R9.4: Participate in personnel rehabilitation as appropriate and as instructed.
- FES-R9.5: Participate in healthcare system, facility, and equipment rehabilitation as relevant to your work area to ensure functional area readiness for day-to-day activities and future EOP activations.
- FES-R9.6: Participate in the After Action Report process by submitting items in the required format and participating in indicated meetings.

Emergency Management Program Competencies[119]

The "program competencies" address the Emergency Management (EM) phases of mitigation and preparedness, and the post-incident/post-exercise activities that accomplish evaluation and organizational learning objectives. Together with the emergency response and recovery competencies, they provide a comprehensive set of performance metrics for each job group within the emergency management program (EMP) for healthcare systems.

Emergency Management Program Manager (EPM) Job Group

Personnel primarily responsible for developing, implementing and maintaining healthcare facility and system-wide emergency management (EM) programs that include the Emergency Operations Plan (EOP) and other EM Program activities. System level emergency program managers, above the level of individual facilities, (such as VHA Area Emergency Managers or program managers at the level of the VA Emergency Management Strategic Healthcare Group) are also included in this job group. ***It is assumed that the individuals in this job group will be assigned to a command & general staff ICS position (usually planning section chief) during response, and so are expected to possess the response and recovery competencies listed under Healthcare System Leaders as well***.[120]

- **EPM-P1: Apply a '*systems-based approach*' to the development, implementation, management, and maintenance of the Emergency Management Program (EMP).**

Proficiency level for Primary Competency: expert level

Knowledge
- o EPM-P1.1: Describe the meaning of (definition) and importance of the following terms in the context of healthcare organization emergency management: Goal (mission), objective, strategy, and tactic.
- o EPM-P1.2: List the sequential steps of a systems-based approach to program development
- o EPM-P1.3: Describe why and how system assumptions are developed and how they are utilized during mitigation, preparedness, response, and recovery.

Skills
- o EPM-P1.4: Develop or oversee the development and maintenance of a clear mission statement for the healthcare organization EMP.
- o EPM-P1.5: Apply common managerial strategies that incorporate the healthcare organization's mission statement, code of ethics, and core values into the EMP.

[119] These program competencies, when added to the VHA All Personnel Competencies and the emergency response and recovery competencies for the specific job group, complete the comprehensive set of EMP competencies for each specified job group.

[120] In some healthcare systems, an EM Program Manager may oversee a more limited position (e.g. program coordinator) with a narrower range of competencies.

- EPM-P1.6: Apply the sequential steps of a systems approach to establishing and conducting all relevant EMP activities (For example, the VHA uses their nine-step implementation process for establishing the EMP).
- EPM-P1.7: Develop or oversee the development of systems assumptions for all relevant EMP activities.

- **EPM-P2: Apply foundational Emergency Management concepts as they relate to healthcare organizations.**

Proficiency level for Primary Competency: operations level

Knowledge
- EPM-P2.1: Describe the principles of Comprehensive Emergency Management (CEM) as articulated in the 1978 National Governors' Association report.
- EPM-P2.2: Explain the 13 steps and the emphasis placed on Hazard Vulnerability Analysis (HVA) and mitigation in the 1983 FEMA report Integrated Emergency Management Systems (IEMS).
- EPM-P2.3: List and explain the ten elements of Continuity of Operations as documented in the February 2008 Federal Continuity Directives 1 and 2 (FCD 1 and FCD 2).
- EPM-P2.4: Describe the origins, purpose, and framework of the National Incident Management System (NIMS) including variances from traditional Incident Command System principles.
- EPM-P2.5: Describe the framework, processes, and procedures for Federal government response as outlined in the National Response Framework (NRF).
- EPM-P2.6: Describe the components of the four phases of Comprehensive Emergency Management (Mitigation, Preparedness, Response and Recovery), and how additional "aspects" can be incorporated as presented in NFPA 1600 (2010).
- EPM-P2.7: Describe the difference between Emergency Management and Homeland Security.
- EPM-P2.8: List major findings applicable to healthcare organizations of disaster sociology research into emergency preparedness and response.

Skills
- EPM-P2.9: Demonstrate that foundational Emergency Management principles and major findings applicable to healthcare organizations from disaster sociology research are incorporated into all components of the EMP.

- **EPM-P3: Perform administrative tasks/jobs that permit the Emergency Management Program (EMP) to meet its overall mission and objectives.**

Proficiency level for Primary Competency: operations level

Knowledge
- EPM-P3.1: Describe the term "strategic administrative planning" as it relates to the EMP.

- o EPM-P3.2: Describe the relationship of the EMP to the overall healthcare organization including processes for how the EMP integrates within the overall administrative structure and functions.
- o EPM-P3.3: List relevant regulations and policies (and their origins) for the EMP. For TJC regulations, list specific components applicable to the EMP.
- o EPM-P3.4: List the strategies and tactics necessary for building support to and maintaining awareness of the EMP (both external and internal to the healthcare organization).
- o EPM-P3.5: Describe the different financial implications of a well run EMP for a healthcare organization (across all four phases of EM).
- o EPM-P3.6: Describe different legal implications for the EMP of a healthcare organization.
- o EPM-P3.7: Identify relevant authorities external to the healthcare organization and their important relationship to the EMP.

Skills

- o EPM-P3.8: Develop an annual work plan for the EMP that includes an annual program review.
- o EPM-P3.9: Maintain required reporting relationship with relevant healthcare organization authorities that support the EMP.
- o EPM-P3.10: Conduct and/or oversee specific activities to meet regulatory and funding requirements relevant to the EMP (including evaluative activities required by TJC).
- o EPM-P3.11: Conduct and/or oversee specific activities to build support and maintain awareness of the EMP both internal and external to the healthcare organization.
- o EPM-P3.12: Maintain and/or oversee generally accepted accounting practices for all four phases of CEM within the EMP.
- o EPM-P3.13: Incorporate legal considerations into EMP activities to reduce the potential exposure to litigation.

- **EPM-P4: Develop, implement, manage, and maintain an Emergency Management Committee (EMC) process to support the Emergency Management Program (EMP).**

Proficiency level for Primary Competency: expert level

Knowledge

- o EPM-P4.1: Describe the difference between preparedness organizations and response organizations.
- o EPM-P4.2: List relevant representatives that should take part in the EMC for a healthcare organization.
- o EPM-P4.3: Describe general competencies that EMC participants from within the healthcare organization should possess.
- o EPM-P4.4: Describe the necessary processes for the EMC to successfully operate.
- o EPM-P4.5: Describe processes for effective meeting management.

Skills
- o EPM-P4.6: Maintain adequate representation on the EMC, including appropriate representatives from organizations external to the healthcare organization.
- o EPM-P4.7: Establish and supervise EMC sub-committees, plus ad hoc and standing task groups beyond formal EMC membership as indicated, to assure adequate representation and expertise in developing and conducting EM program activities (mitigation, preparedness, organizational learning).
- o EPM-P4.8: Maintain and/or supervise the maintenance of adequate knowledge and skills of internal representatives to the EMC and its task groups.
- o EPM-P4.9: Develop and maintain or oversee the development and maintenance of document control activities for the EMC.
- o EPM-P4.10: Implement and maintain processes to ensure effective meeting management.

- **EPM-P5: Develop, implement, and maintain a Hazard Vulnerability Analysis (HVA) process as the foundation for conducting the Emergency Management Program (EMP).**

Proficiency level for Primary Competency: expert level

Knowledge
- o EPM-P5.1: Define the terms hazard, vulnerability, risk, and risk management in the context of healthcare organizations and requirements.
- o EPM-P5.2: Describe the purpose, context, and timing of the HVA process within a healthcare organization's EMP.
- o EPM-P5.3: Describe unique characteristics of healthcare organizations that contribute to their overall vulnerability.
- o EPM-P5.4: List representative external agencies and organizations that should be considered for inclusion in a healthcare organization's HVA process.
- o EPM-P5.5: List internal and external stakeholders that should be considered for inclusion in a healthcare organization's HVA process.
- o EPM-P5.6: List different methods for identifying potential hazards to the healthcare organization.
- o EPM-P5.7: Describe the process of analyzing the risk (probability and vulnerability) created by each identified hazard, including a standardized deconstruction of each hazard's vulnerabilities.
- o EPM-P5.8: Describe the process of grouping and prioritizing vulnerabilities to provide potential EMP risk interventions.
- o EPM-P5.9: Describe various ways in which HVA findings may be applied as a basis for planning and evaluating the EMP activities.

Skills
- o EPM-P5.10: Oversee or individually develop, implement, and maintain an HVA process that is continually performed throughout the life cycle of the EMP.
- o EPM-P5.11: Incorporate relevant stakeholders (personnel and agencies) into the HVA process, both from internal and external to the healthcare organization.

- o EPM-P5.12: Ensure the HVA process is able to identify all possible hazard types that could significantly impact the healthcare organization.
- o EPM-P5.13: Develop, implement, and maintain a consistent methodology for analyzing the risk for identified hazards in the HVA process.
- o EPM-P5.14: Develop, implement, and maintain a consistent process for grouping and prioritizing vulnerabilities in the HVA process.
- o EPM-P5.15: Develop, implement, and maintain a consistent process for incorporating HVA findings into the EMP.

- **EPM-P6: Incorporate comprehensive mitigation planning into the healthcare organization's Emergency Management Program (EMP).**

Proficiency level for Primary Competency: expert level

Knowledge

- o EPM-P6.1: Describe the distinction between HVA planning and mitigation planning.
- o EPM-P6.2: List different types of mitigation activities relevant to healthcare organizations.
- o EPM-P6.3: Describe the context and timing of mitigation planning for healthcare organizations.
- o EPM-P6.4: Describe different strategies for managing and conducting healthcare organization mitigation planning.
- o EPM-P6.5: Explain the process of establishing cost-benefit ratios for each potential mitigation action.
- o EPM-P6.6: Describe the outline of a mitigation plan for healthcare organizations.

Skills

- o EPM-P6.7: Oversee or individually maintain mitigation planning activities throughout the life cycle of the EMP.
- o EPM-P6.8: Oversee or individually maintain integrated mitigation efforts that include appropriate external parties and that avoid unnecessary overlap with the efforts of other sectors (such as Safety) in the healthcare organization.
- o EPM-P6.9: Ensure that the mitigation planning for the healthcare organization addresses both long-term as well as short term strategies and cover structural and non-structural mitigation interventions.
- o EPM-P6.10: Develop, implement, manage, and maintain a process for prioritizing mitigation activities consistent with risk and funding parameters.
- o EPM-P6.11: Develop and maintain a consistent template for mitigation planning.

- **EPM-P7: Incorporate comprehensive preparedness planning into the healthcare organization's Emergency Management Program (EMP)**.

Proficiency level for Primary Competency: expert level

Knowledge

- EPM-P7.1: Describe the context and essential elements of preparedness planning for a healthcare organization.
- EPM-P7.2: List components of a comprehensive healthcare organization Emergency Operations Plan (EOP) based upon national standards such as the National Response Framework, FEMA State and Local Guide (SLG 101) and its updated CPG 101.
- EPM-P7.3: Describe how the healthcare organization EOP should be utilized across the phases of Comprehensive Emergency Management.
- EPM-P7.4: Describe the four primary tasks in resource management as presented in the National Incident Management System (NIMS) and the categories of preparedness resource management tasks for a healthcare organization.
- EPM-P7.5: List the essential components of a mutual aid instrument and differentiate from a cooperative agreement.
- EPM-P7.6: Describe the relevance of and methodologies for incorporating input from external agencies into healthcare organization preparedness planning.
- EPM-P7.7: Outline the core components of a healthcare organization preparedness plan.
- EPM-P7.8: Describe the importance of and the methods for assuring coordinated response with other local and regional healthcare organizations.
- EPM-P7.9: Describe the components of personal and family preparedness for healthcare organization personnel.

Skills

- EPM-P7.10: Maintain as a core focus for the EMP the development, implementation, and maintenance of the healthcare organization EOP, including all annexes and appendices and service-level planning.
- EPM-P7.11: Oversee the development of the healthcare organization EOP that is functionally based and establishes all-hazards processes for response and recovery.
- EPM-P7.12: Use the HVA to determine issues that should be specifically addressed in the EOP, and apply HVA findings in developing appropriate Support and/or Hazard/Incident Specific Annexes for the EOP, and in establishing specific operating procedures across the EOP.
- EPM-P7.13: Supervise and assist, through the EMC, task groups to produce organization-level and service-level planning in the functional, incident-specific, and support annexes, service-level plans, and other relevant program-specific plans for the organization.
- EPM-P7.14: Provide continuous preparedness resource management oversight to the EMP that includes concepts such as competency certifications, resource descriptions and requirements, resource acquisition, accountability, finance, and resource maintenance.
- EPM-P7.15: Participate in the development and maintenance of a response platform (i.e., Tier 2 emergency healthcare coalition) for sharing incident notification and incident information with other local and regional healthcare organizations during incident response, as well as coordinating response objectives and strategies and resource requests.

- o EPM-P7.16: Oversee the development of tactical mutual aid instruments and cooperative agreements with external entities that are consistent with relevant strategic mutual aid instruments.
- o EPM-P7.17: Develop and implement a consistent template for preparedness planning.
- o EPM-P7.18: Oversee the implementation and maintenance of personal and family preparedness planning for the healthcare organization's personnel.
- o EPM-P7.19: Develop and maintain an appropriate personal and family preparedness plan (see AP-R7 for further detail).

- **EPM-P8: Incorporate continuity planning into the activities of the healthcare organization's Emergency Management Program (EMP) to ensure organizational continuity and resiliency of mission critical functions, processes and systems.**

Proficiency level for Primary Competency: expert level

Knowledge

- o EPM-P8.1: Describe the relationship of continuity planning to the healthcare organization HVA process and the four phases of Comprehensive Emergency Management.
- o EPM-P8.2: Identify priority functions, processes and systems relevant to continuity planning for healthcare organizations.
- o EPM-P8.3: Describe the concept of leadership succession and delegation of authority as it relates to healthcare organizations, and explain its importance.
- o EPM-P8.4: Describe how mission critical continuity planning considerations may be cross-walked to incorporate interventions into a well written healthcare organization Emergency Operations Plan (EOP).

Skills

- o EPM-P8.5: Oversee the incorporation of continuity planning principles into the healthcare organization's HVA process and the four phases of the EMP.
- o EPM-P8.6: Develop and maintain a consistent methodology for the prioritization of processes and systems for the purposes of continuity planning.
- o EPM-P8.7: Oversee or develop a process for leadership succession and delegation of authority as it relates to the healthcare organization.
- o EPM-P8.8: Oversee the development of Continuity of Operations planning (and functional annex if appropriate), and otherwise ensure the incorporation of continuity planning into the healthcare facility EOP and service-level plans.

- **EPM-P9: Incorporate comprehensive instructional activity into the preparedness activities of the healthcare organization Emergency Management Program (EMP).**

Proficiency level for Primary Competency: expert level

Knowledge

- o EPM-P9.1: Define and describe the purpose of the three main types of instructional activity (education, training, drills).

- EPM-P9.2: Describe the role and application of competencies and respective levels of proficiency in relation to the healthcare organization's EMP.
- EPM-P9.3: Relate the competencies used for a healthcare organization's EMP to the "job/task analysis" or position descriptions necessary for emergency response and recovery.
- EPM-P9.4: Lists different mandates that delineate legal, regulatory, or accreditation standards applicable to emergency response and recovery position descriptions and the component competencies.
- EPM-P9.5: Describe the phases and iterative components of Instructional System Development (ISD) in relation to the healthcare organization's EMP.
- EPM-P9.6: Explain the advantages and disadvantages of developing instructional activities internally to the healthcare organization as contrasted with contracting outside vendors or other external sources for this service.
- EPM-P9.7: Define and describe the difference between certifications and qualifications.

Skills

- EPM-P9.8: Oversee the development and maintenance of a competency framework for the healthcare organization's EMP.
- EPM-P9.9: Oversee the development of competencies and levels of proficiency for functional groups and individual response and recovery positions for the healthcare organization's EMP.
- EPM-P9.10: Utilize the ISD process for the analysis, design, development, implementation, and evaluation of instructional activities related to the healthcare organization's EMP.
- EPM-P9.11: Oversee the development and maintenance of a system for recording position certifications and qualifications.

- **EPM-P10: Incorporate a range of exercise types into the healthcare organizations Emergency Management Program (EMP).**

Proficiency level for Primary Competency: expert level

Knowledge

- EPM-P10.1: Define and describe the different types of exercises that may be employed in a healthcare organization's EMP, and explain the purpose of each exercise type.
- EPM-P10.2: Describe TJC accreditation standards relevant to a healthcare organization's EMP exercise program.
- EPM-P10.3: Describe the application of the Instructional System Development (ISD) process to exercise analysis, design, development, implementation and evaluation.
- EPM-P10.4: List essential personnel, processes, and other preparations necessary for a healthcare organization exercise.
- EPM-P10.5: Describe essential considerations for managing a healthcare organization's exercise, including the emphasis on exercise safety.

- EPM-P10.6: Describe exercise planning and other relevant processes that make exercise an evaluative tool for the healthcare organization's EMP

Skills

- EPM-P10.7: Oversee the appropriate utilization of the different types of exercises for the healthcare organization's EMP.
- EPM-P10.8: Ensure adherence to TJC requirements regarding the healthcare organization's exercises.
- EPM-P10.9: Utilize the ISD process for the development and conduct of healthcare organization exercises.
- EPM-P10.10: Oversee the development and maintenance of a consistent methodology during exercise preparation.
- EPM-P10.11: Oversee the development and maintenance of a consistent methodology for the conduct of exercises, including the use of ICS principles where applicable.
- EPM-P10.12: Oversee the development of evaluative tools and processes for all exercises.

- **EPM-P11: Demonstrate systems-based evaluation of the healthcare organization's overall Emergency Management Program (EMP) and its Emergency Operations Plan (EOP).**

Proficiency level for Primary Competency: expert level

Knowledge

- EPM-P11.1: Describe the context, purpose and timing of program evaluations in relation to the healthcare organization's EMP.
- EPM-P11.2: Describe the differences between summative and formative evaluations and their application to the healthcare organization's EMP.
- EPM-P11.3: Describe the different categories of performance measures (and metrics) and their applicability to the healthcare organization's EMP.
- EPM-P11.4: Describe methodologies for the selection of performance measures most appropriate to the healthcare organization's EMP, including evaluation methods for use during exercises.
- EPM-P11.5: Describe various methods for collecting evaluation information for the healthcare organization's EMP.
- EPM-P11.6: Describe the different steps of "Performance-based Programmatic Evaluation."
- EPM-P11.7: Describe the role, purpose, and methods for conducting the After Action Report (AAR) process in a healthcare organization's EMP system evaluation.

Skills

- EPM-P11.8: Apply both formative and summative evaluations to the healthcare organization EMP in developing an Improvement Plan.
- EPM-P11.9: Utilize different performance measures (inputs, processes, outputs, and outcomes) in an appropriate manner to maximize the effectiveness of the EMP evaluation.

- EPM-P11.10: Oversee the implementation of the progressive steps of "Performance-based Programmatic Evaluation" in relation to the healthcare organization EMP.
- EPM-P11.11: Develop and maintain a consistent methodology for conducting an After Action Report process.

- **EPM-P12: Demonstrate incorporation of accepted improvement recommendations (i.e., the Improvement Plan) into the EMP and its components such that the process becomes one of a learning organization.**

Proficiency level for Primary Competency: expert level

Knowledge

- EPM-P12.1: Describe the relevance of organizational learning to the EMP and how this systems-based approach to improvement may be applied to mitigation, preparedness, response, and recovery.
- EPM-P12.2: List methods for capturing, cataloguing, prioritizing, and incorporating issues discovered during the AAR process.

Skills

- EPM-P12.3: Develop and maintain a consistent methodology for capturing, cataloguing, and prioritizing issues in the AAR process, and establishing an Improvement Plan for incorporating improvements into the EOP and other EMP elements.
- EPM-P12.4: Apply the principles of organizational learning to all relevant EMP activities.

Healthcare System Leaders (HSL) Job Group

Hospital and/or healthcare system-wide senior executives (CEO, COO, CFO), hospital-wide managers, department heads, nursing executives, chief of the medical staff, and/or senior managers in large departments or key operating units. It is assumed that members of this job group, due to their everyday organizational positions, would be assigned to serve in the command and general staff positions of an ICS structure during a healthcare system's emergency response.

- **HSL-P1: Apply foundational Emergency Management concepts as they relate to healthcare organizations.**

Proficiency level for Primary Competency: awareness level

Knowledge

- HSL-P1.1: Describe the origins, purpose, and framework of the National Incident Management System (NIMS) including variances from traditional Incident Command System principles.
- HSL-P1.2: Describe the framework, processes, and procedures for Federal government response as outlined in the National Response Framework (NRF).
- HSL-P1.3: Describe the components of the four phases of Comprehensive Emergency Management (Mitigation, Preparedness, Response and Recovery), and how additional "aspects" can be incorporated as presented in NFPA 1600 (2010).
- HSL-P1.4: Describe the difference between Emergency Management and Homeland Security.
- HSL-P1.5: List major findings applicable to healthcare organizations of disaster sociology research into emergency preparedness and response.

Skills

- HSL-P1.6: Demonstrate that foundational Emergency Management principles and major findings applicable to healthcare organizations from disaster sociology research are incorporated into all of your work products related to the EMP.

- **HSL-P2: Provide leadership and administrative support to and participate in the Emergency Management Program (EMP) in order for it to meet its overall mission and objectives.**

Proficiency level for Primary Competency: operations level

Knowledge

- HSL-P2.1: Describe the relationship of the EMP to the overall healthcare organization including processes for how the EMP integrates within the overall administrative structure and functions.
- HSL-P2.2: List relevant regulations and Joint Commission (TJC) accreditation standards applicable to the EMP.

- HSL-P2.3: List the strategies and tactics (appropriate to your position) necessary for building support for and maintaining awareness of the EMP (both external and internal to the healthcare organization).
- HSL-P2.4: Describe the different financial implications of a well run EMP for a healthcare organization (across all four phases of EM).
- HSL-P2.5: Describe the legal advantages and exposures for the healthcare organization's EMP.
- HSL-P2.6: Describe the necessary processes for the Emergency Management Committee (EMC) to successfully operate.
- HSL-P2.7: Describe the responsibility of HSLs to develop and maintain their service level readiness at all times.
- HSL-P2.8: List the necessary knowledge and skills for your participation in the EMC.

Skills

- HSL-P2.9: Conduct and/or oversee specific activities to meet TJC requirements or other regulatory and funding requirements as directed by the Emergency Program Manager.
- HSL-P2.10: Conduct and/or oversee specific activities to build support and maintain awareness of the EMP both internal and external to the healthcare organization relevant to your position.
- HSL-P2.11: Maintain and/or oversee generally accepted accounting practices for all four phases of CEM within the EMP.
- HSL-P2.12: Incorporate legal considerations into EMP activities to reduce the potential exposure to litigation.
- HSL-P2.13: Maintain adequate representation on the EMC.
- HSL-P2.14: Maintain adequate knowledge and skills required for participation in the EMC, if assigned to the EMC.
- HSL-P2.15: Utilize established document control activities for all your work products generated for the EMC, if assigned to the EMC.

- **HSL-P3: Participate in the Hazard Vulnerability Analysis (HVA) process as the foundation for conducting the Emergency Management Program (EMP).[121]**

Proficiency level for Primary Competency: operations level

Knowledge

- HSL-P3.1: Define the terms hazard, vulnerability, risk, and risk management in the context of healthcare organizations and requirements.
- HSL-P3.2: Describe the purpose, context, and timing of the HVA process within a healthcare organization's EMP.
- HSL-P3.3: Describe unique characteristics of healthcare organizations that contribute to their overall vulnerability.
- HSL-P3.4: List different methods for identifying potential hazards to the healthcare organization.

[121] In the context of these competencies, "participate" indicates that an individual makes substantive contributions to the activities, procedures, or processes in question and as applicable to their regular position.

- o HSL-P3.5: Describe various ways in which HVA findings may be applied as a basis for planning and evaluating the EMP activities.

Skills

- o HSL-P3.6: Provide input relevant to your position into the HVA process that is continually performed throughout the life cycle of the EMP.
- o HSL-P3.7: Assist with the process of incorporating HVA findings into the EMP, as indicated by your specific position.

- **HSL-P4: Participate in comprehensive mitigation planning to support the healthcare organization's Emergency Management Program (EMP).** [2]

Proficiency level for Primary Competency: operations level

Knowledge

- o HSL-P4.1: List different types of mitigation activities relevant to healthcare organizations.
- o HSL-P4.2: Describe the context and timing of mitigation planning for healthcare organizations.
- o HSL-P4.3: Explain the process of establishing cost-benefit ratios for each potential mitigation action.

Skills

- o HSL-P4.4: Provide appropriate input (per your position) into mitigation planning activities throughout the life cycle of the EMP.
- o HSL-P4.5: Manage specific mitigation planning activities, as assigned, through completion, with appropriate reporting on their status to the Emergency Management Committee (EMC).
- o HSL-P4.6: Incorporate risk and funding parameters into mitigation activities relevant to your position.
- o HSL-P4.7: Apply HVA findings to business decision-making as appropriate to your position.

- **HSL-P5: Support and participate in comprehensive preparedness planning through the healthcare organization's Emergency Management Program (EMP)**. [2]

Proficiency level for Primary Competency: operations level

Knowledge

- o HSL-P5.1: Describe the context and essential elements of preparedness planning for a healthcare organization.
- o HSL-P5.2: List components of a comprehensive healthcare organization Emergency Operations Plan (EOP) based upon national standards such as the National Response Framework, FEMA State and Local Guide (SLG 101) and CPG 101.
- o HSL-P5.3: Describe how the healthcare organization EOP should be utilized across the phases of Comprehensive Emergency Management.

- HSL-P5.4: Describe the four primary tasks in resource management as presented in the National Incident Management System (NIMS) and relate how these are applicable to your duties within the EMP.
- HSL-P5.5: List the essential components of a mutual aid instrument and differentiate from a cooperative agreement.
- HSL-P5.6: Identify priority functions, processes and systems relevant to continuity planning for healthcare organizations.
- HSL-P5.7: Describe the components of personal and family preparedness for healthcare organization personnel.

Skills

- HSL-P5.8: Provide input relevant to your position into the development, implementation, and maintenance of the healthcare organization EOP.
- HSL P5.9: As appropriate, supervise and/or or participate in task groups or subcommittees formed to support the EMC.
- HSL P5.10: Manage or participate in service level planning relevant to your position.
- HSL-P5.11: Provide continuous preparedness resource management oversight to portions of the EMP relevant to your position.
- HSL-P5.12: Participate with HSL peers from other local and regional healthcare organizations in setting policy and supporting a response platform (i.e., Tier 2 emergency healthcare coalition) for sharing information and coordinating response objectives and strategies during incident response.
- HSL-P5.13: Manage and complete tactical mutual aid and cooperative agreement assignments with external entities and report back to the Emergency Management Committee (EMC) as appropriate.
- HSL-P5.14: Demonstrate integration of Business Continuity and Emergency Management principles across all EMP activities.
- HSL-P5.15: Oversee the implementation and maintenance of personal and family preparedness planning for healthcare organization personnel you are responsible for during day to day activities.
- HSL-P5.16: Develop and maintain an appropriate personal and family preparedness plan (see AP-R7 for further detail).

- **HSL-P6: Utilize and assist in the conduct of appropriate preparedness activities (e.g. instruction and exercises) that implement the Emergency Operations Plan (EOP) for the healthcare organization Emergency Management Program (EMP).**

Proficiency level for Primary Competency: operational level

Knowledge

- HSL-P6.1: Define and describe the purpose of the three main types of instructional activity (education, training, drills).
- HSL-P6.2: Define and describe the different types of exercises that may be employed by a healthcare organization's EMP.
- HSL-P6.3: Describe the role and application of competencies and respective levels of proficiency in relation to the healthcare organization's EMP.

- HSL-P6.4: Define and describe the difference between certifications and qualifications.
- HSL-P6.5: Describe the phases and iterative components of Instructional System Development (ISD) (analysis, design, development, implementation and evaluation) in relation to the healthcare organization instructional and exercise activities.
- HSL-P6.6: Explain the advantages and disadvantages of developing and conducting instructional and exercise activities internally to the healthcare organization as contrasted with contracting outside vendors or other external sources for this service.
- HSL-P6.7: List essential personnel, processes, and other preparations necessary for a healthcare organization exercise.
- HSL-P6.8: Describe essential considerations for managing a healthcare organization's exercise, including the emphasis on exercise safety.
- HSL-P6.9: Describe exercise planning and other relevant processes that make exercises an evaluative tool for the healthcare organization's EMP.

Skills

- HSL-P6.10: Provide input as appropriate to your position into the competency framework for the healthcare organization's EMP.
- HSL-P6.11: Provide input, as appropriate to your position, into the development and maintenance of a system for recording position certifications and qualifications.
- HSL-P6.12: Utilize the ISD process for the analysis, design, development, implementation, and evaluation of instructional and exercise activities related to the healthcare organization's EMP.
- HSL-P6.13: Utilize ICS principles (as appropriate) in the development and conduct of healthcare organization exercises.
- HSL-P6.14: As appropriate to your position, participate in the development of evaluative tools and processes for all exercises.

- **HSL-P7: Participate in the systems-based evaluation of the healthcare organization's overall Emergency Management Program (EMP), including its Emergency Operations Plan (EOP), and assist in the incorporation of recommended/accepted changes.[2]**

Proficiency level for Primary Competency: operations level

Knowledge

- HSL-P7.1: Describe the context, purpose and timing of program evaluations in relation to the healthcare organization's EMP.
- HSL-P7.2: Describe various methods for collecting evaluation information for the healthcare organization's EMP.
- HSL-P7.3: Describe the role, purpose, and methods for conducting the After Action Report (AAR) process in a healthcare organization's EMP system evaluation.

- HSL-P7.4: Describe the relevance of organizational learning to the EMP and how this systems-based approach to improvement may be applied to mitigation, preparedness, response, and recovery

Skills

- HSL-P7.5: As appropriate to your position, participate in EMP evaluative activities throughout all phases of the program (mitigation, preparedness, response, and recovery).
- HSL-P7.6: Participate in the development and maintenance of a consistent methodology for conducting an After Action Report process.
- HSL-P7.7: Participate in the development and maintenance of a consistent methodology for capturing, cataloguing, and prioritizing issues in developing an Improvement Plan, and incorporating the selected improvements.

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Appendix E

Personnel Deployment Competencies for Distant Emergencies

July 10, 2009

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Personnel Deployment Competencies for Distant Emergencies

Supporting the VA Emergency Management Academy

VHA Contract 797-BT-9-014
The George Washington University (GWU) Project Team
Institute for Crisis, Disaster and Risk Management

Joseph A. Barbera, MD – Principle Investigator
Anthony G. Macintyre, MD, Lissa T. Westerman, RN, Gregory L. Shaw, DSc, Dale Yeatts, MD

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Background

Since 2004, the Institute for Crisis, Disaster, and Risk Management (ICDRM) at the George Washington University (GWU) has supported emergency management initiatives undertaken by the U.S. Department of Veterans Affairs (VA) Emergency Management Academy (EMA). One focus of this work has been the development of emergency management competencies for healthcare personnel across the full range of relevant hospital-based professionals.[122] Competencies are central to the EMA, as they provide a basis for education, training, evaluation, and system enhancement. Healthcare Emergency Management Competencies developed in past projects focused on program competencies (mitigation and preparedness) and emergency response and recovery within a healthcare setting.

The Veterans Health Administration (VHA) has a long history of deploying its personnel, on a voluntary basis, to distant sites to assist with emergencies and disasters. The VHA uses it's Disaster Emergency Medical Personnel System (DEMPS) for rostering and deploying their personnel for this purpose (see figure 1).

Figure 1. **Disaster Emergency Medical Personnel System**

The Disaster Emergency Medical Personnel System (DEMPS) is a database developed to collect specific information on VHA medical personnel who have volunteered and been approved by their Medical Center Director to be deployed in the event of a disaster.

When disasters such as hurricanes, earthquakes, floods, etc., occur and the state and local resources to handle the response/recovery process are overwhelmed, the state in which the disaster occurs may request federal assistance. In this case, a Presidential Disaster Declaration is issued and the National Response Framework (NRF) is activated. Once the damage to the area and needs have been assessed, and it is determined that medical resources are required, the Federal Emergency Management Agency (FEMA) or Public Health Service (PHS) may task VA to provide these resources. Generally, these requests are for medical personnel (nurses, physicians, pharmacists, etc.), pharmaceutical (or other medical) supplies, and medical equipment.[123]

In an initiative to strengthen DEMPS, the VHA Emergency Management Strategic Health Care Group (EMSHG) is currently revising DEMPS processes and procedures for selection, training and management of personnel during preparedness and for managing personnel during emergency deployment. The activities covered in this report were conducted at EMSHG request to specifically support the DEMPS program. EMSHG also directed, however, that the

[122] Healthcare Emergency Management Competencies: Competency Framework Final Report (2007)" at www.gwu/edu/~icdrm – see Technical Reports on pages 42-43.
[123] Emergency Management Strategic Health Care Group. *Disaster Emergency Medical Personnel System.* United States Department of Veterans Affairs web site accessed March 8, 2009 at http://www1.va.gov/EMSHG/page.cfm?pg=20

deployment competencies be presented in a generic format for application in venues beyond the VHA and DEMPS.

These deployment competencies are designed to be consistent with the Emergency Management Competency Framework previously developed for VHA personnel working in the healthcare setting during emergencies and disasters.[124] Readers are encouraged to reference the framework document as it provides important information on the structure and use of professional competencies.

The Deployment Competencies are designed for use by personnel who are preparing for dispatch to a distant job site for greater than one operational period (i.e., "shift") to provide assistance to another identified organization during an emergency or disaster. They are also intended for use by 1) organizations developing or improving systems to deploy personnel, 2) organizations preparing to receive personnel that will assist them during emergencies and disasters, and 3) organizations seeking metrics to assess deployable or deployed personnel's performance during preparedness, emergency response, and recovery (in conjunction with the organization's specific guidance).

Assumptions

- The "home agency" (i.e., organization dispatching the individual) remains administratively responsible[125] for dispatched personnel throughout the deployment, even though personnel are working directly for and taking direction from another organization (i.e., the "supported organization").[126] In some cases, an "intermediate organization," such as an EOC in the disaster area, may also be involved in receiving and assigning deployed personnel to their specific supported organization.
- The deployed personnel may be dispatched as individual resources to staff positions in a supported organization, or they may be deployed as an organized response element such as a strike team or task force to provide direct assistance. These competencies focus primarily upon individual competencies for personnel dispatched as single resources, but they are also useful for programs dispatching personnel as an organized resource (e.g., Disaster Medical Assistance Teams).
- The Deployment Competencies are presented by sequential stages of individual deployment.
- A supported organization may be a common, everyday healthcare organization such as a hospital, or it may be a temporary organization activated specifically for the disaster, such as a Federal Medical Station[127] or field hospital.

[124] Healthcare Emergency Management Competencies: Competency Framework Final Report (2007) at www.gwu/edu/~icdrm – under "Publications" - "Technical Reports."
[125] "Administratively responsible" means that the agency maintains accountability for the deployed personnel's physical location, pay and benefits if any, emergency contact methods, and other defined support elements.
[126] The "supported organization" may be a regular healthcare or other operating entity (e.g., hospital, clinic, home healthcare, etc.) or a temporary response organization (e.g., Federal Medical Station, incident management team).
[127] Information about Federal Medical Stations is available at http://www.hhs.gov/disasters/discussion/planners/medicalassistance.html

- The emergency response context at the site(s) where the personnel are deployed may vary in relation to:
    - The usual work setting (intact to austere)
    - The impacted personnel and victims that will be encountered (mildly to severely traumatized)
    - The work and billeting physical environments (intact to austere).
- Austere physical environments may include exposure to extreme weather (e.g. heat, humidity, or cold), compromised hygiene conditions, nonselective meals (i.e., such as MREs), and other conditions that create physical and psychological stress.
- Austere work environments may include rudimentary healthcare settings, scarcity of normal resources (personnel, facilities, equipment), and/or other adversities that contrast markedly with the individual's usual work environment.
- The competencies are constructed to be applicable in a wide range of deployment programs. As "home agency" organizations apply these competencies, companion documents should be developed so that the competencies are objective, measurable, and specific to the organization's situation.
- The supported organization will ideally also have established guidance and procedures for receiving, assigning and supervising personnel deployed to assist them in emergencies and disasters.

Methods

The GWU Project Team developed a research basis for the deployment competencies from: 1) the published literature; 2) VHA documents (draft and published) related to the DEMPS; and 3) from their extensive experience in local, national, and international deployment for emergencies, disasters, situation assessments, and U.S. Coast Guard duty stations (GLS)

The competencies were constructed according to the Competency Framework established in previous VHA projects. Requisite knowledge, skills and abilities for mitigation and preparedness are outlined in the Deployment *Program* competencies. Competencies addressing personnel activities during deployment and incident response are addressed in the Emergency Response and Recovery Competencies. Consistent with the competency framework, the deployment competencies are presented through overarching "primary" competencies, each with "supporting" competencies that include objective and measurable detail.

The draft deployment competencies were then developed by the GWU Project Team members through an iterative process of review and revision. The competencies, in advanced draft form, were submitted for review and input by key VHA EMSHG personnel. The competencies were then formatted for a Web-based survey. The survey instrument was established using the survey tool and methods described in prior GWU competency development reports.[128]

[128] Barbera JA, Macintyre AG et al. VHA-EMA Emergency Response and Recovery Competencies: Competency Survey, Analysis, and report (June 2005), available at: http://www.gwu.edu/~icdrm/publications/VHA%20Competency%20Survey%20Report%20v2%20FINAL%20POSTED%2016%20June%2005.pdf

A survey explanation and invitation letter was developed by the Project PI and distributed by the VHA Contracting Officer Technical Representative (COTR). VA personnel staffing administrative and emergency management positions, plus personnel enrolled in the DEMPS program, were targeted. The invitation was also extended by the COTR to multiple other Federal agencies with programs that deploy healthcare personnel for emergencies and disasters. These include the Disaster Medical Assistance Teams, Medical Reserve Corps, the U.S. Public Health Commission Corps and ESAR-VHP.[129] Personnel from the American Red Cross were also invited to participate. In addition, the GWU Project Team invited selected professionals from State and local emergency management and response organizations, and the FEMA Urban Search & Rescue Medical Teams.

The survey instrument presented a brief introduction to the project and to the competency framework developed by the authors in previous VHA projects.

Respondents were asked to answer a limited number of questions related to their regular scope of work and their deployment experience in emergencies and disasters. Questions included designating the number of times the individual had actually deployed and a self-assessment of their individual level of expertise in relation to deployment (novice, intermediate, expert).

Respondents were then asked to read each primary deployment competency and its associated supporting competencies, and then rate the primary competency on the following scale:

Criticality Level	
1	Unimportant
2	Slightly Important
3	Moderately Important
4	Significantly Important
5	Essential

The survey participants were invited to provide free text comments on the deployment competencies and the designated level of proficiency for each primary competency. The default proficiency level assigned to all primary deployment competencies was “operational” according to the definition used in prior surveys.[7] Respondents were also invited to suggest, using the free text format, additional competencies related to deployment.

[129] The Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) is a federal program to establish and implement guidelines and standards for the registration, credentialing, and deployment of medical professionals in the event of a large scale national emergency.

The competency survey instrument was open to invitees from May 18 to June 2, 2009. The survey was then closed and the results processed through multiple analyses that assessed:

- The participants' demographics

- The mean level of criticality for each primary competency as judged by survey participants

- The free text comments on current competencies and/or suggestions for additional competencies.

The comments were then individually and collectively analyzed and grouped according to categories:

1) Relevant to the personnel competencies
    a. Edit recommendations accepted
    b. Support but no changes indicated
    c. Negative but no changes indicated
2) Relevant to the organization (rather than the individual personnel competencies)
3) Not Relevant

The comments from Category 1 were specifically considered in developing additional edits to the draft competencies; the remaining comments were categorized and provided to the COTR for VHA and DEMPS consideration

Experience from prior competency surveys revealed that some survey participants complete these surveys in an extraordinarily short time interval (one to five minutes). To assess any bias created by survey respondents who did not fully read the primary and supporting competencies, the data from respondent surveys of less than five minutes duration were aggregated as a separate cohort and compared to those of the entire respondent population.

Results

The survey invitation generated 460 responses. The total number of invitees is unknown due to the broadcast nature of the invitation through agency points of contract.

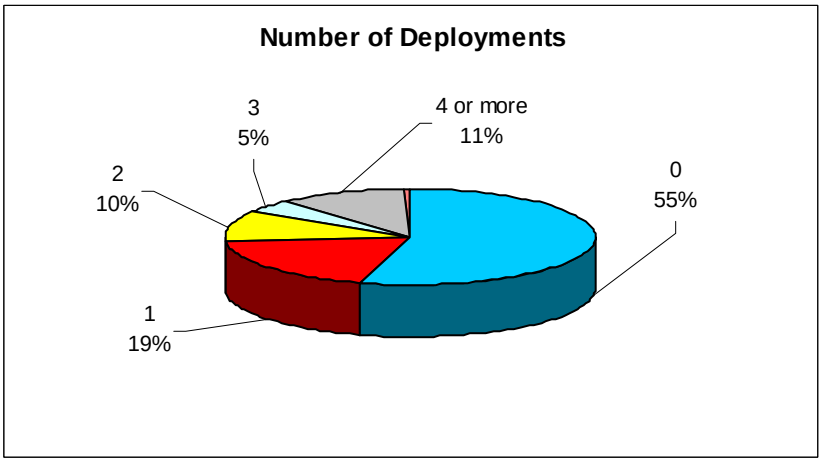
Respondents' Demographics

Because of the survey invitation methods, the majority of the survey respondents were Federal employees (see Figure 1).

Figure 1. Respondents' workplace

The distribution of the respondents' deployment experience is presented in Figure 2.

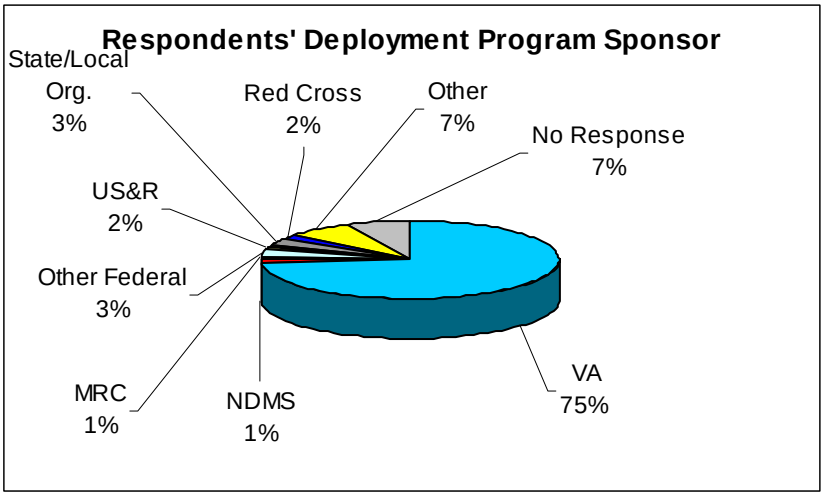
Figure 2. Respondents' deployment experience



The programs through which the respondents deployed are in the table below. The preponderance of respondents from the Department of Veterans Affairs (VA) is graphically depicted in the pie chart in Figure 3.

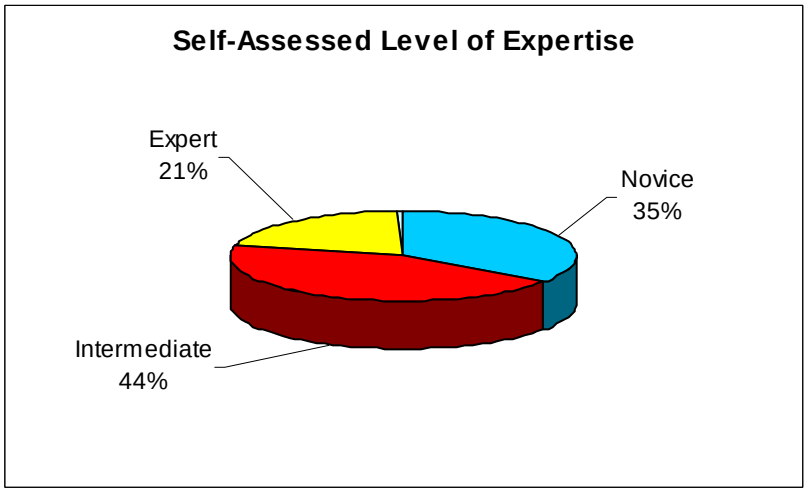
VA	266	73.7%
NDMS	6	1.7%
Medical Reserve Corps	3	0.8%
Urban Search & Rescue	6	1.7%
U.S. Public Health Service	2	0.6%
Other Federal	10	2.8%
State or local organization	11	3.0%
Red Cross	6	1.7%
Other	29	8.0%
No Response	22	6.1%

Figure 3. Respondents' Deployment Program Sponsor



The respondents' perceived level of their own expertise related to deployment for emergencies is presented in Figure 4.

Figure 4. Self-Assessed Level of Deployment Expertise



Respondents' Criticality Ratings

The respondents' criticality rating for each primary deployment competency is presented in Figure 5. The data is presented according to select cohorts. The aggregate ratings from all respondent are presented in the first section of Figure 5. Next, ratings from only VA personnel are presented. Finally, data is separated according to the self-reported novice, intermediate, and expert categories. Regardless of the cohort analyzed, a majority of respondents (over 80%) rank every primary deployment competency as either "significantly important (4)" or "essential (5)."

The two competencies with the highest "Essential" ratings (66.7% and 68.2% respectively) were PD-R6 (Effectively perform the specific job assignment) and PD-R7 (Follow safety, security and health maintenance guidelines). Almost none of the respondents rated any of the primary deployment competencies as "Unimportant (1)." The highest "Unimportant" rating was for PD-P2 competency (Maintain family readiness), which received only 0.4% of the total responses in this category. In the cohort of respondents who rated themselves as "expert," there were no "Unimportant" category checks for any primary deployment competency.

As expected by the Project Team, some respondents devoted very little time to considering the competencies presented in the survey. Of the 460 total responses, 99 were completed in only one to five minutes. These were separated out and their aggregate numbers compared to scores of the full cohort. The demographics and criticality responses demonstrated no significant differences in demographics or competency criticality rating.

Figure 5. Assessment of Primary Deployment Competencies by Respondent Cohorts

Total answers =460		Primary Deployment Competencies Assessed	Maintain personal readiness	Maintain family readiness	Maintain professional readiness	Receive and respond to notification at all times when on call for deployment	Accomplish required tasks in the deployment mobilization process	Conduct all in-transit tasks to successfully travel to & from the home organization	Demonstrate completion of designated initial engagement activities	Effectively24 perform within the general incident operations	Effectively perform the specific job assignment	Follow safety, security and health maintenance guidelines	Demonstrate completion of all personnel demobilization activities	Demonstrate completion of all recovery activities
		Criticality Level	PD-P 1	PD-P2	PD-P3	PD-R1	PD-R2	PD-R3	PD-R4	PD-R5	PD-R6	PD-R7	PD-R8	PD-R9
460	ALL	1 Unimportant	0	2 **0.4%**	0	1 **0.2%**	0	0	1 **0.2%**	0	1 **0.2%**	0	0	1 **0.2%**
		2 Slightly Important	5 **1.1%**	11 **2.4%**	3 **0.7%**	10 **2.2%**	6 **1.3%**	10 **2.2%**	7 **1.6%**	9 **2.0%**	3 **0.7%**	1 **0.2%**	8 **1.8%**	7 **1.5%**
		3 Moderately Important	40 **8.9%**	72 **16.0%**	42 **9.3%**	37 **8.2%**	35 **7.8%**	54 **12.0%**	45 **10.0%**	54 **12.1%**	23 **5.1%**	27 **6.0%**	71 **15.8%**	78 **17.3%**
		4 Significantly Important	138 **30.9%**	145 **32.2%**	144 **31.9%**	166 **36.9%**	142 **31.5%**	166 **36.8%**	166 **36.8%**	148 **33.0%**	123 **27.3%**	115 **25.6%**	181 **40.2%**	175 **38.7%**
		5 Essential	264 **59.1%**	221 **49.0%**	263 **58.2%**	236 **52.4%**	268 **59.4%**	221 **49.0%**	232 **51.4%**	237 **52.9%**	300 **66.7%**	307 **68.2%**	190 **42.2%**	191 **42.3%**
339	VA	1 Unimportant	0	2 **0.6%**	0	1 **0.3%**	0	0	1 **0.3%**	0	1 **0.3%**	0	0	1 **0.3%**
		2 Slightly Important	3 **0.9%**	7 **2.1%**	1 **0.3%**	7 **2.1%**	3 **0.9%**	9 **2.7%**	4 **1.2%**	8 **2.4%**	2 **0.6%**	1 **0.3%**	8 **2.4%**	7 **2.1%**
		3 Moderately Important	31 **9.4%**	59 **17.7%**	32 **9.6%**	31 **9.3%**	28 **8.4%**	42 **12.6%**	39 **11.7%**	41 **12.4%**	21 **6.3%**	21 **6.3%**	57 **17.1%**	61 **18.2%**
		4 Significantly Important	104 **31.4%**	104 **31.2%**	109 **32.7%**	120 **36.0%**	104 **31.1%**	119 **35.6%**	115 **34.4%**	103 **31.1%**	79 **23.7%**	82 **24.6%**	130 **38.9%**	132 **39.3%**
		5 Essential	193 **58.3%**	161 **48.3%**	191 **57.4%**	174 **52.3%**	199 **59.6%**	164 **49.1%**	175 **52.4%**	179 **54.1%**	231 **69.2%**	230 **68.9%**	139 **41.6%**	135 **40.2%**

161	Novice	1 Unimportant	0	2 1.3%	0	1 0.6%	0	0	1 0.6%	0	0	0	0	0
		2 Slightly Important	4 2.5%	4 2.5%	2 1.3%	3 1.9%	3 1.9%	5 3.2%	2 1.3%	5 3.2%	0	0	2 1.3%	4 2.5%
		3 Moderately Important	19 12.1%	33 20.9%	18 11.3%	12 7.6%	8 5.1%	15 9.6%	15 9.6%	15 9.7%	7 4.5%	9 5.7%	19 12.2%	24 15.2%
		4 Significantly Important	42 26.8%	42 26.6%	43 27.0%	55 35.0%	39 24.8%	49 31.4%	48 30.6%	45 29.0%	35 22.3%	30 19.1%	63 40.4%	64 40.5%
		5 Essential	92 58.6%	77 48.7%	96 60.4%	86 54.8%	107 68.2%	87 55.8%	91 58.0%	90 58.1%	115 73.2%	118 75.2%	72 46.2%	66 41.8%
202	Intermediate	1 Unimportant	0	0	0	0	0	0	0	0	1 0.5%	0	0	1 0.5%
		2 Slightly Important	1 0.5%	6 3.0%	1 0.5%	6 3.0%	2 1.0%	1 0.5%	3 1.5%	3 1.5%	2 1.0%	1 0.5%	3 1.5%	2 1.0%
		3 Moderately Important	19 9.6%	28 14.1%	14 7.0%	14 7.0%	19 9.5%	25 12.5%	18 9.0%	26 13.1%	12 6.1%	13 6.6%	33 16.6%	34 17.1%
		4 Significantly Important	71 35.9%	74 37.2%	72 36.0%	78 39.2%	70 35.0%	84 42.0%	80 40.2%	74 37.4%	62 31.3%	55 27.8%	84 42.2%	76 38.2%
		5 Essential	107 54.0%	91 45.7%	113 56.5%	101 50.8%	109 54.5%	90 45.0%	98 49.2%	95 48.0%	121 61.1%	129 65.2%	79 39.7%	86 43.2%
95	Expert	1 Unimportant	0	0	0	0	0	0	0	0	0	0	0	0
		2 Slightly Important	0	1 1.1%	0	1 1.1%	1 1.1%	4 4.3%	2 2.1%	1 1.1%	1 1.1%	0	3 3.2%	1 1.1%
		3 Moderately Important	2 2.2%	11 11.8%	10 10.9%	11 11.8%	7 7.5%	13 13.8%	12 12.8%	13 13.8%	4 4.3%	5 5.3%	19 20.2%	20 21.3%
		4 Significantly Important	25 27.5%	28 30.1%	29 31.5%	32 34.4%	33 35.5%	33 35.1%	37 39.4%	29 30.9%	26 27.7%	30 31.9%	33 35.1%	34 36.2%
		5 Essential	64 70.3%	53 57.0%	53 57.6%	49 52.7%	52 55.9%	44 46.8%	43 45.7%	51 54.3%	63 67.0%	59 62.8%	39 41.5%	39 41.5%

Respondents'' Comments

The respondents provided a large number of comments, both for the current competencies and for suggestions regarding additional competencies:

- Program (Mitigation & Preparedness) Competencies: 73 comments.
- Response & Recovery Competencies: 65 comments
- Additional competencies: 59 comments.

Discussion

Demographics

The majority of the respondents (339 of 460) were personnel from the U.S. Department of Veterans Affairs (VA). This likely reflects the large number survey invitations disseminated within the VA, plus an increased commitment to follow through with the survey since it was a VA program. The remaining respondents represented a wide range of deployment sponsors.

Approximately 45% or all respondents (207 of 460) indicated that they had experienced at least one deployment, with most of the insightful comments submitted by these individuals. It is interesting to note that nearly 55% of respondents had no deployment experience (see Figure 2), but only approximately 35% considered themselves novices. The reasoning for this is unclear but may reflect an assumption that expertise can be achieved in methods other than through deployment itself.

Criticality ratings

As noted in the results, the criticality level for each of the primary competencies was rated as "Essential" or "Significantly Important" by more than 80% of the survey respondents. This is interpreted as general support by the surveyed population for the deployment competencies. Their relevance to the DEMPS program, based upon responses from the VA cohort, was also supported by the ratings.

This high level of agreement with the material is not surprising given the manner in which the competencies were developed. In addition to the background research conducted by the project team, information from DEMPS and other deployment programs (e.g. US&R, NDMS) was considered in developing the deployment competencies. They therefore reflect activities that have been found to be important during both preparedness/mitigation and response/recovery, providing a comprehensive picture of knowledge, skills, and abilities necessary to deploy into an unfamiliar environment during emergencies and disasters.

Respondents' Comments

The high number of free text comments submitted by survey respondents may be considered as an indirect indicator of the respondents' support for the competencies, since free text entries were not required by the survey instrument.

Some of the comments that specifically addressed primary and/or supporting competencies were very valuable in editing the competencies presented in the survey. For example, supporting competencies for PD-R7, "Follow safety, security and health maintenance guidelines during job activities and during billeting and other daily living activities during deployment," were expanded with more safety-related details suggested by survey respondents.

Insightful comments also led to the creation of two *additional* supporting competencies:

PD-P3.13:
Maintain readiness to work in the deployed environment as established by your home organization, including technological readiness with necessary and relevant files (on a flash stick or website), current/valid VPN and other program passwords, and maintain laptop, blackberry, air card, travel chargers (AC and 12-volt), and other equipment and supplies necessary to perform at the deployed location.

PD-R5.9:
Effectively perform the Incident Command System (ICS) responsibilities of your assigned position in an ICS organization.

Only a few comments addressed the default proficiency level of "operational" assigned to the primary competencies. Almost all of those comments supported that level, with indications that any leadership positions on deployed teams should have expert proficiency in key competencies.

Many of the respondents' comments were not directed at the individual personnel competencies themselves, but rather to the performance of a sponsoring organization that is deploying personnel to assist in emergencies and disasters. Three general themes emerged from this group of comments:

- The importance of having an effective deployment program that can prepare personnel for deployment and support them during and after they are deployed.
- The importance of training in terms of both preparedness and effective response and recovery.
- The difficulty that healthcare personnel encounter in finding substitute personnel for their everyday jobs so that they can deploy for emergency response.

As with prior surveys completed for EMSHG, ICDRM is submitting these comments directly to the VHA COTR for further considerations; a complete listing of the comments is not included in this report.

Summary

The Web-based survey indicated strong support for the deployment competencies presented in the survey instrument. Respondent comments were valuable in further revising and expanding the draft deployment comments.

As noted in the Assumptions, the deployment competencies were designed to be applicable in a wide range of deployment programs. To be customized and therefore specific to individual "home agencies," companion guidance, protocols and procedures must be described by the relevant organizations according to their specific situation. For example, program competencies refer to meeting physical fitness criteria for deployment. Each organization using these competencies should address what these fitness-for-duty standards should be for their deployed personnel, based upon the projected environment and duties in distant emergencies or disasters. Similarly, guidance, protocols and procedures specifically for preparing personnel and for objectively defining their tasks in each stage of deployment is important for competency training and for performance evaluation. By establishing these companion documents, personnel will have the guidance needed to train and perform as intended.

This competency project is part of a broader effort within EMSHG to further professionalize its emergency management capabilities. In prior years, ICDRM has collaborated with EMSHG to develop emergency management competencies for various healthcare job groups in the healthcare setting. Previous work also included the development of a five-unit compendium, Emergency Management Principles and Practices for Healthcare Systems, used as education curricula for the VA Emergency Management Academy. Because of the rapid evolution of healthcare emergency management guidance from the Federal government, Joint Commission, and other authoritative sources, the educational volumes are being updated. Additional material identified and requested by EMSHG for the revised text relates to activities necessary for the successful deployment of individuals into the field to assist other healthcare organizations (initiated in part to support the VHA DEMPS program). The deployment competencies and survey are the first steps in this process. As the educational curriculum is revised, material reflective of the deployment competencies will be incorporated.

The revised and finalized Personnel Deployment Competencies for Distant Emergencies are presented in the next section.

Personnel Deployment Competencies for Distant Emergencies

Version July 8, 2009

Personnel Deployment Competencies - Program[130]

PD-P1: Maintain "personal readiness"[131] for personnel deployment.

Supporting competencies

Knowledge

PD-P1.1:

List the procedures for meeting physical fitness requirements for deployment eligibility and the methods your home organization uses for certifying that the requirements have been met.

PD-P1.2:

List any medical requirements (e.g. vaccinations, lab testing, etc.) for deployment that have been established by your home organization.

PD-P1.3:

List the procedures for meeting psychological fitness for deployment to austere physical environments[132] with extreme response conditions[133] according to the home organization's standards.[134]

PD-P1.4:

Describe the types of environments to which you could potentially be deployed and the maximum duration of deployment.

PD-P1.5:

List essential personal supplies that you should have ready to deploy at all times (e.g. personal medications).[135]

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[130] *"Program Competencies" relate to mitigation and preparedness*

[131] *Readiness: The state of an organization or individual being adequately prepared to respond to projected situations. In this application, it includes readiness to respond to austere working conditions and environments remote from the regular job location and serving in a capacity as pre-identified by the program deploying the individual.*

[132] *Austere includes the physical condition of both the work site(s) and billeting situation.*

[133] *This may include being exposed to traumatized and stressed victims, mass fatalities and other stressors.*

[134] *This may be addressed by the home organization, including screening of individuals during fitness for duty examinations or through successful completion of training to manage incident stress while deployed.*

[135] *Personal ready kit: clothing, extra prescriptions for glasses, hearing aids, adequate supply of personal medications, sleeping gear, response guidance (e.g. Field Operations Guide, PPE, rotated batteries, etc.) according to the home organization's guidance.*

PD-P1.6:

List the essential personal documentation that must be maintained current and in a ready-to-deploy state (e.g. driver license, passport, immunization record, etc.[136]).

PD-P1.7:

Describe the steps necessary to maintain your position on your home organization's "deployment database" or "deployment registry," including the procedure to update your individual information.

Skill

PD-P1.8:

Demonstrate that your personal ready kit contains all essential clothing and supplies listed by your home organization.

PD-P1.9:

Maintain health requirements for deployment as mandated by your home organizations (e.g. lab work, immunizations, fitness for duty examinations).

PD-P1.10:

Maintain all pertinent personal documentation for deployment listed by your home organization (e.g. driver's license, passport, immunization record, etc.).

Abilities

PD-P1.11:

Demonstrate you meet the deployment physical fitness and mobility requirements for your potential deployments by participating in regularly established fitness for duty exams conducted by the home organization, so the individual is not a safety or mission risk or burden for self and other responders.[137]

PD-P1.12:

Demonstrate psychological fitness for deployment to intact and austere physical conditions[138] and disaster trauma exposure[139] according to the home organization's standards.[140]

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[136] *Passport and official immunization record must be current and available if international deployment is within the scope of the home organization's emergency deployment program.*

[137] *This is guided by the home organization's deployment fitness for duty policy, if one exists. This may be different from fitness for duty in the home location/usual job site.*

[138] *"Austere" includes the physical condition of both the work site(s) and billeting situation.*

[139] *"Trauma" is both physical and psychological exposure of workers, including being exposed to injured and stressed victims, mass fatalities and other stressors.*

[140] *This may be accomplished as an element of the home organization's fitness for duty examination.*

PD-P2: Maintain "family readiness" for personnel deployment.

Supporting competencies

Knowledge

PD-P2.1:

List important factors your family members should be aware of related to your potential deployment according to home organization's protocol. Examples include:

- the time window to deploy
- the length of deployment
- potentially prolonged communication gaps with deployed personnel
- potentially austere conditions
- potential for post-deployment stress in responder and family

PD-P2.2:

Describe any relevant family/spouse support services that your home organization provides while you are deployed.

PD-P2.3:

Describe methods available to you during deployment for communication with your family and limitations of these methods.

PD-P2.4:

Describe important financial and legal issues that should be addressed prior to deployment to address contingencies while you are gone or in case of illness or death while on deployment (e.g. bill payments, wills, powers of attorney, etc.)

Skill

PD-P2.5:

Establish spouse and family awareness of your potential deployment and associated factors, [141] including:

- The time window to deploy
- The length of deployment
- Potentially prolonged communication gaps with deployed personnel
- The potentially austere conditions
- Potential for post-deployment stress in responder and family.

PD-P2.6:

Establish spouse and family awareness of available family support services, including situation updates of deployed personnel available from the home organization or other sources during personnel deployment. [142]

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[141] *This may be accomplished using a brochure or brief training video for the responder's family.*
[142] *See footnote for PD-P2.5.*

PD-P2.7:

Establish spouse and family awareness of methods to contact the deployed personnel in case of family emergency, according to the home organization's protocol.[143]

PD-P2.8:

Demonstrate that financial & legal requirements have been addressed to establish family financial and legal stability during personnel deployment.

PD-P3: Maintain "professional readiness" for personnel deployment.

Supporting competencies

Knowledge

PD-P3.1:

List all required training relevant to your deployable position, including NIMS training and additional training in ICS functions, processes, procedures, and forms per home organization's deployment program.

PD-P3.2:

List licenses, certifications, healthcare practice privileges, identification cards, required training certificates and other important professional documentation requirements related to professional competency that must be produced prior to deployment.

PD-P3.3:

Describe the elements of the National Response Framework (NRF) and Medical Surge Capacity and Capability (MSCC) that promote effective, tiered management of public health and medical emergencies.

PD-P3.4:

Describe the management and operations architecture in your home organization's system that will supervise your deployment and monitor your activities (including your reporting back to the home organization) while performing deployed operations.

PD-P3.5:

List and describe expected professional roles while on deployment, including accompanying activities, technical skills, and necessary equipment (by resource type if available).[144,145]

PD-P3.6:

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[143] *See footnote for PD-P2.5.*
[144] *The home organization should define this in relation to the personnel's usual position.*
[145] *DHS and HHS are currently conducting a resource typing initiative. Resource designation by kind and type should be used when available.*

List and describe the structure and function of any projected temporary response organizations you may staff (such as a Disaster Medical Assistance Team or a Federal Medical Station[146]) per the home organization's deployment planning.

PD-P3.7:

Describe your home organization's protocols and procedures for deploying you (e.g. usual travel arrangements, billeting, etc.) and covering your usual work duties while you are on deployment.

PD-P3.8:

Describe how your workers compensation, professional liability, disability, and general health insurances and other benefits are addressed while on deployment (e.g. how these are covered when working in an area remote from your regular area of employment).

PD-P3.9:

Describe how your pay is determined (work hours, overtime, and compensation time) and how payment is received while you are deployed, and the related documentation that you must keep current in case of deployment.

Skill

PD-P3.10:

Maintain for review and for deployment copies of current professional documentation (licenses, certifications, healthcare practice privileges, required training certificates and identification cards) necessary for your projected professional roles while deployed.

PD-P3.11:

Maintain necessary enrollment and records that will ensure your benefits (workers compensation, professional liability, disability, and health insurances and other benefits health insurance, etc) are in force for your projected deployment roles per your home organization's protocols.

PD-P3.12:

Demonstrate your regular employer is aware of your potential to deploy, the short time window for deployment, and the possible mission duration and accepts your commitment.[147]

PD-P3.13:

[146] *Information on Disaster Medical Assistance Teams and Federal Medical Stations is available at: http://www.hhs.gov/disasters/discussion/planners/medicalassistance.html*

[147] Minimum time to deployment after notification and the maximum deployment length should be established by the home organization for this purpose. This competency is especially important for those individuals deploying as part of a "team" that is not "sponsored" by their primary employer.

Maintain readiness to work in the deployed environment as established by your home organization, including technological readiness with necessary and relevant files (on a flash stick or website), current/valid VPN and other program passwords, and maintain laptop, blackberry, air card, travel chargers (AC and 12-volt), and other equipment and supplies necessary to perform at the deployed location.

Personnel Deployment Competencies – Response and Recovery

PD-R1: Receive and respond to notification at all times when on call for deployment according to the home organization's protocols.

Supporting competencies

Knowledge

PD-R1.1:

Describe the method(s) to receive notification indicating a potential deployment and procedures you are responsible to maintain when on call for deployment.[148]

PD-R1.2:

Describe how to respond to notification to confirm message receipt and convey your availability to deploy.

PD-R1.3:

Describe the follow-on communications that are necessary to receive deployment assignment, review the assignment and conditions of deployment and accept assignment.

Skill

PD-R1.4:

Demonstrate the use of the communication device(s) for receiving and responding to notification and follow on deployment information.

PD-R1.5:

Respond to deployment notifications with availability and your response decision within the specified time frame.[149]

PD-P1.6:

Contact relevant family member(s) and employer(s) to notify them and confirm your availability for the impending deployment.

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[148] *This includes primary and back-up notification methods, procedures for reporting that you are out of receiving range for standard notification devices, and methods to report unforeseen circumstance where your scheduled availability to deploy has been compromised.*

[149] *Demonstrated by conducting notification exercises and having recipient confirm receipt, availability and mobilization time frame.*

PD-R2:

Accomplish required tasks in the deployment mobilization process within the designated timeframe.

Supporting competencies

Knowledge

PD-R2.1:
List the specific steps of mobilization as established by your home organization.

PD-R2.2:
Describe methods for assessing mission objectives and projected work conditions at the deployed location and determining adequate readiness for safe and effective operations in the deployed environment.

PD-R2.3:
Describe methods for remotely assessing billeting conditions at the deployed location with reference to safety, health, and hygiene.

PD-R2.4:
Describe methods for completing travel arrangements, confirming final travel orders and assembling per home organization protocols.

Skill

PD-R2.5:
Receive briefing on the assigned mission, including travel orders, the emergency situation, the assigned deployment location and conditions, including cultural, religious, political, or other issues relevant to the mission's success.[150]

PD-R2.6:
Revise personal ready kit according to the assessment of the mission objectives and the specific environmental and work place conditions.

PD-R2.7:
Complete notification to your family and to your usual work place during mobilization.

PD-R2.8:
Arrive at assembly site within specified time frame.

PD-R2.9:

[150] *The home organization should have a template for conducting a deployment mobilization briefing that covers the items in this supporting competency.*

Obtain at assembly site additional indicated professional equipment, supplies and guidance documents (field operations guide [FOG], ICS forms, etc.), according to your home organization's deployment plans for the assigned mission.[151]

PD-R2.10:

Successfully complete the personnel deployment check-in (equipment, supplies, documentation, pack size and organization, etc.) as conducted by your home organization.

PD-R2.11:

Demonstrate compliance with initiating and maintaining a Unit Log of activities.

Abilities

PD-R2.12:

Demonstrate adequate personal health for the specific deployment by successfully passing a deployment health screening as conducted by your home organization.[152]

PD-R3:

Conduct all in-transit tasks to successfully travel to and from the home organization and the reporting-in site for the supported organization, or to travel between deployed locations.

Supporting competencies

Knowledge

PD-R3.1:

Describe timing, methods, and points of contact for reporting travel progress according to the home organization's protocols.

PD-R3.2:

Describe safety and security procedures for transit periods according to home organization protocols.

Skill

PD-R3.3:

Conduct transit actions according to the specific travel orders, the home organization's protocols for travel, and any intermediate reporting locations that provide final assignment to a supported organization.[153]

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[151] *This may be individual packing and/or it may be participating in cache mobilization for a team or task force deployment according to the home organization's mission assignment.*

[152] *This deployment health screening takes place to assure there are no new health issues at the time of deployment, and so it is distinguished from the periodic fitness for duty examination.*

PD-R3.4:
Demonstrate compliance with safety and security procedures for transit periods according to home organization protocols.

PD-R3.5:
Provide regular updates on travel progress according to home organization's protocols.

PD-R3.6:
Confirm arrival at destination with home organization according to home organization's protocol.

PD-R3.7:
Maintain Unit Log of all activities including travel details.

PD-R3.8:
Document travel expenses in an expense report according to home organization's protocol and retain all required receipts.

PD-R3.9:
Report and resolve travel problems encountered during in-transit periods.

PD-R4:

Demonstrate completion of designated initial engagement activities upon arrival to the intermediate or supported organization's report-in location.

Supporting competencies

Knowledge

PD-R4.1:
List the specific steps in the "reporting in" procedure (e.g., check-in, presenting credentials and tasking orders, receiving briefing on the situation and the job assignment).

Skill

PD-R4.2:
Locate the intermediate or supported organization's reporting site[154] and conduct your component of the "reporting in" briefing according to home organization protocol.[155]

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[153] *In some deployment situations, an in-transit step may be to report to another "intermediate" response organization (such as a Medical Support Team from the National Disaster Response System) to receive assignment to the specific supported organization and its report-in location.*

[154] *The home organization should have standard template for providing guidance to deployed personnel for reporting position and location.*

PD-R4.3:

Request and receive a general assignment briefing that includes:

- The current situation
- Assignment site
- Supervisor name and point of contact
- Work site dress or uniform
- Transportation arrangements
- Billeting instructions

PD-R4.4:

Participate in a briefing with the job supervisor, to include:

- Presenting identification and credentials
- Receiving a job specific briefing (assigned role and job responsibilities, specific shift assignment, safety and security issues, cultural, religious & political issues, etc.)
- Introduction to personnel in the assigned unit

PD-R4.5:

Report job assignment details and personal status (healthy, etc.) to the home organization per the home organization's protocol (i.e., schedule and methodology for reporting).

PD-R5:

Effectively[156] perform within the *general* incident operations of the supported organization.

Supporting competencies

Knowledge

PD-R5.1:

Describe the operational relationship between your home organization and the supported organization.

PD-R5.2:

Describe methods for determining the supervisory and reporting structure, process, and requirements in the supported organization (i.e., your reporting route and relevant chain of command).

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[155] *The home organization should have a standard template for "reporting in": presenting your identification, credentials and competencies, specific assignment if already known, etc.*

[156] *"Effective" means demonstrating that performance objectives are achieved.*

PD-R5.3:

Describe important cultural competency considerations for your expected role and how these may be addressed regardless of potential deployment location.[157]

PD-R5.4:

List methods for conflict resolution with supported organization directives per your home organization's protocols.[158]

PD-R5.5:

Describe methods for media interaction per your home organization and the supported organization's media policies and protocols.

PD-R5.6:

Describe methods for promoting effective interaction with stressed disaster victims that you encounter in your professional role.

Skill

PD-R5.7:

Conduct self according to home organization's code of conduct at all times throughout deployment, including off-duty time periods.

PD-R5.8:

Maintain ethical standards commensurate with the mission and values of home organization and the supported organization (e.g., respect civil rights of disaster victims).

PD-R5.9:

Effectively perform the Incident Command System (ICS) responsibilities of your assigned position in an ICS organization.

PD-R5.10:

Conduct regular reporting of work progress and problems encountered (with resolution if this occurred) to supervisor using the format and at the time intervals designated by the supported organization.

PD-R5.11:

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[157] *Cultural competence is widely recognized but has poor objective description; the home organization should establish its defined standard for cultural competence, including training and the expectation that it will be addressed in the deployment briefing for deployed personnel. See Cultural Competency in Disaster Response: A Review of Current Concepts, Policies, and Practices (February 2008); Office of Minority Health, U.S. Department of Health and Human Services.*

[158] *This is guidance for how to address assignment to job tasks or conditions that conflict with safety, security, ethics, or practice standards of your home organization; guidance generally includes addressing the issue with your on-site supervisor, involving your deployment support element (incident support team leadership from your home organization, if one is deployed, or your home organization-based deployment support), and other measures.*

Maintain Unit Log of activities and periodic reporting to home organization per home organization's protocols throughout deployment.

PD-R5.12:
Resolve work place conflicts according to the supported organization's and home organization's protocols.

PD-R5.13:
Integrate cultural considerations into work place practices.

PD-R5.14:
Engage media according to the guidelines from the supported organization and home organization's protocols.

Abilities
PD-R5.15:
Demonstrate the ability to follow directions of supervisory personnel in the supported organization.

PD-R5.16:
Demonstrate professional demeanor and attire throughout the deployment.

PD-R5.17:
Demonstrate flexibility by a willingness to accept additional or different mission assignments for which you are qualified if necessary for mission success.

PD-R6:

Effectively[159] perform the *specific* job assignment in the deployed location.

Supporting competencies

Knowledge
PD-R6.1:
List skill sets you are qualified and authorized to perform outside your home jurisdiction relevant to the supported organization.

PD-R6.2:
Describe methods for ensuring effective performance of assigned tasks.

Skill
PD-R6.3:

[159] *"Effective" means demonstrating that performance objectives are achieved.*

Perform your specific professional activities in the deployed location at the same level of excellence practiced at the home organization work place, demonstrating technical expertise in the deployed environment and with the available equipment and supplies.

PD-R6.4:
Demonstrate self-monitoring of job performance for effectiveness and seeking performance guidance when indicated.

PD-R6.5:
Achieve assigned job objectives in the designated time frame using the delegated authority, strategy and tactics.

PD-R6.6:
Adhere to the "on-call availability" requirements of ***your deployed role*** and maintain methods to receive emergency information from work site and from home organization while off duty.

PD-R7:

Follow safety, security and health maintenance guidelines during job activities and during billeting and other daily living activities during deployment.

Supporting competencies

Knowledge

PD-R7.1:
List the general and specific safety and security directions of the home organization and the supported organization (received during reporting-in briefing) while on deployment.[160]

PD-R7.2:
Describe the major elements of evacuation, shelter in place, and other emergency action plan contingencies relevant to work assignment and billeting areas, and how these should be established if not already addressed.

PD-R7.3:
Describe methods for assessing your specific job assignment and billeting areas for health hazards and hygiene issues.

PD-R7.4:

[160] *Example of safety guidance is the OSHA pamphlet "Let Us Take Care of YOU! Health, Safety, and Resilience for Disaster Responders" accessed 3/25/09 at: http://www.osha.gov/SLTC/emergencypreparedness/resilience_resources/support_documents/predeploy/cdc_pamphlet.html.*

List and describe behavioral indicators of unhealthy stress response in yourself or co-workers that may suggest a need for medical or psychological evaluation.

PD-R7.5:
List and describe potential stress reduction strategies that have been successfully used during deployments.

PD-R7.6:
Describe methods for reporting injury or illness while on deployment and methods for determining how to access immediate emergency healthcare if needed.[161]

Skill
PD-R7.7:
Follow relevant safety measures and work-related injury/ illness prevention and injury/illness reporting guidance on the job, including:

- Preventive procedures – frequent hand washing, safe lifting, etc.
- Specific self-protection - medical prophylaxis if required, personal protective equipment (healthcare universal precautions, additional respiratory protection, safe workplace footwear, hard hats as indicated, etc)
- Recognition and reporting of potential safety issues for staff, victims (patients/clients), visitors and outside contractors

PD-R7.8:
Demonstrate compliance with general and specific security directions while on duty, including:

- Compliance with off-limits locations
- Compliance with wearing badges or other identifier and challenging those without proper identifier
- Recognition and reporting of potential security threats
- Maintaining accountability at all times

PD-R7.9:
Follow general and specific environmental health/safety guidance (insect repellent, vector control, sun screen, proper trash disposal, avoiding hazard areas, frequent hydration, etc.) for the work site, off-duty and billeting locations.

PD-R7.10:
Arrive at assembly site within specified time frame.

PD-R2.11:

[161] *This includes the emergency evacuation plan if designated in the home organization or supported organization's procedures.*

Follow nutrition and hydration (i.e. food and fluid intake) safety and general hygiene specific to the work site and off-duty locations.

PD-R7.12:
Secure designated sleeping arrangement following the home organization and supported organization guidelines (security, comfort, etc.)

PD-R7.13:
Maintain usual diet and physical routine when feasible.

PD-R7.14:
Demonstrate methods for accessing emergency and urgent medical care while off-duty.

PD-R7.15:
Participate in scheduled off-duty activities such as recreation and psychological first aid when scheduled or offered and within the code of conduct, to assist in maintaining physical health and mental well-being.

PD-R8:

Demonstrate completion of all personnel demobilization activities designated by your home organization and by the supported organization.[162]

Supporting competencies

Knowledge

PD-R8.1:
List the personnel demobilization actions established by the home organization.

PD-R8.2:
Describe the process for determining the specific personnel demobilization actions established by the supported organization.

Skill

PD-R8.3:
Report completion of all assigned tasks to direct supervisor and receive time schedule for demobilization.

PD-R8.4:
Demonstrate accurate completion of all required or requested reports and other job-related paperwork per both home organization and supported organization's protocols.

[162] *In addition to personnel deployment, there may be team, task force, equipment, and other demobilization actions dependent upon the individual's response position.*

PD-R8.5:
Participate in exit interview and receive job evaluation from supervisor.

PD-R8.6:
Demonstrate the return procedure for all equipment and unused supplies according the supported organization and the home organization's guidelines.

PD-R8.7:
Participate in professional (job) debriefing or 'sign-out' at completion of job assignment according to the supported organization and home organization's guidelines.

PD-R8.8:
Demonstrate methods for reporting demobilization status to home organization and receiving next assignment or travel orders for return home.

PD-R9:

Demonstrate completion of all recovery activities designated by your home organization.

Supporting competencies

Knowledge

PD-R9.1:
List the post-deployment activities required of deployed personnel by the home organization.

PD-R9.2:
List the records that must be completed and the process for submitting records and receipts to your home organization.

PD-R9.3:
List the "Return to Readiness" activities delineated by the home organization to establish readiness for future deployment.

PD-R9.4:
Describe post-deployment family re-unification issues and strategies for re-integration recommended by your home organization.

Skill

PD-R9.5:
Submit a completed Unit Log of activities and all required receipts and complete/submit paperwork for expense reimbursement, pay, and other purposes as directed by home organization protocol.

PD-R9.6:

Submit time card or other designated record of work hours/dates/locations and paperwork for overtime, compensation time or other pay category.

PD-R9.7:

Demonstrate the designated level of participation (as directed by your home organization) in professional debriefings and in after action report (AAR) activities, including requests sent through the home organization by the organization that the deployed personnel supported.

PD-R9.8:

Demonstrate completion of the “Return to Readiness” activities delineated by the home organization to establish readiness for future deployment, including any personal updates to the deployment database.

PD-R9.9:

Determine and follow the return to work procedure and schedule (i.e., date/time/place) designated per your home organization’s protocol.

PD-R9.10:

Demonstrate the designated level (by your home organization) of participation in post deployment medical and psychological evaluation and surveillance programs established by the home organization.

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